

# 2024 state disability insurance and paid family leave

GROUP BENEFITS

Reference Guide

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# Alabama

## Voluntary: Paid Family Leave Insurance (PFL)

Question	Answer
<b>Which employers and employees must have plans?</b>	A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Alabama.
<b>How is coverage provided?</b>	Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate leave policy and can also be in the form of a rider to a disability insurance policy.
<b>What are the anticipated contribution rates?</b>	Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>What are the covered conditions?</b>	<p>An employee policy would cover employee income loss for at least two weeks related to:</p> <ul style="list-style-type: none"> <li>▪ Caring for a family member with a serious health condition</li> <li>▪ Bonding with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care</li> <li>▪ Addressing a qualifying exigency as interpreted under the FMLA, arising out of the fact that the spouse, child, or parent of the employee is on active duty or has been notified of an impending call or order to active duty</li> <li>▪ Caring for a family service member injured in the line of duty</li> <li>▪ Taking other leave specified by the insurance policy for care of a family member</li> </ul>
<b>What are the weekly statutory benefits?</b>	Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>When do benefits begin?</b>	The day benefits begin is variable according to the employer's policy.
<b>What is the minimum and maximum benefit period?</b>	The benefit period can't be less than a two-week minimum over 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy.

# Arkansas

## Voluntary: Paid Family Leave Insurance (PFL)

Question	Answer
<b>Which employers and employees must have plans?</b>	A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Arkansas.
<b>How is coverage provided?</b>	<p>Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier:</p> <ul style="list-style-type: none"> <li>▪ As an amendment or rider to a group disability income policy, included in a group disability income policy; or</li> <li>▪ A separate family leave policy</li> </ul>
<b>What are the anticipated contribution rates?</b>	Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>What are the covered conditions?</b>	<ul style="list-style-type: none"> <li>▪ The birth of the employee's child or adoption of a child by the employee</li> <li>▪ The placement of a foster child in the home of the employee</li> <li>▪ The care for the employee's family member who has a serious health condition</li> <li>▪ Circumstances arising because the employee's family member, who is a service member, is on active duty, or has been notified of an impending call or order to active duty</li> </ul>
<b>What are the weekly statutory benefits?</b>	Weekly benefits vary according to the employer's policy. The insurance code does not establish minimum or maximum standards.
<b>When do benefits begin?</b>	The day benefits begin varies according to the employer's policy.
<b>What's the minimum and maximum benefit period?</b>	The minimum and maximum benefit period varies according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.

# California

## Mandates: State Disability Insurance (SDI) and Paid Family Leave (PFL)

Question	Answer		
Which employers and employees must have plans?	<p>Applies to SDI and PFL:</p> <p><b>Employer:</b> Have one or more employees with a quarterly payroll of \$100 or more; employ domestic employees with a quarterly payroll of \$750 or more</p> <p><b>Employee:</b> Earned at least \$300 from which SDI deductions were withheld during their base period</p>		
How is coverage provided?	<p>Applies to SDI and PFL:</p> <ul style="list-style-type: none"> <li>▪ <b>State administered</b></li> <li>▪ <b>Voluntary plan:</b> Self funded, must include disability insurance (DI) and PFL, must exceed state plan benefits in at least one provision, and must be approved by the state’s Employment Development Department (EDD)</li> </ul>		
What are the contribution rates?	<p>Applies to SDI and PFL:</p> <ul style="list-style-type: none"> <li>▪ <b>Employer:</b> Optional, may elect to pay all or part of employee amount</li> <li>▪ <b>Employee:</b> 1.1%<sup>1</sup></li> </ul>		
What are the covered conditions?	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Applies to SDI:</p> <p>Employee’s own disability (illness, injury, or pregnancy)</p> </td> <td style="vertical-align: top;"> <p>Applies to PFL:</p> <ul style="list-style-type: none"> <li>▪ Caring for seriously ill family member</li> <li>▪ Bonding with a newborn, minor, adopted, or foster child</li> <li>▪ Military exigency</li> </ul> </td> </tr> </table>	<p>Applies to SDI:</p> <p>Employee’s own disability (illness, injury, or pregnancy)</p>	<p>Applies to PFL:</p> <ul style="list-style-type: none"> <li>▪ Caring for seriously ill family member</li> <li>▪ Bonding with a newborn, minor, adopted, or foster child</li> <li>▪ Military exigency</li> </ul>
<p>Applies to SDI:</p> <p>Employee’s own disability (illness, injury, or pregnancy)</p>	<p>Applies to PFL:</p> <ul style="list-style-type: none"> <li>▪ Caring for seriously ill family member</li> <li>▪ Bonding with a newborn, minor, adopted, or foster child</li> <li>▪ Military exigency</li> </ul>		
Who is a family member?	<p>Applies to PFL:</p> <p>A family member includes child (biological, adopted, foster, step, legal ward, child of domestic partner, or the person to whom the employee stands in loco parentis), parent (biological, foster, adoptive, parent-in-law, stepparent, legal guardian, or other person who stood in loco parentis to the employee when the employee was a child), parent-in-law (parent of a spouse or a domestic partner), grandparent, grandchild, sibling (blood, adoption, or affinity through a common legal or biological parent), spouse, or registered domestic partner.</p>		
What are the weekly statutory benefits?	<p>Applies to SDI and PFL:</p> <ul style="list-style-type: none"> <li>▪ Payable at 60%–70% of employee’s average weekly earnings in highest quarter of base period                             <ul style="list-style-type: none"> <li>– 60% for individuals who earn one-third of the state’s average quarterly wage</li> <li>– 70% for individuals who earn less than one-third of the state’s average quarterly wage</li> </ul> </li> <li>▪ <b>2024 weekly benefits:</b> Minimum = \$50; maximum = \$1,620</li> <li>▪ Benefits payable for less than one week will be paid in increments of one-seventh of the weekly benefit.</li> <li>▪ <b>Exception:</b> For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.</li> </ul>		

<sup>1</sup>Please note, there is no annual taxable wage base or maximum contribution as the mandated wage ceiling was removed for 2024. Voluntary plans can choose to set their own wage ceiling.

# California cont'd.

Mandates: State Disability Insurance (SDI) and Paid Family Leave (PFL)

Question	Answer	
When do benefits begin?	<b>Applies to SDI:</b> On eighth consecutive day of disability	<b>Applies to PFL:</b> On first day of leave
What is the maximum benefit period?	<b>Applies to SDI:</b> 52 weeks	<b>Applies to PFL:</b> Eight weeks in a 12-month period period
Who is exempt from coverage?	<b>Applies to SDI and PFL:</b> Federal, state, and municipal employees (including teachers) are not required to contribute to an SDI/voluntary disability insurance plan; however, the employer can elect to cover employees.* *The full list of employee types may be found at <a href="http://edd.ca.gov/pdf_pub_ctr/de231ee.pdf">edd.ca.gov/pdf_pub_ctr/de231ee.pdf</a> .	
What is the contact information for the state?	Voluntary Plan Group EDD Disability Insurance c/o State Personnel Board P.O. Box 826880 – DICO, MIC 29 Sacramento, CA 94280-0001	Disability department contact: Phone: <b>877-238-4373</b> Fax: <b>916-319-1438</b> Website: <a href="http://edd.ca.gov">edd.ca.gov</a>

# California—San Francisco

## Mandates: San Francisco Paid Parental Leave Ordinance (SF PPLO)

Question	Answer
<p><b>Who is eligible for benefits?</b></p>	<p><b>Employer:</b> Employers with at least 20 employees</p> <p><b>Employee:</b> Employed by a covered employer for at least 180 days before the start of the leave, works at least eight hours per week in San Francisco, has at least 40% of total weekly hours worked for the employer in San Francisco, and is eligible to receive CA PFL for the purpose of bonding with a new child</p>
<p><b>What are the contribution rates?</b></p>	<p>There is no employee contribution required. The benefit is fully funded by covered San Francisco employers.</p>
<p><b>What are the weekly statutory benefits?</b></p>	<ul style="list-style-type: none"> <li>▪ SF PPLO requires that employees approved for CA PFL are supplemented to 100%, subject to a benefit maximum.</li> <li>▪ Payable at 30% to 40% of employee’s average weekly earnings in highest quarter of base period (dependent on PFL tiered benefit)</li> <li>▪ In 2024, the maximum weekly benefit for CA PFL is \$1,620.</li> <li>▪ The maximum weekly benefit for SF PPLO is \$1,080.</li> <li>▪ The 2024 total combined CA PFL and SF PPLO maximum weekly benefit is \$2,700.</li> </ul>
<p><b>When do benefits begin?</b></p>	<p>There’s no elimination period.</p>
<p><b>What is the maximum benefit period?</b></p>	<p>Eight weeks in a 12-month period</p>
<p><b>What is the contact information for the state?</b></p>	<p>The Office of Labor Standards Enforcement (OLSE)                  City Hall, Room 430                  1 Dr. Carlton B. Goodlett Place                  San Francisco, CA 94102</p> <p>Phone: <b>415-554-4190</b>                  Email: <a href="mailto:pplo@sfgov.org">pplo@sfgov.org</a>                  Website: <a href="https://sfgov.org/olse/paid-parental-leave-ordinance">sfgov.org/olse/paid-parental-leave-ordinance</a></p>

# Colorado

## Mandates: Paid Family and Medical Leave (PFML)

Question	Answer			
Which employers and employees must have plans?	<p><b>Employer:</b> All private employers with one or more employees during 20 weeks of the year or who've paid wages of \$1,500 or more during any quarter in the preceding calendar year. State and political subdivisions are included, but federal government is excluded. Local government employers have the ability to decline participation in the CO PFML program. If a local government employer declines participation in the program, their employees can opt to participate as an individual, similar to those that are self-employed.</p> <p><b>Employee:</b> Have earned at least \$2,500 in wages during the base period or alternative base period (Note: Base period is defined as the first four out of five completed calendar quarters preceding the first day of the employee's benefit year. Alternative base period is defined as the last four complete quarters immediately preceding the benefit year.)</p>			
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>State-run</b></li> <li>▪ <b>Private plan:</b> The state will allow employers to elect a private plan to meet coverage requirements. Private plans may be fully insured or self-funded, must meet or exceed the state plan, and must be approved by the FAMI Division.</li> </ul>			
What are the contribution rates?	<ul style="list-style-type: none"> <li>▪ The program will be funded by employee and employer contributions.</li> <li>▪ In 2023 and 2024, the initial premium rate will be 0.90% of wages per employee, up to the state maximum based on the Social Security wage (\$168,600 in 2024).<sup>1</sup> For 2025 and beyond, the state will determine the premium rate, which cannot exceed 1.2% of wages per employee.</li> <li>▪ The contribution sharing between employers and employees depends on employer size. For employers with 10 or more employees, the employee may be responsible for up to 50% of the premium, with the employer responsible for the remainder. For employers with fewer than 10 employees, the employee may be responsible for up to 50% of the premium, and the employer does not have to contribute an employer share.</li> </ul>			
What are the covered conditions?	<table border="1"> <tr> <td><b>Medical leave:</b> Employee's own serious health condition</td> <td><b>Family leave:</b> Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition; assisting a family member called to active duty</td> <td><b>Safe leave:</b> Employee or their family member is the victim of domestic violence, stalking, or sexual assault or abuse</td> </tr> </table>	<b>Medical leave:</b> Employee's own serious health condition	<b>Family leave:</b> Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition; assisting a family member called to active duty	<b>Safe leave:</b> Employee or their family member is the victim of domestic violence, stalking, or sexual assault or abuse
<b>Medical leave:</b> Employee's own serious health condition	<b>Family leave:</b> Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition; assisting a family member called to active duty	<b>Safe leave:</b> Employee or their family member is the victim of domestic violence, stalking, or sexual assault or abuse		
Who is a family member?	Covered family members include spouses, domestic partners, children (biological, adoptive, foster, stepchild, legal ward, child of domestic partner, and in loco parentis), parents (biological, adoptive, foster, stepparent, legal guardian, and a person who stood in loco parentis), parent of domestic partner, parent-in-law, grandparents (biological, foster, adoptive, step relationship, or grandparent of a spouse or domestic partner), grandchildren (biological, foster, adoptive, step relationship, or grandchild of a spouse or domestic partner), sibling (biological, foster, adoptive, and step relationship), sibling of domestic partner, sibling-in-law, and other individuals with whom the covered individual has a significant personal bond like a family relationship.			
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ Employees with an average weekly wage (AWW) of up to 50% of the state's AWW will receive 90% of the employee's AWW.</li> <li>▪ Employees with an AWW exceeding 50% of the state's AWW will receive 90% of 50% of the state's AWW, plus 50% of the employee's remaining AWW.</li> <li>▪ The maximum weekly benefit is \$1,100 in 2024, and will be adjusted annually starting in 2025.</li> <li>▪ From July 1, 2023, to June 30, 2024, the SAWW is \$1,421.16</li> </ul>			
When do benefits begin?	On the first day of leave <b>Note:</b> There's a zero-day waiting period for this program.			
What is the maximum benefit period?	<b>Overall family and medical leave duration:</b> Twelve-week benefit duration with an additional four weeks for a serious health condition related to pregnancy complications or childbirth complications.			
What is the contact information for the state?	Colorado Division of Family and Medical Leave Insurance Phone: <b>866-263-2654</b> Website: <a href="http://famli.colorado.gov">famli.colorado.gov</a>			

<sup>1</sup> Contribution rates as required under the state's plan. Rates may differ under a private plan but may not exceed the contribution under the state plan.



