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#### Alabama

Voluntary: Paid Family Leave Insurance (PFL)

| Question   | Answer  |  |
|--|---|--|
| Which employers<br>and employees must<br>have plans? | A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Alabama.  |  |
| How is coverage provided?                            | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate leave policy and can also be in the form of a rider to a disability insurance policy.   |  |
| What are the anticipated contribution rates?         | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |  |
| What are the covered conditions?                     | <ul> <li>An employee policy would cover employee income loss for at least two weeks related to:</li> <li>Caring for a family member with a serious health condition</li> <li>Bonding with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care</li> <li>Addressing a qualifying exigency as interpreted under the FMLA, arising out of the fact that the spouse, child, or parent of the employee is on active duty or has been notified of an impending call or order to active duty</li> <li>Caring for a family service member injured in the line of duty</li> <li>Taking other leave specified by the insurance policy for care of a family member</li> </ul> |  |
| What are the weekly statutory benefits?              | Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |  |
| When do benefits begin?                              | The day benefits begin varies according to the employer's policy.   |  |
| What is the minimum and maximum benefit period?      | The benefit period can't be less than a two-week minimum over 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy.  |  |

Alabama • Reference guide

### Arkansas

Voluntary: Paid Family Leave Insurance (PFL)

| Question                                       | Answer   |  |
|--|--|--|
| Which employers and employees must have plans? | A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Arkansas.  |  |
| How is coverage provided?                      | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier:  As an amendment or rider to a group disability income policy, included in a group disability income policy; or  A separate family leave policy   |  |
| What are the anticipated contribution rates?   | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.  |  |
| What are the covered conditions?               | <ul> <li>The birth of the employee's child or adoption of a child by the employee</li> <li>The placement of a foster child in the home of the employee</li> <li>The care for the employee's family member who has a serious health condition</li> <li>Circumstances arising because the employee's family member, who is a service member, is on active duty, or has been notified of an impending call or order to active duty</li> </ul> |  |
| What are the weekly statutory benefits?        | Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.  |  |
| When do benefits begin?                        | The day benefits begin varies according to the employer's policy.  |  |
| What's the minimum and maximum benefit period? | The minimum and maximum benefit period varies according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |  |

Arkansas • Reference guide

#### California

Mandates: State Disability Insurance (SDI) and Paid Family Leave (PFL)

| Question   | Answer   |  |  |
|--|--|--|--|
|  | Applies to SDI and PFL:  |  |  |
| Which employers<br>and employees<br>must have plans? | <b>Employer</b> : Have one or more employees with a quarterly payroll of \$100 or more; employ domestic employees with a quarterly payroll of \$750 or more <b>Employee</b> : Earned at least \$300 from which SDI deductions were withheld during their base period   |  |  |
|  | Applies to SDI and PFL:  |  |  |
| How is coverage provided?                            | State administered     Voluntary plan: Self funded, must include disability in at least one provision, and must be approved by the self-tensor provision.  | nsurance (DI) and PFL, must exceed state plan benefits in state's Employment Development Department (EDD)  |  |
|  | Applies to SDI and PFL:  |  |  |
| What are the contribution rates?                     | <ul> <li>Employer. Optional, may elect to pay all or part of em</li> <li>Employee: 1.2%<sup>1</sup></li> </ul>   | nployee amount   |  |
|  | Applies to SDI:  | Applies to PFL:  |  |
| What are the covered conditions?                     | Employee's own disability (illness, injury, or pregnancy)  | <ul> <li>Caring for seriously ill family member</li> <li>Bonding with a newborn, minor, adopted, or foster child</li> <li>Military exigency</li> </ul> |  |
|  | Applies to PFL:  |  |  |
| Who is a family member?                              | A family member includes child (biological, adopted, foster, step, legal ward, child of domestic partner, or the person to whom the employee stands in loco parentis), parent (biological, foster, adoptive, parent-in-law, stepparent, legal guardian, or other person who stood in loco parentis to the employee when the employee was a child), parent-in-law (parent of a spouse or a domestic partner), grandparent, grandchild, sibling (blood, adoption or affinity through a common legal or biological parent), spouse, or registered domestic partner. |  |  |
|  | Applies to SDI and PFL:  |  |  |
|  | <ul> <li>Payable at 70%-90% of employee's average weekly earnings in highest quarter of base period</li> </ul>   |  |  |
|  | Weekly benefit amount  | Wages paid during quarter of individual's disability base periods in which wages were highest  |  |
|  | \$50   | Less than \$722.50   |  |
| What are the weekly statutory benefits?              | Greater of: 1) 70% of wages* 2) 63% of state average weekly wage   | More than 70% of state average quarterly wage  |  |
|  | 90% of wages*  | More than \$722.50, but 70% or less than state average quarterly wage  |  |
|  | <ul> <li>2025 weekly benefits: Minimum = \$50; maximum =</li> <li>Benefits payable for less than one week will be paid i</li> <li>Exception: For employers and self-employed individu is 39 times the weekly rate.</li> </ul>  |  |  |

<sup>&</sup>lt;sup>1</sup>Please note, there is no annual taxable wage base or maximum contribution as the mandated wage ceiling was removed beginning in 2024. Voluntary plans can choose to set their own wage ceiling.

California • Reference guide

<sup>\*</sup>Wages are calculated using the quarter of an individual's disability base period in which wages were the highest and dividing by 13. The benefit amount based on this calculation cannot exceed the maximum workers' compensation temporary disability indemnity weekly benefit amount.

#### California cont'd.

Mandates: State Disability Insurance (SDI) and Paid Family Leave (PFL)

| Question                                       | Answer  |   |  |
|--|---|---|--|
| When do  | Applies to SDI:   | Applies to PFL:                         |  |
| benefits begin?                                | On eighth consecutive day of disability   | On first day of leave                   |  |
| What is the maximum                            | Applies to SDI:   | Applies to PFL:                         |  |
| benefit period?                                | 52 weeks  | Eight weeks in a 12-month period period |  |
|  | Applies to SDI and PFL:   |   |  |
| Who is exempt from coverage?                   | Federal, state, and municipal employees (including teachers) are not required to contribute to an SDI/voluntary disability insurance plan; however, the employer can elect to cover employees.*                             |   |  |
|  | *The full list of employee types may be found at <a href="edd.ca.gov/pdf_pub_ctr/de231ee.pdf">edd.ca.gov/pdf_pub_ctr/de231ee.pdf</a> .  |   |  |
| What is the contact information for the state? | Voluntary Plan Group  EDD Disability Insurance c/o State Personnel Board P.O. Box 826880 – DICO, MIC 29 Sacramento, CA 94280-0001  Disability department contact: Phone: 877-238-4373 Fax: 916-319-1438 Website: edd.ca.gov |   |  |

