

Paid Family Medical Leave Employee Written Notice

Date:
Employer:
Mailing Address:
Federal Employer Identification Number (FEIN):

Employee Name:
Date of Hire:

This notice is for employers who have a Private Plan Substitution. It explains your rights and responsibilities under the State of Maine's Paid Family and Medical Leave (PFML) program. The law requires that we give this information to new employees in the first 30 days of employment.

Employee Contributions

This company has set up a private plan to meet our Maine PFML obligations. The law says that employers can deduct up to half of one percent (0.5%) of wages from each employee's paycheck to pay for this coverage (up to the same limit in place for Social Security deductions). The deduction will be reported on your pay stub.

Your payroll withholdings for the PFML program will begin on (*Payroll Start Date*) (date) at a rate of (premium rate) %

Eligibility for Leave

Eligible employees may take up to 12 weeks per benefit year of paid leave under the Maine Paid Family and Medical Leave (PFML) program to care for their own serious health condition, to care for a family member with a serious health condition, to bond with a new child, or for other qualifying reasons. The employer's private plan administrator will determine whether the employee meets the eligibility requirements in accordance with the approved plan policy.

Reasons for Leave

PFML benefits are available for the following situations.

- **Medical Leave:** For times when a serious health condition keeps you from working.
- **Parental Leave:** Time to bond with a child after birth, fostering or adoption.
- **Family Care Leave:** Time to care for a loved one with a serious health condition.
- **Military Family Leave:** Time to prepare for a family member's deployment.
- **Safe Leave:** Time to find safety after abuse or violence.

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Rights & Protections:

Employees may take paid leave benefits if they meet Maine PFML eligibility requirements, even if they are new to a particular employer. Employers must maintain an employee's health insurance coverage during approved leave, including any employer contributions.

Job protection applies after 120 consecutive days of employment with the same employer. At that point, the employer must return the employee to the same or an equivalent position with the same pay, benefits, and working conditions when the leave ends.

How to File a PFML Claim:

Your PFML coverage at (employer) is provided by (carrier/self-administered).

To apply call (phone number) or email (email address) (or visit link to website).

The address for (carrier/self-administered plan) is (address)