# Connecticut

## Mandates: Family and Medical Leave Insurance (FMLI)

Question	Answer			
Which employers and employees must have plans?	<p><b>Employer:</b> All private employers except for non-public elementary or secondary schools. Public employers are generally excluded, except with respect to covered public employees.</p> <p><b>Employee:</b> Have earned at least \$2,325 during their highest earning quarter within the base period and meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>Are presently employed</li> <li>Have been employed by an employer in the previous 12 weeks</li> <li>Are self-employed or sole proprietors who opted into the program</li> </ul>			
How is coverage provided?	<ul style="list-style-type: none"> <li><b>State-run</b></li> <li><b>Private plan:</b> A private plan may be fully insured or self-insured, must fully meet or exceed the state plan, and be approved by the Connecticut Paid Leave Authority.</li> </ul>			
What are the contribution rates?	<ul style="list-style-type: none"> <li><b>Employee contribution:</b> 0.5% of an employee's wages, up to the 2024 Social Security wage cap of \$168,600*</li> <li><b>Employer contribution:</b> Optional, may elect to pay all or part of employee amount</li> </ul> <p>*Contribution rates as required under the state's plan. Rates may differ under a private plan but may not exceed the contribution under the state plan.</p>			
What are the covered conditions?	<table border="1"> <tr> <td><b>Medical leave:</b> Employee's own serious health condition</td> <td><b>Family Leave:</b> Bonding with newborn, adopted, or fostered child caring for family member with a serious health condition, military exigency, military caregiving, or serving as an organ or bone marrow donor</td> <td><b>Safe leave:</b> Employee is victim of domestic violence, stalking, or sexual assault or abuse</td> </tr> </table>	<b>Medical leave:</b> Employee's own serious health condition	<b>Family Leave:</b> Bonding with newborn, adopted, or fostered child caring for family member with a serious health condition, military exigency, military caregiving, or serving as an organ or bone marrow donor	<b>Safe leave:</b> Employee is victim of domestic violence, stalking, or sexual assault or abuse
<b>Medical leave:</b> Employee's own serious health condition	<b>Family Leave:</b> Bonding with newborn, adopted, or fostered child caring for family member with a serious health condition, military exigency, military caregiving, or serving as an organ or bone marrow donor	<b>Safe leave:</b> Employee is victim of domestic violence, stalking, or sexual assault or abuse		
Who is a family member?	Family member includes spouse, child, parent, sibling, grandparent, grandchild, and an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.			
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>Employees that make less than or equal to 40 times the minimum fair wage will receive 95% of their base week earnings.</li> <li>Employees with an average weekly wage greater than 40 times the minimum fair wage will receive 95% of 40 times minimum fair wage plus an additional 60% of the difference between the amount of the employee's base weekly earnings and 40 times the minimum fair wage.</li> <li>The maximum weekly benefit is \$941.40, based on 60 times the minimum fair wage of \$15.69.</li> </ul>			
When do benefits begin?	On the first day of leave <b>Note:</b> There is a zero-day waiting period for this program.			
What is the maximum benefit period?	<ul style="list-style-type: none"> <li><b>Overall family and medical leave duration:</b> Up to 12 weeks of FMLI benefits over a 12-month period</li> <li>The program also provides two additional weeks of benefits for a serious health condition that results in incapacitation during pregnancy.</li> <li>Safe leave is for up to 12 days.</li> </ul>			
What is the contact information for the state?	Website: <a href="http://ctpaidleave.org">ctpaidleave.org</a>			

# Delaware

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

Question	Answer		
<p>Which employers and employees must have plans?</p>	<p><b>Employer:</b> All employers with 10 or more Delaware employees must provide coverage. Employers with 10 to 24 Delaware employees during the previous 12 months are only subject to parental leave. Employers with 25 or more Delaware employees during the previous 12 months are subject to parental, family caregiving, and medical leave. Those with less than 10 Delaware employees during the previous 12 months and businesses that are closed in their entirety for 30 consecutive days or more per year are excluded.</p> <p>All federal government employers, employers with less than 10 employees in the state during the previous 12 months, and businesses that are closed in their entirety for 30 consecutive days or more per year are excluded.</p> <p><b>Employee:</b> Employees who've been employed for at least 12 months by their current employer and have been employed for at least 1,250 hours of service with their employer during the previous 12-month period are eligible.</p>		
<p>How is coverage provided?</p>	<ul style="list-style-type: none"> <li>▪ <b>State-run</b></li> <li>▪ <b>Private plan:</b> The state will allow employers to elect a fully-insured or self-insured private plan to meet coverage requirements. More details on process and options are forthcoming.</li> </ul>		
<p>What are the anticipated contribution rates?</p>	<ul style="list-style-type: none"> <li>▪ The program will be funded by employee and employer contributions.</li> <li>▪ In 2025 and 2026, the premium rate will be 0.80% of employee wages. These contributions are broken down as 0.32% for parental leave, 0.40% for medical leave, and 0.08% for family caregiving leave.</li> <li>▪ Employers may deduct up to 50% of the contribution from the employee's wages and the employer is responsible for the other 50%.</li> <li>▪ For 2027 and subsequent years, the rate will be adjusted. If the Delaware Department of Labor determines that the contribution rate would exceed 1.00%, it shall reduce the benefit calculation necessary to compute a contribution rate that does not exceed 1.00%.</li> <li>▪ Contributions will be capped at the Social Security Wage Cap</li> </ul>		
<p>What are the covered conditions?</p>	<p><b>Parental leave:</b> Care for a child within first year after birth, adoption, or foster placement</p>	<p><b>Medical leave:</b> Employee's own serious health condition</p>	<p><b>Family caregiving:</b> Care for a family member with a serious health condition or to assist while loved ones are on overseas military deployment</p>
<p>Who is a family member?</p>	<p>Family member includes spouse, child, parent. The parent-child relationship can be biological, adoptive, step, foster, or in loco parentis. Child can also include legal ward.</p>		
<p>What are the weekly statutory benefits?</p>	<ul style="list-style-type: none"> <li>▪ Employees will receive up to 80% of their average weekly wage (AWW).</li> <li>▪ AWW is based on the 12 months prior to an application for leave.</li> <li>▪ The minimum weekly benefit will be \$100, unless an employee's AWW is under \$100.</li> <li>▪ The maximum weekly benefit will be \$900 through December 31, 2027.</li> </ul>		
<p>When do benefits begin?</p>	<p>On the first day of leave</p> <p><b>Note:</b> There's a zero-day waiting period for this program.</p>		
<p>What's the maximum benefit period?</p>	<ul style="list-style-type: none"> <li>▪ An employee may take up to 12 weeks of parental leave and up to six weeks for medical leave and family care reasons.</li> <li>▪ The combined maximum duration is 12 weeks in an application year.</li> <li>▪ Except for parental leave, an employee is limited to taking a leave once in a 24-month period.</li> <li>▪ An employer has the option to limit the aggregate for parents working for the same employer who are requesting parental or family caregiving leave.</li> </ul>		

The state will continue to refine regulations regarding this program and has yet to issue operational guidance. Please note that the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

# Florida

## Voluntary: Paid Family Leave Insurance (PFL)

Question	Answer
<b>Which employers and employees must have plans?</b>	A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Florida.
<b>How is coverage provided?</b>	Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate family leave policy and can also be in the form of a rider to a group disability income policy.
<b>What are the anticipated contribution rates?</b>	Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>What are the covered conditions?</b>	<p>The policy would cover a percentage of an employee's income loss due to:</p> <ul style="list-style-type: none"> <li>▪ Caring for a family member with a serious health condition</li> <li>▪ Bonding with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the employee</li> <li>▪ Attending to circumstances arising out of the fact that the employee's family member is a service member on active duty or has been notified of an impending call or order to active duty</li> <li>▪ Caring for a family member injured in the line of duty while serving in the armed forces</li> <li>▪ Taking other leave specified by the insurance policy for care of a family member</li> </ul>
<b>What are the weekly statutory benefits?</b>	Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>When do benefits begin?</b>	The day benefits begin vary according to the employer's policy.
<b>What is the minimum and maximum benefit period?</b>	The benefit period can't be less than a two-week minimum over 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy. The insurance code does not establish minimum or maximum standards.

# Hawaii

## Mandates: Temporary Disability Insurance (TDI)

Question	Answer
Which employers and employees must have plans?	<p><b>Employer:</b> Have one or more employees and a quarterly payroll of \$225 or more (includes employers that employ domestic workers)</p> <p><b>Employee:</b> Must have 14 weeks of covered employment when they were paid for 20 hours or more and earned at least \$400 in the first 52 weeks before first day of disability</p>
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>Private-insured</b></li> <li>▪ <b>Self-insured:</b> Must meet minimum state requirements and must be approved by the state's Disability Compensation Division (DCD)</li> </ul>
What are the anticipated contribution rates?	<p><b>Employee:</b> Employer may deduct one-half the premium cost, capped at 0.5% of the state's AWW (for 2024, the maximum weekly deduction is \$6.87 based on the \$1,374 state AWW). At least one-half of plan costs, plus additional costs not chargeable to employees.</p> <p><b>Employer:</b> At least one-half of plan costs, plus additional costs not chargeable to employees</p>
What are the covered conditions?	Employee's own disability (illness, injury, or pregnancy)
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ Payable at 58% of employee's average weekly earnings</li> <li>▪ <b>2024 weekly benefits:</b> Minimum = \$14; maximum = \$798</li> <li>▪ Benefits payable for less than one week will be paid in increments of one-fifth of the weekly benefit.</li> </ul>
When do benefits begin?	On eighth consecutive day of disability
What is the maximum benefit period?	26 weeks
Who is exempt from coverage?	<ul style="list-style-type: none"> <li>▪ Federal, state, and municipal employees</li> <li>▪ Certain family employees</li> <li>▪ Certain domestic workers</li> <li>▪ Real estate salespersons paid solely on a commission basis</li> <li>▪ Student nurses and interns</li> <li>▪ Insurance agents</li> </ul> <p><b>Note:</b> The full list of employee types may be found at <a href="https://labor.hawaii.gov/dcd/frequently-asked-questions/tdi">labor.hawaii.gov/dcd/frequently-asked-questions/tdi</a>.</p>
What is the contact information for the state?	<p>Department of Labor and Industrial Relations Disability Compensation Division P.O. Box 3769 Honolulu, HI 96812-3769</p> <p>Phone: <b>808-596-9188</b> <b>808-586-9198</b> <b>808-586-9186</b></p> <p>Website: <a href="https://hawaii.gov/labor/dcd/abouttdi.shtml">hawaii.gov/labor/dcd/abouttdi.shtml</a></p> <p>Or</p> <p>Department of Labor and Industrial Relations Disability Compensation Division 830 Punchbowl Street, Room 209 Honolulu, HI 96813</p>

