

State Paid Leave Reference Guide

2023/2024

This document provides an overview of the states that have implemented State Paid Leave programs.

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California

CA State Disability Insurance (SDI) and Paid Family Leave (PFL)

Effective Year	SDI: 1946 PFL: 2004	
Covered Employers	All private employers with eligible employees working in California	
Total State Contribution Rate	0.90% of employee's taxable wages	
Maximum Employee Contribution	0.90% of employee's taxable wages up to the annual taxable wage cap of \$153,164, to a maximum of \$1,378.48 (100% employee paid)	
Required Employer Contribution	State Plan: None Private Plan: Balance of premium cost in excess of maximum employee contributions.	
Employee Eligibility for Benefits	Employees must have earned at least \$300 from which SDI deductions were withheld during their base period	
Reason for Leave	Family Leave (PFL) <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition Military Assist 	Medical Leave (SDI) Employee's own disability (must be unable to perform regular or customary work), includes pregnancy
Covered Family Members (Family Leave)	Child, parent, parent-in-law, grandparent, grandchild, sibling, spouse and registered domestic partner	
Waiting Period	Family Leave None	Medical Leave 7 days
Benefit Amount	60-70% of average weekly salary (depending on income)	
Minimum Weekly Benefit	\$50	
Maximum Weekly Benefit	Family Leave \$1,620/week	Medical Leave \$1,620/week

CA State Disability Insurance (SDI) and Paid Family Leave (PFL)

Maximum Benefit Duration	Family Leave	Medical Leave
	8 weeks	52 weeks
Intermittent Leave Option	YES. Statute does not specify the minimum increments of time but allows for intermittent leave.	
Job Protection <i>(May also be offered through other Federal and State laws)</i>	NO. Not more protected than under FMLA or CFRA (California Family Rights Act).	
Interaction with Other Laws	See Interactions with Federal and State Laws section.	
Voluntary Private Plan Option	Yes, private self-insured plans available (at least one provision must exceed the state minimum standard plan)	
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered • Self-Insured Voluntary Plan (VP) <i>No fully insured Private Plan option.</i>	
Guardian Private Plan Options	NO	
State Resources	California State Disability Insurance	

Colorado (updated for 2024)

CO Family and Medical Leave Insurance (FAMLI) Program

Effective Year	Premium collection starts: 1/1/23, benefit payments start: 1/1/24	
Covered Employers	All employers with at least 1 CO employee must provide coverage to employees working in CO.	
Total State Contribution Rate	0.90% of employee's wages. The rate is statutorily capped at 1.20%.	
Maximum Employee Contribution	0.45% of employee's wages, up to the Social Security income limit of \$168,600 (50% employee paid)	
Required Employer Contribution	<p>State Plan: 0.45% of employee's wages (50% employer paid)*</p> <p>Private Plan: Balance of premium cost in excess of maximum employee contributions.</p> <p>* Employers with less than 10 employees will not be required to pay the employer portion of premium (employer size based on entire population).</p>	
Employee Eligibility for Benefits	Employees must have earned a minimum of \$2,500 during the base period (first four of last five completed calendar quarters).	
Reason for Leave	Family Leave (PFL) <ul style="list-style-type: none"> • Bond with a new child (birth, adoption, foster) • Care for a family member with serious health condition • Military Exigency • Family violence issues 	Medical Leave (PML) Employee's own serious health condition, includes pregnancy
Covered Family Members (Family Leave)	Child, parent, spouse/domestic partner, grandparent, grandchild, sibling, and any individual with whom the covered individual has a significant personal bond that is like a family relationship.	
Waiting Period	None	
Benefit Amount	Will vary based on income: <ul style="list-style-type: none"> • 90% of an employee's average weekly wage (AWW) that is equal to or less than 50% of the state average weekly wage (SAWW) plus • 50% of an employee's AWW that is more than 50% of the SAWW. 	
Minimum Weekly Benefit	N/A	

CO Family and Medical Leave Insurance (FAMLI) Program

Maximum Weekly Benefit	\$1,100 per week (2024). 90% of SAWW (2025 and thereafter)		
Maximum Benefit Duration	Family Leave 12 weeks	Medical Leave 12 weeks (4 extra weeks if pregnancy related complication)	Total Combined Leave 16 weeks (includes 4 extra weeks if pregnancy related complication)
Intermittent Leave Option	YES. Intermittent leave allowed one hour or shorter. Benefits not payable until at least 8 hours accumulated.		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES. Job Protection included for employees who have been employed for at least 180 days.		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered • Private Plan (fully insured or self-insured) 		
Guardian Private Plan Options	YES		
State Resources	CO Family and Medical Leave Insurance Program		

Connecticut (updated for 2024)

CT Paid Family and Medical Leave (PFML)

Effective Year January 1, 2022

Covered Employers All employers with at least 1 employee must provide employees working in CT

Total State Contribution Rate 0.50% of employee's wages

Maximum Employee Contribution 0.50% of employee's wages up to the Social Security income limit of \$168,600 (100% employee paid)

Required Employer Contribution State Plan: None
Private Plan: Balance of premium cost in excess of maximum employee contributions.

Employee Eligibility for Benefits Employed 3 months prior to leave request. Must have earned a minimum \$2,325 in the highest earning quarter of the first 4 of the 5 most recently completed quarters, prior to the start of a leave.