California • Reference guide

#### California—San Francisco

Mandates: San Francisco Paid Parental Leave Ordinance (SF PPLO)

| Question                                       | Answer  |  |
|--|---|--|
| Who is eligible for benefits?                  | Employer: Employers with at least 20 employees  Employee: Employeed by a covered employer for at least 180 days before the start of the leave, works at least eight hours per week in San Francisco, has at least 40% of total weekly hours worked for the employer in San Francisco, and is eligible to receive CA PFL for the purpose of bonding with a new child   |  |
| What are the contribution rates?               | There is no employee contribution required. The benefit is fully funded by covered San Francisco employers.   |  |
| What are the weekly statutory benefits?        | <ul> <li>SF PPLO requires that employees approved for CA PFL are supplemented to 100%, subject to a benefit maximum.</li> <li>Payable at 10% to 30% of employee's average weekly earnings in highest quarter of base period (dependent on PFL tiered benefit)</li> <li>In 2024, the maximum weekly benefit for CA PFL is \$1,681.</li> <li>The maximum weekly benefit for SF PPLO is \$721.</li> <li>The 2025 total combined CA PFL and SF PPLO maximum weekly benefit is \$2,402.</li> </ul> |  |
| When do benefits begin?                        | There's no elimination period.  |  |
| What is the maximum benefit period?            | Eight weeks in a 12-month period  |  |
| What is the contact information for the state? | The Office of Labor Standards Enforcement (OLSE) City Hall, Room 430 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102  Phone: 415-554-4190 Email: pplo@sfgov.org Website: sfgov.org/olse/paid-parental-leave-ordinance   |  |

#### Colorado

Mandates: Paid Family and Medical Leave (PFML)

| Question   | Answer   |   |  |
|--|--|---|--|
| Which employers<br>and employees must<br>have plans? | Employer. All private employers with one or more employees during 20 weeks of the year or who've paid wages of \$1,500 or more during any quarter in the preceding calendar year. State and political subdivisions are included, but federal government is excluded. Local government employers have the ability to decline participation in the CO PFML program. If a local government employer declines participation in the program, their employees can opt to participate as an individual, similar to those that are self-employed.  Employee: Must have earned at least \$2,500 in wages during the base period or alternative base period  Note: Base period is defined as the first four out of five completed calendar quarters preceding the first day of the employee's benefit year. Alternative base period is defined as the last four complete quarters immediately preceeding the benefit year. |   |  |
| How is coverage provided?                            | <ul> <li>State-run</li> <li>Private plan: The state allows employers to elect a private plan to meet coverage requirements. Private plans may be fully insured or self-funded, must meet or exceed the state plan, and must be approved by the Family and Medical Leave Insurance (FAMLI) Division.</li> </ul>   |   |  |
| What are the contribution rates?                     | <ul> <li>The program is funded by employee and employer contributions.</li> <li>In 2025, the initial premium rate will be 0.90% of wages per employee, up to the state maximum based on the Social Security wage of \$176,100 in 2025.¹ For 2025 and beyond, the state will determine the premium rate, which cannot exceed 1.20% of wages per employee.</li> <li>The contribution sharing between employers and employees depends on employer size. For employers with 10 or more employees, the employee may be responsible for up to 50% of the premium, with the employer responsible for the remainder. For employers with fewer than 10 employees, the employee may be responsible for up to 50% of the premium, and the employer doesn't have to contribute an employer share.</li> </ul>   |   |  |
| What are the covered conditions?                     | Medical leave: Employee's own serious health condition   | Family leave: Bonding with<br>newborn, adopted, or fostered<br>child, caring for family member<br>with a serious health condition, or<br>assisting a family member called<br>to active duty | Safe leave: Employee or their family member is the victim of domestic violence, stalking, or sexual assault or abuse |
| Who is a family member?                              | Covered family members include spouses, domestic partners, children (biological, adoptive, foster, stepchild, legal ward, child of domestic partner, and in loco parentis), parents (biological, adoptive, foster, stepparent, legal guardian, and a person who stood in loco parentis), parent of domestic partner, parent-in-law, grandparents (biological, foster, adoptive, step relationship, or grandparent of a spouse or domestic partner), grandchildren (biological, foster, adoptive, step relationship, or grandchild of a spouse or domestic partner), sibling (biological, foster, adoptive, and step relationship), sibling of domestic partner, sibling-in-law, and other individuals with whom the covered individual has a significant personal bond like a family relationship.   |   |  |
| What are the weekly statutory benefits?              | <ul> <li>Employees with an average weekly wage (AWW) of up to 50% of the state's AWW will receive 90% of the employee's AWW.</li> <li>Employees with an AWW exceeding 50% of the state's AWW will receive 90% of 50% of the state's AWW, plus 50% of the employee's remaining AWW.</li> <li>The maximum weekly benefit is \$1,324.21 in 2025, and will be adjusted annually.</li> <li>From July 1, 2024, to June 30, 2025, the SAWW is \$1,471.34</li> </ul>   |   |  |
| When do benefits begin?                              | On the first day of leave  Note: There's a zero-day waiting period for this program.   |   |  |
| What is the maximum benefit period?                  | <b>Overall family and medical leave duration:</b> Twelve-week benefit duration with an additional four weeks for a serious health condition related to pregnancy complications or childbirth complications.  |   |  |
| What is the contact information for the state?       | Colorado Division of Family and Medical Leave Insurance Phone: <b>866-263-2654</b> Website: <u>famli.colorado.gov</u>  |   |  |

<sup>&</sup>lt;sup>1</sup> Contribution rates as required under the state's plan. Rates may differ under a private plan but may not exceed the contribution under the state plan.

Colorado • Reference guide

#### Connecticut

Mandates: Family and Medical Leave Insurance (FMLI)

| Question   | Answer   |  |   |  |
|--|--|--|---|--|
| Which employers<br>and employees must<br>have plans? | <ul> <li>Employer. All private employers except for non-public elementary or secondary schools. Public employers are generally excluded, except with respect to covered public employees.</li> <li>Employee: Have earned at least \$2,325 during their highest earning quarter within the base period and meet one of the following criteria:</li> <li>Are presently employed</li> <li>Have been employed by an employer in the previous 12 weeks</li> <li>Are self-employed or sole proprietors who opted into the program</li> </ul> |  |   |  |
| How is coverage provided?                            |  | <ul> <li>State-run</li> <li>Private plan: A private plan may be fully insured or self-insured, must fully meet or exceed the state plan, and be approved by the Connecticut Paid Leave Authority.</li> </ul>                   |   |  |
| What are the contribution rates?                     | <ul> <li>Employee contribution: 0.5% of an employee's wages, up to the 2025 Social Security wage cap of \$176,100*</li> <li>Employer contribution: Optional, may elect to pay all or part of employee amount</li> <li>*Contribution rates as required under the state's plan. Rates may differ under a private plan but may not exceed the contribution under the state plan.</li> </ul>   |  |   |  |
| What are the covered conditions?                     | Medical leave: Employee's own serious health condition   | Family Leave: Bonding with<br>newborn, adopted, or fostered child<br>caring for family member with a<br>serious health condition, military<br>exigency, military caregiving,<br>or serving as an organ or bone<br>marrow donor | Safe leave: Employee is victim of family violence, stalking, or sexual assault or abuse |  |
| Who is a family member?                              | Family member includes spouse, child, parent, sibling, grandparent, grandchild, and an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.  |  |   |  |
| What are the weekly statutory benefits?              | <ul> <li>Employees that make less than or equal to 40 times the minimum fair wage will receive 95% of their base week earnings.</li> <li>Employees with an average weekly wage greater than 40 times the minimum fair wage will receive 95% of 40 times minimum fair wage plus an additional 60% of the difference between the amount of the employee's base weekly earnings and 40 times the minimum fair wage.</li> <li>The maximum weekly benefit is \$981, based on 60 times the minimum fair wage of \$16.35.</li> </ul>          |  |   |  |
| When do benefits begin?                              | On the first day of leave  Note: There is a zero-day waiting period for this program.  |  |   |  |
| What is the maximum benefit period?                  | <ul> <li>Overall family and medical leave duration: Up to 12 weeks of FMLI benefits over a 12-month period</li> <li>The program also provides two additional weeks of benefits for a serious health condition that results in incapacitation during pregnancy.</li> <li>Safe leave is for up to 12 days.</li> </ul>  |  |   |  |
| What is the contact information for the state?       | Website: <u>ctpaidleave.org</u>  |  |   |  |

