

# Employer Notice to W2 Employee

## Rights and Obligations under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M

Employer Name:

Employer of Record for the purpose of taxes:

Extreme Reach Talent, Inc.

Employer Street Address:

Employer City, State, Zip:

Federal Employer ID Number:

46-5622628 (ERT will be remitting contributions on your behalf.)

### Qualifying for Benefits

In order to qualify for benefits under this law, you must have earned at least \$4700 in the four months immediately preceding your leave and have approximately 15 weeks of earnings (30 times your weekly unemployment benefit) for an employer from work in Massachusetts.

### Explanation of Benefits

**BEGINNING JANUARY 1, 2021**, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
- 20 weeks of paid medical leave in a benefit year if you have a serious health condition that incapacitates them from work;
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service.

**BEGINNING JULY 1, 2021**, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year to care for a family member with a serious health condition;
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

**YOUR WEEKLY BENEFIT AMOUNT** will be based on your earnings over the last year, with a maximum benefit of \$850 per week.

### Contributions to the DFML Family and Employment Security Trust Fund

**BEGINNING OCTOBER 1, 2019**, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. Currently, .38% of your gross wages (up to a maximum of \$132,900) will be withheld from paycheck. Your employer will pay .37% of your gross wages. Extreme Reach Talent will be responsible for sending contributions to the DFML for all employees that it pays. Please note that the contribution rate may be adjusted annually.

## **Job Protection, Continuation of Health Insurance, No Retaliation**

### **JOB PROTECTION**

Generally, if you take family or medical leave under the law and the project you were on hasn't finished, you must be restored to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit and seniority as of the date of leave.

### **CONTINUATION OF HEALTH INSURANCE**

Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working continuously for the duration of such leave.

### **NO RETALIATION**

It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you're entitled under the paid family and medical leave law. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

## **How to File a Claim**

Employees must file claims for paid family and medical leave benefits with the DFML using the Department's forms. Forms and claim instructions will be available on the Department's website [www.mass.gov/DFML](http://www.mass.gov/DFML) before January 2021.

Employees are required to provide at least 30 days' notice to their employer of the anticipated starting date of any leave, the anticipated length of the leave and the expected date of return. An employee who is unable to provide 30 days' notice due to circumstances beyond his or her control is required to provide notice as soon as practicable.

## **Payment for Concurrent Leave**

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under this law shall count against the allotment of leave benefits available under this law.

## **Department of Family and Medical Leave (DFML) Contact Information**

The Massachusetts Department of Family and Medical Leave  
Charles F. Hurley Building  
19 Staniford Street, 1st Floor  
Boston, MA 02114  
(617) 626-6565  
[www.mass.gov/DFML](http://www.mass.gov/DFML)

## **More Information is Available**

For more detailed information, please consult the Department's website: [www.mass.gov/DFML](http://www.mass.gov/DFML).

## ACKNOWLEDGMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.