Reason for Leave

Family Leave (PFL)

- Bond with a new child (birth, adoption, foster)
- Care for a family member with serious health condition
- Qualifying military exigency
- Organ or bone marrow donation
- Family violence issues

Medical Leave (PML)

Employee's own serious health condition

Covered Family Members (Family Leave)

Child, spouse, domestic partner, parent, parent of spouse or domestic partner, grandparent, grandchild, sibling of employee, person "whose close association the employee shows to be equivalent of the above family relationships"

Waiting Period

None

Benefit Amount

- 95% of employee's base weekly earnings that is equal to or less than 40 times the state minimum wage, plus
- 60% of employee's base weekly earnings that is more than 40 times the state minimum wage

CT Paid Family and Medical Leave (PFML)

Minimum Weekly Benefit	N/A		
Maximum Weekly Benefit	60 times the state minimum wage \$900 (effective 06/01/23-12/31/23) \$941.60 (effective 1/1/24)		
Maximum Benefit Duration	Family Leave	Medical Leave	Total Combined Leave
	<ul style="list-style-type: none"> 12 days for family violence issues 12 weeks for all other types of family leave 	12 weeks (2 extra weeks if incapacitated due to a serious health condition during pregnancy)	12 weeks (2 extra weeks if incapacitated due to a serious health condition during pregnancy)
Intermittent Leave Option	YES		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES. Job protection is afforded under the CT FMLA.		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> State-administered Private Plan (fully insured or self-insured) 		
Guardian Private Plan Options	YES		
State Resources	Connecticut Paid Leave		

Delaware

DE Paid Family and Medical Leave Insurance (PFMLI)*

Effective Year	Premium collection starts: 1/1/25, benefit payments start: 1/1/26	
Covered Employers	<p>All employers with 10 to 24 employees working in DE must provide the parental leave provisions only.</p> <p>All employers with 25 employees working in DE must provide all the parental, family caregiving and medical provisions.</p>	
Total State Contribution Rate	Family Leave (PFLI) 0.32% (Parental) and 0.08% (Family Caregiving) of employee's wages	Medical Leave (PMLI) 0.40% of employee's wages
Maximum Employee Contribution	Family Leave 0.16% (Parental) and 0.04% (Family Caregiving) of employee's wages (50% employee paid)	Medical Leave 0.20% of employee's wages (50% employee paid)
Required Employer Contribution	Family Leave 0.16% (Parental) and 0.04% (Family Caregiving) of employee's wages (50% employee paid)	Medical Leave 0.20% of employee's wages (50% employee paid)
Employee Eligibility for Benefits	Employees must have been employed for at least 12 months and have worked at least 1,250 hours in the in the 12 months prior to claiming benefits.	
Reason for Leave	Family Leave <ul style="list-style-type: none"> • Parental: Bond with a new child (birth, adoption, foster) • Family Caregiving: <ul style="list-style-type: none"> – Care for a family member with serious health condition – Qualifying military exigency 	Medical Leave Employee's own serious health condition
Covered Family Members (Family Leave)	Child, spouse, parent	
Waiting Period	None specified	

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DE Paid Family and Medical Leave Insurance (PFMLI)*

Benefit Amount	80% of employee's average weekly wages (AWW) during the 12 months preceding leave.		
Minimum Weekly Benefit	\$100, except if employee's average weekly wage is less than \$100		
Maximum Weekly Benefit	\$900 (2026 and 2027), subject to change annually thereafter in proportion to the annual increase in the Consumer Price Index.		
Maximum Benefit Duration	Family Leave <ul style="list-style-type: none"> • Parental: 12 weeks • Family Caregiving: 6 weeks in any 24 month period 	Medical Leave 6 weeks in any 24 month period	Total Combined Leave <ul style="list-style-type: none"> • 12 weeks (Parental) in benefit year • 6 weeks (Medical and Family Caregiving) in any 24 month period
Intermittent Leave Option	YES. Full workday increments.		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES. Job Protection included for employees who have been employed for at least 90 days.		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered • Private Plan (fully insured or self-insured) 		
Guardian Private Plan Options	TBD		
State Resources	Still Pending		

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District of Columbia

DC Paid Family and Medical Leave (PFML)

Effective Year	2020	
Covered Employers	All private employers with eligible employees working in Washington D.C. (does not apply to the US federal government, the D.C. government, or other employers not authorized to be taxed in D.C.)	
Total State Contribution Rate	0.26% of employee's quarterly wages	
Maximum Employee Contribution	N/A (employee contributions not required)	
Required Employer Contribution	0.26% of employee's quarterly wages (100% employer paid)	
Employee Eligibility for Benefits	Employees who spend more than 50% of their work time in D.C., regardless of residence.	
Reason for Leave	Family Leave <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition 	Medical Leave <ul style="list-style-type: none"> Employee's own serious health condition Qualifying prenatal leave
Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, parent of spouse or domestic partner, a person who stood in loco parentis to employee when the employee was a minor child, grandparent, grandchild, sibling of employee	
Waiting Period	There is no waiting period for benefits to begin.	
Benefit Amount	Will vary based on income: <ul style="list-style-type: none"> 90% of employees n average weekly wage (AWW) that is equal to or less than 150% of D.C.'s minimum wage multiplied by 40, plus 50% of employees average weekly wages greater than 150% of the minimum wage multiplied by 40, up to the maximum weekly benefit. 	
Minimum Weekly Benefit	N/A	

DC Paid Family and Medical Leave (PFML)

Maximum Weekly Benefit \$1,049

Maximum Benefit Duration	Family Leave	Medical Leave	Total Combined Leaves
	<ul style="list-style-type: none"> 12 weeks (to care for a family member) 12 weeks (parental leave/bonding) 	<ul style="list-style-type: none"> 12 weeks 2 weeks for prenatal leave 	12 weeks (14 weeks if 2 weeks of prenatal leave is applicable)

Intermittent Leave Option YES. Leave can be taken in one-day increments.

Job Protection NO
(May also be offered through other Federal and State laws) Not more protected than FMLA and D.C. FMLA (D.C. Family Medical Leave Act). D.C. FMLA covers employees at employers with 20 or more employees.