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#### Delaware

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

| Question   | Answer  |  |   |
|--|---|--|---|
| Which employers<br>and employees must<br>have plans? | <b>Employer.</b> All employers with 10 or more Delaware employees must provide coverage. Employers with 10 to 24 Delaware employees during the previous 12 months are only subject to parental leave. Employers with 25 or more Delaware employees during the previous 12 months are subject to parental, family caregiving, and medical leave. Those with less than 10 Delaware employees during the previous 12 months and businesses that are closed in their entirety for 30 consecutive days or more per year are excluded.  All federal government employers, employers with less than 10 employees in the state during the previous 12 months, and businesses that are closed in their entirety for 30 consecutive days or more per year are excluded. <b>Employee:</b> Employees who've been employed for at least 12 months by their current employer and have been employed for at least 1,250 hours of service with their employer during the previous 12-month period are eligible. |  |   |
| How is coverage provided?                            | <ul> <li>State-run</li> <li>Private plan: The state will allow employers to elect a fully-insured or self-insured private plan to meet coverage requirements. More details on process and options are forthcoming.</li> </ul>   |  |   |
| What are the anticipated contribution rates?         | <ul> <li>The program will be funded by employee and employer contributions.</li> <li>In 2025 and 2026, the premium rate will be 0.80% of employee wages. These contributions are broken down as 0.32% for parental leave, 0.40% for medical leave, and 0.08% for family caregiving leave.</li> <li>Employers may deduct up to 50% of the contribution from the employee's wages and the employer is responsible for the other 50%.</li> <li>For 2027 and subsequent years, the rate will be adjusted. If the Delaware Department of Labor determines that the contribution rate would exceed 1.00%, it shall reduce the benefit calculation necessary to compute a contribution rate that does not exceed 1.00%.</li> <li>Contributions will be capped at the Social Security Wage Cap</li> </ul>   |  |   |
| What are the covered conditions?                     | Parental leave: Care for a child within first year after birth, adoption, or foster placement   | Medical leave: Employee's own serious health condition               | Family caregiving: Care for a family member with a serious health condition or to assist while loved ones are on overseas military deployment |
| Who is a family member?                              | Family member includes spouse, cl foster, or in loco parentis. Child can  | nild, parent. The parent-child relations<br>also include legal ward. | hip can be biological, adoptive, step,  |
| What are the weekly statutory benefits?              | <ul> <li>Employees will receive up to 80% of their average weekly wage (AWW).</li> <li>AWW is based on the 12 months prior to an application for leave.</li> <li>The minimum weekly benefit will be \$100, unless an employee's AWW is under \$100.</li> <li>The maximum weekly benefit will be \$900 through December 31, 2027.</li> </ul>   |  |   |
| When do benefits begin?                              | On the first day of leave  Note: There's a zero-day waiting period for this program.  |  |   |
| What's the maximum benefit period?                   | <ul> <li>An employee may take up to 12 weeks of parental leave and up to six weeks for medical leave and family care reasons.</li> <li>The combined maximum duration is 12 weeks in an application year.</li> <li>Except for parental leave, an employee is limited to taking a leave once in a 24-month period.</li> <li>An employer has the option to limit the aggregate for parents working for the same employer who are requesting parental or family caregiving leave.</li> </ul>  |  |   |

The state will continue to refine regulations regarding this program and has yet to issue operational guidance. Please note that the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

Delaware • Reference guide

#### Florida

Voluntary: Paid Family Leave Insurance (PFL)

| Question  | Answer  |  |
|---|---|--|
| Which employers and employees must have plans?  | A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Florida.  |  |
| How is coverage provided?                       | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate family leave policy and can also be in the form of a rider to a group disability income policy.   |  |
| What are the anticipated contribution rates?    | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |  |
| What are the covered conditions?                | <ul> <li>The policy would cover a percentage of an employee's income loss due to:</li> <li>Caring for a family member with a serious health condition</li> <li>Bonding with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the employee</li> <li>Attending to circumstances arising out of the fact that the employee's family member is a service member on active duty or has been notified of an impending call or order to active duty</li> <li>Caring for a family member injured in the line of duty while serving in the armed forces</li> <li>Taking other leave specified by the insurance policy for care of a family member</li> </ul> |  |
| What are the weekly statutory benefits?         | Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |  |
| When do benefits begin?                         | The day benefits begin varies according to the employer's policy.   |  |
| What is the minimum and maximum benefit period? | The benefit period can't be less than a two-week minimum over 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy. The insurance code does not establish minimum or maximum standards.  |  |

Florida • Reference guide

### Hawaii

Mandates: Temporary Disability Insurance (TDI)

| Question   | Answer  |  |  |  |
|--|---|--|--|--|
| Which employers<br>and employees<br>must have plans? | Employer. Have one or more employees and a quarterly payroll of \$225 or more (includes employers that employ domestic workers)  Employee: Must have 14 weeks of covered employment when they were paid for 20 hours or more and earned at least \$400 in the first 52 weeks before first day of disability   |  |  |  |
| How is coverage provided?                            | <ul> <li>Private-insured</li> <li>Self-insured: Must meet minimum state requirements and must be approved by the state's Disability Compensation Division (DCD)</li> </ul>  |  |  |  |
| What are the anticipated contribution rates?         | <b>Employee:</b> Employer may deduct one-half the premium cost, capped at 0.5% of the state's AWW (for 2025, the maximum weekly deduction is \$7.21 based on the \$1,441.72 state AWW). At least one-half of plan costs, plus additional costs not chargeable to employees. <b>Employer:</b> At least one-half of plan costs, plus additional costs not chargeable to employees |  |  |  |
| What are the covered conditions?                     |   | Employee's own disability (illness, injury, or pregnancy)  |  |  |
| What are the weekly statutory benefits?              | <ul> <li>Payable at 58% of employee's average weekly earnings</li> <li>2025 weekly benefits: Minimum = \$14; maximum = \$837</li> <li>Benefits payable for less than one week will be paid in increments of one-fifth of the weekly benefit.</li> </ul>   |  |  |  |
| When do<br>benefits begin?                           | On eighth consecutive day of disability   |  |  |  |
| What is the maximum benefit period?                  | 26 weeks  |  |  |  |
| Who is exempt from coverage?                         | <ul> <li>Federal, state, and municipal employees</li> <li>Certain domestic workers</li> <li>Student nurses and interns</li> <li>Insurance agents</li> <li>Note: The full list of employee types may be found at labor</li> </ul>  | <ul> <li>Certain family employees</li> <li>Real estate salespersons paid solely on a commission basis</li> </ul> |  |  |
| What is the contact information for the state?       | Department of Labor and Industrial Relations Disability Compensation Division P.O. Box 3769 Honolulu, HI 96812-3769 Or Department of Labor and Industrial Relations Disability Compensation Division 830 Punchbowl Street, Room 209 Honolulu, HI 96813  | Phone: 808-596-9188  |  |  |