# Maine

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

Question	Answer		
<p>Which employers and employees must have plans?</p>	<p><b>Employers</b> with employees working in Maine, regardless of employer size, must provide coverage, including:</p> <ul style="list-style-type: none"> <li>Companies with at least one individual working in Maine</li> <li>State employees, including employees of state agencies and municipal and local government entities</li> </ul> <p>Self-employed individuals, including independent contractors, sole proprietors and Tribal government, may elect coverage.</p> <p>Federal government employees are excluded.</p> <p><b>Employees</b> are eligible for ME PFML if they've earned at least six times the state average weekly wage subject to premiums during their base period. The base period refers to the first four calendar quarters immediately preceding the first day of an individual's benefit year.</p>		
<p>How is coverage provided?</p>	<ul style="list-style-type: none"> <li><b>State run</b></li> <li><b>Private plan:</b> A private plan, which may be fully insured or self-insured, must meet or exceed the state plan and be approved by the state. More details on process and options are forthcoming.</li> </ul>		
<p>What are the anticipated contribution rates?</p>	<ul style="list-style-type: none"> <li>This program will be funded by employee and employer contributions.</li> <li>An employer with 15 or more employees must pay a minimum of 50% of the annual premium, with employees paying the remaining portion to remit 100% of the premium.</li> <li>Employers with fewer than 15 employees don't have to pay a premium share; employers may deduct up to 50% of the premium rate from the employee and remit 50%.</li> <li>The annual premium rate shall not exceed 1% of taxable wages paid to an employee.</li> <li>The premium rate will be adjusted annually each calendar year, beginning January 1, 2028; rates will be announced by October 1 each subsequent year</li> </ul>		
<p>What are the covered conditions?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Medical leave:</b> Employee's own serious health condition</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Family leave:</b> To care of a family member with a serious health condition, manage caregiving needs due to military deployment, bond with a new child, provide for certain needs when it comes to sexual or domestic violence, and to attend to a qualifying military exigency</p> </td> </tr> </table>	<p><b>Medical leave:</b> Employee's own serious health condition</p>	<p><b>Family leave:</b> To care of a family member with a serious health condition, manage caregiving needs due to military deployment, bond with a new child, provide for certain needs when it comes to sexual or domestic violence, and to attend to a qualifying military exigency</p>
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<p>Who is a family member?</p>	<p>Covered family members include spouses, domestic partners, children (biological, adoptive, foster, stepchild, child under legal guardianship, child of domestic partner, and in loco parentis), parents (biological, adoptive, foster, stepparent, legal guardian, and a person who stood in loco parentis), grandparents, grandchildren, sibling (biological, foster, adoptive, and step relationship), sibling of domestic partner, sibling-in-law, and other individuals with whom the covered individual has a significant personal bond that is or is like a family relationship.</p>		
<p>What are the weekly statutory benefits?</p>	<p>The weekly benefit amount will be calculated based on a tiered benefit structure that depends on the employee's average typical workweek and weekly wage:</p> <ul style="list-style-type: none"> <li>If the employee's average weekly wage is equal to or less than 50% of the state average weekly wage, they'll receive 90% of their average weekly wage.</li> <li>If the employee makes more than 50%, they'll receive 90% of their average weekly wage up to 50% of the state average weekly wage, and 66% of the remainder.</li> <li>The maximum benefit will be capped at the state average weekly wage, which is currently \$1,103.71.</li> </ul>		
<p>When do benefits begin?</p>	<p>On the eighth day of leave</p> <p><b>Note:</b> This program has a seven-day waiting period.</p>		
<p>What is the maximum benefit period?</p>	<ul style="list-style-type: none"> <li>Overall family and medical leave duration: 12 weeks per year</li> <li>Family leave duration: up to 12 weeks</li> <li>Medical leave duration: up to 12 weeks</li> </ul>		

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

# Maryland

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

Question	Answer		
Which employers and employees must have plans?	<p><b>Employer:</b> Most employers and governmental entities that employ at least one individual in the state must provide coverage. The sole owner of a sole proprietorship, limited liability company, C corporation, or S corporation and the sole individual employed by a sole proprietorship, limited liability company, C corporation, or S corporation are excluded.</p> <p><b>Employee:</b> Those who've worked at least 680 hours over the 12-month period immediately preceding the date on which leave is to begin.</p>		
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>State-run</b></li> <li>▪ <b>Private plan:</b> The state will allow employers to elect a fully-insured or self-insured private plan to meet or exceed rights, protections, and benefit requirements under the state plan. More details on process and options for private plans are forthcoming.</li> </ul>		
What are the anticipated contribution rates?	<ul style="list-style-type: none"> <li>▪ The program will be funded by employee and employer contributions.</li> <li>▪ From October 1, 2024, through June 30, 2026, the total premium rate will be 0.9% of wages. The rate will be reassessed annually beginning February 1, 2026.</li> <li>▪ Employers with 15+ employees must pay a minimum of 50% of the annual premium, with employees paying the remaining portion.</li> <li>▪ Contributions will be capped at the Social Security wage base.</li> </ul>		
What are the covered conditions?	<table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Medical leave:</b> Employee's own serious health condition</p> </td> <td style="vertical-align: top;"> <p><b>Family leave:</b> Care for a family member with a serious health condition; to bond with a child within first year after birth or in cases of adoption, foster, or kinship care, within the first 12 months after placement or adoption; to attend to a qualifying military exigency; or to care for a covered service member who is next of kin</p> </td> </tr> </table>	<p><b>Medical leave:</b> Employee's own serious health condition</p>	<p><b>Family leave:</b> Care for a family member with a serious health condition; to bond with a child within first year after birth or in cases of adoption, foster, or kinship care, within the first 12 months after placement or adoption; to attend to a qualifying military exigency; or to care for a covered service member who is next of kin</p>
<p><b>Medical leave:</b> Employee's own serious health condition</p>	<p><b>Family leave:</b> Care for a family member with a serious health condition; to bond with a child within first year after birth or in cases of adoption, foster, or kinship care, within the first 12 months after placement or adoption; to attend to a qualifying military exigency; or to care for a covered service member who is next of kin</p>		
Who is a family member?	<p>Family member includes child (biological, step, adopted, foster, in loco parentis), child under guardianship, spouse, domestic partner, parents or spouse's parents (biological, step, adoptive, foster, legal guardian or ward, or in loco parentis), grandparents or grandchildren (biological, step, adoptive, or foster), siblings (biological, step, adoptive or foster).</p>		
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ Employees with an average weekly wage (AWW) of up to 65% of the state average weekly wage (SAWW) will receive 90% of the employee's AWW.</li> <li>▪ Employees with an AWW exceeding 65% of the SAWW will receive 90% of their weekly wages, up to 65% of the SAWW, plus 50% of the employee's remaining AWW that's above 65% of the SAWW.</li> <li>▪ The minimum weekly benefit will be \$50.</li> <li>▪ The maximum weekly benefit will be \$1,000 per week until December 31, 2026.</li> <li>▪ The benefit amount may be adjusted annually.</li> </ul>		
When do benefits begin?	<p>On the first day of leave</p> <p><b>Note:</b> There's a zero-day waiting period for this program.</p>		
What is the maximum benefit period?	<p>Twelve-week duration, with an additional 12 weeks if the covered individual needs to take both medical and family leave for bonding in the application year</p>		

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

# Massachusetts

## Mandates: Paid Family and Medical Leave (PFML)

Question	Answer				
Which employers and employees must have plans?	<p><b>Employer:</b> All Massachusetts employers are required to participate. Self-employed individuals are excluded; however, they may elect coverage.</p> <p><b>Employee:</b> Those who've earned 30 times the weekly PFML benefit that they're eligible to receive and have earned a minimum of \$6,300 over the last four calendar quarters are eligible. Former employees that previously met eligibility and have been separated from employment not more than 26 weeks at the start of their leave are also eligible for benefits.</p>				
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>Commonwealth-administered</b></li> <li>▪ <b>Plan exemption (private plan):</b> A private plan may be fully insured or self-insured, must fully meet or exceed the commonwealth plan, and must be approved for exemption by the commonwealth's Department of Family and Medical Leave (DFML).</li> </ul> <p><b>Note:</b> PFML is one joint program that provides medical leave and family leave benefits.</p>				
What are the contribution rates?	<p>The 2024 contribution rate is 0.88% of an employee's wages up to the 2024 Social Security wage cap of \$168,600.*</p> <ul style="list-style-type: none"> <li>▪ <b>Employee contribution:</b> Approximately 0.46% of wages (0.28% for PML + 0.18% for PFL)</li> <li>▪ <b>Employer contribution:</b> Approximately 0.42% of wages (PML contribution)</li> </ul> <p>*Contribution rates as required under the commonwealth's plan. Rates may differ under a private plan.</p> <table border="1"> <thead> <tr> <th>Medical leave:</th> <th>Family leave:</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>▪ Proportioned as 79.5% of the overall commonwealth plan rate</li> <li>▪ Proportioned rate split 60% employer/40% employee</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>▪ Proportioned as 20.5% of the overall commonwealth plan rate</li> <li>▪ 100% employee-funded</li> </ul> </td> </tr> </tbody> </table>	Medical leave:	Family leave:	<ul style="list-style-type: none"> <li>▪ Proportioned as 79.5% of the overall commonwealth plan rate</li> <li>▪ Proportioned rate split 60% employer/40% employee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Proportioned as 20.5% of the overall commonwealth plan rate</li> <li>▪ 100% employee-funded</li> </ul>
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Medical leave:	Family leave:				
Employee's own serious health condition	Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition; military exigency; or care of a covered service member				
Who is a family member?	Covered family members include spouses, domestic partners, children (biological, adoptive, foster and loco parentis), parents, parents-in-law, grandparents, grandchildren and siblings.				
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ Employees with an AWW less than or equal to 50% of the commonwealth's AWW will receive an 80% benefit. The 2024 state average weekly wage is \$1,796.72.</li> <li>▪ Employees earning more than 50% of the commonwealth's AWW will receive the underlying 80% benefit plus an additional 50% of their AWW that exceeds 50% of the commonwealth's AWW.</li> <li>▪ The maximum weekly benefit will be \$1,149.90 through December 31, 2024.</li> <li>▪ There is no minimum weekly benefit.</li> </ul>				
When do benefits begin?	<p>On eighth day of leave</p> <p><b>Exception:</b> No waiting period for a bonding leave when an employee immediately transitions from medical leave for pregnancy or recovery from childbirth to bonding</p>				
What is the maximum benefit period?	<ul style="list-style-type: none"> <li>▪ <b>Medical leave:</b> Up to 20 weeks</li> <li>▪ <b>Family leave:</b> Up to 12 weeks</li> <li>▪ <b>Care of a service member:</b> Up to 26 weeks</li> <li>▪ <b>Overall family and medical leave duration:</b> Up to 26 weeks</li> </ul>				
What is the contact information for the state?	<table border="1"> <tbody> <tr> <td>Department of Family and Medical Leave One Ashburton Place - Floor 21 Boston, MA 02108</td> <td>Phone: <b>617-626-6565</b> Websites: <a href="https://paidleave.mass.gov">paidleave.mass.gov</a> and <a href="https://mass.gov/pfml">mass.gov/pfml</a></td> </tr> </tbody> </table>	Department of Family and Medical Leave One Ashburton Place - Floor 21 Boston, MA 02108	Phone: <b>617-626-6565</b> Websites: <a href="https://paidleave.mass.gov">paidleave.mass.gov</a> and <a href="https://mass.gov/pfml">mass.gov/pfml</a>		
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# Minnesota