Interaction with Other Laws See [Interactions with Federal and State Laws](#) section.

Voluntary Private Plan Option NO

Administration of the Coverage – Employer Options District of Columbia- administered
No Private Plan options.

Guardian Private Plan Options NO

State Resources [District of Columbia Paid Family Leave](#)

Hawaii

HI Temporary Disability Insurance (TDI)

Effective Year	1969
Covered Employers	All employers with employees working in Hawaii as defined by TDI law. Partners and sole proprietors aren't eligible for coverage as of 07/01/16.
Total State Contribution Rate	N/A (Hawaii does not offer a state-administered plan)
Maximum Employee Contribution	0.50% of employee's weekly wages, up to the maximum weekly wage base of \$1,318.48, for a maximum of \$6.59 per week
Required Employer Contribution	State Plan: N/A Private Plan: Balance of the premium cost in excess of maximum employee contributions
Employee Eligibility for Benefits	Employee must have at least 14 weeks of Hawaii employment, and during each week the employee was paid 20 hours or more and earned no less than \$400 in the 52 weeks preceding the first day of disability. The 14 weeks need not be consecutive nor with one employer. The employee must also be in current employment to be eligible.
Reason for Leave	Medical Leave Only (TDI) Employee's own nonwork-related disability, includes pregnancy
Covered Family Members (Family Leave)	N/A (Family Leave is not included)
Waiting Period	7 days
Benefit Amount	58% of the employee's average weekly wages
Minimum Weekly Benefit	If employee's average weekly wage is less than \$26, the weekly benefit amount is equal to the average weekly wage but not more than \$14
Maximum Weekly Benefit	\$765
Maximum Benefit Duration	26 weeks

HI Temporary Disability Insurance (TDI)	
Intermittent Leave Option	No
Job Protection <i>(May also be offered through other Federal and State laws)</i>	No
Interaction with Other Laws	See Interactions with Federal and State Laws section.
Voluntary Private Plan Option	YES
Administration of the Coverage – Employer Options	Private Plan (fully insured or self-insured) <i>No State-administered Plan</i>
Guardian Private Plan Options	YES
State Resources	Hawaii Temporary Disability Insurance (TDI)

Maryland (updated for 2024)

MD Paid Family and Medical Leave Insurance (PFMLI)*

Effective Year	Premium collection starts: 10/1/24, benefit payments start: 1/1/26	
Covered Employers	All employers with at least 1 MD employee must provide coverage to employees working in MD.	
Total State Contribution Rate	The contribution rate is 0.90% capped at the Social Security Wage Limit, which in 2024 is \$168,800.	
Maximum Employee Contribution	The employee portion will be 50% of the total contribution or 0.45% of wages up to the Social Security Limit which in 2024 is \$168,800.	
Required Employer Contribution	<p>State Plan: 50% of total contribution or 0.45% of wages up to the Social Security Limit which in 2024 is \$168,800.</p> <p>Private Plan: Balance of premium cost in excess of the maximum employee contribution.</p> <p>* Employers with less than 15 employees will not be required to pay the employer portion of premium (employer size based on entire population).</p>	
Employee Eligibility for Benefits	Employees must work at least 680 hours in the year (52 weeks) prior to claiming benefits.	
Reason for Leave	Family Leave (PFL) <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition Qualifying military exigency Care for a service member who is the employee's next of kin 	Medical Leave (PML) Employee's own serious health condition
Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, grandparent, grandchild, sibling	
Waiting Period	None specified	
Benefit Amount	<ul style="list-style-type: none"> 90% of employee's average weekly wage (AWW) that is less than or equal to 65% of the state average weekly wage (SAWW), plus 50% of employee's AWW that is greater than 65% of the SAWW, up to the weekly maximum benefit. 	

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MD Paid Family and Medical Leave Insurance (PFMLI)*			
Minimum Weekly Benefit	\$50		
Maximum Weekly Benefit	\$1,000 (2026), subject to change annually.		
Maximum Benefit Duration	Family Leave 12 weeks	Medical Leave 12 weeks	Total Combined Leave 12 weeks <i>(An additional 12 weeks may be available to an employee that takes bonding leave and later in the same application years needs leave to care for their own serious health condition, or vice versa)</i>
Intermittent Leave Option	YES. Leave can be taken in increments of 4 consecutive hours.		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	Yes		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered • Private Plan (fully insured or self-insured) 		
Guardian Private Plan Options	TBD		
State Resources	Still Pending		

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Massachusetts (updated for 2024)

MA Paid Family and Medical Leave (PFML)		
Effective Year	2021	
Covered Employers	All private employers with eligible employees working in Massachusetts.	
Total State Contribution Rate	0.88% of employee's wages.	
Maximum Employee Contribution	Family Leave (PFL) 0.18% of employee's wages up to the Social Security Income Limit of \$168,600 (100% employee paid)	Medical Leave (PML) 0.28% of employee's wages up to the Social Security Income Limit of \$168,600 (40% employee paid)
Required Employer Contribution	Family Leave None	Medical Leave State Plan: 0.42* of employee's wages, up to the Social Security Income Limit of \$168,600 (60% employer paid) * Employers with 25 or fewer employees are exempt from paying the employer share of the PML contributions. Private Plan: Balance of premium cost in excess of maximum employee contribution, up to Social Security Income Limit of \$168,600.
Employee Eligibility for Benefits	All employees who meet the financial eligibility requirements for unemployment compensation (i.e. the EE must have earned 30 times the weekly unemployment benefit that the EE would be eligible to receive and must have earned at least \$6,000 during the last four calendar quarters). No EE hours or amount of service is required.	
Reason for Leave	Family Leave <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition Qualifying military exigency Care for a service member 	Medical Leave Employee's own serious health condition
Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, parent of spouse or domestic partner, a person who stood in loco parentis to employee when the employee was a minor child, grandparent, grandchild, sibling of employee	