Hawaii ■ Reference guide

## Kentucky

Voluntary: Paid Family Leave Insurance (PFL)

Program effective April 5, 2025

| Question   | Answer   |  |
|--|--|--|
| Which employers<br>and employees<br>must have plans? | A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Kentucky.  |  |
| How is coverage provided?                            | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate family leave policy and can also be in the form of a rider to a group disability income policy.  |  |
| What are the anticipated contribution rates?         | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.  |  |
|  | The policy would cover a percentage of an employee's income loss due to:   |  |
|  | Caring for a family member with a serious health condition   |  |
|  | Bonding with the employee's child during the first 12 months after the child's birth, or the first 12 months after the placement of the child for adoption or foster care with the employee  |  |
| What are the covered conditions?                     | <ul> <li>Addressing a qualifying exigency of a spouse, dependent, or parent of the employee who's a service<br/>member on active duty or who's been notified of an impending call or order to active duty, including<br/>National Guard and armed forces reserves</li> </ul> |  |
|  | Caring for a family member in the armed forces, a first responder, or injured in the line of duty.   |  |
|  | Taking other leave specified by the insurance policy for care of a family member   |  |
| What are the weekly statutory benefits?              | Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.  |  |
| When do benefits begin?                              | The day benefits begin varies according to the employer's policy.  |  |
| What is the minimum and maximum benefit period?      | The benefit period can't be less than a two-week minimum over 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy. The insurance code doesn't establish or maximum standards.  |  |

Kentucky ■ Reference guide

#### Maine

Mandates: Paid Family and Medical Leave (PFML)

Program effective May 1, 2026

| Question   | Answer   |   |  |
|--|--|---|--|
| Which employers and<br>employees must<br>have plans? | <ul> <li>Employers with employees working in Maine, regardless of employer size, must provide coverage, including:</li> <li>Companies with at least one individual working in Maine</li> <li>State employees, including employees of state agencies and municipal and local government entities</li> <li>Self-employed individuals, including independent contractors, sole proprietors and Tribal government, may elect coverage.</li> <li>Federal government employees are excluded.</li> <li>Employees are eligible for ME PFML if they've earned at least six times the state average weekly wage subject to premiums during their base period. The base period refers to the first four calendar quarters immediately preceding the first day of an individual's benefit year.</li> </ul> |   |  |
| How is coverage provided?                            | <ul> <li>State run</li> <li>Private plan: A private plan, which may be fully insured or self-insured, must meet or exceed the state plan and be approved by the state. More details on process and options are forthcoming.</li> </ul>   |   |  |
| What are the anticipated contribution rates?         | <ul> <li>This program will be funded by employee and employer contributions.</li> <li>An employer with 15 or more employees must pay a minimum of 50% of the annual premium, with employees paying the remaining portion to remit 100% of the premium.</li> <li>Employers with fewer than 15 employees don't have to pay a premium share; employers may deduct up to 50% of the premium rate from the employee and remit 50%.</li> <li>The annual premium rate shall not exceed 1% of taxable wages paid to an employee.</li> <li>The premium rate will be adjusted annually each calendar year, beginning January 1, 2028; rates will be announced by October 1 each subsequent year</li> </ul>   |   |  |
| What are the covered conditions?                     | Medical leave: Employee's own serious health condition   | Family leave: To care of a family member with a serious health condition, manage caregiving needs due to military deployment, bond with a new child, provide for certain needs when it comes to sexual domestic violence, and to attend to a qualifying military exigency |  |
| Who is a family member?                              | Covered family members include spouses, domestic partners, children (biological, adoptive, foster, stepchild, child under legal guardianship, child of domestic partner, and in loco parentis), parents (biological, adoptive, foster, stepparent, legal guardian, and a person who stood in loco parentis), grandparents, grandchildren, sibling (biological, foster, adoptive, and step relationship), sibling of domestic partner, sibling-in-law, and other individuals with whom the covered individual has a significant personal bond that is or is like a family relationship.   |   |  |
| What are the weekly<br>statutory benefits?           | <ul> <li>The weekly benefit amount will be calculated based on a tiered benefit structure that depends on the employee's average typical workweek and weekly wage:</li> <li>If the employee's average weekly wage is equal to or less than 50% of the state average weekly wage, they' receive 90% of their average weekly wage.</li> <li>If the employee makes more than 50%, they'll receive 90% of their average weekly wage up to 50% of the state average weekly wage, and 66% of the remainder.</li> <li>The maximum benefit will be capped at the state average weekly wage, which is currently \$1,144.67 as of July 1, 2024.</li> </ul>   |   |  |
| When do benefits begin?                              | Medical Leave: On the eight day of leave (Seven day waiting period) Family Leave: On first day of leave  |   |  |
| What is the maximum benefit period?                  | <ul> <li>Overall family and medical leave duration: 12 weeks per year</li> <li>Family leave duration: up to 12 weeks</li> <li>Medical leave duration: up to 12 weeks</li> </ul>  |   |  |
|  | ·  |   |  |

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

Maine • Reference guide

# Maryland

Mandates: Paid Family and Medical Leave (PFML)

Program effective July 1, 2026

| Question   | Answer   |  |  |
|--|--|--|--|
| Which employers<br>and employees must<br>have plans? | Employer: Most employers and governmental entities that employ at least one individual in the state must provide coverage. The sole owner of a sole proprietorship, limited liability company, C corporation, or S corporation and the sole individual employed by a sole proprietorship, limited liability company, C corporation, or S corporation are excluded.  Employee: Those who've worked at least 680 hours performing services under employment located in Maryland over the four most recently completed calendar quarters prior to the leave begin date.       |  |  |
| How is coverage provided?                            | <ul> <li>State-run</li> <li>Private plan: The state will allow employers to elect a fully-insured or self-insured private plan to meet or exceed rights, protections, and benefit requirements under the state plan. More details on process and options for private plans are forthcoming.</li> </ul>   |  |  |
| What are the anticipated contribution rates?         | <ul> <li>The program will be funded by employee and employer contributions.</li> <li>The contributions for the program begin July 1, 2025. The total premium rate was previously set to 0.9% of wages until June 30, 2026. However, the rate will be reassessed annually beginning February 1, 2025, for the period beginning the following July 1.</li> <li>Employers with 15+ employees must pay a minimum of 50% of the annual premium, with employees paying the remaining portion.</li> <li>Contributions will be capped at the Social Security wage base.</li> </ul> |  |  |
|  | Medical leave:   | Family leave:  |  |
| What are the covered conditions?                     | Employee's own serious health condition  | Care for a family member with a serious health condition; to bond with a child within first year after birth or in cases of adoption, foster, or kinship care, within the first 12 months after placement or adoption; to attend to a qualifying military exigency; or to care for a covered service member who is next of kin |  |
| Who is a family member?                              | Family member includes child (biological, step, adopted, foster, in loco parentis), child under guardianship, spouse, domestic partner, parents or spouse's parents (biological, step, adoptive, foster, legal guardian or ward, or in loco parentis), grandparents or grandchildren (biological, step, adoptive, or foster), siblings (biological, step, adoptive or foster).   |  |  |
| What are the weekly statutory benefits?              | <ul> <li>Employees with an average weekly wage (AWW) of up to 65% of the state average weekly wage (SAWW) will receive 90% of the employee's AWW.</li> <li>Employees with an AWW exceeding 65% of the SAWW will receive 90% of their weekly wages, up to 65% of the SAWW, plus 50% of the employee's remaining AWW that's above 65% of the SAWW.</li> <li>The minimum weekly benefit will be \$50.</li> <li>The maximum weekly benefit will be \$1,000 per week until December 31, 2026.</li> <li>The benefit amount may be adjusted annually.</li> </ul>                  |  |  |
| When do benefits begin?                              | On the first day of leave  Note: There's a zero-day waiting period for this program.   |  |  |
| What is the maximum benefit period?                  | Twelve-week duration, with an additional 12 weeks if the covered individual needs to take both medical and family leave for bonding in the application year  |  |  |