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

Question	Answer	
<p>Which employers and employees must have plans?</p>	<p><b>Employers</b> with employees working in Minnesota, regardless of employer size, must provide coverage through the state-run program or a private plan, including:</p> <ul style="list-style-type: none"> <li>▪ Companies with an individual whose work is localized in Minnesota</li> <li>▪ Minnesota state employees, including employees of Minnesota state agencies, state colleges and universities and municipal and local government entities.</li> </ul> <p>Federal government employees, self-employed individuals, independent contractors, and seasonal employees are excluded. However, self-employed individuals and independent contractors may opt in and elect coverage.</p> <p><b>Employees</b> are eligible if they've earned at least 5.3% of the state average annual wage rounded down to next lower \$100.</p>	
<p>How is coverage provided?</p>	<ul style="list-style-type: none"> <li>▪ <b>State run</b></li> <li>▪ <b>Private plan:</b> A private plan, which may be fully insured or self-insured, must meet or exceed the state plan and be approved by the state. More details on process and options are forthcoming.</li> </ul>	
<p>What are the anticipated contribution rates?</p>	<ul style="list-style-type: none"> <li>▪ The program will be funded by employee and employer contributions.</li> <li>▪ Contributions will begin January 1, 2026. The total premium rate is 0.7% of wages up to the Social Security wage cap.</li> <li>▪ The employer must pay a minimum of 50% of the annual premium, with employees paying the remaining portion, as long as the deduction does not cause the employee's wage to fall below the minimum wage required by law.</li> <li>▪ For employers with fewer than 30 employees, the premium rate to be paid by the employer is reduced.</li> <li>▪ The premium rate will be adjusted annually, beginning January 1, 2027, and by July 31 each subsequent year.</li> </ul>	
<p>What are the covered conditions?</p>	<p><b>Medical leave:</b> Employee's own serious health condition</p>	<p><b>Family leave:</b> Care of a family member with a serious health condition, care of a family member in the military, bonding with a new child, providing for certain needs related to sexual or domestic violence against themselves or a family member, attending to a qualifying military exigency</p>
<p>Who's a family member?</p>	<p>Spouse or domestic partner, child (biological, adopted, foster, step, or applicant stands in loco parentis, legal guardian, or de facto parent), son-in law, daughter-in law, parent (biological, adopted, de facto, foster, step, legal guardian, or in loco parentis), parent in-law, sibling, grandchild, grandparent, grandparent in-law, individual who has a relationship with the applicant that creates an expectation and reliance that the applicant care for the individual regardless of whether they reside together.</p>	
<p>What are the weekly statutory benefits?</p>	<ul style="list-style-type: none"> <li>▪ The weekly benefit amount will be calculated based on a three-tiered benefit structure based on an employee's average weekly wage and 50% of the state average weekly wage:                             <ul style="list-style-type: none"> <li>– 90% of the portion of their weekly wages that is less than or equal to 50% of the state average weekly wage, plus</li> <li>– 66% of the portion of their weekly wages that is more than 50% of the state average weekly wage by less than or equal to 100% of the state average weekly wage, plus</li> <li>– 55% of the portion of their weekly wages that is more than 100% of the state average weekly wage</li> </ul> </li> <li>▪ The maximum benefit will be capped at the state average weekly wage, which is currently \$1,337</li> </ul>	



# Minnesota cont'd.

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

Question	Answer
<b>When do benefits begin?</b>	Employees must meet a consecutive seven-day qualifying period for a leave reason to receive benefits. Once this period is met, benefits become payable for the seven days and absences taken for that leave reason moving forward. <b>Note:</b> The seven-day qualifying period doesn't apply to bonding leaves. In addition, if the leave is intermittent the seven days don't have to be consecutive.
<b>What is the maximum benefit period?</b>	<ul style="list-style-type: none"><li>▪ <b>Overall family and medical leave duration:</b> 20 weeks in a benefit year</li><li>▪ <b>Family leave duration:</b> up to 12 weeks</li><li>▪ <b>Medical leave duration:</b> up to 12 weeks</li></ul>

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

# New Hampshire

## Voluntary: Paid Family and Medical Leave (PFML) wage replacement

Question	Answer		
Which employers and employees must have coverage?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> State employees</li> <li>▪ <b>Voluntary:</b> Private employers, non-state public employers, and individuals who work for an employer that does not opt to voluntarily provide coverage through the Granite State Paid Family Leave Plan</li> </ul>		
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> State-selected insurance carrier administering the Granite State Paid Family Leave Plan</li> <li>▪ <b>Voluntary coverage:</b> Employers can purchase PFML coverage with the carrier administering the Granite State Paid Family Leave Plan or through other paid family leave carriers.</li> </ul>		
What are the anticipated contribution rates?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> The state rate will be determined by the carrier that administers the Granite State Paid Family Leave Plan.</li> <li>▪ <b>Voluntary coverage:</b> The state will require the rates of insurance carriers offering voluntary coverage to be filed for approval with the insurance commissioner. Individuals who work for employers that don't opt to provide coverage through the Granite State Paid Family Leave Plan can voluntarily participate but are not required to.</li> </ul>		
What are the covered conditions?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Applies to both mandatory and voluntary coverage:</b></p> <ul style="list-style-type: none"> <li>▪ To bond with a child following birth, adoption, or foster care placement</li> <li>▪ To care for a family member with a serious health condition</li> <li>▪ For qualifying exigency leave</li> <li>▪ To care for a service member's serious injury or illness</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Applies to only voluntary coverage:</b></p> <p>Own serious health condition (only covered if the condition is not work related and the employer does not offer STD insurance)</p> </td> </tr> </table>	<p><b>Applies to both mandatory and voluntary coverage:</b></p> <ul style="list-style-type: none"> <li>▪ To bond with a child following birth, adoption, or foster care placement</li> <li>▪ To care for a family member with a serious health condition</li> <li>▪ For qualifying exigency leave</li> <li>▪ To care for a service member's serious injury or illness</li> </ul>	<p><b>Applies to only voluntary coverage:</b></p> <p>Own serious health condition (only covered if the condition is not work related and the employer does not offer STD insurance)</p>
<p><b>Applies to both mandatory and voluntary coverage:</b></p> <ul style="list-style-type: none"> <li>▪ To bond with a child following birth, adoption, or foster care placement</li> <li>▪ To care for a family member with a serious health condition</li> <li>▪ For qualifying exigency leave</li> <li>▪ To care for a service member's serious injury or illness</li> </ul>	<p><b>Applies to only voluntary coverage:</b></p> <p>Own serious health condition (only covered if the condition is not work related and the employer does not offer STD insurance)</p>		
Who is a family member?	<p>Family member includes child (biological, adoptive, foster, step, legal ward, or in loco parentis), child's spouse or domestic partner, parent (biological, adoptive, foster, step, or legal guardian of the worker or the worker's spouse or domestic partner), grandparent (biological, adoptive, foster, step), spouse, or domestic partner.</p>		
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> 60% of the employee's average weekly wage (AWW) up to the Social Security taxable wage maximum</li> <li>▪ <b>Voluntary coverage:</b> Carriers may offer plans that have variable wage replacement benefits, but no less than 60% of the employee's AWW, up to the Social Security taxable wage maximum.</li> </ul>		
When do benefits begin?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> On the first day of leave <b>Note:</b> There is a zero-day waiting period for the mandatory PFL program.</li> <li>▪ <b>Voluntary coverage:</b> Carriers may offer plans that include a waiting period.</li> </ul>		
What is the maximum benefit period?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> Six-week benefit duration</li> <li>▪ <b>Voluntary coverage:</b> Carriers may offer plans that have variable benefit periods, but these must be no less than six weeks and are subject to a maximum of 12 weeks.</li> </ul>		

Please note that the state continues to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

# New Jersey

Mandates: Temporary Disability Insurance (TDI) and Family Leave Insurance (FLI)

Question	Answer	
Which employers and employees must have plans?	Applies to TDI and FLI:	
	<p><b>Employer:</b> Have one or more employees for at least 30 days in a calendar year with a minimum \$1,000 annual in payroll</p> <p><b>Employee:</b> Earned at least \$283/week for 20 weeks during the base year (\$14,200/base year)</p>	
How is coverage provided?	Applies to TDI and FLI:	
	<ul style="list-style-type: none"> <li>▪ <b>State-administered</b></li> <li>▪ <b>Private-insured</b></li> <li>▪ <b>Self-insured:</b> Must at least equal state plan benefits and must be approved by the state's Department of Labor</li> </ul>	
What are the contribution rates?	Applies to TDI:	Applies to FLI:
	<ul style="list-style-type: none"> <li>▪ <b>Employee:</b> 0.00% of the employee taxable wage base (the first \$161,400 of annual earnings)                             <ul style="list-style-type: none"> <li>– <b>2024 maximum deduction:</b> \$0.00</li> </ul> </li> <li>▪ <b>Employer:</b> Up to 0.75% of the employer taxable wage base (under the state plan)</li> <li>▪ <b>Private plan:</b> Premium will vary; employer responsible for all premium that exceeds allowed employee contributions</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Employee:</b> 0.09% of the first \$161,400 of annual earnings                             <ul style="list-style-type: none"> <li>– <b>2024 maximum deduction:</b> \$145.26</li> </ul> </li> <li>▪ <b>Employer:</b> Optional, may elect to pay all or part of employee amount</li> </ul>
What are the covered conditions?	Applies to TDI:	Applies to FLI:
	Employee's own illness, injury, or disability, organ or bone marrow donation	<ul style="list-style-type: none"> <li>▪ Bonding with newborn, adopted, or fostered child</li> <li>▪ Caring for a seriously ill or injured family member</li> </ul>
Who is a family member?	Applies to FLI	
	Family member refers to a child (biological, adopted, foster, step or legal ward of covered individual, child of a domestic partner or civil union partner), spouse, domestic partner, civil union partner or parent child, spouse, domestic partner, civil union partner or parent of a covered individual (biological, foster, adoptive, step, or legal guardian of covered individual when covered individual was a child).	
What are the weekly statutory benefits?	Applies to TDI and FLI:	
	<ul style="list-style-type: none"> <li>▪ Maximum is 85%</li> <li>▪ <b>2024 weekly benefits:</b> <ul style="list-style-type: none"> <li>– Maximum is \$1,055</li> <li>– Benefits payable for less than one week will be paid in increments of one-seventh of the weekly benefit.</li> </ul> </li> <li>▪ There is no minimum weekly benefit.</li> </ul>	
When do benefits begin?	Applies to TDI:	Applies to FLI:
	<ul style="list-style-type: none"> <li>▪ On eighth consecutive day of disability (on first day if disability lasts longer than 21 days)</li> <li>▪ On first day for organ or bone marrow donation</li> </ul>	<ul style="list-style-type: none"> <li>▪ On the first day of leave</li> </ul>
What is the maximum benefit period?	Applies to TDI:	Applies to FLI:
	Twenty-six weeks or until benefits equal one-third of total wage base in base year	Twelve consecutive or intermittent weeks, or 56 intermittent days during a 12-month period beginning with the first date of the claim

# New Jersey cont'd.

Mandates: Temporary Disability Insurance (TDI) and Family Leave Insurance (FLI)