MA Paid Family and Medical Leave (PFML)

Waiting Period	Family Leave	Medical Leave	
	<ul style="list-style-type: none"> 7 calendar days (Care for family member with serious health condition) None (Bonding, if immediately preceded by medical leave for pregnancy) 	7 calendar days	
Benefit Amount	Will vary based on income: <ul style="list-style-type: none"> 80% of an employee's average weekly wage (AWW) that is less than or equal to 50% of the state's AWW, plus 50% of an employee's AWW that exceeds 50% of the state's AWW 		
Minimum Weekly Benefit	N/A		
Maximum Weekly Benefit	\$1,144.90. 64% of the state's AWW.		
Maximum Benefit Duration	Family Leave	Medical Leave	Total Combined Leave
	<ul style="list-style-type: none"> 12 weeks (family leave) 26 weeks (care for service member) 	20 weeks	26 weeks
Intermittent Leave Option	YES. Down to 15-minute increments (with ER approval)		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> State-administered Self-Insured Plan Private Plan (Family Leave only, Medical Leave only or both) 		
Guardian Private Plan Options	YES		
State Resources	Massachusetts Department of Family and Medical Leave		

Minnesota

MN Paid Family and Medical Leave (PFML)*		
Effective Year	Premium collection starts: 1/1/26, benefit payments start: 1/1/26	
Covered Employers	All employers with at least 1 MN employee must provide coverage to employees working in MN.	
Total State Contribution Rate	0.70% of employee's wages	
Maximum Employee Contribution	TBD	
Required Employer Contribution	TBD	
Employee Eligibility for Benefits	Employees who work in MN.	
Reason for Leave	Family Leave <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition Qualifying military exigency Safe Leave 	Medical Leave Employee's own serious health condition
Covered Family Members (Family Leave)	Spouse, domestic partner, child, parent, legal guardian, sibling, grandchild, grandparent, spouse's grandparent, son/daughter in-law and affinity relationships	
Waiting Period	None	
Benefit Amount	Will vary based on income: <ul style="list-style-type: none"> 90% of an employee's average weekly wage (AWW) that is equal to or less than 50% of the state average weekly wage (SAWW), plus 66% of wages that exceed 50% of the SAWW but not 100%, plus 55% of wages that exceed 100% of the SAWW, up to the weekly maximum 	
Minimum Weekly Benefit	N/A	
Maximum Weekly Benefit	State's average weekly wage (TBD)	

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MN Paid Family and Medical Leave (PFML)*

Maximum Benefit Duration	Family Leave	Medical Leave	Total Combined Leave
	12 weeks <i>The lesser of 12 weeks or 12 weeks minus the number of weeks taken for medical leave in the same benefit year, plus eight weeks.</i>	12 weeks <i>The lesser of 12 weeks or 12 weeks minus the number of weeks taken for Family Leave in the same benefit year, plus eight weeks.</i>	20 weeks
Intermittent Leave Option	Yes, in full day increments		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	Yes, on or after 90 calendar days from the employee's date of hire		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered • Self-Insured Plan • Fully Insured Plan 		
Guardian Private Plan Options	TBD		
State Resources	TBD		

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New Hampshire

New Hampshire Paid Family and Medical Leave (PFML)*

Effective Year	Benefit payments start: 1/1/23	
Covered Employers	<ul style="list-style-type: none"> New Hampshire state employees to be provided with state-administered family leave (PFL) benefits. Private employers and non-state public employers will have the option to elect voluntary PFML coverage through a state established purchasing pool which will include an individual opt-in coverage option for employees whose employers do not choose to offer coverage and do not offer Short Term Disability coverage. 	
Total State Contribution Rate	TBD, state rate will be expressed as a percentage of wages.	
Maximum Employee Contribution	TBD, premium for individual pool coverage shall not exceed \$5 per week (\$260 annual cap).	
Required Employer Contribution	Can be employer paid or shared cost between employer and employee.	
Employee Eligibility for Benefits	<p>State Employees: Mandatory (PFL only)</p> <p>Non-State Employees: Voluntary participation via established purchasing pool will be subject to a seven-month waiting period, a one week elimination period, and a 60 day annual open enrollment period.</p>	
Reason for Leave	Family Leave (PFL) <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition Qualifying military exigency For care of a service-members' serious injury or illness by a spouse, child, parent or next of kin. 	Medical Leave (PML) An employee's own serious health condition (certain public and private employers)
Covered Family Members (Family Leave)	Child, parent (biological, adoptive, step- or foster), service member who is next of kin, child's spouse or domestic partner, biological, adoptive, step- or foster grandparent, spouse or domestic partner	
Waiting Period	State Employees: None Non-State Employers Purchasing Pool (FMLI Coverage): 7 calendar days	

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New Hampshire Paid Family and Medical Leave (PFML)*

Benefit Amount	60% of employee’s average weekly wage, capped at the Social Security Taxable Wage Maximum.
Minimum Weekly Benefit	None specified
Maximum Weekly Benefit	\$1,945.38 (60% of Social Security weekly wage cap, \$168,600, subject to change annually)
Maximum Benefit Duration	6 weeks
Intermittent Leave Option	Minimum of 4-hour increments
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES. No job protection for individuals joining the program via a purchasing pool.
Interaction with Other Laws	See Interactions with Federal and State Laws section.
Voluntary Private Plan Option	YES
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered via MetLife (fully insured only) • Private Plan (fully insured or self-insured)
Guardian Private Plan Options	NO
State Resources	New Hampshire Paid Family and Medical Leave Plan

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New Jersey (updated for 2024)

NJ Temporary Disability Benefit (TDB) and Family Leave Insurance (FLI)

