MetLife

Your Guide to Oregon Paid Family and Medical Leave for 2026

(OR PFML)

Updated as of July 2026



Table of Contents

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

Overview of OR PFML 3

Eligibility 3

Benefit Details 3

Cost of Coverage 3

Calculating Your Benefits 4

Coordination with Other Benefits 5

Applying for Benefits 5

Documentation to Support your Claim 6

Claim Denials 7

Overview of OR PFML

Oregon Paid Family and Medical Leave (OR PFML) provides paid leave benefits and job protection* to eligible employees who need time off from work for qualifying reasons. Employees may be eligible if they are sick or hurt and cannot work, including during pregnancy. Employees may also be eligible to take leave to bond with a new child, care for a family member who has a serious health condition or to address domestic violence, sexual assault, harassment, stalking, or bias crimes.

Eligibility

You are covered for OR PFML if you:

- Work for a covered employer.
- Are a full time, part-time, temporary, or seasonal employee.
- Have earned at least $1,000 or more from working in Oregon during the base year (first four of the last five completed calendar quarters before your first day of paid leave).

Independent contractors, self-employed workers, volunteers, work study program students, and federal/tribal government employees are several types of workers that are excluded from the Paid Leave Oregon program. However, certain excluded workers such as self-employed individuals, independent contractors, or tribal government employers can choose to opt in to the state-run program.

Benefit Details

Benefits and Qualifying Life Events

You can receive part of your pay and may also be eligible for 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. In the case of pregnancy, childbirth, or a related medical limitation, an extra 2 weeks of paid medical leave is possible.

Safe Leave: When you, or a child dependent on you, experiences issues related to domestic violence, harassment, sexual assault, stalking, or bias crimes.

Family: To bond with a new child (during the first year after birth, adoption, or foster care placement) and for pre-placement leave activities related to the legal process required for foster child placement or child adoption.

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

* Job protection is available if you have worked for your current employer for at least 90 consecutive calendar days which includes days you were not scheduled to work, but were still employed.

** A covered family member can be your spouse or domestic partner, child (biological, adopted, stepchild, or foster child), spouse or domestic partner's child, or the child's spouse or domestic partner, parent (biological, adoptive, stepparent, foster parent, or legal guardian), the parent of spouse or domestic partner, or parent's spouse or domestic partner, sibling or stepsibling or their spouse or domestic partner, grandparent or grandparent's spouse or domestic partner, grandchild or grandchild's spouse or domestic partner, any person connected to like a family member.

Cost of Coverage

In 2026, your maximum cost of coverage is $1,107, or 0.6% of the Social Security Wage Cap ($184,500). Your employer may withhold up to this amount via payroll deductions.

Benefit Duration and Waiting Period

Leave can be taken all at once or intermittently. The minimum increment that can be taken is one workday. You may need to provide proof of the need for an intermittent leave.

12
Weeks

Up to 12 weeks in a 12-month period.

2
Weeks

In the case of pregnancy, childbirth, or a related medical limitation, an extra 2 weeks is possible.

No waiting period

Calculating Your Benefits

Benefits are paid as a percentage of your average weekly wage (AWW). If you earn less than **$916.58** per week, you can receive up to **100%** of your AWW.

In 2025-2026, the most you can receive in a week is **$1,692.16.** The maximum weekly benefit is **120%** of Oregon's average weekly wage.*

If your average weekly wage is equal or less than 65% of Oregon's average weekly wage, you can receive 100% of your average weekly pay.

If your average weekly wage is more than 65% of Oregon's average weekly wage, you can receive 65% of Oregon's average weekly wage plus half of your average weekly pay that exceeds that amount, but no more than $1,692.16 total.

*The state of Oregon's average weekly wage is currently **$1,410.13** through June 2027.

Example Calculation

Let's go through examples to make it clearer.

Example 1
If your regular weekly wages are $700:

- Since $700 is less than 65% of Oregon's average weekly wage (which is $916.58), you will receive 100% of your regular weekly wages.
- Therefore, your weekly benefit amount will be $700 each week.

Example 2
If your regular weekly wages are $2,800

- Since **$2,800** is more than 65% of Oregon's average weekly wage (which is $916.58), there is a two-step calculation.
- **65%** of Oregon's average weekly wage = $916.58
- Plus, **50% of $1,883.42 ($2,800 - $916.58) = $941.71**.
- Add those two together, $916.58 + $941.71= **$1,858.29**.
- However, this is more than the maximum weekly benefit of **$1,692.16**.
- Therefore, your weekly benefit amount will be **$1,692.16** each week.