Question	Answer				
<p>Who is exempt from coverage?</p>	<ul style="list-style-type: none"> <li>▪ Agriculture labor (unless specific requirements met)</li> <li>▪ Certain domestic workers</li> <li>▪ Sole proprietors solely employing certain family members</li> <li>▪ Fraternal beneficiary societies or lodges</li> <li>▪ Board of directors/trustees of a financial institution</li> <li>▪ Investment agents, brokers, or dealers paid solely on a commission basis</li> <li>▪ Real estate salespersons paid solely on a commission basis</li> <li>▪ Students of nonprofit or public education institutions</li> </ul> <p>The full list of employee types may be found at <a href="http://nj.gov/labor/ea/employer-services/who-qualifies/index.shtml">nj.gov/labor/ea/employer-services/who-qualifies/index.shtml</a>.</p>				
<p>What is the contact information for the state?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>For private plans:</b>                      Bureau of Private Plan Disability Benefits                      P.O. Box 957                      Trenton, NJ 08625-0957</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Phone: <b>609-292-7060</b>                      Fax: <b>609-292-2537</b>                      Website: <a href="http://MyLeaveBenefits.NJ.gov">MyLeaveBenefits.NJ.gov</a></p> </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>For disability benefits and family leave (state plans):</b>                      State of New Jersey                      Division of Temporary Disability Insurance                      P.O. Box 387                      Trenton, NJ 08625-0387</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Phone: <b>609-292-7060</b>                      Website: <a href="http://NJ.gov/labor">NJ.gov/labor</a></p> </td> </tr> </table>	<p><b>For private plans:</b>                      Bureau of Private Plan Disability Benefits                      P.O. Box 957                      Trenton, NJ 08625-0957</p>	<p>Phone: <b>609-292-7060</b>                      Fax: <b>609-292-2537</b>                      Website: <a href="http://MyLeaveBenefits.NJ.gov">MyLeaveBenefits.NJ.gov</a></p>	<p><b>For disability benefits and family leave (state plans):</b>                      State of New Jersey                      Division of Temporary Disability Insurance                      P.O. Box 387                      Trenton, NJ 08625-0387</p>	<p>Phone: <b>609-292-7060</b>                      Website: <a href="http://NJ.gov/labor">NJ.gov/labor</a></p>
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<p><b>For disability benefits and family leave (state plans):</b>                      State of New Jersey                      Division of Temporary Disability Insurance                      P.O. Box 387                      Trenton, NJ 08625-0387</p>	<p>Phone: <b>609-292-7060</b>                      Website: <a href="http://NJ.gov/labor">NJ.gov/labor</a></p>				

# New York

## Mandates: Disability Benefits Law (DBL) and Paid Family Leave (PFL)

Question	Answer	
Which employers and employees must have plans?	Applies to DBL:	Applies to PFL:
	<p><b>Employer:</b> Have one or more employees for 30 days in a calendar year</p> <p><b>Employee:</b> Work four consecutive weeks of covered employment. Employees that work less than the employer's workweek are eligible on the 25th day of regular employment.</p>	<p><b>Employer:</b> Employers who are required to offer statutory disability coverage must also offer paid family leave.</p> <p><b>Employee:</b> Full-time (working 20+ hours/week) employees are eligible after 26 consecutive weeks; part-time (working less than 20 hours/week) are eligible after 175 workdays.</p>
How is coverage provided?	Applies to DBL and PFL:	
	<ul style="list-style-type: none"> <li>▪ <b>NY State Insurance Fund (NYSIF)</b></li> <li>▪ <b>Private-insured</b></li> <li>▪ <b>Self-insured:</b> Must meet minimum state requirements and must be approved by the state's Workers' Compensation Board (WCB)</li> </ul> <p><b>Note:</b> Insured DBL policies include PFL as a rider as required by the state. Self-insured plans may include one or both coverages.</p>	
What are the contribution rates?	Applies to DBL:	Applies to PFL:
	<p><b>Employee:</b> 0.5% of the first \$120 of weekly wage up to a maximum of \$0.60 per week</p> <p><b>Employer:</b> Balance of plan costs not covered by employee</p>	<p><b>Employee:</b> 0.373% of wages up to the annualized statewide AWW: \$89,343.80.<sup>1</sup> The 2024 AWW is \$1,718.15.</p> <ul style="list-style-type: none"> <li>– <b>Maximum contribution:</b> \$333.25/year</li> </ul> <p><b>Employer:</b> Intended to be 100% funded by employee; may elect to pay all or part of employee amount</p>
What are the covered conditions?	Applies to DBL:	Applies to PFL:
	Employee's own disability (illness, injury, pregnancy, organ donation <sup>2</sup> )	Bonding with newborn, adopted, or fostered child; caring for a seriously ill family member; military exigency
Who is a family member?	Applies to PFL:	
	A family member includes children (biological, adopted, foster, step, legal ward, child of domestic partner, person to whom the employee stands in loco parentis), spouses, parents (biological, foster, adoptive, parent-in-law, step, legal guardian, or other person who stood in loco parentis to the employee when the employee was a child), parents-in-law, siblings (biological, adopted, half or step), grandparents, grandchildren and domestic partners.	
What are the weekly statutory benefits?	Applies to DBL:	Applies to PFL:
	<p>Payable at 50% of employee's AWW</p> <ul style="list-style-type: none"> <li>▪ <b>2024 weekly benefit:</b> Minimum = \$20; maximum= \$170</li> </ul> <p>Benefits payable for less than one week will be paid in increments of one-fifth of the weekly benefit.</p>	<p>Bonding with newborn, adopted, or fostered child, payable at 67% of employee's AWW</p> <ul style="list-style-type: none"> <li>▪ <b>2024 weekly benefit:</b> Minimum = \$100; maximum = \$1,151.16</li> </ul>
When do benefits begin?	Applies to DBL:	Applies to PFL:
	On eighth consecutive day of disability	On first day of leave

<sup>1</sup> The 2024 annualized amount of \$89,343.80 is 52 times the average weekly wage.

<sup>2</sup> Organ donation available as of January 1, 2024.

# New York, cont'd.

Mandates: Disability Benefits Law (DBL) and Paid Family Leave (PFL)

Question	Answer	
<p><b>What is the maximum benefit period?</b></p>	<p><b>Applies to DBL:</b> 26 weeks <b>Overall duration:</b> Up to 26 weeks of DBL and PFL benefits in a 52-week period</p>	<p><b>Applies to PFL:</b> 12 weeks <b>Overall duration:</b> Up to 26 weeks of DBL and PFL benefits in a 52-week period</p>
<p><b>Who is exempt from coverage?</b></p>	<ul style="list-style-type: none"> <li>▪ A minor child of an employer</li> <li>▪ A licensed minister or member of a religious order</li> <li>▪ Executive officers, persons working in a professional or teaching capacity, or volunteers for a nonprofit religious, charitable, or educational institution</li> <li>▪ Persons receiving rehabilitative services from a religious, charitable, or educational institution</li> <li>▪ Persons working for a religious or charitable organization in exchange for aid received</li> </ul> <ul style="list-style-type: none"> <li>▪ Government, railroad, maritime, or farm workers</li> <li>▪ Students in an elementary or secondary school who work part-time</li> <li>▪ Extra employees not normally in the labor market that are hired on a limited basis; if these employees work for a covered employer for more than 45 days, they become eligible.</li> <li>▪ "Casual employees" hired for a day or less</li> <li>▪ Sole proprietors and partners; however, they may elect to participate in the plan voluntarily</li> </ul> <p>The full list of employee types may be found at the websites below:                      DBL: <a href="http://wcb.ny.gov/content/main/coverage-requirements-db/db-coverage-required.jsp">wcb.ny.gov/content/main/coverage-requirements-db/db-coverage-required.jsp</a>                      PFL: <a href="http://paidfamilyleave.ny.gov/eligibility">paidfamilyleave.ny.gov/eligibility</a></p>	
<p><b>Who can waive paid family leave coverage?</b></p>	<ul style="list-style-type: none"> <li>▪ The employee regularly works 20 hours or more per week, but won't be in employment with that employer for 26 consecutive weeks; or</li> <li>▪ The employee regularly works fewer than 20 hours per week and will not work 175 days in a 52-week period.</li> </ul> <p>Employers must offer a waiver to employees who qualify for one. If the employee waives coverage, they will not make contributions and will not be eligible for paid family leave benefits.</p>	
<p><b>What is the contact information for the state?</b></p>	<p><b>Disability benefit:</b>                      Disability Benefits Bureau                      Workers' Compensation Board                      100 Broadway-Menands                      Albany, NY 12241</p> <p>Phone: <b>877-632-4996</b>                      NY PFL helpline: <b>844-337-6303</b>                      Websites: <a href="http://wcb.ny.gov/content/main/DisabilityBenefits/lp_disability-benefits.jsp">wcb.ny.gov/content/main/DisabilityBenefits/lp_disability-benefits.jsp</a>  <a href="http://paidfamilyleave.ny.gov">paidfamilyleave.ny.gov</a></p>	

# Oregon

## Mandates: Family and Medical Leave Insurance (FMLI)

Question	Answer			
Which employers and employees must have plans?	<p><b>Employer:</b> All public and private employers with employees working in Oregon must provide FMLI benefits to covered individuals. The federal government and tribal governments are excluded.</p> <p><b>Employee:</b> Must have earned at least \$1,000 in wages during the base year or the alternate base year</p> <p><b>Note:</b> A base year is the first four of the last five completed calendar quarters preceding the benefit year; the alternate base year is the last four completed calendar quarters preceding the benefit year.</p>			
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>State-run</b></li> <li>▪ <b>Private plan:</b> A private plan, which may be fully insured or self-insured, must meet or exceed the state plan and be approved by the state.</li> </ul>			
What are the contribution rates?	<ul style="list-style-type: none"> <li>▪ 1% of wages up to the Social Security wage cap (\$168,600 in 2024). The wage cap may be increased in future years.</li> <li>▪ 2024 maximum employee contribution amount: \$1,011.60</li> <li>▪ Employee contributions shall be 60%, and employer contributions shall be 40% of the total rate.<sup>1</sup></li> </ul>			
What are the covered conditions?	<table border="1"> <tr> <td><b>Medical leave:</b> Employee's own serious health condition</td> <td><b>Family leave:</b> Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition</td> <td><b>Safe leave:</b> Employee, their minor child, or their dependent needs leave for reasons covered under Oregon's domestic violence law</td> </tr> </table>	<b>Medical leave:</b> Employee's own serious health condition	<b>Family leave:</b> Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition	<b>Safe leave:</b> Employee, their minor child, or their dependent needs leave for reasons covered under Oregon's domestic violence law
<b>Medical leave:</b> Employee's own serious health condition	<b>Family leave:</b> Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition	<b>Safe leave:</b> Employee, their minor child, or their dependent needs leave for reasons covered under Oregon's domestic violence law		
Who is a family member?	Covered family members include spouses, domestic partners, children, a child's spouse or domestic partner, parent (biological, adoptive, stepparent, foster, legal guardian, and a person who stood in loco parentis, parent-in-law), parent's spouse or domestic partner, sibling, stepsibling, sibling's spouse or domestic partner, stepsibling's spouse or domestic partner, grandparent, grandparent's spouse or domestic partner, grandchildren, a grandchild's spouse or domestic partner or an individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship.			
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ Employees with an AWW up to 65% of the state's AWW will receive a 100% benefit.</li> <li>▪ Employees with an AWW exceeding 65% of the state's AWW will receive 100% of their wages up to 65% of the state's AWW, plus 50% of their wages that exceed this threshold.</li> <li>▪ The maximum weekly benefit is capped at 120% of the AWW.</li> <li>▪ The minimum weekly benefit amount is 5% of the AWW.</li> <li>▪ The SAWW is currently \$1,269.69. The new SAWW is released in June, but is effective July 1 of each year.</li> </ul>			
When do benefits begin?	<p>On the first day of leave</p> <p><b>Note:</b> There is a zero-day waiting period for this program.</p>			
What is the maximum benefit period?	<b>Overall family and medical leave duration:</b> Up to 12 weeks of paid FMLI benefits in a benefit year, with an additional two weeks for pregnancy or childbirth-related limitations; total paid and unpaid leave (combined FMLI and OFLA) capped at 16 weeks (18 weeks for employees with a pregnancy or childbirth-related limitation)			
What is the contact information for the state?	<table border="1"> <tr> <td>Oregon Employment Department Attn: Paid Leave Oregon 875 Union St. NE Salem, OR 97311</td> <td>Website: <a href="https://paidleave.oregon.gov/Pages/default.aspx">https://paidleave.oregon.gov/Pages/default.aspx</a> Contact PFML for questions and comments: <a href="mailto:paidleave@oregon.gov">paidleave@oregon.gov</a></td> </tr> </table>	Oregon Employment Department Attn: Paid Leave Oregon 875 Union St. NE Salem, OR 97311	Website: <a href="https://paidleave.oregon.gov/Pages/default.aspx">https://paidleave.oregon.gov/Pages/default.aspx</a> Contact PFML for questions and comments: <a href="mailto:paidleave@oregon.gov">paidleave@oregon.gov</a>	
Oregon Employment Department Attn: Paid Leave Oregon 875 Union St. NE Salem, OR 97311	Website: <a href="https://paidleave.oregon.gov/Pages/default.aspx">https://paidleave.oregon.gov/Pages/default.aspx</a> Contact PFML for questions and comments: <a href="mailto:paidleave@oregon.gov">paidleave@oregon.gov</a>			

<sup>1</sup> Contribution rates as required under the state's plan. Rates may differ under a private plan but may not exceed the contribution under the state plan.