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

Maryland • Reference guide

#### Massachusetts

Mandates: Paid Family and Medical Leave (PFML)

| Question   | Answer   |  |  |
|--|--|--|--|
| *****  | <b>Employer</b> : All Massachusetts employers are required to participate. Self-employed individuals are excluded; however, they may elect coverage.   |  |  |
| Which employers<br>and employees must<br>have plans? | <b>Employee:</b> Those who've earned 30 times the weekly PFML benefit that they're eligible to receive and have earned a minimum of \$6,300 over the last four calendar quarters are eligible. Former employees previously met eligibility and have been separated from employment not more than 26 weeks at the st their leave are also eligible for benefits.  |  |  |
| How is coverage provided?                            | <ul> <li>Commonwealth-administered</li> <li>Plan exemption (private plan): A private plan may be fully insured or self-insured, must fully meet or exceed the commonwealth plan, and must be approved for exemption by the commonwealth's Department of Family and Medical Leave (DFML).</li> <li>Note: PFML is one joint program that provides medical leave and family leave benefits.</li> </ul>  |  |  |
|  | The 2025 contribution rate is 0.88% of an employee's wages up to the 2025 Social Security wage cap of \$176,100.*  • Employee contribution: Approximately 0.46% of wages (0.28% for PML + 0.18% for PFL)  • Employer contribution: Approximately 0.42% of wages (PML contribution)   |  |  |
| What are the contribution rates?                     | *Contribution rates as required under the commonwealth's   |  |  |
|  | Medical leave:     Proportioned as 79.5% of the overall commonwealth plan rate   | Family leave:  • Proportioned as 20.5% of the overall commonwealth plan rate   |  |
|  | <ul> <li>Proportioned rate split 60% employer/<br/>40% employee</li> </ul>   | ■ 100% employee-funded   |  |
| What are the covered conditions?                     | Medical leave: Employee's own serious health condition   | Family leave: Bonding with newborn, adopted, or fostered child; caring for family member with a serious health condition; military exigency; or care of a covered service member |  |
| Who is a family member?                              | Covered family members include spouses, domestic partners, children (biological, adoptive, foster and loco parentis), parents, parents-in-law, grandparents, grandchildren and siblings.   |  |  |
| What are the weekly statutory benefits?              | <ul> <li>Employees with an AWW less than or equal to 50% of the commonwealth's AWW will receive an 80% benefit. The 2025 state average weekly wage is \$1,829.13.</li> <li>Employees earning more than 50% of the commonwealth's AWW will receive the underlying 80% benefit plus an additional 50% of their AWW that exceeds 50% of the commonwealth's AWW.</li> <li>The maximum weekly benefit will be \$1,170.64 through December 31, 2025.</li> <li>There is no minimum weekly benefit.</li> </ul> |  |  |
| When do benefits begin?                              | On eighth day of leave  Exception: No waiting period for a bonding leave when an employee immediately transitions from medical leave for pregnancy or recovery from childbirth to bonding  |  |  |
| What is the maximum benefit period?                  | <ul> <li>Medical leave: Up to 20 weeks</li> <li>Family leave: Up to 12 weeks</li> <li>Care of a service member: Up to 26 weeks</li> <li>Overall family and medical leave duration: Up to 26 weeks</li> </ul>   |  |  |
| What is the contact information for the state?       | Department of Family and Medical Leave<br>One Ashburton Place - Floor 21<br>Boston, MA 02108   | Phone: <b>617-626-6565</b> Websites: <u>paidleave.mass.gov</u> and <u>mass.gov/pfml</u>  |  |

#### Minnesota

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

| Question                                       | Answer  |   |  |
|--|---|---|--|
| Which employers and employees must have plans? | <ul> <li>Employers with employees working in Minnesota, regardless of employer size, must provide coverage through the state-run program or a private plan, including:</li> <li>Companies with an individual whose work is localized in Minnesota</li> <li>Minnesota state employees, including employees of Minnesota state agencies, state colleges and universities and municipal and local government entities.</li> <li>Federal government employees, self-employed individuals, independent contractors, and seasonal employees are excluded. However, self-employed individuals and independent contractors may opt in and elect coverage.</li> <li>Employees are eligible if they've earned at least 5.3% of the state average annual wage rounded down to next lower \$100.</li> </ul> |   |  |
| How is coverage provided?                      | <ul> <li>State run</li> <li>Private plan: A private plan, which may be fully insured or self-insured, must meet or exceed the state plan and be approved by the state. More details on process and options are forthcoming.</li> </ul>  |   |  |
| What are the anticipated contribution rates?   | <ul> <li>The program will be funded by employee and employer contributions.</li> <li>Contributions will begin January 1, 2026. The total premium rate is 0.7% of wages up to the Social Security wage cap.</li> <li>The employer must pay a minimum of 50% of the annual premium, with employees paying the remaining portion, as long as the deduction does not cause the employee's wage to fall below the minimum wage required by law.</li> <li>For employers with fewer than 30 employees, the premium rate to be paid by the employer is reduced.</li> <li>The premium rate will be adjusted annually, announced by July 31 to be effective the next January 1.</li> </ul>  |   |  |
| What are the covered conditions?               | Medical leave: Employee's own serious health condition  | Family leave: Care of a family member with a serious health condition, care of a family member in the military, bonding with a new child, providing for certain needs related to sexual or domestic violence against themselves or a family member, attending to a qualifying military exigency |  |
| Who's a family member?                         | Spouse or domestic partner, child (biological, adopted, foster, step, child of domestic partner, or applicant stands in loco parentis, legal guardian, or de facto parent), son-in law, daughter-in law, parent (biological, adopted, de facto, foster, step, legal guardian, or in loco parentis), parent in-law, sibling, grandchild, grandparent, grandparent in-law, individual who has a relationship with the applicant that creates an expectation and reliance that the applicant care for the individual regardless of whether they reside together.   |   |  |
| What are the weekly statutory benefits?        | <ul> <li>The weekly benefit amount will be calculated based on a three-tiered benefit structure based on an employee's average weekly wage and 50% of the state average weekly wage:         <ul> <li>90% of the portion of their weekly wages that is less than or equal to 50% of the state average weekly wage, plus</li> <li>66% of the portion of their weekly wages that is more than 50% of the state average weekly wage by less than or equal to 100% of the state average weekly wage, plus</li> <li>55% of the portion of their weekly wages that is more than 100% of the state average weekly wage</li> </ul> </li> <li>The maximum benefit will be capped at the state average weekly wage, which is currently \$1,337</li> </ul>   |   |  |

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#### Minnesota cont'd.

