

MA PFML private plan exemption application questions – guided by Sun Life

Questions	Available responses (required fields)	Sun Life commentary (not legal advice)
All applicants		
Contact name, phone number and email		
Was the average size of your Massachusetts workforce comprising 25 or more workers in the last calendar year (W-2 employees and 1099-MISC contractors)?	Y/N	
Is more than half of your Massachusetts workforce paid through 1099-MISC forms?	Y/N	Employers whose workforce comprises more than 50% 1099 contractors have special obligations with regard to those contractors.
What kind of paid leave plan will you offer?	Family/Medical/Family and Medical	Under MA PFML, an employer may adopt a private plan for either paid family benefits or paid medical benefits or both.
Are you purchasing a plan or will you be self-insuring?	Purchase private plan/Self-insured	
<p>If self-insuring is selected, the following questions are displayed:</p> <p>1. What is the average size of your workforce? Have you obtained a bond per the self-insurance requirements?</p> <p>Message displayed based on values set for the workforce count entered: “If your private plan is in the form of self-insurance, you must furnish a bond running to the commonwealth with a surety company authorized to transact business in the commonwealth. Based on your workforce size, your required bond is \$XXX, of which \$XXX is for family coverage and \$XXX is for medical coverage.”</p> <p>2. Have you obtained a bond per the self-insurance requirements?</p>	<p>1. Numeric field 2. Y/N</p>	The MA DFML has released information on PFML surety bonds and it is available here .
<p>If purchase private plan is selected, the following questions are displayed: Medical private plan details and family private plan details fields are displayed (required fields correspond to selected response for kind of paid plan offered)</p>	<p>Details requested are separated by type of plan: *Medical (Family) Private Plan Provider *Medical (Family) Private Plan Number *Date Medical (Family) Policy Coverage Begins *Date Medical (Family) Policy Coverage Ends</p>	Under MA PFML, ERs can use a private plan to provide either the paid family leave benefits or the paid medical leave benefits or both.
Family plan		

Are all of your employees, including full-time, part-time, permanent or seasonal employees, eligible for benefits under your plan?	Y/N	Under the MA PFML law, all employees of the employer must be covered.
If the question regarding over half of workforce paid through 1099-MISC is answered yes, the following question is displayed: Are Massachusetts 1099-MISC contractors paid by you eligible for benefits under your plan?	Y/N	Employers whose workforce is composed of more than 50% 1099 contractors have special obligations.
Does your plan ensure that employees are eligible for up to 26 weeks, in the aggregate, of paid family and medical leave?	Y/N	This reflects the statutory requirements.
Definition: The Statute defines family member as “the spouse, domestic partner, child, parent or parent of a spouse or domestic partner of the covered individual; a person who stood <i>in loco parentis</i> to the covered individual when the covered individual was a minor child; or a grandchild, grandparent or sibling of the covered individual.		This reflects the statutory requirements.
Definition: A child is considered a family member whether he or she is biological, adopted, foster, step or a child of whom the employee had legal guardianship regardless of age or dependency status.		This reflects the statutory requirements.
Does your plan provide employees at least 12 weeks of paid leave to provide care to a family member, as defined above, with a serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan allow employees at least 12 weeks of paid leave to care for a child with a serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan provide employees at least 12 weeks of paid leave to bond with a child during the first 12 months after the child’s birth, adoption or foster care placement?	Y/N	This reflects the statutory requirements.
If a qualifying exigency arises out of the fact that an employee’s spouse, child or parent is a current member of the Armed Forces, is the employee eligible for at least 12 weeks of paid family leave under your plan?	Y/N	This reflects the statutory requirements.
Do you provide a minimum of 26 paid weeks in a benefit year to care for a family member who is or was a covered servicemember of the Armed Forces and who requires medical care as a result of an illness or injury related to the family member’s active service?	Y/N	This reflects the statutory requirements.
Does your plan pay benefits that are greater than or equal to the state’s plan?	Y/N	This reflects the statutory requirements.
Do you withhold premiums or contributions from your employees’ wages?	Y/N	Employers may, but are not required to, deduct a certain amount of the premium from employee wages.
Required question if the above question is answered yes: Is the amount withheld less than or equal to the amount required for employee contributions under the state plan?	*Y/N	The MA PFML limits the amount of deductions that can be made from employee payroll.
Does your workplace policy ensure that employees are granted the job protections to which they are entitled under the Paid Family and Medical Leave law in the event they take qualified leave?	Y/N	This reflects the statutory requirements.
Does your workplace policy ensure the continuance of employees’ existing rights, if any, to vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or other employment benefits, plans or programs upon their return to employment?	Y/N	This reflects the statutory requirements.