# Puerto Rico

Mandates: Seguro por incapacidad No Ocupacional Temporal (SINOT)

Question	Answer
Which employers and employees must have plans?	<p><b>Employer:</b> Have or have had one or more employees during any day of the current or preceding calendar year</p> <p><b>Employee:</b> Received wages of at least \$150 during first four of the last five consecutive quarters</p>
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>Commonwealth-administered</b></li> <li>▪ <b>Private-insured</b></li> <li>▪ <b>Self-insured:</b> Must meet or exceed the commonwealth plan and must be approved by the commonwealth's Department of Labor</li> </ul>
What are the contribution rates?	<p>0.6% of the first \$9,000 of annual earnings; contribution may be shared (employee contribution maximum of 0.3%), or employer may elect to pay the whole amount</p> <p><b>Maximum employee deduction:</b> \$27</p> <p><b>Maximum total contribution:</b> \$54</p>
What are the covered conditions?	Employee's own disability (illness, injury, or pregnancy)
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ Payable at 65% of employee's weekly earnings</li> <li>▪ <b>Weekly benefits:</b> Minimum = \$12; maximum = \$113 (\$55 maximum for agricultural workers)</li> <li>▪ Benefits payable for less than one week will be paid in increments of one-seventh of the weekly benefit.</li> <li>▪ Additional benefits for death or dismemberment</li> </ul>
When do benefits begin?	On eighth consecutive day of disability or first day of hospitalization, if earlier
What is the maximum benefit period?	26 weeks
What is the contact information for the state?	<p>Department of Labor and Human Resources Unemployment Insurance Division Edificio Prudencio Rivera Martínez, Piso 10 505 Ave. Munoz Rivera San Juan, PR 00918-3514</p> <p>Phone: <b>787-754-5850</b> Website: <a href="http://trabajo.pr.gov">trabajo.pr.gov</a></p> <p>Or</p> <p>Department of Labor and Human Resources Programa del Seguro por Incapacidad No Ocupacional Temporal (SINOT) P.O. Box 195540 San Juan, PR 00919-5540</p>



# Rhode Island

## Mandates: Temporary Disability Insurance (TDI) and Temporary Caregiver Insurance (TCI)

Question	Answer	
Which employers and employees must have plans?	Applies to TDI and TCI:	
	<p><b>Employer:</b> Have one or more employees in the state of Rhode Island earning more than \$1,000 per calendar quarter</p> <p><b>Employee:</b> Must have earned at least \$16,800 in base period wages or \$2,800 in one of the base period quarters, total base period wages of at least 1.5 times the highest quarter's earnings, and total base period earnings of at least \$5,600.</p>	
How is coverage provided?	Applies to TDI and TCI:	
	<b>State-administered only:</b> No insured or self-insured plans permitted	
What are the contribution rates?	Applies to TDI and TCI:	
	<p><b>Employee:</b> 1.2% of \$87,000</p> <p><b>Employer:</b> Optional, may elect to pay all or part of employee amount</p>	
What are the covered conditions?	Applies to TDI:	Applies to TCI:
	Employee's own disability (illness, injury, or pregnancy)	<ul style="list-style-type: none"> <li>▪ Caring for a seriously ill family member</li> <li>▪ Bonding with newborn, adopted, or fostered child</li> </ul>
Who is a family member?	Applies to TDI and TCI:	
	A family member includes child, spouse, domestic partner, parent, parent in-law, or grandparent.	
What are the weekly statutory benefits?	Applies to TDI and TCI:	
	<ul style="list-style-type: none"> <li>▪ Payable at 4.62% of total highest quarter wages in base period</li> <li>▪ <b>Weekly benefits:</b> Minimum = \$121; maximum = \$1,043</li> <li>▪ Benefits payable for less than one week will be paid in increments of one-fifth of the weekly benefit.</li> <li>▪ <b>Maximum dependent allowance:</b> Greater of \$10 or 7% weekly benefit rate</li> </ul>	
When do benefits begin?	Applies to TDI and TCI:	
	On eighth day; however, benefits are paid retroactively to the first day if the employee is unemployed for at least seven days due to a non-job-related illness or injury.	
What is the maximum benefit period?	Applies to TDI:	Applies to TCI:
	<p>30 weeks</p> <p><b>Overall combined TDI/TCI duration:</b> 30 weeks</p>	<p><b>Maximum TCI duration:</b> Six weeks</p> <p><b>Overall combined TDI/TCI duration:</b> 30 weeks</p>
What is the contact information for the state?	Temporary Disability Insurance Division P.O. Box 20100 Cranston, RI 02920 Phone: <b>401-462-8420</b> Fax: <b>401-462-8466</b> Websites: <a href="http://dlt.ri.gov">dlt.ri.gov</a> <a href="http://dlt.ri.gov/tdi">dlt.ri.gov/tdi</a>	
	For benefit applications: Call <b>401-462-8420</b> and choose <b>option 1</b> , or apply online at <a href="http://dlt.ri.gov/tdi">dlt.ri.gov/tdi</a> .	

# Tennessee

## Voluntary: Paid Family Leave Insurance (PFL)

Question	Answer
<b>Which employers and employees must have plans?</b>	A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Tennessee.
<b>How is coverage provided?</b>	Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier: <ul style="list-style-type: none"> <li>▪ As an amendment or rider to a group disability income policy, included in a group disability income policy; or</li> <li>▪ A separate family leave policy</li> </ul>
<b>What are the anticipated contribution rates?</b>	Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>What are the covered conditions?</b>	It covers employee income loss related to: <ul style="list-style-type: none"> <li>▪ Birth, adoption, or placement of a child with the employee for foster care</li> <li>▪ Care of a family member with a serious health condition</li> <li>▪ Attending to circumstances arising because the employee's family member is a service member on active duty or has been notified of an impending call or order to active duty</li> </ul>
<b>What are the weekly statutory benefits?</b>	Weekly benefits vary according to the employer's policy. The insurance code does not establish minimum or maximum standards.
<b>When do benefits begin?</b>	The day benefits begin varies according to the employer's policy.
<b>What is the minimum and maximum benefit period?</b>	The minimum and maximum benefit period varies according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.

# Texas

## Voluntary: Paid Family Leave Insurance (PFL)

Question	Answer
<b>Which employers and employees must have plans?</b>	A plan isn't mandatory. The state passed laws to amend the insurance code to allow carriers to file PFL programs in Texas.
<b>How is coverage provided?</b>	Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate family leave policy.
<b>What are the anticipated contribution rates?</b>	Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>What are the covered conditions?</b>	<p>A plan would cover employee income loss for at least two weeks for:</p> <ul style="list-style-type: none"> <li>▪ Care of a family member with a serious health condition</li> <li>▪ Time to bond with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the employee</li> <li>▪ Addressing a qualifying exigency as interpreted under the FMLA, arising out of the fact that the spouse, child, or parent of the employee is on active duty or has been notified of an impending call or order to active duty</li> <li>▪ Care for a family member injured in the line of duty while serving in the armed forces</li> <li>▪ Other leave specified by the insurance policy for care of a family member</li> </ul>
<b>What are the weekly statutory benefits?</b>	Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.
<b>When do benefits begin?</b>	The day benefits begin varies according to the employer's policy.
<b>What is the minimum and maximum benefit period?</b>	The minimum length of family leave benefits for a covered family leave reason is two weeks during a period of 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy. The insurance code does not establish maximum standards.

# Vermont

## Voluntary: Paid Family and Medical Leave (PFML)

Question	Answer
Which employers and employees must have coverage?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> State employees</li> <li>▪ <b>Voluntary coverage:</b> Public and private employers with two or more employees can offer coverage no later than July 1, 2024, and those one employee, no later than July 1, 2025.</li> </ul>
How is coverage provided?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> State-selected insurance carrier administering the program</li> <li>▪ <b>Voluntary coverage:</b> Employers and individuals can purchase coverage with the carrier administering the state program or through other paid family leave carriers.</li> </ul>
What are the anticipated contribution rates?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> The state rate will be determined by the carrier who administers the paid family and leave plan.</li> <li>▪ <b>Voluntary coverage:</b> Rates may be variable according to the employer's policy. The state will require the rates of insurance carriers offering voluntary coverage to be filed for approval with the insurance commissioner.</li> </ul>
What are the covered conditions?	<ul style="list-style-type: none"> <li>▪ The birth of a child and to care for the newborn child within one year of birth</li> <li>▪ The placement with the employee of a newly adopted child under the age of 16 or foster child within the first year of initial placement</li> <li>▪ Caring for the employee's spouse, child, stepchild, foster child, or ward who lives with the employee; parent; or parent of the employee's spouse</li> <li>▪ A qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on covered active duty or to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave)</li> <li>▪ A serious health condition that leaves the employee unable to perform the essential functions of his or her job</li> </ul>
What are the weekly statutory benefits?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> 60% of the employee's average weekly wage, up to the Social Security taxable wage maximum</li> <li>▪ <b>Voluntary coverage:</b> May be variable according to the employer's policy</li> </ul>
When do benefits begin?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> On the first day of leave for family leave and on the eighth day for medical leave</li> <li>▪ <b>Voluntary coverage:</b> May be variable according to the employer's policy</li> </ul>
What is the maximum benefit period?	<ul style="list-style-type: none"> <li>▪ <b>Mandatory coverage:</b> Six-week benefit duration during a 12-month period</li> <li>▪ <b>Voluntary coverage:</b> May be variable according to the employer's policy</li> </ul>

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

# Virginia

## Voluntary: Paid Family Leave Insurance (PFL)

Question	Answer
Which employers and employees must have plans?	This initiative is not mandatory; the commonwealth simply updated their insurance code to allow carriers to file PFL programs in Virginia.
How is coverage provided?	Private insurance policy filed with the state and offered by a licensed insurance carrier: <ul style="list-style-type: none"> <li>▪ As an amendment or rider to a group disability income policy, included in a group disability income policy; or</li> <li>▪ A separate family leave policy</li> </ul>
What are the anticipated contribution rates?	Rates are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.
What are the covered conditions?	<ul style="list-style-type: none"> <li>▪ The birth of a child, adoption, or foster care placement of a child</li> <li>▪ To care of a family member of the employee who has a serious health condition</li> <li>▪ Circumstances arising if the employee's family member who is a service member is on active duty or has been notified of an impending call or order to active duty</li> </ul>
What are the weekly statutory benefits?	Weekly benefits are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.
When do benefits begin?	The day benefits begin are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.
What is the maximum benefit period?	The maximum benefit period are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.

