





**Log in**

[Forgot username or password?](#)

New to Maine Paid Leave?  
**[Register as an Employer](#)**



Employer Registration



Third-Party Administrator



Employer Resources

# Electing Coverage as a Self-Employed Individual





**Log in**

[Forgot username or password?](#)

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[Register as an Employer](#)



The data you see in this tutorial is completely fictitious. It was made for instructional purposes only. Any resemblance to a real person or business is completely coincidental.



Username

Password  

**Log in**

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Employer Registration



Third-Party Administrator



Employer Resources

To elect coverage, you must also register. Click the **Register as an Employer** hyperlink in the Username and Password Panel.

## Employer Registration

### Introduction

#### Introduction

This registration is for Maine employers to register to report wages and remit Paid Family and Medical Leave contributions. Within, you'll be asked to create a username for managing wage reports and payments online.

Maine tribal governments and self-employed individuals may also register to elect coverage.

If you're an employer and want to apply for a private plan substitution, you must register as an employer first. Keep in mind, even if your substitution gets approved, you'll still need to log in here to submit quarterly wage reports.

#### What do I need to register?

If you're registering as an employer, you'll need:

- The legal name of the business
- The Federal Employer Identification Number (FEIN) of the business
- The date you began paying wages in Maine
- Physical address and billing address
- Information about the number of employees the business has had

If you're registering because you're self-employed and you're choosing to get coverage, you'll need:

- Your legal name and contact information
- Your SSN or ITIN
- Physical address and billing address
- Complete federal individual income tax return from the previous year

Review the registration requirements and gather the necessary information.  
Once you are ready, click **Next** to continue.

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## Employer Registration



Introduction

Business Questions

### Tell Us About Your Business

Are you registering as a self-employed individual? \*

 No Yes[Cancel](#)[Save Draft](#)[< Previous](#)[Next >](#)

First, we need some basic information. Since you are electing coverage as a self-employed individual, select **Yes**. If you are not registering as self-employed but as an employer, please refer to the **Registering for Employers** tutorial. Then click **Next**.

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## Employer Registration



### Electing Coverage

State of Residency \*

 

Self-Employed Income for the Prior Tax Year \*

By proceeding with this registration, you are acknowledging that you are electing coverage under the Maine Paid Family and Medical Leave Program.

Please check the boxes below to confirm you understand the following:

- My coverage will begin on the first day of the next calendar quarter following approval. \*
- I am responsible for maintaining elected coverage for three years. After the three years, I can renew for one year at a time. \*
- I am responsible for paying quarterly premiums, and payment is due on the last day of the month following the close of each calendar quarter. \*
- If I don't file wage reports or pay premiums on time, I may be subject to penalties, collections activity, legal action, and loss of coverage. \*

Enter your state of residency and self-employed income for the prior tax year. Check each box to confirm you understand the information about electing coverage. Then click **Next**.

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## Employer Registration



### Business Information

First Name \*

Last Name \*

Doing Business As

ID Type \*

ID Number \*

Enter your Legal Name and the Doing Business As name if you have one. Next, select Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) as your ID Type and enter your ID number. Then click **Next**.

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## Employer Registration



### Physical Address

Country

USA

Street \*

*Required*

Street 2

Unit Type

Unit

City \*

State

MAINE

Zip \*

*Required**Required*[Verify Address](#)

Enter the physical address of your business. Once you have entered the address, click **Verify Address**.

&lt; Home

## Employer Registration

Introduction

Bus

Business Address

## Physical Address

Country

USA

Street

45 COMMERCE DR

Street 2

Unit Type

State

MAINE

Verify Address \*

## Address Search

? X

## Address Required

 45 COMMERCE DR  
AUGUSTA ME 04330-7889  
Verified Address 45 COMMERCE DR  
STE [1 - 12]  
AUGUSTA ME 04330-7889  
Verified Address  
Select Unit

Cancel

Save

If you are prompted to select your address from a list, select the correct address and click **Save**. Then click **Next**.

[< Home](#)

## Employer Registration



### Billing Address

Do you have a billing address that is different from your physical address?

 No Yes[Cancel](#)[Save Draft](#)[< Previous](#)[Next >](#)

Select **Yes** if you have a billing address that is different from your physical address. Otherwise, select **No**.

