



Your Guide to New Hampshire Paid Family and Medical Leave for 2027

(NH PFML)

Updated as of November 2026



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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 NH PFML

NH PFML are benefit programs that offer wage replacement for qualifying reasons. NH PML applies if you are unable to work due to a non-work-related injury or illness, including pregnancy and/or childbirth. NH PFL applies to family-related matters such as bonding with a new child, caring for a family member with a serious health condition, or handling a qualifying military exigency.

Eligibility

You are covered for NH PFML if you:

- Are employed full-time part-time, and
- Are designated as working for a NH employer and report wages to NH for unemployment purposes.

Cost of Coverage

Your cost of coverage is established by your employer's NH voluntary plan. Your employer may withhold this amount via payroll deductions. Maximum contributions are based on the annual Social Security Wage published by the Social Security Administration (SSA).

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 (PML):** For your own medical need leading to incapacitation (including pregnancy and/or childbirth).
- **Paid Family Leave (PFL):** For bonding with a new child, caring for a family member* with a serious health condition, or handling a qualifying military exigency.

* A covered family member can be a child, parent, grandparent, spouse, or registered domestic partner.

Benefit Duration and Waiting Period

Leave can be taken continuously, intermittently, or on a reduced leave schedule.

6 or 12
Weeks

Paid Medical Leave: Up to 12** weeks with a one average working week waiting period.

6 or 12
Weeks

Paid Family Leave: Up to 12** weeks with a one average working week waiting period.

** Your maximum benefit duration is established by your employer's NH voluntary plan.

Calculating Your Benefits

NH PFML benefits are based on the employee's average weekly wage as of the first day of leave, subject to the Social Security taxable wage maximum and a weekly benefit equal to 60% of average weekly wage. Benefits may then be prorated for intermittent or reduced schedule leave, and entitlement is limited by the applicable benefit year and elimination period rules..

1. Determine Your Regular Wages

- Add wages earned in the last four completed calendar quarters immediately preceding leave and divide by 52. If fewer than four completed quarters are available, divide completed-quarter wages by the number of weeks in those quarters; if fewer than one completed quarter is available, divide wages by the number of weeks for which wages exist. Use only wages from the employer under whose policy the claim is filed.

2. Understand the Maximum Weekly Benefit Cap**

- For **2027**, the maximum weekly benefit cap is **\$2,218.85** per week. This means that no matter how much you earn, the maximum benefit you can receive per week is **\$2,218.85**.

3. Calculate Weekly Benefit Amount

- Calculate the weekly benefit amount as 60% of the employee's average weekly wage. If 60% of average weekly wage exceeds the program maximum, limit the weekly benefit to the applicable maximum weekly benefit amount.

Example Calculation

Let's go through examples to make it clearer.

Example 1

If your prior four quarter wages are \$54,086.73

- Divide by 52 to reach an average weekly wage of **\$1,040.13**.
- Multiple your average weekly wage by 60% ($\$1,040.13 * 0.6 = \$624.08$)
- The weekly benefit is **\$624.08**.

Example 2

If your prior four quarter wages are \$196,200.00

- Divide by 52 to reach an average weekly wage of **\$3,773.08**.
- Multiple your average weekly wage by 60% ($\$3,773.08 * 0.6 = \$2,263.85$)
- The weekly benefit is capped at the maximum **\$2,218.85** because **\$2,263.85 > \$2,218.85**.



Coordination with Other Benefits

- If a worker qualifies and is receiving Short-Term Disability (STD) or Long-Term Disability (LTD) benefits, they will not qualify for NH PFML insurance benefits for the same days absent
- If a worker is eligible to receive Workers' Compensation (WC), they will not qualify for NH PFML insurance benefits
- NH PFML insurance will run concurrently with federal FMLA when a worker is eligible for qualifying leave under both programs
- Any other paid benefit coordination is based on employer policy, NH statute and rules of the MetLife agreement

Applying for Benefits

Steps to Apply

1. Notify your employer of the need for a leave as soon as possible.
2. Apply for benefits by contacting MetLife. An employee can file a claim up to 20 days after the PFML leave has begun for NH Voluntary Plans administered through MetLife.
3. Submit supporting documentation.
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 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, 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.



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.

Documentation to Support your Claim (continued)

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

- 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.

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 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.
- 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.

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