



Updated as of October 1, 2020

Subject: Required Notification – Massachusetts Paid Family and Medical Leave Notice

Dear Colleague:

We are pleased to share news of an exciting new benefit that will soon be available. Beginning in 2021, Harvard University will offer all eligible employees paid family and medical leave. Harvard's new paid family and medical leave benefits, which are modelled on the Massachusetts Paid Family and Medical Leave Law, are designed to enhance the many family-friendly and medical leave benefits that Harvard currently offers its employees.

The details of these new benefits – which supplement the benefits employees already receive – are outlined below along with an important notification from the Commonwealth of Massachusetts concerning the Paid Family and Medical Leave Law.

You are required to acknowledge or refuse to acknowledge that you have received this cover letter and notification. To acknowledge or refuse to acknowledge, go to PeopleSoft Self Service, select **My Preferences & Agreements > MA Paid Family & Medical Leave** within 30 days of your hire date.

If you do not have access to a computer, you can complete the acknowledgement section at the end of this notice and return it to your HR Contact within 30 days of your hire date. Keep a copy of the signed notice for your records. If you refuse to acknowledge receipt, you may write your refusal to acknowledge on the notice.

Harvard's New Paid Family and Medical Leave Benefits

All eligible employees will receive the following paid family and medical leave benefits consistent with the University's Paid Family and Medical Leave Law Policy:

Paid Medical Leave: Beginning January 1, 2021, employees may take up to 20 weeks of paid Medical Leave in a benefit year due to the employee's own serious health condition that incapacitates the employee from performing the essential functions of the employee's job.

Paid Family Leave: Employees may take paid Family Leave for the following reasons:

1. Beginning January 1, 2021, employees may take up to 12 weeks of paid Family Leave to bond with a child during the first 12 months after the child's birth, adoption, or foster placement.
2. Beginning January 1, 2021, employees may take up to 26 weeks of paid Family Leave to provide care to a family member who is a covered service member.
3. Beginning January 1, 2021, employees may take up to 12 weeks of paid Family Leave because of any qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call or order to active duty in the Armed Forces. Qualifying exigencies include such things as providing for the care or other needs of the military member's child or other family members, making financial or legal arrangements, attending counseling, military events or ceremonies, spending time with the military member during a rest and recuperation leave or following return from deployment, or making arrangements following the death of the military member.
4. Beginning July 1, 2021, employees may take up to 12 weeks of paid Family Leave to care for a family member with a serious health condition.

Total Leave: Employees may take up to a maximum of 26 weeks, in the aggregate, of paid leave per benefit year for the purposes listed above.

Interplay with Other Types of Leave or Approved Time Off: If an employee takes leave that is associated with a qualifying reason under this policy and is also eligible for leave or approved time off under any other Harvard policy or collective bargaining agreement (including but not limited to Family and Medical Leave Act (FMLA), parental leave, short and long term disability, vacation time, sick time, personal time, PTO, or any other type of approved absence from work), such absence shall run concurrently with leave under this policy, regardless of whether the employee applies for benefits under this policy.

Weekly Wage Replacement Benefit: An employee who takes paid leave pursuant to these new benefits will receive *at minimum* the weekly wage replacement benefit prescribed by the Massachusetts Paid Family and Medical Leave Law (up to \$850/week). More information about such minimum benefits may be found here: <https://www.mass.gov/info-details/estimate-your-available-paid-family-and-medical-leave-benefits>.

Supplemental benefits: Employees may be eligible to receive additional wage replacement benefits under other Harvard policies and benefit programs and collective bargaining agreements. In such cases, the employee will receive the greater of the various benefits that are available for the covered reasons. In no case may the total payment received by the employee exceed the compensation that the employee would have received if they had been working.

Harvard has been approved by the Massachusetts Department of Family and Medical Leave to provide these benefits directly to its employees through its own “private plan” (rather than requiring its employees to also go to the Commonwealth to seek approval and payment for such leaves, like many other employers).

Eligibility

To be an “eligible employee” you must be a covered employee who is not exempted by the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M.

Covered Employees: Covered employees are all employees – including full-time, part-time, on call, per diem, temporary, and seasonal employees – who perform services within Massachusetts and are not exempted under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M. These benefits also apply to such employees for twenty-six (26) weeks after separation or until re-employed, whichever comes first.