[< Home](#)

## Employer Registration



### Billing Address

Do you have a billing address that is different from your physical address?

 No Yes

Country

USA

Street \*

Required

Street 2

Unit

Unit Number

City \*

Required

State

MAINE

Zip \*

Required

[Verify Address](#)

If you do have a billing address that is different from your physical address, enter the address and verify it the same way you did the physical address. Then click **Next**.

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## Employer Registration



### Required Attachments

To elect coverage as a self-employed individual, you must provide your complete federal individual income tax return from the previous year. Add your income tax return as an attachment.

### Attachments

Type	Name	Description	Size	
------	------	-------------	------	--

There are no attachments.

 **Add Attachment**

Cancel

Save Draft

< Previous

Next >

Click **Add Attachment** to upload a copy of your federal income tax return.

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## Employer Registration



### Required Attachments

To elect coverage as a self-employed individual, you must attach your federal income tax return for the year. Add your income tax return as an attachment.

### Attachments

Type	Name

There are no attachments.

Add Attachment

### Select a file to attach

Type

Federal Income Tax Return

Description \*

Required

File \*

Choose File No file chosen

Cancel

Save Draft

Cancel

OK

< Previous

Next >

Add a description for your tax return, then click **Choose File** to select your file. Then click **OK**.

[< Home](#)

## Employer Registration



### Required Attachments

To elect coverage as a self-employed individual, you must provide your complete federal individual income tax return from the previous year. Add your income tax return as an attachment.

### Attachments

Type	Name	Description	Size	
Federal Income Tax Return	2024_Federal_Return.pdf	My Return	566.02 KB	<a href="#">Remove</a>

[Add Attachment](#)[Cancel](#)[Save Draft](#)[< Previous](#)[Next >](#)

Now that you have uploaded your tax return, click **Next**.

[< Home](#)

## Employer Registration



### Add a Bank Account

Would you like to add a bank account to use with future payments and refunds? \*

If you would like to enter bank account information to use for payments and refunds now, select **Yes**. If you would like to enter this information later, select **No**. You will be able to add bank information at any time through your portal login after you have registered.

## Employer Registration



### Add a Bank Account

Would you like to add a bank account to use with future payments and refunds?

#### Bank Account Information

Routing Number \*

Bank Name

Account Number \*

Confirm Account Number \*

Bank Account Type \*  
 Checking  
 Savings

Name \*

If you choose to add a bank account now, enter the Routing Number and Account Number. Select the Bank Account Type and choose a Name for this bank account. Then click **Next**.

Cancel

Save Draft

< Previous

Next >

# Employer Registration



## Create Your Username

Enter the information you would like to use to create your online account. The email address and password you provide will be used to access your account. For your username, use an email address that only you have access to.

Your Name \*

Required

Email (Username) \*

Required

[Verify Email](#) \*

Don't share your password with anyone. If other people in your company will need to use the portal too, you can set up access for them after you register.

Passwords must:

- Be at least 8 characters in length
- Contain both uppercase and lowercase letters
- Contain both letters and numbers
- Contain a special character

Password \*

Required

Confirm Password

Now you need to create your username. Enter your name, an email that only you have access to, and a password. This email address will serve as your username. Use the **Verify Email** link to validate your email address.

**Note:** If you want email communications sent to a shared inbox, you'll have a chance to do that on a later step. If you need to set up additional logons for others, you'll be able to do that once logged in.

Cancel

Save Draft

< Previous

Next >

# Employer Registration



### Create Your Username

Enter the information you would like to use to create your online account. The email address and password you provide will be used to access your account. For your username, use an email address that you have access to.

Your Name  
Jane

Email (Username)  
jane@example.com

**Verify Email \***

Don't share your password in your company will need to set up access for them after

Passwords must:

- Be at least 8 characters
- Contain both uppercas
- Contain both letters an
- Contain a special character

Password \*  
Required

### Password Recovery

Select a secret question and answer that you will remember in the event that you forget or lose your password.

### Communication Preferences

You can choose to receive communications from Maine Paid Leave at the email address provided as your username, or direct emails to a separate address. You communications are sent to a to change these settings

the email address used as

a separate email address.