Mandates: Paid Family and Medical Leave (PFML)

Program effective January 1, 2026

| Question                            | Answer   |
|-------------------------------------|--|
| When do benefits begin?             | Employees must meet a consecutive seven-day qualifying period for a leave reason to receive benefits. Once this period is met, benefits become payable for the seven days and absences taken for that leave reason moving forward. |
| eu de demente deg                   | <b>Note:</b> The seven-day qualifying period doesn't apply to bonding leaves. In addition, if the leave is intermittent the seven days don't have to be consecutive.   |
|                                     | Overall family and medical leave duration: 20 weeks in a benefit year  |
| What is the maximum benefit period? | • Family leave duration: up to 12 weeks  |
|                                     | Medical leave duration: up to 12 weeks   |

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

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## New Hampshire

Voluntary: Paid Family and Medical Leave (PFML) wage replacement

| Question  | Answer  |   |  |
|---|---|---|--|
| Which employers<br>and employees must<br>have coverage? | <ul> <li>Mandatory: State employees</li> <li>Voluntary: Private employers, non-state public employers, and individuals who work for an employer that does not opt to voluntarily provide coverage through the Granite State Paid Family Leave Plan</li> </ul>   |   |  |
| How is coverage provided?                               | <ul> <li>Mandatory coverage: State-selected insurance carrier administering the Granite State Paid Family Leave Plan</li> <li>Voluntary coverage: Employers can purchase PFML coverage with the carrier administering the Granite State Paid Family Leave Plan or through other paid family leave carriers.</li> </ul>  |   |  |
| What are the anticipated contribution rates?            | <ul> <li>Mandatory coverage: The state rate will be determined by the carrier that administers the Granite State Paid Family Leave Plan.</li> <li>Voluntary coverage: The state will require the rates of insurance carriers offering voluntary coverage to be filed for approval with the insurance commissioner. Individuals who work for employers that don't opt to provide coverage through the Granite State Paid Family Leave Plan can voluntarily participate but are not required to.</li> </ul> |   |  |
| What are the covered conditions?                        | <ul> <li>Applies to both mandatory and voluntary coverage:</li> <li>To bond with a child following birth, adoption, or foster care placement</li> <li>To care for a family member with a serious health condition</li> <li>For qualifying exigency leave</li> <li>To care for a service member's serious injury or illness</li> </ul>   | Applies to only voluntary coverage:  Own serious health condition (only covered if the condition is not work related and the employer does not offer STD insurance) |  |
| Who is a family member?                                 | Family member includes child (biological, adoptive, foster, step, legal ward, or in loco parentis), child's spouse or domestic partner, parent (biological, adoptive, foster, step, or legal guardian of the worker or the worker's spouse or domestic partner), grandparent (biological, adoptive, foster, step), spouse, or domestic partner.   |   |  |
| What are the weekly statutory benefits?                 | <ul> <li>Mandatory coverage: 60% of the employee's average weekly wage (AWW) up to the Social Security taxable wage maximum</li> <li>Voluntary coverage: Carriers may offer plans that have variable wage replacement benefits, but no less than 60% of the employee's AWW, up to the Social Security taxable wage maximum.</li> </ul>  |   |  |
| When do benefits begin?                                 | <ul> <li>Mandatory coverage: On the first day of leave</li> <li>Note: There is a zero-day waiting period for the mandatory PFL program.</li> <li>Voluntary coverage: Carriers may offer plans that include a waiting period.</li> </ul>   |   |  |
| What is the maximum benefit period?                     | <ul> <li>Mandatory coverage: Six-week benefit duration</li> <li>Voluntary coverage: Carriers may offer plans that have variable benefit periods, but these must be no less than six weeks and are subject to a maximum of 12 weeks.</li> </ul>  |   |  |

Please note that the state continues to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

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## New Jersey

Mandates: Temporary Disability Insurance (TDI) and Family Leave Insurance (FLI)

| Question   | Answer   |  |  |
|--|--|--|--|
|  | Applies to TDI and FLI:  |  |  |
| Which employers<br>and employees<br>must have plans?   | <b>Employer:</b> Have one or more employees for at least 30 days in a calendar year with a minimum \$1,000 annual in payroll <b>Employee:</b> Earned at least \$303/week for 20 weeks during the base year (\$15,200/base year)  |  |  |
|  | Applies to TDI and FLI:  |  |  |
| How is coverage provided?  | = State administered   |  |  |
|  | Applies to TDI:  | Applies to FLI:  |  |
| What are the contribution rates?   | <ul> <li>Employee: 0.23% of the employee taxable wage base (the first \$165,400 of annual earnings)         <ul> <li>2025 maximum deduction: \$380.42</li> </ul> </li> <li>Employer: Up to 0.75% of the employer taxable wage base (\$43,300)</li> <li>Private plan: Premium will vary; employer responsible for all premium that exceeds allowed employee contributions</li> </ul>              | <ul> <li>Employee: 0.33% of the first \$165,400 of annual earnings</li> <li>2025 maximum deduction: \$545.82</li> <li>Employer: Optional, may elect to pay all or part of employee amount</li> </ul> |  |
| What are the   | Applies to TDI:  | Applies to FLI:  |  |
| What are the covered conditions?   | Employee's own illness, injury, or disability, organ or bone marrow donation   | <ul><li>Bonding with newborn, adopted, or fostered child</li><li>Caring for a seriously ill or injured family member</li></ul>   |  |
|  | Applies to FLI   |  |  |
| Who is a family member?  | Family member refers to a child (biological, adopted, foster, step or legal ward of covered individual, domestic partner or civil union partner), spouse, domestic partner, civil union partner or parent child domestic partner, civil union partner or parent of a covered individual (biological, foster, adoptive, step quardian of covered individual when covered individual was a child). |  |  |
|  | Applies to TDI and FLI:  |  |  |
| <ul> <li>Maximum is 85%</li> <li>2025 weekly benefits:         <ul> <li>Maximum is \$1,081</li> <li>Benefits payable for less than one week will be paid in increments</li> </ul> </li> <li>There is no minimum weekly benefit.</li> </ul> |  | in increments of one-seventh of the weekly benefit.  |  |
|  | Applies to TDI:  | Applies to FLI:  |  |
| When do benefits begin?  | On eighth consecutive day of disability (on first day if<br>disability lasts longer than 21 days)  | On the first day of leave  |  |
|  | On first day for organ or bone marrow donation   |  |  |
|  | Applies to TDI:  | Applies to FLI:  |  |
| What is the maximum benefit period?  | Twenty-six weeks or until benefits equal one-third of total wage base in base year   | Twelve consecutive or intermittent weeks, or 56 intermittent days during a 12-month period beginning with the first date of the claim  |  |

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## New Jersey cont'd.