Does your workplace policy continue to contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave?	Y/N	This reflects the statutory requirements.
Does your plan allow leave to be taken intermittently or on a reduced leave schedule, if medically necessary, with the weekly benefit amount being prorated: *To care for a family member's serious health condition; *To care for a family member who is a covered servicemember, and *For the employee's own serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan allow leave to be taken intermittently or on a reduced leave schedule, if the employer and employee agree to it, for leave to bond with a child during the first 12 months after the child's birth, adoption or foster care placement?	Y/N	This reflects the statutory requirements.
Does your plan allow leave to be taken intermittently or on a reduced leave schedule due to a qualifying exigency arising out of a family member's active duty or impending call to active duty in the Armed Forces?	Y/N	This reflects the statutory requirements.
Does your plan cover unemployed former employees who apply for benefits for family leave for up to 26 weeks after separation from employment, or until they obtain other employment, whichever is sooner?	Y/N	This reflects the statutory requirements.
Does your plan specifically state that all presumptions shall be made in favor of the availability of leave and the payment of leave benefits?	Y/N	This reflects the statutory requirements.
Medical plan		
Are all of your employees, including full-time, part-time, permanent or seasonal employees, eligible for benefits under your plan?	Y/N	This reflects the statutory requirements.
If the question regarding over half of workforce paid through 1099-MISC is answered yes, the following question is displayed: Are Massachusetts 1099-MISC contractors paid by you eligible for benefits under your plan?	Y/N	Employers whose workforce is more than 50% 1099 contractors have special obligations with regard to those contractors.
Does your plan ensure that employees are eligible for up to 26 weeks, in the aggregate, of paid family and medical leave?	Y/N	This reflects the statutory requirements.
Does your plan provide employees up to 20 weeks of paid leave if they are unable to work due to a serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan pay benefits that are greater than or equal to the state's plan?	Y/N	This reflects the statutory requirements.
Do you withhold premiums or contributions from your employees' wages?	Y/N	An employer may, but is not required to, withhold a certain amount of the MA PFML premium from employee payroll.
Required question if the above question is answered yes: Is the amount withheld less than or equal to the amount required for employee contributions under the state plan?	Y/N	This reflects the statutory requirements.
Does your workplace policy ensure that employees are granted the job protections to which they are entitled under the Paid Family and Medical Leave law in the event they take qualified leave?	Y/N	This reflects the statutory requirements.