Effective Year	TDB: 1948, FLI: 2009	
Covered Employers	All private and public employers covered by the NJ Unemployment Compensation Law that have eligible employees working in New Jersey, with the exception of some government employers and select exempt employment.	
Total State Contribution Rate	Family Leave (FLI) 0.09% of employee's wages	Medical Leave (TDB) Employer: 0.10% - 0.75% of employee's wages Employee: 0.00% of employee's wages
Maximum Employee Contribution	Family Leave 0.06% of employee's wages up to annual taxable wage maximum of \$161,400, for maximum of \$96.84	Medical Leave 0.00% of employee's wages up to annual taxable wage maximum of \$161,400, up to annual maximum of \$0 (no employee contributions required for 2024).
Required Employer Contribution	Family Leave None	Medical Leave State Plan: 0.10% - 0.75% of employees' wages up to annual taxable wage cap of \$42,300. Private Plan: Balance of the premium cost of the employee's wages up to annual wage cap of \$42,300.
Employee Eligibility for Benefits	Employees who worked 20 calendar weeks of covered New Jersey employment, earning at least \$283 or more each week, or must have earnings of \$14,200 or more in such employment during the base year. The base year is defined as the first four of the last five completed calendar quarters immediately preceding the disability period.	
Reason for Leave	Family Leave <ul style="list-style-type: none"> Bond with a "new" child (biological birth, adoption, foster and child born pursuant to a gestational carrier agreement) Care for family member with serious health condition Engaging in certain activities related to individual or family member being victim of domestic or sexual violence. 	Medical Leave Employee's own disability (must be continuously and totally unable to perform customary work), includes pregnancy.
Covered Family Members (Family Leave)	Child (any age), spouse, domestic partner, civil union partner, parent, parent-in-law, sibling, grandparent, grandchild, any individual related to employee by blood, any other individual with a close association with employee equivalent to a family relationship	

NJ Temporary Disability Benefit (TDB) and Family Leave Insurance (FLI)

Waiting Period	Family Leave None	Medical Leave <ul style="list-style-type: none"> 7 calendar days, but if disability extends beyond 3 consecutive weeks, then employee is paid for the first 7 days. None, for disability related to donation of any organs or bone marrow
Benefit Amount	85% of average weekly salary	
Minimum Weekly Benefit	N/A	
Maximum Weekly Benefit	\$1,055 (70% of the state's AWW)	
Maximum Benefit Duration	Family Leave 12 weeks for one continuous leave or 8 weeks (56 individual days) for leaves taken on intermittent basis	Medical Leave 26 weeks
Intermittent Leave Option	YES – Full day increments.	
Job Protection <i>(May also be offered through other Federal and State laws)</i>	NO. Not more protected than under FMLA and NJ FLA (NJ Family Leave Act). NJFLA applies to employers with 30 or more employees (previously 50 or more).	
Interaction with Other Laws	See Interactions with Federal and State Laws section.	
Voluntary Private Plan Option	YES	
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> State-administered Private Plan (fully insured or self-insured) 	
Guardian Private Plan Options	YES, Medical Leave (TDB) only	
State Resources	New Jersey Temporary Disability and Family Leave Insurance	

New York (updated for 2024)

NY Disability Benefits Law (DBL) and Paid Family Leave (PFL)

Effective Year	DBL: 1949, PFL: 2018	
Covered Employers	All private employers with one or more eligible employees working in New York. Self-employed and certain public employers (other than the state government) can voluntarily opt into Family Leave or Disability.	
Total State Contribution Rate	Family Leave (PFL) 0.373% of employee's wages	Medical Leave (DBL) DBL rate is set by the insurer.
Maximum Employee Contribution	Family Leave 0.373% of employee's wages up to the annualized state average weekly wage (SAWW), maximum of \$333.25 (100% employee paid)	Medical Leave 0.50% of first \$120 of employee's weekly wages, up to 60 cents per week, maximum of \$31.20
Required Employer Contribution	Family Leave None	Medical Leave Balance of premium cost in excess of maximum employee contribution.
Employee Eligibility for Benefits	Family Leave <ul style="list-style-type: none"> • Employees who work 20 or more hours per week for 26 consecutive weeks of employment. • Employees who work less than 20 hours per week for 175 workdays (doesn't need to be consecutive). • Eligibility doesn't transfer when entering new employment. 	Medical Leave <ul style="list-style-type: none"> • Full-time employees are eligible after completing 4 consecutive weeks of NY employment, unless eligibility was previously satisfied. • Part-time employees are eligible on the 25th day of regular NY employment, unless eligibility was previously satisfied. • Prior eligibility would transfer when entering new employment.
Reason for Leave	Family Leave <ul style="list-style-type: none"> • Bond with a new child (birth, adoption, foster) • Care for a family member with serious health condition • Qualifying military exigency for spouse, domestic partner, child or parent being deployed or on active duty 	Medical Leave Employee's own disability (must be unable to perform work), includes pregnancy and incapacitation as a result of being an organ donor in a transplant operation.

