MetLife

Your Guide to Connecticut Paid Family and Medical Leave for 2026

(CT PFML)

Updated as of November 2025



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This guide aims to provide you with comprehensive information about your rights, benefits, and the process for applying for these programs.

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Overview of CT PFML

Connecticut Paid Family and Medical Leave (CT PFML) is a benefit program that offers paid leave for qualifying reasons. CT PFML applies if you are sick or hurt and cannot work. CT PFML also applies to family-related matters, such as bonding with a new child or caring for a family member who has a serious health condition or for you or your family member in need of a Safe Leave due to domestic violence, stalking or sexual assault. Additionally, you can use CT PFML to handle a qualifying military exigency for a family member's military duty.

Eligibility

You are covered for CT PFML if you:

- Work for a covered employer.
- Are currently employed or employed in the 12 weeks before the leave.
- Have earned at least $2,325 or more from working in Connecticut in the first four of the last five finished calendar quarters before your benefit year starts.

Benefit Details

Benefits and Qualifying Life Events

You can receive part of your pay but no job protection*, if you need to take time off for certain reasons, such as:

Paid Medical Leave: For your own medical need, including organ or bone marrow donations and pregnancy.

Safe Leave: When you or a family member is having issues related to domestic violence, stalking, or sexual assault.

Family Leave: For bonding with a newborn, adoption, or foster care placement.

Family Caregiver: When a covered family** member or covered service member has a serious health condition.

Military Exigency: When a covered family** member family member is called to active service overseas.

* Job protection may be available through other federal or state laws such as the Federal Family and Medical Leave Act (FMLA) and Connecticut Family and Medical Leave Act (CT FMLA).
** A covered family member can be your spouse or domestic partner, child, parent or legal guardian, sibling, grandchild, grandparent, spouse's grandparent, child-in-law, or an individual who has a relationship with you that creates an expectation and reliance on your care for them, regardless of whether you reside together.

Cost of Coverage

In 2026, your maximum cost of coverage is $922.50, or 0.5% of the Federal Wage Cap ($184,500). Your employer may withhold this amount via payroll deductions.

Benefit Duration and Waiting Period

Leave can be taken intermittently for serious health conditions. For other leave types, intermittent leave depends on the specific circumstances. Providing proof of the need for intermittent leave may be required. There is no waiting period before benefits are payable.

12
Weeks

Up to 12 weeks in a 12-month period.

2
Weeks

Extra two (2) weeks if you are incapacitated during a pregnancy.

12
Days

12 days in a 12-month period if you have been victim of violence.

Calculating Your Benefits

The benefit amount you can receive depends on your regular wages and how they compare to the average wages in Connecticut.

1. **Determine Your Regular Wages**
   - Your regular wages are the amount you typically earn before any deductions. This includes your salary, hourly wages, tips, and any other earnings.
2. **Understand the Maximum Weekly Benefit**
   - In **2026**, the most you can receive in a week is **60** times the current CT minimum wage **($16.94** per hour).
3. **Calculate Your Benefit Payment**
   - If your regular wages are less than or equal to the CT minimum wage multiply by **40** ($16.94 x 40 = **$677.60**), you may get 95% of your average weekly wages.
   - If your regular wages are more than the CT minimum wage multiply by **40** ($16.94 x 40 = **$677.60**), you may receive:
     - **95%** of your average weekly wages that are less than or equal to the CT minimum wage multiply by **40.**
     - Plus, **60%** of your average weekly wages that are more than **40** times the minimum wage, up to the weekly maximum benefit.

Example Calculation

Let's go through examples to make it clearer.

Example 1
If your weekly wages are $600

- Since **$600** is less than the CT minimum wage multiply by **40** ($16.94 x 40 = **$677.60**), you will receive 95% of your regular weekly wages.
- 95% of $600 = **$570**.
- Therefore, your weekly benefit amount will be **$570**.