# Washington

## Mandates: Paid Family and Medical Leave (PFML)

Question	Answer				
<p>Which employers and employees must have plans?</p>	<p><b>Employer:</b> All employers in the state of Washington, including out-of-state employers with employees working in Washington; exempt employers include federal employees, federally recognized tribes, self-employed individuals, and people who work temporarily in Washington</p> <p><b>Employee:</b> Worked 820 hours during the qualifying period</p> <p><b>Specific to voluntary plans:</b> Worked 340 of the 820 hours with current employer; those who haven't met 340 hours with an employer will be covered by the state plan until the 340 hours are met. If previously covered under a voluntary plan with previous employer, eligible immediately.</p>				
<p>How is coverage provided?</p>	<ul style="list-style-type: none"> <li>▪ <b>State-administered</b></li> <li>▪ <b>Voluntary plan:</b> Must fully meet or exceed the state plan and must be approved by the state's Employment Security Department</li> </ul> <p><b>Note:</b> WA PFML is one joint program that provides medical leave and family leave benefits.</p>				
<p>What are the contribution rates?</p>	<p><b>The 2024 contribution rate</b> is 0.74%* of an employee's wages up to the 2024 Social Security wage cap of \$168,600.</p> <p><b>Employee contribution:</b> 71.43% of 2024 contribution rate, which is approximately 0.53% of wages (0.173% for PML plus 0.357% for PFL)</p> <p><b>Employer contribution:</b> 28.57% of 2024 contribution rate, which is approximately 0.211% of wages (PML contribution); employers may require employees to contribute under a voluntary plan up to the state-allowed limits.</p> <p>*Contribution rates as required under the state plan. Rates may differ under a voluntary plan.</p> <table border="1" data-bbox="441 1081 1476 1228"> <thead> <tr> <th data-bbox="441 1081 938 1113"><b>Medical leave:</b></th> <th data-bbox="938 1081 1476 1113"><b>Family leave:</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="441 1113 938 1228"> <ul style="list-style-type: none"> <li>▪ Proportioned as 49.52% of the overall state plan rate</li> <li>▪ 55% employer/45% employee split</li> </ul> </td> <td data-bbox="938 1113 1476 1228"> <ul style="list-style-type: none"> <li>▪ Proportioned as 50.48% of the overall state plan rate</li> <li>▪ 100% employee funded</li> </ul> </td> </tr> </tbody> </table>	<b>Medical leave:</b>	<b>Family leave:</b>	<ul style="list-style-type: none"> <li>▪ Proportioned as 49.52% of the overall state plan rate</li> <li>▪ 55% employer/45% employee split</li> </ul>	<ul style="list-style-type: none"> <li>▪ Proportioned as 50.48% of the overall state plan rate</li> <li>▪ 100% employee funded</li> </ul>
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<p>What are the covered conditions?</p>	<table border="1" data-bbox="441 1228 1476 1570"> <thead> <tr> <th data-bbox="441 1228 938 1260"><b>Medical leave:</b></th> <th data-bbox="938 1228 1476 1260"><b>Family leave:</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="441 1260 938 1570"> <p>Employee's own serious health condition</p> </td> <td data-bbox="938 1260 1476 1570"> <ul style="list-style-type: none"> <li>▪ Bonding with newborn, adopted, or fostered child under age 18</li> <li>▪ Caring for a family member with a serious health condition</li> <li>▪ Assisting loved ones when a family member is deployed abroad on active military service</li> <li>▪ Bereavement leave following the death of an unborn child or child that dies within 12 months of birth, adoption, or foster care placement</li> </ul> </td> </tr> </tbody> </table>	<b>Medical leave:</b>	<b>Family leave:</b>	<p>Employee's own serious health condition</p>	<ul style="list-style-type: none"> <li>▪ Bonding with newborn, adopted, or fostered child under age 18</li> <li>▪ Caring for a family member with a serious health condition</li> <li>▪ Assisting loved ones when a family member is deployed abroad on active military service</li> <li>▪ Bereavement leave following the death of an unborn child or child that dies within 12 months of birth, adoption, or foster care placement</li> </ul>
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<p>Employee's own serious health condition</p>	<ul style="list-style-type: none"> <li>▪ Bonding with newborn, adopted, or fostered child under age 18</li> <li>▪ Caring for a family member with a serious health condition</li> <li>▪ Assisting loved ones when a family member is deployed abroad on active military service</li> <li>▪ Bereavement leave following the death of an unborn child or child that dies within 12 months of birth, adoption, or foster care placement</li> </ul>				
<p>Who is a family member?</p>	<p>Covered family members include spouses, state-registered domestic partners, children (biological, adopted, foster, step, child's spouse, a child to whom the employee stands 1) in loco parentis, 2) legal guardian, or 3) de facto parent), parents (biological, adoptive, de facto, foster, step, legal guardian of employee or employee's spouse, or individual who stood in loco parentis to an employee when the employee was a child), parents-in-law, grandparents, grandchildren, siblings, and those who have an expectation to rely on the employee for care — whether they live together or not.</p>				

# Washington, cont'd.

## Mandates: Paid Family and Medical Leave (PFML)

Question	Answer		
<p>What are the weekly statutory benefits?</p>	<ul style="list-style-type: none"> <li>▪ Employees with an AWW less than or equal to 50% of the SAWW will receive a 90% benefit. The current SAWW is \$1,618.</li> <li>▪ Employees earning more than 50% of the SAWW will receive the underlying 90% benefit plus an additional 50% of their AWW that exceeds 50% of the SAWW.</li> <li>▪ The maximum weekly benefit will be \$1,456 through December 31, 2024, and may increase in future calendar years.</li> <li>▪ The minimum weekly benefit is \$100.</li> </ul>		
<p>When do benefits begin?</p>	<p>There is a seven-day elimination period that begins the Sunday of the week of the first absence. Benefits then begin on the following Sunday. The waiting period does not apply to bonding leaves, medical leave taken during the postnatal period, military exigency, and bereavement leave. Only one waiting period is required per claim year, regardless of the number of qualifying events.</p>		
<p>What is the maximum benefit period?</p>	<ul style="list-style-type: none"> <li>▪ PML: Twelve weeks</li> <li>▪ PFL: Twelve weeks</li> <li>▪ Bereavement leave provides seven calendar days of leave immediately following the death of the child and counts toward family leave entitlement</li> <li>▪ An employee may take up to a total of sixteen weeks combined medical and family leave if they have more than one qualifying event in the same year, including pregnancy.</li> <li>▪ An employee is eligible for an additional two weeks of leave for pregnancy that results in incapacity, like having a C-section, for a combined total of up to 18 weeks.</li> </ul>		
<p>What is the contact information for the state?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">                     Employment Security Department                      Washington State                      Paid Family and Medical Leave Care                      Center P.O. Box 19020                      Olympia, WA 98507-0020                 </td> <td style="width: 50%; vertical-align: top;">                     Customer center team: <b>833-717-2273</b>                      Websites: <a href="http://paidleave.wa.gov">paidleave.wa.gov</a> </td> </tr> </table>	Employment Security Department Washington State Paid Family and Medical Leave Care Center P.O. Box 19020 Olympia, WA 98507-0020	Customer center team: <b>833-717-2273</b> Websites: <a href="http://paidleave.wa.gov">paidleave.wa.gov</a>
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# Washington, D.C.

## Mandates: Paid Family Leave (PFL)

Question	Answer			
Which employers and employees must have plans?	<p><b>Employer:</b> All District of Columbia employers who are required to pay unemployment insurance are required to participate. Self-employed individuals may choose to opt into the program.</p> <p><b>Employee:</b> Works for employer more than 50% of their time in the district, regularly spends a substantial amount of work time for that employer in the district and not more than 50% of time in another jurisdiction; employees must meet the requirements within 52 weeks.</p>			
How is coverage provided?	<p><b>City-administered only:</b> No insured or self-insured plans permitted</p>			
What are the contribution rates?	<p><b>Employer:</b> The PFL tax rate is variable but may not exceed 0.62 percent of the covered individual's wages (no wage cap)</p> <ul style="list-style-type: none"> <li>– Functions like an employer payroll tax</li> </ul> <p><b>Employee:</b> 0%</p>			
What are the covered conditions?	<ul style="list-style-type: none"> <li>▪ <b>Medical leave:</b> Employee's own serious health condition</li> <li>▪ <b>Parental leave:</b> Bonding with a newborn, adopted, or fostered child</li> <li>▪ <b>Family leave:</b> Caring for a family member with a serious health condition</li> <li>▪ <b>Prenatal leave:</b> Receiving prenatal medical care for an eligible individual who is pregnant</li> </ul>			
Who is a family member?	<p>Covered family members include spouses, domestic partners, children, children of domestic partner, parents, parents-in-law, stepparents, legal guardians, grandparents and siblings. Parent-child relationships include biological, adoptive, foster, stepparent, stepchild, and loco parentis.</p>			
What are the weekly statutory benefits?	<p><b>If the employee makes less than or equal to</b> 150% of minimum wage multiplied by 40, the benefit is 90% of the employee's weekly wage.</p> <p><b>If the employee makes more than</b> 150% of minimum wage multiplied by 40, the benefit is the underlying 90% benefit plus 50% of the remaining weekly wage over 150% multiplied by 40.</p> <p><b>Maximum weekly benefit:</b> \$1,118</p> <p>There is no minimum weekly benefit.</p>			
When do benefits begin?	<p>On the eighth day of leave</p>			
What is the maximum benefit period?	<p><b>Medical leave:</b> 12 weeks</p> <p><b>Parental leave:</b> 12 weeks</p> <p><b>Family leave:</b> 12 weeks</p> <p><b>Prenatal leave:</b> Two weeks</p> <p><b>Note:</b> The combined maximum benefit duration is 12 weeks, unless for a parental leave that requires prenatal leave. That maximum will be 14 weeks.</p>			
What is the contact information for the state?	<table border="0"> <tr> <td>Department of Employment Services (DOES) – Office of Paid Family Leave (OPFL)</td> <td>Office of Paid Family Leave 4058 Minnesota Ave NE Suite 3700 Washington, DC 20019</td> <td>Phone: <b>202-899-3700</b> Email: <a href="mailto:does.opfl@dc.gov">does.opfl@dc.gov</a> Website: <a href="http://dcpaidfamilyleave.dc.gov">dcpaidfamilyleave.dc.gov</a></td> </tr> </table>	Department of Employment Services (DOES) – Office of Paid Family Leave (OPFL)	Office of Paid Family Leave 4058 Minnesota Ave NE Suite 3700 Washington, DC 20019	Phone: <b>202-899-3700</b> Email: <a href="mailto:does.opfl@dc.gov">does.opfl@dc.gov</a> Website: <a href="http://dcpaidfamilyleave.dc.gov">dcpaidfamilyleave.dc.gov</a>
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# Statutory disability programs

At a glance

Program details	California	Hawaii	New Jersey	New York	Puerto Rico	Rhode Island
<b>Program title</b>	State Disability Insurance (SDI)	Temporary Disability Insurance (TDI)	Temporary Disability Insurance (TDI)	Disability Benefits Law (DBL)	Seguro por Incapacidad No Ocupacional Temporal (SINOT)	Temporary Disability Insurance (TDI)
<b>Benefits begin</b>	Eighth day	Eighth day	Eighth day First day if the disability lasts longer than 21 days for organ or bone marrow donation	Eighth day	Eighth day	Eighth day
<b>Benefit percentage</b>	60% or 70%	58%	85%	50%	65%	4.62% of highest quarter of wages
<b>Maximum weekly benefits</b>	\$1,620	\$798	\$1,055	\$170	\$113	\$1,043
<b>Maximum benefit period</b>	52 weeks	26 weeks	26 weeks	26 weeks	26 weeks	4 weeks
<b>Employee contribution rate</b>	1.1% (shared contribution with PFL)	0.50%	0.00%	0.50%	0.60%	1.2%
<b>Wages subject to contributions</b>	No mandated wage ceiling, voluntary plans can choose to set their own wage ceiling	\$1,374/week (\$51,582.77/year)	Employer taxable wage base: \$42,300/year Employee taxable wage base: \$161,400/year	\$120/week (\$6,240/year)	\$9,000/year	\$87,000/year
<b>Maximum annual employee deduction</b>	No maximum contribution as wage ceiling was removed.	\$357.24 (up to \$6.87/week)	\$0	\$31.20 (up to \$0.60/week)	\$54	\$978
<b>Employer contribution rate</b>	0%; employer may elect to pay all or part	Responsible for all premium that exceeds allowed employee contributions	Up to 0.75% of the employer's taxable wage base	Responsible for all premium that exceeds allowed employee contributions	Responsible for all premium that exceeds allowed employee contributions	0%; employer may elect to pay all or part

