



# What is Paid Family and Medical Leave (PFML)?

PFML is a Commonwealth program designed to give Massachusetts employees the resources to manage their own [serious health condition](#), [the serious health condition of a family member](#), to manage the affairs of a family member on [active duty](#), or to [bond with a child](#).

Most Massachusetts employers must either participate in the state PFML plan or a private equivalent. You can receive benefits for up to 26 weeks in a benefit year. PFML benefits are funded by contributions on every dollar of wages earned by an employee who is covered by the program.

## Am I eligible for PFML?

### You're covered by the PFML law if:

- ✓ You're an employee working for a Massachusetts business or a state agency.
- ✓ You're a contractor who receives a 1099-MISC tax form from a business that issues 1099-MISC tax forms to more than 50% of its workforce.
- ✓ Your employer doesn't have a private paid leave plan exemption that has been approved by the Department of Family and Medical Leave.
- ✓ You're a former employee who has been unemployed for 26 weeks or fewer.
- ✓ If you have earned at least \$5,400 during the last 4 completed calendar quarters, and at least 30 times more than how much you are eligible to get each week in benefits, you meet the criteria. Use our [calculator](#) to see if you meet PFML's earnings requirement.

If you are self-employed or a 1099-MISC contractor for a business that does not cover contractors for PFML because 1099-MISC employees make up less than 50% of the business's workforce, you can choose to opt-in to the PFML program. More information can be found [here](#).

*Continue for more information* >

# What types of leave are available?



## Bonding

*(Family leave up to 12 weeks)*

Leave to bond with the covered individual's child during:

- The first 12 months after the child's birth
- The first 12 months after the placement of the child for adoption or foster care with the covered individual



## Caring

*(Family leave up to 12 weeks)*

Leave to care for a family member with a serious health condition



## Medical

*(Medical leave up to 20 weeks)*

Leave to care for an individual's own serious health condition



## Active Duty

*(Family leave up to 26 weeks)*

Leave to:

- Manage the affairs of a family member on active duty or who has been notified of an impending order to active duty in the Armed Forces
- Care for a family member who is a covered service member who has been injured while on active duty

## Leave schedules

When taking PFML, you can choose three different ways to schedule your leave and also mix and match from these types to fit your needs:

### Continuous leave:

A single time period of consecutive, uninterrupted days

### Reduced leave:

A consistent but reduced schedule for multiple weeks

### Intermittent leave:

Multiple episodes of time off, which may be irregular or unexpected

## Prepare to apply

As part of the application process, you will be asked to provide:

- The date you notified your employer that you need to take leave
- [Proof of ID](#)
- Your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)
- The reason why you are taking leave
- If applicable, information from your [health care provider](#) about the serious health condition you or your family member is experiencing
- Your employer's Federal Employer Identification Number (EIN)
- The date when you are planning to take leave, or when your leave started
- Your bank account information

### Get started:

[Create a PFML account](#)