Maine Paid Leave

Phone Country  
USA

Phone Number \*  
Required

is for unread \*

correspondence at your contact phone number? Message and data rates may apply.

No Yes

### Verify Email

**Enter Your Verification Code**

An email containing a verification code was just sent to jane@example.com. Please enter the verification code to verify your email address. If you don't see the message, check your junk folder for an email from PFML.DoNotReply@Maine.gov.

Verification Code \*  
Required

Didn't receive your verification code? [Resend](#)

Is jane@example.com not correct? [Use a different email](#)

To verify your email address, enter the code sent to your inbox and click **Confirm**.

# Employer Registration



## Create Your Username

Enter the information you would like to use to create your online account. The email address and password you provide will be used to access your account. For your username, use an email address that only you have access to.

Your Name

Jane

## Password Recovery

Select a secret question and answer that you will remember in the event that you forget or lose your password.

Secret Question \*

Required

Secret Answer \*

Required

## Communication Preferences

You can choose to receive communications from Maine Paid Leave at the email address provided as your username, or direct emails to a separate address. You might do this so that communications are sent to a shared inbox. You will be able to change these settings after creating your account.

- Send communications to the email address used as my username.
- Send communications to a separate email address.

Email for communications from Maine Paid Leave

jane@example.com

Email has been verified

Phone Type

Business Phone

Phone Country

USA

Area Code \*

Required

Phone Number \*

Required

Do you want to receive SMS alerts for unread correspondence at your contact phone number? Message and data rates may apply.

No

Yes

Next, set up your password recovery question. Choose a secret question and then enter an answer. If you forget your password and need to reset it, you will be asked this question.

Cancel

Save Draft

< Previous

Next >



### Create Your Username

Enter the information for your online account. You will need your online username and email address to access the portal.

Your Name:

Email (Used for communications):

Email has been verified

Don't see your email? [Set up a new email address.](#)

Password:

- Be at least 8 characters long.
- Contain at least one uppercase letter.
- Contain at least one lowercase letter.
- Contain at least one number.

Confirm Password:

### Password Recovery

Enter the information for your password recovery. You will need your online username and email address to access the portal.

Your Name:

Email (Used for communications):

Email has been verified

Phone Type:

Phone Country:

Area Code:

Phone Number:

Do you want to receive SMS alerts for unread correspondence at your contact phone number? Message and data rates may apply.

### Communication Preferences

You can choose to receive communications from Maine Paid Leave at the email address provided as your username, or direct emails to a separate address. You might do this so that communications are sent to a shared inbox. You will be able to change these settings after creating your account.

Send communications to the email address used as my username.

Send communications to a separate email address.

Email for communications from Maine Paid Leave

Email has been verified

Phone Type:

Phone Country:

Area Code:

Phone Number:

Do you want to receive SMS alerts for unread correspondence at your contact phone number? Message and data rates may apply.

Finally, enter your communication preferences. This is where you can select to have communications sent to a different email address from your username. If you do enter a separate email address, that email will need to be verified too.

Enter a phone number and select whether you want to receive SMS alerts for unread letters on the portal. Then click **Next**.

[< Home](#)

## Employer Registration



### Review

Make sure the information here is correct before you submit. If you need to change anything, you may go back to a previous step to change it.

**Legal Name**

JANE SMITH

**ID Type**

Social Security Number

**ID**

\*\*\*-\*\*-2222

**Username**

jane@example.com

**Phone Number**

(207) 777-7777

[Cancel](#)[Save Draft](#)[< Previous](#)[Submit](#)

Review your information. If you need to change anything, use the **Previous** button or click on the step name you need to revisit in the breadcrumb trail at the top. If everything is correct, click **Submit**.

[< Home](#)

## Confirmation

Your employer registration was submitted on 01-Jul-2026. Your confirmation number is **0-000-084-786**.

## Next Steps

Now that you have an account, you can log in to:

- File quarterly wage reports and view premium rates on your account
- View your letters, messages, and account attributes
- Make payments and request exemptions

[Printable View](#)[OK](#)

Your registration is now complete, and you have requested coverage. Your confirmation number is displayed, and you can click **Printable View** to see a printer friendly version of this screen. Click **OK** to return to the home page where you will be able to log in with your username and password.





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