Mandates: Temporary Disability Insurance (TDI) and Family Leave Insurance (FLI)

| Question                                       | Answer  | Answer   |   |  |
|--|---|--|---|--|
| Who is exempt from coverage?                   |   | employing certain<br>cieties or lodges<br>ees of a financial institution       | <ul> <li>Investment agents, broke solely on a commission before Real estate salespersons a commission basis</li> <li>Students of nonprofit or education institutions</li> </ul> | pasis<br>s paid solely on<br>public                        |
| What is the contact information for the state? | For private plans: Bureau of Private Plan Disability Benefits P.O. Box 957 Trenton, NJ 08625-0957 | Phone: 609-292-7060<br>Fax: 609-292-2537<br>Website:<br>MyLeaveBenefits.NJ.gov | For disability benefits and family leave (state plans): State of New Jersey Division of Temporary Disability Insurance P.O. Box 387 Trenton, NJ 08625-0387                      | Phone: <b>609-292-7060</b><br>Website: <u>NJ.gov/labor</u> |

#### New York

Mandates: Disability Benefits Law (DBL) and Paid Family Leave (PFL)

| Question   | Answer  |   |  |
|--|---|---|--|
|  | Applies to DBL:   | Applies to PFL:   |  |
| Which employers<br>and employees<br>must have plans? | Employer. Have one or more employees for 30 days in a calendar year Employee: Work four consecutive weeks of covered employment. Employees that work less than the employer's workweek are eligible on the 25th day of regular employment.  | <b>Employer.</b> Employers who are required to offer statutory disability coverage must also offer paid family leave. <b>Employee:</b> Full-time (working 20+ hours/week) employees are eligible after 26 consecutive weeks; part-time (working less than 20 hours/week) are eligible after 175 workdays. |  |
|  | Applies to DBL and PFL:   |   |  |
| How is coverage provided?                            | <ul> <li>NY State Insurance Fund (NYSIF)</li> <li>Private-insured</li> <li>Self-insured: Must meet minimum state requiremed Compensation Board (WCB)</li> <li>Note: Insured DBL policies include PFL as a rider as required both coverages.</li> </ul>  |   |  |
|  | Applies to DBL:   | Applies to PFL:   |  |
| What are the contribution rates?                     | Employee: 0.5% of the first \$120 of weekly wage up to a maximum of \$0.60 per week Employer. Balance of plan costs not covered by employee   | Employee: 0.388% of wages up to the annualized statewide AWW: \$91,373.88.1 The 2025 AWW is \$1,757.19.  - Maximum contribution: \$354.53/year Employer: Intended to be 100% funded by employee; may elect to pay all or part of employee amount  |  |
|  | Applies to DBL:   | Applies to PFL:   |  |
| What are the covered conditions?                     | Employee's own disability (illness, injury, pregnancy, organ donation²)  Bonding with newborn, adopted, or fostered characteristic caring for a seriously ill family member; military exigency  |   |  |
|  | Applies to PFL:   |   |  |
| Who is a family member?                              | A family member includes children (biological, adopted, foster, step, legal ward, child of domestic partner, person to whom the employee stands in loco parentis), spouses, parents (biological, foster, adoptive, parent-in-law, step, legal guardian, or other person who stood in loco parentis to the employee when the employee was a child), parents-in-law, siblings (biological, adopted, half or step), grandparents, grandchildren and domestic partners. |   |  |
|  | Applies to DBL:   | Applies to PFL:   |  |
| What are the weekly statutory benefits?              | Payable at 50% of employee's AWW  • 2025 weekly benefit: Minimum = \$20; maximum= \$170 Benefits payable for less than one week will be paid in increments of one-fifth of the weekly benefit.  | Bonding with newborn, adopted, or fostered child, payable at 67% of employee's AWW  • 2025 weekly benefit:  Minimum = \$100; maximum = \$1,177.32   |  |
| When do  | Applies to DBL:   | Applies to PFL:   |  |
| benefits begin?                                      | On eighth consecutive day of disability   | On first day of leave   |  |

<sup>&</sup>lt;sup>1</sup> The 2025 annualized amount of \$91,373.88 is 52 times the state average weekly wage.

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<sup>&</sup>lt;sup>2</sup>Organ donation available as of January 1, 2024.

### New York, cont'd.

Mandates: Disability Benefits Law (DBL) and Paid Family Leave (PFL)

| Question                                       | Answer  |   |  |
|--|---|---|--|
| What is the maximum benefit period?            | Applies to DBL:   | Applies to PFL:   |  |
|  | 26 weeks  Overall duration: Up to 26 weeks of DBL and PFL benefits in a 52-week period  | 12 weeks  Overall duration: Up to 26 weeks of DBL and PFL benefits in a 52-week period  |  |
| Who is exempt from coverage?                   | <ul> <li>A minor child of an employer</li> <li>A licensed minister or member of a religious order</li> <li>Executive officers, persons working in a professional or teaching capacity, or volunteers for a nonprofit religious, charitable, or educational institution</li> <li>Persons receiving rehabilitative services from a religious, charitable, or educational institution</li> <li>Persons working for a religious or charitable organization in exchange for aid received</li> <li>Extra employees not normally in the labor ma are hired on a limited basis; if these employee for a covered employer for more than 45 days become eligible.</li> <li>"Casual employees" hired for a day or less</li> <li>Sole proprietors and partners; however, they report to participate in the plan voluntarily</li> <li>The full list of employee types may be found at the websites below:</li> <li>DBL: wcb.ny.gov/content/main/coverage-requirements-db/db-coverage-required.jsp</li> </ul> |   |  |
| Who can waive paid family leave coverage?      | <ul> <li>The employee regularly works 20 hours or more per week, but won't be in employment with that employer for 20 consecutive weeks; or</li> <li>The employee regularly works fewer than 20 hours per week and will not work 175 days in a 52-week period.</li> <li>Employers must offer a waiver to employees who qualify for one. If the employee waives coverage, they will not make contributions and will not be eligible for paid family leave benefits.</li> </ul>   |   |  |
| What is the contact information for the state? | Disability benefit: Disability Benefits Bureau Workers' Compensation Board 100 Broadway-Menands Albany, NY 12241  | Phone: 877-632-4996 NY PFL helpline: 844-337-6303 Websites: wcb.ny.gov/content/main/DisabilityBenefits/ lp_disability-benefits.jsp paidfamilyleave.ny.gov |  |