NY Disability Benefits Law (DBL) and Paid Family Leave (PFL)

Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling (biological, adopted, half-sibling or stepsibling)		
Waiting Period	Family Leave None	Medical Leave 7 days	
Benefit Amount	Family Leave 67% of employee's average weekly wage	Medical Leave 50% of employee's average weekly wage	
Minimum Weekly Benefit	Family Leave \$100.00/week or employee's wages, whichever is less	Medical Leave \$20/week or employee's wages, whichever is less	
Maximum Weekly Benefit	Family Leave \$1,151.16/week (67% of the SAWW)	Medical Leave \$170/week* *Enhanced weekly benefits available.	
Maximum Benefit Duration	Family Leave 12 weeks	Medical Leave 26 weeks	Total Combined Leaves 26 weeks
Intermittent Leave Option	YES For family care, leave can be taken in full day increments.		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES Leave for family care is job-protected but leave for own disability is not more protected than under FMLA or NY PFMLA (NY Paid Family Medical Leave Act).		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • NY State Insurance Fund (NYSIF) • Self-Insured Plan • Private Plan (combined Disability and Family Leave) 		
Guardian Private Plan Options	YES Disability/Paid Family Leave (DBL / PFL)		
State Resources	New York Workers Disability Benefits and New York Paid Family Leave		

Oregon (Updated for 2024)

OR Paid Family and Medical Leave Insurance (PFMLI)

Effective Year	September 3, 2023	
Covered Employers	All employers with at least 1 OR employee must provide coverage to employees working in OR.	
Total State Contribution Rate	1.00% of employee's wages.	
Maximum Employee Contribution	0.60% of employee's wages, up to a taxable wage base of \$168,600 (60% employee paid)	
Required Employer Contribution	<p>State Plan: 0.40% of employee's wages (40% employer paid)*</p> <p>Private Plan: Balance of premium cost in excess of the maximum employee contribution.</p> <p>* Employers with less than 25 employees will not be required to pay the employer portion of premium (employer size based on entire population).</p>	
Employee Eligibility for Benefits	Employees must have earned a minimum of \$1,000 in the year (52 weeks) prior to claiming benefits.	
Reason for Leave	Family Leave (PFL) <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition Family violence issues 	Medical Leave (PML) Employee's own serious health condition, includes pregnancy
Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling, stepsibling, or person equivalent to a family relationship	
Waiting Period	None	
Benefit Amount	Employees with an average weekly wage (AWW) that is less than or equal to 65% of the state average weekly wage (SAWW): <ul style="list-style-type: none"> 100% of the employee's AWW Employees with an AWW that is greater than 65% of the SAWW: <ul style="list-style-type: none"> 65% of the SAWW and 50% of an employee's AWW that is greater than 65% of the SAWW 	
Minimum Weekly Benefit	\$63.48 (5% of SAWW)	

OR Paid Family and Medical Leave Insurance (PFMLI)			
Maximum Weekly Benefit	\$1,523.63 (120% of SAWW)		
Maximum Benefit Duration	Family Leave 12 weeks	Medical Leave 12 weeks (2 extra weeks if pregnancy related complication)	Total Combined Leave 14 weeks (2 extra weeks if pregnancy related complication), plus up to additional 4 weeks unpaid
Intermittent Leave Option	YES. Intermittent leave allowed in one workday increments. Benefits payable when equivalent to one work week.		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES. Job protection offered if employed for more than 90 days with current employer.		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	YES		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered • Private Plan (fully insured or self-insured) 		
Guardian Private Plan Options	YES		
State Resources	Oregon Paid Family and Medical Leave Insurance		

Puerto Rico

PR Seguro por Incapacidad No Ocupacional Temporal (SINOT) / Disability Benefits Act (DBA)

Effective Year	1968
Covered Employers	Private employers with one or more PR employees during any day of the current or preceding calendar year
Total State Contribution Rate	0.60% of annual earnings (up to \$9,000 cap)
Maximum Employee Contribution	0.30% of annual earnings
Required Employer Contribution	0.30% of annual earnings
Employee Eligibility for Benefits	Employees must have earned a minimum of \$150 during the base year
Reason for Leave	Medical Leave Only Employee's own nonwork-related disability, includes pregnancy
Covered Family Members (Family Leave)	N/A (Family Leave is not included)
Waiting Period	7 days (if hospitalized, benefits begin on 1 st day of disability)
Benefit Amount	65% of weekly earnings
Minimum Weekly Benefit	\$12
Maximum Weekly Benefit	\$113 (\$55 maximum for agricultural workers) Additional benefits for death/dismemberment
Maximum Benefit Duration	26 weeks during any disability period or during any consecutive period of 52 weeks
Intermittent Leave Option	YES. Benefits payable for less than one week will be paid in increments of 1/7 of the weekly benefit.
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES

PR Seguro por Incapacidad No Ocupacional Temporal (SINOT) / Disability Benefits Act (DBA)

Interaction with Other Laws See [Interactions with Federal and State Laws](#) section.

Voluntary Private Plan Option YES

Administration of the Coverage – Employer Options

- State-administered
- Private Plan (fully insured or self-insured), requires insurer or claim administrator to be located in PR.

Guardian Private Plan Options NO

State Resources [Seguro por Incapacidad No Ocupacional Temporal \(SINOT\)](#)

Rhode Island

RI Temporary Disability Insurance (TDI) and Temporary Caregiver Insurance (TCI)

Effective Year	TDI: 1942, TCI: 2014	
Covered Employers	All private employers with eligible employees working in Rhode Island. Only some public employers are covered	
Total State Contribution Rate	1.1% of the employee's first \$84,000 in earnings	
Maximum Employee Contribution	1.1% of the employee's first \$84,000 of annual wages, for maximum contribution of \$924 (100% employee contribution)	
Required Employer Contribution	None	
Employee Eligibility for Benefits	Employees must have worked for a RI covered employer and earned at least \$15,600 in the base period; or earned at least \$2,600 in one of their base period quarters and total base period wages of at least 1.5 times the highest quarter, and total base period earnings of at least \$5,200.	
Reason for Leave	Family Leave (TCI) <ul style="list-style-type: none"> Bond with a new child (birth, adoption, foster) Care for a family member with serious health condition 	Medical Leave (TDI) Employee's own disability (must be unable to perform regular or customary work; partially unemployed workers may be able to claim benefits), includes pregnancy
Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, parent-in-law, grandparent	
Waiting Period	Family Leave None. Must be unemployed for at least 7 days.	Medical Leave None. Must be unemployed for at least 7 days.
Benefit Amount	4.62% of the wages paid to the employee in the highest quarter of the employee's base period (approximately 60% of average weekly salary) Dependent allowance of \$10 or 7% of the weekly benefit rate, per child up to 5 children.	