Does your workplace policy ensure the continuance of employees' existing rights, if any, to vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or other employment benefits, plans or programs upon their return to employment?	Y/N	This reflects the statutory requirements.
Does your workplace policy continue to contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave?	Y/N	This reflects the statutory requirements.
Does your plan allow for leave for an employee's own serious health condition to be taken intermittently or on a reduced leave schedule, if medically necessary, with the benefit amount being prorated?	Y/N	This reflects the statutory requirements.
Does your plan cover unemployed former employees who apply for benefits for medical leave for up to 26 weeks after separation from employment, or until they obtain other employment, whichever is sooner?	Y/N	This reflects the statutory requirements.
Does your plan specifically state that all presumptions shall be made in favor of the availability of leave and the payment of leave benefits?	Y/N	This reflects the statutory requirements.
Family and medical plan		
Are all of your employees, including full-time, part-time, permanent or seasonal employees, eligible for benefits under your plan?	Y/N	This reflects the statutory requirements.
If the question regarding over half of workforce paid through 1099-MISC is answered yes, the following question is displayed: Are Massachusetts 1099-MISC contractors paid by you eligible for benefits under your plan?	Y/N	Employers whose workforce is more than 50% 1099 contractors have special obligations with regard to those contractors.
Does your plan ensure that employees are eligible for up to 26 weeks, in the aggregate, of paid family and medical leave?	Y/N	This reflects the statutory requirements.
Does your plan provide employees up to 20 weeks of paid leave if they are unable to work due to a serious health condition?	Y/N	This reflects the statutory requirements.
Definition: The Statute defines family member as "the spouse, domestic partner, child, parent or parent of a spouse or domestic partner of the covered individual; a person who stood <i>in loco parentis</i> to the covered individual when the covered individual was a minor child; or a grandchild, grandparent or sibling of the covered individual.		This reflects the statutory requirements.
Definition: A child is considered a family member whether they are biological, adopted, foster, step or a child of whom the employee had legal guardianship regardless of age or dependency status.		This reflects the statutory requirements.
Does your plan provide employees at least 12 weeks of paid leave to provide care to a family member, as defined above, with a serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan allow employees at least 12 weeks of paid leave to care for a child with a serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan provide employees at least 12 weeks of paid leave to bond with a child during the first 12 months after the child's birth, adoption or foster care placement?	Y/N	This reflects the statutory requirements.
If a qualifying exigency arises out of the fact that an employee's spouse, child or parent is a current member of the Armed Forces is the employee eligible for at least 12 weeks of paid family leave under your plan?	Y/N	This reflects the statutory requirements.

Does your plan provided a minimum of 26 paid weeks in a benefit year to care for a family member who is or was a member of the Armed Forces and who requires medical care as a result of an illness or injury related to the family member's active service?	Y/N	This reflects the statutory requirements.
Does your plan pay benefits that are greater than or equal to the state's plan?	Y/N	This reflects the statutory requirements.
Do you withhold premiums or contributions from your employees' wages?	Y/N	Employers may, but are not required to, deduct a certain amount of the premium from employee wages.
Required question if the above question is answered yes: Is the amount withheld less than or equal to the amount required for employee contributions under the state plan?	Y/N	This reflects the statutory requirements.
Does your workplace policy ensure that employees are granted the job protections to which they are entitled under the Paid Family and Medical Leave law in the event they take qualified leave?	Y/N	This reflects the statutory requirements.
Does your workplace policy ensure the continuance of employees' existing rights, if any, to vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or other employment benefits, plans or programs upon their return to employment?	Y/N	This reflects the statutory requirements.
Does your workplace policy continue to contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave?	Y/N	This reflects the statutory requirements.
Does your plan allow leave to be taken intermittently or on a reduced leave schedule, if medically necessary, with the weekly benefit amount being prorated: *To care for a family member's serious health condition; *To care for a family member who is a covered servicemember, and *For the employee's own serious health condition?	Y/N	This reflects the statutory requirements.
Does your plan allow leave to be taken intermittently or on a reduced leave schedule, if the employer and employee agree to it, for leave to bond with a child during the first 12 months after the child's birth, adoption or foster care placement?	Y/N	This reflects the statutory requirements.
Does your plan allow leave to be taken intermittently or on a reduced leave schedule due to a qualifying exigency arising out of a family member's active duty or impending call to active duty in the Armed Forces?	Y/N	This reflects the statutory requirements.
Does your plan allow leave for an employee's own serious health condition to be taken intermittently or on a reduced leave schedule, if medically necessary, with the benefit amount being prorated?	Y/N	This reflects the statutory requirements.
Does your plan cover unemployed former employees who apply for benefits for family or medical leave for up to 26 weeks after separation from employment, or until they obtain other employment, whichever is sooner?	Y/N	This reflects the statutory requirements.
Does your plan specifically state that all presumptions shall be made in favor of the availability of leave and the payment of leave benefits?	Y/N	This reflects the statutory requirements.

