

# Your Guide to Minnesota Paid Family and Medical Leave (MN PFML)

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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 MN PFML

Minnesota Paid Family and Medical Leave (MN PFML) is a paid leave program that offers paid leave benefits and job protection\* if you are unable to work due to injury or illness, including pregnancy and childbirth. MN 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 or for a safety concern. You can also use MN PFML to address a qualifying military exigency.

## Eligibility

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

- Work for a covered employer.
- Work for at least 50% of your time from a location in MN. This includes if you work from home in MN or spend time working other states. However, you are not covered by PFML if you work more than 50% of your time in a different state. If you split your time equally between Minnesota and two other states – you are covered if you live in Minnesota.
- Have earned at least 5.3% of the state's average annual wage.

Self-employed, independent contractors, and tribal nations may opt in to the state-run program.

## 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.

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

\*Job protection for employees at their current job for at least 90 days.

\*\* A spouse or domestic partner, a child (including a biological child, adopted child, foster child, stepchild, child of a domestic partner, or child to whom the applicant stands in loco parentis, is a legal guardian, or is a de facto custodian), a parent or legal guardian of the applicant, a sibling, a grandchild, a grandparent or spouse's grandparent, a son-in-law or daughter-in-law; and an individual who has a personal relationship with the applicant that creates an expectation and reliance that the applicant care for the individual without compensation, whether or not the applicant and the individual reside together.

## Cost of Coverage

Beginning, January 1, 2026, the maximum cost of coverage is 0.88% of your wages, of which 0.44% is your responsibility to pay. Your employer may withhold this amount via payroll deductions.

### Benefit Duration and Waiting Period

Leave can be taken continuously or intermittently. Employers can choose to allow MN PFML to be taken intermittently from one minute up to one day.

**12**  
Weeks

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

**12**  
Weeks

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

You can have more than one benefit each year, but no more than 20 weeks total.

# Calculating Your Benefits

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

## 1. Determine Your Regular Wages

- Your regular wages are the amount you earn before any deductions. This includes all compensation, commissions, bonuses, awards, and prizes; severance payments; standby pay; vacation and holiday pay; back pay as of the date of payment; tips and gratuities, sickness and accident disability payments, and the cash value of housing, utilities, meals, exchanges of services, and any other goods and services provided to compensate.

## 2. Understand the Maximum Weekly Benefit

- In **2026**, the most you can receive in a week is **\$1,423**, which is also the state's average weekly wage in MN.

## 3. Calculate Your Benefit Percentage

- The benefit amount you can receive depends on your average weekly pay and compares it to the average weekly pay for everyone in Minnesota. In **2026**, the state's average weekly wage will be **\$1,423**.

In **2026**, you can receive:

- 90 percent of wages that do not exceed 50 percent of the state's average weekly wage; plus
- 66 percent of wages that exceed 50 percent of the state's average weekly wage but not 100 percent; plus
- 55 percent of wages that exceed 100 percent of the state's average weekly wage.
- The maximum weekly benefit amount will equal the state's average weekly wage of \$1,423.

## 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 ( $\$1,423 / 2 = \$711.50$ ) is replaced at a rate of **90%** ( $600 * .90 = \$540$ ).

### 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 ( $\$1,423 / 2 = \$711.50$ ) is replaced at a rate of **90%** ( $711.50 * .90 = \$640.35$ )
- In addition, the portion of your average weekly wages (**\$2,000**) that is more than **50%** ( $\$1,423 / 2 = \$711.50$ ) but less than 100% of the SAWW is replaced at a rate of 66%  $\$711.50 * 0.66 = \$469.59$  and the remaining wages above 100% of the state AWW  $\$2,000 - \$1,423.00 = \$577 \times 0.55 = \$317.35$
- To determine your total weekly benefits, add  $\$711.50 + \$640.35 + \$317.35 =$  **\$1,427.29** which is higher than the SAWW so your total benefit would be the maximum benefit of **\$1,423.00**.



# Coordination with Other Benefits

You may be eligible for more than one leave. MN PFML and Family Medical Leave Act (FMLA) benefits can and should be used at the same time, when applicable. 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 up to 60 days before leave is taken. An application for family or medical leave benefits becomes effective the Sunday of the week it is filed and can be backdated by one week if requested within seven days of the effective date. If prevented from timely filing due to department issues or incapacitation, the commissioner may allow further backdating.
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 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 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

## **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 the employee is meeting.
  - A description of the meeting.

## For Safe Leave

Certification for safety leave requires a court record or documentation signed by a qualified person. These include licensed mental health professionals, health care professionals, domestic abuse advocates, sexual assault counselors, victim's advocates, court officials, Title IX coordinators, and peace officers. The certification must include a court record or documentation signed by a qualified person, without requiring the disclosure of details related to domestic abuse, sexual assault, or stalking.

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## 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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