Example 2
If your weekly wages are $2,000

- Since **$2,000** is more than the CT minimum wage multiply by **40** ($16.94 x 40 = **$677.60**), there is a two-step calculation.
- 95% of $677.60 = **$643.72**.
- Plus, **60%** of **$1,322.40** ($2,000 - $677.60) = **$793.44**.
- Add those two together, $**643.72** + $**793.44** = **$1,437.16**.
- However, this is more than the maximum weekly benefit of **$1,016.40**.
- Therefore, your weekly benefit amount will be **$1,016.40**.



Coordination with Other Benefits

You may be eligible for more than one leave. CT PFML and Family Medical Leave Act (FMLA) benefits can and should be used at the same time, when applicable. Your employer may require (or allow) you to use accrued time off. Your employer may also require you to use PML benefits and short-term or long-term disability benefits at the same time. Your total compensation may not be more than 100% of your regular pay.

Applying for Benefits

Steps to Apply

1. Notify your employer at least 30 days prior if leave is foreseeable or as soon as you can if it's unforeseeable. If your leave is related to family violence, you can notify 7 calendar days prior.
2. Apply for benefits within 30 days before or 30 days after your leave starts. You can apply through MetLife via the web, telephone, or paper claim, depending on your employer's coverage plan.
3. Submit supporting documentation, which may vary depending on the reason for your leave.
4. Stay connected with your employer and MetLife until you return to work.



Documentation to Support your Claim

For your own disability (when you are sick or hurt and cannot work for an extended period):

- Certification of a Disability/Serious Health Condition form filled out by you and your healthcare provider, or
- A doctor's note or Attending Physician Statement (APS) that includes the same information as the Certification form.

For leave to care for a family member with a serious health condition, including medical events related to pregnancy or childbirth, you must provide ONE of the following:

Certification of a Disability/Serious Health Condition form filled out by you and your healthcare provider, or

- Certification of a Disability/Serious Health Condition form filled out by you and your family member's healthcare provider, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form.

For child bonding for a newborn:

- CA copy of the child's birth certificate, or
- A statement from the child's healthcare provider stating the child's date of birth, or
- A statement from the parent's healthcare provider stating the child's date of birth.

For child bonding for adoption or foster care placement, the following documents shall be submitted to the Authority:

Bonding with Child for Adoption:

1. A completed Bonding Statement; and
2. Adoption Documentation (e.g., court documentation, adoption papers, documentation of pre-placement activities if applicable, such as paperwork from social worker, adoption agency, or adoption attorney).

Bonding with Child for Foster Care:

1. A completed Bonding Statement; and
2. Documentation of Foster Care placement (e.g., court or DCF documents, foster care documentation).



Documentation to Support your Claim (continued)

For leave to care for a family member with a serious health condition, including medical events related to pregnancy or childbirth, you must provide ONE of the following:

- Certification of a Disability/Serious Health Condition form filled out by you and your family member's healthcare provider, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form.

For caring for a family member who is a covered service member:

- Certification of a Disability/Serious Health Condition form filled out by the service member's healthcare provider, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form.
- An alternative form of certification can be an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued by the Department of Defense to any family member to join an injured or ill service member at their bedside.

For qualifying military exigency needs, you will need to verify your family member's service with one of the following:

- Your covered family member's active-duty orders, or
- Letter from the military unit documenting impending call or order to covered duty, or
- Documentation of military leave signed by the approval authority for the military member's rest and recuperation
- If leave is requested to meet with a third party, such as a school official, counselor, or attorney, you must provide documentation of the meeting that includes:
  - The name, address, and contact information of the individual or entity with whom you are meeting
  - A description of the meeting.

Claim Denials

If your claim has been denied, you can reach out to MetLife to have your claim reconsidered, especially if you have new information to support your claim. If, after a second review, your claim is still denied, you can file an appeal with the state. Appeal instructions can be found in the claim denial letter you received.

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