MetLife

Your Guide to Washington Paid Family and Medical Leave for 2026

(WA 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 WA PFML

Washington Paid Family and Medical Leave (WA PFML) offers 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 a qualifying military exigency for a family member's military duty.

Eligibility

You are eligible for benefit payments under a WA PFML approved voluntary plan once you have worked 820 hours in the qualifying period and 340 hours for your current employer.

If you are not yet eligible for coverage under an approved voluntary plan, you are eligible for benefits under the state plan if you have worked 820 hours in the qualifying period. Your employer may waive these requirements for the voluntary plan.

The qualifying period is usually the first four of the last five completed calendar quarters from the date leave begins or can be the last four completed calendar quarters.

If you were covered under a voluntary plan by your previous employer, you are immediately eligible for your current employer's voluntary plan.

Cost of Coverage

Beginning January 1, 2026, the state rate for the state-run WA PFML program is 1.13% of your taxable wages (excluding tips). Your maximum contribution is 71.43% of the state rate or up to $1,489.21. Your employer may withhold this amount via payroll deductions. In 2026, payroll deductions for this benefit should stop once the taxable wage base is reached which is the Social Security taxable maximum, or $184,500.

Benefit Duration and Waiting Period

Leave can be taken all at once, intermittently, or on a reduced leave schedule. An employee may need to provide proof of the need for intermittent leave.

12

Weeks

Up to 12 weeks per claim year for medical or family leave. A claim year is a period of 52 weeks beginning on the Sunday before the first day of leave.

16

Weeks

You may be eligible for a total of up to 16 weeks per claim year for medical and family leave combined.

2

Weeks

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

You can receive 7 calendar days following the loss of a child during medical or family leave.
A one-time, 7-day waiting period is required per claim year, except for medical leave for birth of a child (post-natal period), family leave for child bonding, child bereavement, or military exigency. The waiting period does not reduce the total number of allotted weeks for family or medical leave.

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. Job protection may also be provided through other federal or state laws such as the federal Family and Medical Leave Act (FMLA).

Medical Leave can be taken to:

- address a personal serious health condition or injury (an extra 2 weeks for qualifying pregnancy or childbirth related complications)

Family Leave can be taken to:

- bond with a new child after birth, adoption, or foster placement
- child bereavement if the loss occurs during medical or family leave during child bonding
- care for a family member with a serious health condition
- assist while loved ones are on overseas military deployment

*Effective January 1, 2026, job protection is available if the company you work for employs at least 25 people in Washington, and you have worked for the company for at least 6 months (180 calendar days.) Job protection eligibility is the same whether your employer is in the state run program or provides WA PFML benefits through a self-funded voluntary plan.

Qualifying Family Members

A covered family member can be a child (biological, adopted, foster, stepchild, legal guardian, de facto, or loco parentis), grandchild, grandparent (or spouse's grandparent), parent (or spouse's parent), sibling, spouse, domestic partner, son in law and daughter in law, someone who has an expectation to rely on you for care whether you live together or not.



Calculating Your Benefits

The benefit amount you can receive depends on how much money you make weekly compared to others in Washington.

1. **Determine Your Regular Wages**
   - Your regular wages are the amount you typically earn before any deductions.
2. **Understand the Maximum Weekly Benefit**
   - You can receive up to $1,647 per week after a 7-day waiting period (if applicable)
3. **Calculate Your Benefit Percentage**

If your regular weekly wages are equal to or less than 50% of Washington's average weekly wage, you can receive 90% of your average weekly pay.

If your average weekly pay is more than 50% of Washington's average weekly wage, you can receive the sum of 90% of one half of the state's average weekly wage, plus 50% of the difference between your average weekly wage and one half of the state's average weekly wage, up to the weekly maximum benefit.



Example Calculation

Let's go through examples to make it clearer.

Example 1
If your regular weekly wages of **$600** is equal to or less than **50%** of Washington's average weekly wage **($1,830**), you can receive 90% of your average weekly pay.

- **50%** of Washington's average weekly wage = $1,830/ 2 = $915
- Since **$600** is less than **$915**, you can receive 90% of $600.
- 90% of $600 = 0.90 * $600 = $540
- Therefore, based on the information provided, you can receive **$540** per week.

Example 2
If your regular weekly wages of **$2,000** is more than 50% of Washington's average weekly wage ($1,830), you can receive a sliding scale percentage of your average weekly pay.

- **50%** of Washington's average weekly wage = **$1,830** / 2 = **$915**
- Since $2,000 is more than **$915**, we proceed with the calculation.

First, calculate **90%** of one half of the state's average weekly wage:

- 90% of $915 = 0.90 * $915 = **$823.50**

Next, calculate 50% of the difference between your average weekly wage and one half of the state's average weekly wage:

- Difference = $2,000 - $915 = **$1,085**
- 50% of $1,085 = 0.50 * $1,085 = **$542.50**

Now, sum these two amounts:

- $823.50 + $542.50 = **$1,366.00**
- Since $1,366 is less than the maximum weekly benefit of $1,647, you can receive $1,366 per week. (rounded down to the nearest whole dollar).

Coordination with Other Benefits

You may be eligible for more than one leave. WA PFML benefits can be used concurrently with federal Family & Medical Leave Act (FMLA) benefits. Additionally, your employer may require you to use WA PFML benefits and short-term or long-term disability benefits at the same time. Please contact your Human Resources or Benefit Administrator to understand benefit coordination and how company disability benefits are impacted when you are also eligible for a state mandated leave program. Overall, your total compensation may not be more than 100% of your regular pay for all benefit programs you apply for. Please note, your STD/LTD benefits may still be impacted if you choose not to apply for WA paid medical leave if your leave reason qualifies for both.

Applying for Benefits

Steps to Apply

1. Notify your employer at least 30 days before paid leave begins. If the leave is unexpected, you should give notification as soon as possible.
2. You can apply for benefits up to 30 days in advance of the leave. If the leave is unforeseeable, claims may be submitted up to 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. MetLife will gather any additional necessary information from your employer or you to complete the claim. A decision and first benefit payment should be issued within 14 calendar days from receipt of all information 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 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 family member's healthcare provider, or
- A doctor's note or Attending Physician Statement (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 court documents finalizing the adoption; 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, common law, or same-sex marriage.



For child bonding for a newborn:

- A 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

Documentation to Support your Claim (continued)

For child bereavement:

- Date of death and supporting documentation

For qualifying military exigency needs, you will need to verify your family member's service:

- 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 is denied, you will appeal directly to the state. Appeal instructions will be included in the claim denial letter.

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