

PAID FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

Please read this notice carefully. It contains important information about your rights, obligations, and eligibility under the Massachusetts Paid Family and Medical Leave (PFML) law. Please keep this notice for your records.

The Massachusetts PFML law provides most Massachusetts employees the right to paid family and medical leave. These rights are described further below and include both (1) job protection when the employee returns to work and (2) partial wage-replacement benefits while the employee is out of work. Employers can provide these benefits either by (1) participating in the PFML Trust Fund operated by the Massachusetts Department of Family and Medical Leave (the Department), or (2) providing an exempt private plan that offers benefits at least as generous as those available through the Department.

Regardless of whether your employer participates in the state Trust Fund or has a private plan, you will be entitled to certain benefits and protections. You may be required to make contributions to the Trust Fund or to fund your employer's private plan, but only up to a certain amount. You will also need to tell your employer when you need leave, and you will need to file an application for benefits with the Department or through your employer's private plan.

An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both. Your employer must provide you information about the private plan and the application process. Your employer has made that information available:

☒ In the box below

☐ As an attachment to this Notice

☐ Other: _____

☐ N/A (Employer contributes to Trust Fund)

Bentley University

(Employer Name)

Bentley University MA PFML Private Plan

(Private Plan Name)

781-891-3427

(Private Plan Phone Number)

175 Forest Street, Waltham, MA 02452

(Private Plan Address)

<https://www.bentley.edu/offices/human-resources/mapfml>

(Private Plan Website)

☐ Does not have an approved private plan and is providing all leave benefits through the Department;

☒ Has an approved private plan for both family and medical leave benefits;

☐ Has an approved private plan for family leave benefits only, and is providing medical leave benefits through the Department;

☐ Has an approved private plan for medical leave benefits only and is providing family leave benefits through the Department.

I. Explanation of Benefits

Leave Allotments. Under the PFML Law, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child; to care for a family member with a serious health condition; or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
- 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work;
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service;
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A "benefit year" is the 12 months preceding the Sunday immediately before your leave begins.

Other Leaves. Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year.

Eligibility. You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least 30 times the expected benefit amount and [met the minimum earnings requirement established annually by the Department of Unemployment Assistance \(DUA\)](#), which is \$6,300 for 2024, during the last 4 completed calendar quarters. (This is the amount calculated in the "Wage Replacement Payments" section below.)

Wage Replacement Payments. When you take leave for any of the reasons described above, you will be eligible to apply to your employer's private plan for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. For 2024, this maximum benefit amount is \$1149.90. This amount will be adjusted annually based on increases in the State Average Weekly Wage.

Topping off PFML benefit payments. For applications filed on or after November 1, 2023, employees receiving PFML benefits may supplement (or "top off") their PFML benefits with any available accrued paid leave (sick time, vacation, PTO, personal time, etc.). For employees who choose to supplement their PFML benefits in this way, the combined weekly sum of PFML benefits and employer-provided paid leave benefits cannot exceed the employee's Individual Average Weekly Wage (IAWW). Employers will be responsible for monitoring and ensuring that the combined weekly sum of employer-provided paid leave benefits and PFML benefits does not exceed an employee's IAWW. Employers are also responsible for managing any payments made to an employee that exceed the employee's IAWW. This process is solely the responsibility of the employer and the employee.

If the application is filed on or after November 1, 2023, applications filed retroactively for a leave that began before November 1, 2023, are eligible for topping off.

II. Employee Rights and Protections

Job Protection. Generally, if you take family or medical leave, once you return to work, your employer must restore you to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-

of-service credit, and seniority as of the date you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use of leave.

Continuation of Health Insurance. Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

No Retaliation. It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you are entitled under the paid family and medical leave law. An employee or former employee who is retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

III. Notifying your Employer

BEFORE you take leave or apply for benefits, you **MUST** notify your employer that you need to take leave. You are required to provide at least 30 days' notice of your need for leave. If 30 days' notice is not possible due to circumstances beyond your control, you must provide notice as soon as practicable.

When you notify your employer of your need for leave, you must provide the following information:

1. The anticipated start date of leave;
2. The anticipated length of the leave;
3. The expected date of return from leave;
4. Whether you will need intermittent leave (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week), and;
5. If you need intermittent or reduced leave schedule, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employer as soon as you are aware of the change.

IV. Requesting a MA PFML Leave

Please contact Bentley University's Human Resources office at 781-891-3427 or by email at benefits@bentley.edu to request a MA PFML leave.

V. For More Information

For more detailed information, please visit Bentley's HR webpage at <https://www.bentley.edu/offices/human-resources/mapfml>, consult the Department's website at www.mass.gov/DFML or you can contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave
PO Box 838
Lawrence, MA 01842
Contact Center: (833) 344-7365