



# Your Guide to Massachusetts Paid Family and Medical Leave for 2026

**(MA 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 MA PFML

**Massachusetts Paid Family and Medical Leave (MA PFML)** is a paid leave program that offers paid leave and job protection\* benefits if an employee is sick or hurt and cannot work. MA PFML applies to family-related matters as well, such as bonding with a new child or caring for a family member who has a serious health condition. An employee can also use MA PFML to address a qualifying military exigency and caring for a family member who is a covered service member with a serious health condition that was received or aggravated while they were deployed on active duty.

## Eligibility

**You are covered for MA PFML if you:**

- Work for a covered employer.
- Have earned at least \$6,300 or more from working in Massachusetts in the prior four calendar quarters. In addition, an employee must have earned at least 30 times the benefit amount that they are eligible to receive.

## Benefit Details

### Benefits and Qualifying Life Events

You can receive part of your pay and job protection, if you need to take time off for certain reasons, such as:

**Paid Medical Leave:** For a personal serious health condition or injury including pregnancy/maternity.

**Family Leave:** For bonding with a newborn, care for a family member\*\* with a serious health condition, care for a family member who is a covered service member with a serious health condition, or to assist while loved ones are on overseas military deployment.

\*Your job is protected if you go out on paid leave for a qualifying event.

\*\***Family member definition:** A spouse or domestic partner, children, stepchildren, or a domestic partner's children, parents, stepparents, or a parent's domestic partner, spouse or domestic partner's parents, grandchildren, step-grandchildren, or domestic partner's grandchildren, grandparents, step-grandparents, or a grandparent's domestic partner, siblings or stepsiblings. In addition, family members who are related through in loco parentis, custodial/non-custodial care, and/or as a legal ward are covered.

## Cost of Coverage

In 2026, your maximum cost of coverage is \$848.70, or 0.46% of your wages, up to 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, or on a continuous leave or reduced leave basis, depending on the leave reason.

**20**

Weeks

**Medical Leave:**  
Up to 20 weeks.

**12**

Weeks

**Family Leave:**  
Up to 12 weeks.

**26**

Weeks

**Family Leave to care for a covered service member:** Up to 26 weeks.

You can have more than one benefit each year, but no more than 26 weeks total, and a 7-day waiting period (waived for child bonding if the leave immediately follows medical leave).

## Calculating Your Benefits

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

### 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**, you can receive a maximum weekly benefit of **\$1,230.39**. The benefit amount you receive depends on your average weekly pay compared to the states average weekly pay for everyone in MA.

### 3. Calculate Your Benefit Percentage

- The portion of your average weekly wage that is equal to or less than **50%** of the state average weekly wage (SAWW) multiplied by **80%**.
- The portion of the average weekly wage that is more than **50%** of the SAWW multiplied by **50%**.

## Example Calculation

Let's go through examples to make it clearer.

### Example 1

**If your average weekly wages are \$600**

- The portion of your average weekly wages (**\$600**) that is equal to or less than **50%** of the States Average Weekly Wage ( $\$1,922.48 / 2 = \$961.24$ ) is replaced at a rate of **80%** ( $600 \times .80 = \$480$ ).
- If your wages were more than **50%** of the SAWW you would then take half of that and replace it at a rate of **50%**. In this case your wages of **\$600** are less than the SAWW of **\$1,922.48** so your calculations would stop here, and your weekly benefit total would be **\$480**.

### Example 2

**If your regular weekly wages are \$2,000**

- The portion of your average weekly wages (**\$2,000**) that is equal to or less than **50%** of the SAWW ( $\$1,922.48 / 2 = \$961.24$ ) is replaced at a rate of **80%** ( $961.24 \times .80 = \$768.99$ ).
- In addition, the portion of your average weekly wages (**\$2,000**) that is more than **50%** ( $\$1,922.48/2 = \$961.24$ ) of the SAWW is replaced at a rate of **50%** ( $\$2,000 - \$961.24 = \$1,038.76/2 = \$519.38$ ).
- To determine your total weekly benefits, add  $\$768.99 + \$519.38 = \$1,288.37$ .
- Remember that the calculation is also subject to a maximum weekly benefit amount, which is **64%** of the SAWW ( $\$1,922.48 \times .64 = \$1,230.38$ ).
- Total week benefits would be **\$1,230.39** in this example.



## Coordination with Other Benefits

You may be eligible for more than one leave. MA PFML and Family Medical Leave Act (FMLA) benefits can and should be used at the same time, when applicable. Your employer cannot require you to use accrued time off. Your employer may 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 as soon as possible that you'll need to take leave.
2. Apply for benefits within 30 days before or 90 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 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 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 may include a marriage certificate, civil union papers, or something showing you are in a domestic partnership.

**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 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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