RI Temporary Disability Insurance (TDI) and Temporary Caregiver Insurance (TCI)

Minimum Weekly Benefit	\$121 per week		
Maximum Weekly Benefit	\$1,043 \$1,408 (with maximum 5 dependents)		
Maximum Benefit Duration	Family Leave 6 weeks	Medical Leave 30 weeks	Total Combined Leaves 30 weeks
Intermittent Leave Option	YES No minimum increment of leave time specified; claimants must initially be out of work for at least seven consecutive days to be eligible for benefits.		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	YES Leave for family care is job-protected but leave for own disability is not more protected than under FMLA or RI PFMLA (RI Family Medical Leave Act).		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	NO		
Administration of the Coverage – Employer Options	State-administered		
Guardian Private Plan Options	NO		
State Resources	Rhode Island Temporary Disability and Caregiver Insurance		

Vermont

VT Voluntary Paid Family and Medical Leave (FMLI)*

Effective Year	<p>7/1/2023: Benefits begin for State Employees (Phase I)</p> <p>7/1/2024: Program expands to include other private and non-state public employers with 2 or more employees on a voluntary basis (Phase II)</p> <p>7/1/2025: Programs expands to small employers with one employee and eligible individual employees, including self-employed Vermonters (Phase III)</p>	
Covered Employers	<p>VT State employees will be offered coverage.</p> <p>Voluntary participation for Private and Non-state Public Employers with two or more employees in VT</p> <p>Employers with one employee may choose to sponsor coverage for their employee through individual purchasing pool starting 7/1/2025 through The Hartford.</p>	
Total State Contribution Rate	<p>State Employees: None</p> <p>All Others: TBD</p>	
Maximum Employee Contribution	<p>TBD</p>	
Required Employer Contribution	<p>Can be employer paid or shared cost between employer and employee.</p>	
Employee Eligibility for Benefits	<p>Under Phase I, starting 7/1/23, VT State employees were provided coverage.</p> <p>Under Phase II, Employees working for any non-state public or private employer domiciled and/or registered in VT with two or more employee that chooses to offer VT FMLI will be eligible for coverage.</p> <p>Under Phase III, individuals who work for a VT employer that do not offer VT FMLI, self-employed Vermonters and employers with one employee can purchase through the individual purchasing pool.</p>	
Reason for Leave	<p>Family Leave (PFL)</p> <ul style="list-style-type: none"> • Bond with a new child (birth, adoption, foster) • Care for a family member with serious health condition • Qualifying military exigency • Care for a service member 	<p>Medical Leave (PML)</p> <p>Employee’s own serious health condition, includes pregnancy</p>

***Note: The information outlined is based only on the interpretation of the current published statues and materials available at the time of publication of this reference guide. Regulations have not yet been adopted and policy regulations, procedures, and rulemaking are in progress and benefits as outlined may be subject to change as guidance is received from the State.**

VT Voluntary Paid Family and Medical Leave (FMLI)*			
Covered Family Members (Family Leave)	Spouse, child (biological, adoptive, stepchild, foster or ward who lives with employee), parent or Parent-in-law, service-member who is spouse, son, daughter, parent or next of kin		
Waiting Period	Family Leave None	Medical Leave 7 Calendar Days	
Benefit Amount	60% of employee's wages, up to the Social Security income limit of \$160,200		
Minimum Weekly Benefit	TBD		
Maximum Weekly Benefit	TBD		
Maximum Benefit Duration	Family Leave 6 weeks	Medical Leave 6 weeks	Total Combined Leave 6 weeks in a 12-month period
Intermittent Leave Option	TBD		
Job Protection <i>(May also be offered through other Federal and State laws)</i>	TBD		
Interaction with Other Laws	See Interactions with Federal and State Laws section.		
Voluntary Private Plan Option	TBD		
Administration of the Coverage – Employer Options	<ul style="list-style-type: none"> • State-administered via The Hartford • TBD Private Plan (fully insured or self-insured) 		
Guardian Private Plan Options	No		
State Resources	Vermont Voluntary Paid Family and Medical Leave Insurance		

***Note: The information outlined is based only on the interpretation of the current published statutes and materials available at the time of publication of this reference guide. Regulations have not yet been adopted and policy regulations, procedures, and rulemaking are in progress and benefits as outlined may be subject to change as guidance is received from the State.**

Washington

WA Paid Family and Medical Leave (PFML)

Effective Year	2020	
Covered Employers	All private employers with eligible employees working in Washington State.	
Total State Contribution Rate	0.80% of employee's wages up to the Social Security contribution limit of \$160,200.	
Maximum Employee Contribution	72.76% of Premium Rate	
Required Employer Contribution	27.24% of Premium Rate Employers with fewer than 50 employees employed in the state are not required to pay the employer portion of premiums.	
Employee Eligibility for Benefits	All employees who have worked for at least 820 hours for any Employer in Washington State during the qualifying period (the first four of the last five full calendar quarters, or the last four full calendar quarters).	
Reason for Leave	Family Leave (PFL) <ul style="list-style-type: none"> • Bond with a new child (birth, adoption, foster) • Care for a family member with serious health condition • Qualifying military exigency • Bereavement/loss of child (newborn, adopted, or foster) 	Medical Leave (PML) Employee's own serious health condition, includes pregnancy
Covered Family Members (Family Leave)	Child, spouse, domestic partner, parent, parent of spouse or domestic partner, a person who stood in loco parentis to employee when the employee was a minor child, grandparent, grandchild, sibling of employee, someone who has an expectation to rely on employee for care	
Waiting Period	Family Leave <ul style="list-style-type: none"> • 7 calendar days (Care for family member with serious health condition) • None (Bonding and Bereavement/loss of child) 	Medical Leave 7 calendar days

WA Paid Family and Medical Leave (PFML)

Benefit Amount

- 90% of an employee’s average weekly wage (AWW) that is less than or equal to 50% of the state average weekly wage (SAWW), plus
- 50% of the employee’s AWW greater than 50% of the SAWW

Minimum Weekly Benefit \$100 or the employee’s full wages when the employee’s average weekly wage is less than \$100.