# Paid family leave programs

At a glance

Program details	California	California – San Francisco	Colorado	Connecticut	Delaware (as of January 1, 2026)
<b>Program title</b>	Paid Family Leave (PFL)	San Francisco Paid Parental Leave Ordinance (SF PPLO)	Paid Family and Medical Leave (PFML)	Family and Medical Leave Insurance (FMLI)	Paid Family and Medical Leave (PFML)
<b>Benefits begin</b>	First day	First day	First day	First day	First day
<b>Benefit percentage</b>	60% or 70% (based on earnings)	SF PPLO requires that employees approved for CA PFL are supplemented to 100%, subject to a maximum. Benefits are payable at 30% to 40% of the employee’s average weekly earnings in the highest quarter of the base period.	<b>Tiered benefit:</b> Up to 90% of wages	<b>Tiered benefit:</b> Up to 95% of wages	80% of wages
<b>Maximum weekly benefits</b>	\$1,620	\$1,080	\$1,100 (through December 31, 2024)	\$941.40	\$900
<b>Maximum benefit period</b>	Eight weeks	Eight weeks	Total family and medical leave duration: 12 weeks*  *Additional four weeks for a serious health condition related to pregnancy complications or childbirth complications.	Total family and medical leave duration: 12 weeks*  *Additional two weeks for pregnancy-related incapacity. 12 days for safe leave.	<ul style="list-style-type: none"> <li>Parental leave: 12 weeks</li> <li>Except for parental leave, an employee is limited to taking a leave once in a 24-month period.</li> <li>Overall family and medical leave duration: six weeks*</li> </ul> *Availability depends on employer size
<b>Employee contribution rate</b>	1.1% (shared contribution with SDI)	N/A	Approximately 0.45% of wages	Approximately 0.5% of wages	Approximately 0.40% of wages (broken down between parental, family, and medical portions)
<b>Wages subject to contributions</b>	No mandated wage ceiling, voluntary plans can choose to set their own wage ceiling	N/A	\$168,600/year (2024 Social Security annual wage cap)	\$168,600 (2024 Social Security annual wage cap)	\$168,600/year (2024 Social Security annual wage cap)
<b>Maximum annual employee deduction</b>	No maximum contribution as wage ceiling was removed.	N/A	\$758.70	\$843	Employers may deduct up to 50% of the contribution from the employee’s wages.
<b>Employer contribution rate</b>	0%; Employer may elect to pay all or part	N/A	0.45%	0%; Employer may elect to pay all or part	Up to 0.40% Employer may elect to pay all or part
<b>Total state plan contribution rate</b>	1.1% (shared contribution with SDI)	N/A	0.90% (0.45% employee + 0.45% employer)	0.5%	Up to 0.80% (0.40% employee + 0.40% employer).

# Paid family leave programs, cont'd.

At a glance

Program details	Maine (as of May 1, 2026)	Maryland (as of January 1, 2026)	Minnesota (as of January 1, 2026)	Massachusetts	New Jersey
<b>Program title</b>	Maine Paid Family and Medical Leave	Paid Family and Medical Leave (PFML)	Minnesota Paid Family and Medical Leave	Paid Family and Medical Leave (PFML)	Family Leave Insurance (FLI)
<b>Benefits begin</b>	Eighth day	First day	State has a qualifying period that is payable once met (see page 17 for details)	Eighth day	First day
<b>Benefit percentage</b>	Tiered benefit: up to 90% of wages	<b>Tiered benefit:</b> Up to 90% of wages	Tiered benefit: up to 90% of wages	<b>Tiered benefit:</b> Up to 80% of wages	85%
<b>Maximum weekly benefits</b>	100% of state average weekly wage	\$1,000	100% of state average weekly wage	\$1,149.90	\$1,055
<b>Maximum benefit period</b>	<ul style="list-style-type: none"> <li>▪ Family leave: 12 weeks</li> <li>▪ Medical leave: 12 weeks</li> <li>▪ Total family and medical leave duration: 12 weeks</li> </ul>	Overall family and medical leave duration: 12 weeks (Additional 12 weeks when both medical and family leave for bonding is needed in the application year)	<ul style="list-style-type: none"> <li>▪ Family leave: 12 weeks</li> <li>▪ Medical leave: 12 weeks</li> <li>▪ Total family and medical leave duration: 20 weeks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family leave: 12 weeks</li> <li>▪ Medical leave: 20 weeks</li> <li>▪ Care of a service member: 26 weeks</li> <li>▪ Overall family and medical leave duration: 26 week</li> </ul>	12 weeks
<b>Employee contribution rate</b>	TBD	0.45%	0.35%	Approximately 0.46% of wages (0.28% for medical leave + 0.18% for family leave)	0.06%
<b>Wages subject to contributions</b>	\$168,600/year (2024 Social Security annual wage cap)	\$168,600/year (2024 Social Security annual wage cap)	\$168,600/year (2024 Social Security annual wage cap)	\$168,600/year (2024 Social Security annual wage cap)	Employer taxable wage base: \$41,100 per year Employee taxable wage base: \$156,800 per year
<b>Maximum annual employee deduction</b>	TBD	\$758.70 (based on 2024 wage cap)*	\$590.10 (based on 2024 wage cap)*	\$775.56	\$94.08
<b>Employer contribution rate</b>	TBD	0.45% for employers with 15 or more employees; Employer may elect to pay all or part	Depends on number of employees	<ul style="list-style-type: none"> <li>▪ State plan: 0.42% of wages (medical leave contribution)</li> <li>▪ Private plan: Responsible for all premium that exceeds allowed employee contributions (private plan rates may differ)</li> </ul>	0%; Employer may elect to pay all or part
<b>Total state plan contribution rate</b>	TBD	0.9%	0.7%	0.88% (0.46% employee + 0.42% employer)	0.06%

\* This number will change in 2026 when the program launches

# Paid family leave programs, cont'd.

At a glance

Program details	New York	Oregon	Rhode Island	Washington	Washington D.C.
<b>Program title</b>	Paid Family Leave (PFL)	Family and Medical Leave Insurance (FMLI)	Temporary Caregiver Insurance (TCI)	Paid Family and Medical Leave (PFML)	Paid Family Leave (PFL)
<b>Benefits begin</b>	First day	First day	Eighth day	Eighth day	Eighth day
<b>Benefit percentage</b>	67%	Tiered benefit: Up to 100% of wages	4.62% of highest quarter of wages	<b>Tiered benefit:</b> Up to 90% of wages	<b>Tiered benefit:</b> Up to 90% of wages
<b>Maximum weekly benefits</b>	\$1,151.16	120% of SAWW or \$1,523.63	\$1,043	\$1,456	\$1,118
<b>Maximum benefit period</b>	12 weeks	Overall family and medical leave duration: 12 weeks* *Additional two weeks for pregnancy or childbirth-related limitations	4 weeks	<ul style="list-style-type: none"> <li>▪ Family leave: 12 weeks</li> <li>▪ Medical leave: 12 weeks*</li> <li>▪ Overall family and medical leave duration: 16 weeks*</li> <li>▪ Bereavement for loss of child: 1 week</li> </ul> * Additional two weeks for pregnancy-related incapacity	<ul style="list-style-type: none"> <li>▪ Parental leave: 12 weeks</li> <li>▪ Family leave: 12 weeks</li> <li>▪ Medical leave: 12 weeks</li> <li>▪ Prenatal leave: Two weeks</li> <li>▪ Overall family and medical leave duration: 12 weeks (see page 32 for exceptions)</li> </ul>
<b>Employee contribution rate</b>	0.373%	0.60% of wages	1.2%	Approximately 0.53% of wages (0.173% for medical leave + 0.357% for family leave)	0%
<b>Wages subject to contributions</b>	\$89,343.80/year (\$1,718.15/week)	\$168,600/year (2024 Social Security annual wage cap)	\$87,000/year	\$168,600/year (2024 Social Security annual wage cap)	No wage cap
<b>Maximum annual employee deduction</b>	\$333.25	\$1,011.60	\$978	\$891.19	\$0 (100% employer funded)
<b>Employer contribution rate</b>	0%; Employer may elect to pay all or part	0.4%	0%; Employer may elect to pay all or part	<ul style="list-style-type: none"> <li>▪ State plan: 0.21% of wages (medical leave contribution)</li> <li>▪ Private plan: Responsible for all plan costs; may take employee contributions</li> </ul>	up to 0.62%
<b>Total state plan contribution rate</b>	0.373%	1% (0.6% employee + 0.4% employer)	1.2%	0.74% (0.53% employee + 0.21% employer)	up to 0.62%

# Paid family leave programs, cont'd.

At a glance

Program details	Alabama	Arkansas	Florida	New Hampshire
<b>Program title</b>	Alabama enacts Paid Family Leave Income Replacement Act	Arkansas Paid Family Leave	Florida Paid Family Leave Insurance Act	Paid Family and Medical Leave (PFML)
<b>Benefits begin</b>	The insurance code doesn't establish when benefits begin.			<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> First day</li> <li>▪ <b>Private:</b> Variable according to employer's policy*</li> </ul>
<b>Benefit percentage</b>	The insurance code doesn't establish a benefits percentage.			<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> 60% of wages</li> <li>▪ <b>Private:</b> Variable according to employer's policy*</li> </ul>
<b>Maximum weekly benefits</b>	The insurance code doesn't establish a maximum weekly benefit amount.			Up to 60% wage replacement up to the SS wage cap
<b>Maximum benefit period</b>	The insurance code doesn't establish a maximum benefit period.			<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> Six weeks</li> <li>▪ <b>Private:</b> Carriers may offer plans that have variable benefit periods, but no less than six weeks and subject to a maximum of 12 weeks.</li> </ul>
<b>Employee contribution rate</b>	Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards			Variable according to employer's policy
<b>Wages subject to contributions</b>				
<b>Maximum annual employee deduction</b>				
<b>Employer contribution rate</b>				
<b>Total state plan contribution rate</b>				

\*State minimum standards apply.

# Paid family leave programs, cont'd.

At a glance

Program details	Tennessee	Texas	Vermont	Virginia
<b>Program title</b>	Tennessee Paid Family Leave Insurance Act	Texas Family Leave Insurance Act	Paid Family and Medical Leave (PFML)	Paid Family Leave Insurance (PFL)
<b>Benefits begin</b>	The insurance code doesn't establish when benefits begin.		<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> first day</li> <li>▪ <b>Private:</b> Variable according to employer's policy</li> </ul>	This insurance code does not establish when benefits begin.
<b>Benefit percentage</b>	The insurance code doesn't establish a benefits percentage.		<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> 60% of wages</li> <li>▪ <b>Private:</b> Variable according to employer's policy</li> </ul>	
<b>Maximum weekly benefits</b>	The insurance code doesn't establish a maximum weekly benefit.		For state employees, up to 60% wage replacement; for private employees TBD	This insurance code does not establish minimum or maximum standards.
<b>Maximum benefit period</b>	The insurance code doesn't establish a maximum benefit period.		<ul style="list-style-type: none"> <li>▪ <b>Mandatory:</b> Six weeks</li> <li>▪ <b>Private:</b> Variable according to employer's policy</li> </ul>	
<b>Employee contribution rate</b>	Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards.		Variable according to employer's policy	Variable according to the employer's policy; the insurance code does not establish minimum or maximum standards.
<b>Wages subject to contributions</b>			\$168,600/year (2024 Social Security annual wage cap)	
<b>Maximum annual employee deduction</b>				
<b>Employer contribution rate</b>			Variable according to employer's policy	
<b>Total state plan contribution rate</b>				

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