Exemptions: These benefits do not apply to: (a) existing or former employees who do not perform services within Massachusetts, (b) independent contractors, (c) exempt student workers, (d) H-2A visa holders, or (e) any other categories of workers who are exempted under the Massachusetts Family and Medical Leave Law, M.G.L. c. 175M.

Rights and Obligations under the Massachusetts Paid Family and Medical Leave Law

There are other aspects of our paid family and medical leave benefits – and the Massachusetts Paid Family and Medical Leave Law – that are too numerous to list in this cover letter. Therefore, we encourage you to read the enclosed “Rights and Obligations under the Massachusetts Family and Medical Leave Law” Notification (“Notification”) provided by the Commonwealth of Massachusetts.

To view the Notification in an alternate language visit <https://hr.harvard.edu/ma-pfml>. When finished, we ask you to acknowledge or refuse to acknowledge that you have received this cover letter and notification by completing the acknowledgement section at the end of the notice. If you refuse to acknowledge receipt, you may write your refusal to acknowledge on the notice and sign the form. You must return the signed notice to your HR Contact within 30 days of your hire date. Keep a copy of the signed notice for your records.

Questions

If you have questions, please contact Harvard Benefits at benefits@harvard.edu or 617-496-4001; or The Massachusetts Department of Family and Medical Leave, Charles F. Hurley Building, 19 Staniford Street, 1st Floor, Boston, MA 02114 or 617-626-6565.

To learn more about the Massachusetts Paid Family and Medical Leave Law, visit:
<https://www.mass.gov/orgs/department-of-family-and-medical-leave>.

Thank you,
Harvard Benefits

Please note that receipt of this communication does not guarantee eligibility for this program. For full eligibility requirements, please go to <https://www.mass.gov/orgs/department-of-family-and-medical-leave>. Harvard reserves the right to make changes to its paid family and medical leave benefits described above and/or any existing leave programs.

Employer Notice to W2 Employee

Covered Entities with 25 or more Workers

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

President and Fellows of Harvard College “Harvard University” _____ (Employer Name)
114 Mount Auburn Street, 4th Floor _____ (Employer Street Address)
Cambridge, MA 02138 _____ (Employer City, State, Zip)
04-2103580 _____ (Federal Employer ID Number) (FEIN)

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 they 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 the employee’s earnings, with a maximum benefit of \$850 per week.

Job Protection, Continuation of Health Insurance, No Retaliation

- **Job Protection:** Generally, if you take family or medical leave under the law 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.

Contributions to the DFML Family and Employment Security Trust Fund

On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees, though they may deduct a portion from employee pay. The contribution rate may be adjusted annually and can be found in the attached effective rate notice.

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 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.

Private Plan Exemption

An employer that offers paid leave with benefits that are at least as generous as those provided under the law may apply for an exemption from paying the Department of Family and Medical Leave Family and Employment Security Trust Fund contribution. An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both.

The details of any private plan must be provided to employees by an employer at the same time as this Notice.

Employees enjoy rights to job-protected leave and from discrimination and retaliation under the law even if their employer is approved to provide leave benefits through a private plan.

<p>Harvard University _____ (Employer Name)</p>	<p><input type="checkbox"/> Does not have an approved private plan;</p> <p><input checked="" type="checkbox"/> Has an approved private plan for both family and medical leave;</p> <p><input type="checkbox"/> Has an approved private plan for family leave only;</p> <p><input type="checkbox"/> Has an approved private plan for medical leave only.</p>
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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

More Information is Available

For more detailed information, please consult the Department's website: 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 or prior to October 1, 2019, whichever is later.

Signature

Date

Name (Print)

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

Effective Rates: 2019

For employers with 25 or more employees

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
.13%	.62%	.75%

On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees.

Currently, the total contribution amount is 00.75% of wages. Of that 00.75% total contribution amount, there is a split: 17.3% is a family leave contribution and 82.7% is a medical leave contribution.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.372% of wages), but are permitted to deduct from employees' wages up to 40% of the medical leave contribution (.248% of wages) and up to 100% of the family leave contribution (.13% of wages).

Medical Leave			
Total Required Contribution: .62%			
Medical Leave	<u>Harvard University</u> (Employer Name)	will contribute	100% of the medical leave contribution
		and the remaining	0% will be deducted from your earnings

Family Leave			
Total Required Contribution: .13%			
Family Leave	<u>Harvard University</u> (Employer Name)	will contribute	100% of the family leave contribution
		and the remaining	0% will be deducted from your earnings

Initial _____