Maximum Weekly Benefit \$1,427

Maximum Benefit Duration	Family Leave	Medical Leave	Total Combined Leaves
	<ul style="list-style-type: none"> • 12 weeks (bonding, care for family member, military exigency) • 7 days (bereavement/ loss of child) 	12 weeks (14 weeks for pregnancy-related incapacitating serious health condition)	16 weeks (18 weeks for pregnancy-related incapacitating serious health condition)

Intermittent Leave Option YES
Leave can be taken in 8 consecutive hour increments.

Job Protection YES
(May also be offered through other Federal and State laws) However, employers with less than 50 WA employees are not required to offer job protection.

Interaction with Other Laws See [Interactions with Federal and State Laws](#) section.

Voluntary Private Plan Option YES

Administration of the Coverage – Employer Options

- State-administered
- Voluntary/ Private Plan

Guardian Private Plan Options NO

State Resources [Washington Paid Family Medical Leave](#)

Interactions with Federal and State Laws

Federal Laws

State Paid Leave programs can be expected to run concurrently with the federal Family Medical Leave Act (FMLA), providing employee meets eligibility requirements and employer is subject to FMLA.

Eligibility Requirements:

- Employees who worked 12 months (need not be consecutive),
- who have worked at least 1,250 hours within the last 12 months, and
- work at an employer site with 50 or more employees within a 75-mile radius

State Laws

State Paid Leave programs can potentially run concurrently with other state paid and unpaid absence programs offered within a state, if applicable and so dictated by the respective state statues. Although not an all-inclusive listing, the following common individual state laws and regulations affect proper administration of all paid and unpaid state programs, and should be considered for additional employee protections.

Paid Leave Program <i>(click on the link to return to the program's page)</i>	May interact with the following state laws:
CA SDI and PFL	<ul style="list-style-type: none"> • California Family Rights Act (CFRA) • California Pregnancy Disability Leave (CA PDL)
CO FAMLI	<ul style="list-style-type: none"> • Colorado Family Care Act • Colorado Pregnancy Accommodation Leave
CT PFML	<ul style="list-style-type: none"> • Connecticut Family Medical Leave Law (CT FMLA) • Connecticut Family Violence Act • Connecticut Pregnancy Disability and Accommodation Leave (CT PDL)
DE PFMLI	<ul style="list-style-type: none"> • Delaware Pregnancy Accommodation Leave
HI TDI	<ul style="list-style-type: none"> • Hawaii Family Leave Law (HFLL) • Hawaii Pregnancy Disability Leave (HI PDL)
MA PFML	<ul style="list-style-type: none"> • Massachusetts Parental Leave Act (MA PL) • Massachusetts Pregnancy Accommodation Leave
MD PFMLI	<ul style="list-style-type: none"> • Maryland Family Military Leave Law Included • Maryland Parental Leave Act Included • Maryland Pregnancy Accommodation Leave Included • Maryland Organ and Bone Marrow Donation Leave

Continued on next page.

Paid Leave Program <i>(click on the link to return to the program's page)</i>	May interact with the following state laws:
MN PFML	<ul style="list-style-type: none"> • Minnesota Bone Marrow Donation • Minnesota Military Ceremony Leave • Minnesota Pregnancy and Parenting Leave (MN PL) • Minnesota Pregnancy Accommodation Leave • Minnesota Alternative Leave
NH PFML	<ul style="list-style-type: none"> • New Hampshire Pregnancy Disability Leave (NH PDL)
NJ TDB and FLI	<ul style="list-style-type: none"> • New Jersey Family Leave Law (NJFLA) • Applicable to employers with 30 or more employees • Security and Financial Empowerment (SAFE) Act • New Jersey Paid Sick Leave Act
NY DBL and PFL	<ul style="list-style-type: none"> • NY Worker's Compensation Law (WCB) • NYC Paid Safe and Sick Leave Law
OR PFMLI	<ul style="list-style-type: none"> • Oregon Family Leave Act (OFLA) • Oregon Maternity/Parental Leave (OR PDL) • Oregon Parental Leave (OR PL) • Oregon Pregnancy Accommodation Leave • Oregon Military Family Leave
PR SINOT/DBA	<ul style="list-style-type: none"> • Puerto Rico Working Mothers Protection Act (PR PDL)
RI TDI and TCI	<ul style="list-style-type: none"> • Rhode Island Parental and Family Medical Leave Act (RI FML) • Rhode Island Paid Sick and Safe Leave Law • Rhode Island Pregnancy Accommodation Leave
VT FMLI	<ul style="list-style-type: none"> • Vermont Parental and Family Leave (VT FML) Included • Vermont Short Term Family Leave (part of the VT FML) Included • Vermont Pregnancy Accommodation Leave
WA PFML	<ul style="list-style-type: none"> • Washington State Pregnancy Disability Leave Law (WA PDL) • Washington State Pregnancy Accommodation Leave • Washington Military Family Leave
WA DC PFL	<ul style="list-style-type: none"> • District of Columbia Family and Medical Leave Act (DC FMLA) • District of Columbia Parental Leave Act • District of Columbia Protecting Pregnant Workers Fairness Act