



Your Guide to Colorado Paid Family and Medical Leave for 2026

(CO PFML)

Updated as of June 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 CO PFML

Colorado Paid Family and Medical Leave (CO PFML) is a benefit program that offers paid leave and job protection* for qualifying reasons. CO PFML applies if you are sick or hurt and cannot work. It also applies to family-related matters, such as bonding with a new child or caring for a family member with a serious health condition. Additionally, you can use CO PFML to handle a qualifying military exigency for a family member's military duty.

Eligibility

You are covered for CO PFML Benefits if you:

- Work for a covered employer.
- Have earned at least \$2,500 from working in Colorado before your benefit year starts. The \$2,500 can come from one or more jobs.

Benefit Details

Benefits and Qualifying Life Events

If eligible for CO PFML, you can receive part of your pay and keep your job*. You can take time off for certain reasons, such as:

- **Paid Medical Leave:** For your own medical need, including pregnancy.
- **Safe Leave:** When you or a family member is having issues related to domestic violence, stalking, or sexual assault.
- **Family Leave:** For bonding with a newborn, adoption, or foster care placement**.
- **Family Caregiver:** When a covered family** member has a serious health condition.
- **Military Exigency:** When a covered family** member has needs related to active-duty service.

*Your job is protected if you have worked at your current workplace for at least 180 days. If you work for an employment agency, time waiting for an assignment does not count toward the 180 days.

**A covered family member can be an adopted or foster child, a person for whom the employee stood in place of a parent when the person was a minor, a grandparent, grandchild, or sibling (whether a biological, foster, adoptive, or step relationship) of the employee or their spouse or domestic partner, a stepchild or legal ward, a person the employee is legally married to under the laws of any state, a parent (whether a biological, foster, adoptive, or step relationship) or legal guardian of the employee or their spouse or domestic partner, a child of a domestic partner, a person who stood in place of a parent when the employee or their spouse or domestic partner was a minor, the employee's domestic partner, a child for whom you stand in place of a parent, any other individual with whom the employee has a significant personal bond that is or is similar to a family relationship, regardless of biological or legal relationship.

Cost of Coverage

In 2026, your maximum cost of coverage is \$811.80, or 0.44% of 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 reduced leave schedule.

12

Weeks

Disability Insurance: Up to 12 weeks in a 12-month period.

4

Weeks

Paid Family Leave: Up to an extra four weeks if there are complications related to pregnancy or childbirth.

12

Weeks

Up to an additional 12 weeks of leave if a child is admitted to the neonatal intensive care unit (NICU).

Calculating Your Benefits

The benefit amount you can receive depends on your regular wages and how they compare to the average wages in Colorado. The state average weekly wage from **July 1, 2026 to June 30, 2027** is **\$1,608.91**.

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

- From **July 2026** through **June 2027**, the maximum benefit is **\$1,448.02** per week. This means that no matter how much you earn, the maximum benefit you can receive per week is **\$1,448.02**.

3. Calculate Your Benefit Percentage

- Take your regular wages that are less than or equal to **50%** of the state average weekly wage and multiply that by **90%**.
- Plus, take your regular wages that are more than **50%** of the state average weekly wage and multiply that by **50%**.
- Add those two amounts together, up to the maximum weekly benefit, and that is your benefit payment.

Example Calculation

Let's go through examples to make it clearer.

Example 1

If your weekly wages are \$600

- Since **\$600** is less than **50%** of the state average weekly (**\$1,608.91 / 2 = \$804.46**), you will receive **90%** of your regular wages.
- **90%** of **\$600 = \$540**.
- Therefore, your weekly benefit amount will be **\$540**.

Example 2

If your weekly wages are \$3,000

- Since **\$3,000** is higher than **50%** of the state average weekly wage (**\$1,608.91 / 2 = \$804.46**), there is a two-step calculation.
- **90%** of **\$804.46 = \$724.01**.
- Plus, **50%** of **\$2,195.54 (\$3,000 - \$804.46) = \$1,097.77**
- Add those two together, **\$724.01 + \$1,097.77 = \$1,821.78**.
- However, this is more than the maximum weekly benefit of **\$1,448.02**.
- Therefore, your weekly benefit amount will be **\$1,448.02**.



Coordinating with Other Benefits

You may be eligible for more than one leave. Colorado Paid Family and Medical Leave Insurance (CO PFML) and Family Medical Leave Act (FMLA) benefits can and should be used at the same time when applicable.

Your employer may require you to use Paid Medical Leave (PML) benefits and short-term or long-term disability benefits at the same time, however, your employer cannot make you use up other types of leave, like vacation days, before taking CO PFML.

It's up to you to decide if you want to take these other leaves in conjunction with CO PFML to bring your benefits up to full weekly pay.

Applying for Benefits

Steps to Apply

1. Notify your employer at least 30 days prior if leave is foreseeable or as soon as you can if it's unforeseeable.
2. If the leave is unforeseeable, claims may be submitted up to 30 days after the leave has begun. If a claim is submitted after 30 days from the start of leave, but before 90 days, your application should include the reason why your claim was not submitted within the 30-day timeframe.
3. Apply for benefits through MetLife via the web, telephone, or paper claim, depending on your employer's coverage plan.
4. Submit supporting documentation.
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 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

In some cases, a statement confirming the relationship between you and the family member may also be requested.



Claim Denials

If your claim has been denied, you can reach out to MetLife to have your claim reconsidered. If, after a second review, your claim is still denied, you can file an appeal with the state within 49 days of the date of the date of determination or redetermination of your claim by submitting a completed Appeal Request Form to the state.

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