Coordination with Other Benefits

You may be eligible for more than one leave. OR PFML benefits and the federal Family & Medical Leave Act (FMLA) benefits can be used at the same time and should be used at the same time, when applicable. If you experience a pregnancy, childbirth, or a medically related limitation during the absence, you may receive two (2) additional paid weeks which are classified as medical leave for a total of 14 paid weeks.

You cannot receive paid leave benefits for periods when you are also receiving workers' compensation benefits specifically for lost wages or unemployment benefits. However, if you are receiving workers' compensation benefits but the payments do not include lost wages (e.g., only for medical expenses, survivor benefits, etc.), you remain eligible for OR PFML.

OR PFML benefits and the Oregon Family Leave Act (OFLA) cannot be taken at the same time. In limited circumstances (pregnancy disability or care for a seriously ill child) where you may be eligible for both programs, it is your choice which program to use for the qualifying absence.

An employer may request for you to use OR PFML benefits and short-term or long-term disability benefits at the same time. If you choose not to apply for OR PML, your STD/LTD benefits may be impacted.

Applying for Benefits

Steps to Apply

1. Notify your employer verbally or in writing at least 30 days before paid leave begins*. If the leave is unexpected, you must give verbal notice within 24 hours of the leave followed by a written notice within 3 days.

   * The employer may require written notice and indicate this in their employee handbook or other human resources materials.

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. If you had multiple employers in the year before you took leave, you can submit proof of those wages in addition to earnings from your current employer.
4. MetLife will gather any additional necessary information from your employer or you to complete the claim. Once the claim is complete, MetLife must make a reasonable effort to make a decision and issue the first benefit payment within two weeks after receiving the claim or the first day of leave, whichever is later.
5. Stay connected with your employer and MetLife until you return to work.



Documentation to Support your Claim

For your own serious health condition (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 and/or any other reasonable information or documentation necessary to adjudicate the claim.

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 child bonding for adoption or foster care placement:

- A copy of adoption papers or court documents finalizing the adoption, that includes the child's date of birth and adoption date, or
- Documentation from the child's healthcare provider, or
- Foster/adoption agency paperwork containing adoption or placement.

If you are not the parent named in the court documents (in loco parentis), you may also be asked to provide proof verifying your relationship to the in loco parentis named in the court documentation. This could be a marriage certificate, civil union papers, or something showing you are in a domestic partnership.

For family leave for pre-placement leave:

- A copy of a court order, or
- A letter signed by the attorney representing the foster or adoptive parent, or
- Foster/adoption agency or social service paperwork containing adoption or placement, or
- Other acceptable documentation.



Documentation to Support your Claim (continued)

For safe leave (when an employee or dependent children experience safety issues caused by domestic violence, harassment, sexual assault, bias crimes, or stalking):

- A copy of a federal agency or state, local or tribal police report, or
- A copy of a protective order or other evidence from a federal, state, local or tribal court, administrative agency, school's Title IX Coordinator, or the employee's attorney, or
- Other documentation to support the need for safe leave such as proof of care from a victim service organization or relocation due to safety, or
- The Paid Leave Oregon Safe Leave Verification Form, or
- Another document approved by state law for this purpose.

For child bonding for a newborn:

- A copy of the child's government issued birth certificate, or
- A consular report of birth abroad, or
- A document from the child's or pregnant parent's healthcare provider stating child's date of birth, or
- Court issued documents establishing paternity or guardianship, or
- A Voluntary Acknowledgment of Paternity signed and witnessed by a hospital representative within 5 calendar days of birth date, or
- Another document approved by state law to show proof of birth.

Claim Denials

If your claim has been denied, you can reach out to MetLife to request an appeal within 60 calendar days from the date of the denial letter, 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.

The information presented in this brochure is not legal advice and should not be relied upon or construed as legal advice. It is not permissible for MetLife or its employees or agents to give legal advice. The information in this brochure is for general informational purposes only and does not purport to be complete or to cover every situation. You must consult with your own legal advisors to determine how these laws will affect you. Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Further, the information in this brochure does not reflect MetLife's or any particular employer's internal policies or the benefits available to its employees. All employees, regardless of employer, should consult with their own Human Resources benefits manager, or visit their Human Resources website for information on the benefits available to them.

L4813873[exp0927][All States and][All Territories] © 2025 MetLife Service and Solutions, LLC