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### Oregon

Mandates: Family and Medical Leave Insurance (FMLI)

| Question   | Answer   |   |  |
|--|--|---|--|
| Which employers<br>and employees must have<br>plans? | Employer: All public and private employers with employees working in Oregon must provide FMLI benefits to covered individuals. Federal government and tribal governments are excluded.  Employee: Must have earned at least \$1,000 in wages during the base year or the alternate base year  Note: A base year is the first four of the last five completed calendar quarters preceding the benefit year. The alternate base year is the last four completed calendar quarters preceding the benefit year.  |   |  |
| How is coverage provided?                            | <ul> <li>State-run</li> <li>Private plan: A private plan, which may be fully insured or self-insured, must meet or exceed the state plan and be approved by the state.</li> </ul>  |   |  |
| What are the contribution rates?                     | <ul> <li>1% of wages up to the Social Security wage cap of \$176,100 in 2025. The wage cap may be increased in future years.</li> <li>2025 maximum employee contribution amount: \$1,056.60</li> <li>Employee contributions shall be 60%, and employer contributions shall be 40% of the total rate.<sup>1</sup></li> </ul>  |   |  |
| What are the covered conditions?                     | Medical leave: Employee's own serious health condition   | Family leave: Bonding with<br>newborn, adopted, or fostered<br>child; caring for family member<br>with a serious health condition; or<br>attending legal proceedings related<br>to adoption or foster placement | Safe leave: Employee, their<br>minor child, or their dependent<br>needs leave for reasons<br>covered under Oregon's<br>domestic violence law |
| Who is a family member?                              | Covered family members include spouses, domestic partners, children, a child's spouse or domestic partner, parent (biological, adoptive, stepparent, foster, legal guardian, and a person who stood in loco parentis, parent-in-law), parent's spouse or domestic partner, sibling, stepsibling, sibling's spouse or domestic partner, grandparent, grandparent's spouse or domestic partner, grandparent, grandparent's spouse or domestic partner, grandchildren, a grandchild's spouse or domestic partner, or an individual related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship. |   |  |
| What are the weekly statutory benefits?              | <ul> <li>Employees with an average weekly wage (AWW) up to 65% of the state's AWW will receive a 100% benefit.</li> <li>Employees with an AWW exceeding 65% of the state's AWW will receive 100% of their wages up to 65% of the state's AWW, plus 50% of their wages that exceed this threshold.</li> <li>The maximum weekly benefit is capped at 120% of the AWW.</li> <li>The minimum weekly benefit amount is 5% of the AWW.</li> <li>The SAWW is currently \$1,307.17 through June 30, 2025.</li> </ul>   |   |  |
| When do benefits begin?                              | On the first day of leave  Note: There's a zero-day waiting period for this program.   |   |  |
| What is the maximum benefit period?                  | <b>Overall family and medical leave duration:</b> Up to 12 weeks of paid FMLI benefits in a benefit year, with an additional two weeks for pregnancy or childbirth-related limitations.  |   |  |
| What is the contact information for the state?       | Oregon Employment Department Attn: Paid Leave Oregon 875 Union St. NE Salem, OR 97311  Website: <a href="https://paidleave.oregon.gov/Pages/default.aspx">https://paidleave.oregon.gov/Pages/default.aspx</a> Contact PFML for questions and comments: <a href="maidleave@oregon.go">paidleave@oregon.go</a>   |   |  |

<sup>&</sup>lt;sup>1</sup> Contribution rates as required under the state's plan. Rates may differ under a private plan but may not exceed the contribution under the state plan.

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#### Puerto Rico

Mandates: Seguro por incapacidad No Ocupacional Temporal (SINOT)

| Question   | Answer   |   |  |
|--|--|---|--|
| Which employers<br>and employees<br>must have plans? | Employer. Have or have had one or more employees during any day of the current or preceding calendar year  Employee: Received wages of at least \$150 during first four of the last five consecutive quarters  |   |  |
| How is coverage provided?                            | <ul> <li>Commonwealth-administered</li> <li>Private-insured</li> <li>Self-insured: Must meet or exceed the commonwealth plan and must be approved by the commonwealth's Department of Labor</li> </ul>   |   |  |
| What are the contribution rates?                     | 0.6% of the first \$9,000 of annual earnings; contribution may be shared (employee contribution maximum of 0.3%), or employer may elect to pay the whole amount  Maximum employee deduction: \$27  Maximum total contribution: \$54  |   |  |
| What are the covered conditions?                     | Employee's own disability (illness, injury, or pregnancy)  |   |  |
| What are the weekly statutory benefits?              | <ul> <li>Payable at 65% of employee's weekly earnings</li> <li>Weekly benefits: Minimum = \$12; maximum = \$113 (\$55 maximum for agricultural workers)</li> <li>Benefits payable for less than one week will be paid in increments of one-seventh of the weekly benefit.</li> <li>Additional benefits for death or dismemberment</li> </ul> |   |  |
| When do benefits begin?                              | On eighth consecutive day of disability or first day of hospitalization, if earlier  |   |  |
| What is the maximum benefit period?                  | 26 weeks   |   |  |
| What is the contact information for the state?       | Department of Labor and Human Resources Unemployment Insurance Division Edificio Prudencio Rivera Martínez, Piso 10 505 Ave. Munoz Rivera San Juan, PR 00918-3514 Or Department of Labor and Human Resources Programa del Seguro por Incapacidad No Ocupacional Temporal (SINOT) P.O. Box 195540 San Juan, PR 00919-5540                     | Phone:<br>787-754-5850<br>Website: trabajo.pr.gov |  |

#### Rhode Island

Mandates: Temporary Disability Insurance (TDI) and Temporary Caregiver Insurance (TCI)

| Question   | Answer  |  |  |  |  |
|--|---|--|--|--|--|
|  | Applies to TDI and TCI:   |  |  |  |  |
| Which employers<br>and employees<br>must have plans? | <b>Employer</b> : Have one or more employees in the state of Rhode Island earning more than \$1,000 per calendar quarter  |  |  |  |  |
|  | <b>Employee:</b> Must have earned at least \$18,000 in base period wages or \$3,000 in one of the base period quarters, total base period wages of at least 1.5 times the highest quarter's earnings, and total base period earnings of at least \$6,000. |  |  |  |  |
| Housia acronoma muorida da                           | Applies to TDI and TCI:   |  |  |  |  |
| How is coverage provided?                            | State-administered only: No insured or self-insured   | plans permitted  |  |  |  |
|  | Applies to TDI and TCI:   |  |  |  |  |
| What are the contribution rates?                     | Employee: 1.3% of \$89,200 Employer: Optional, may elect to pay all or part of en   | nployee amount   |  |  |  |
| 777  | Applies to TDI:   | Applies to TCI:  |  |  |  |
| What are the covered conditions?                     | Employee's own disability (illness, injury, or pregnancy)   | <ul><li>Caring for a seriously ill family member</li><li>Bonding with newborn, adopted, or fostered child</li></ul>        |  |  |  |
| W1 · 6 · 1 · 1 · 2                                   | Applies to TDI and TCI:   |  |  |  |  |
| Who is a family member?                              | A family member includes child, spouse, domestic partner, parent, parent in-law, or grandparent.  |  |  |  |  |
|  | Applies to TDI and TCI:   |  |  |  |  |
| What are the weekly                                  | Payable at 4.62% of total highest quarter wages in base period  |  |  |  |  |
| statutory benefits?                                  | • Weekly benefits: Minimum = \$139; maximum = \$1,070   |  |  |  |  |
|  | <ul> <li>Benefits payable for less than one week will be paid in increments of one-fifth of the weekly benefit.</li> <li>Maximum dependent allowance: Greater of \$20 or 7% weekly benefit rate</li> </ul>  |  |  |  |  |
|  | Applies to TDI and TCI:   |  |  |  |  |
| When do benefits begin?                              | On eighth day; however, benefits are paid retroactively to the first day if the employee is unemployed for at least seven days due to a non-job-related illness or injury.  |  |  |  |  |
|  | Applies to TDI:   | Applies to TCI:  |  |  |  |
| What is the maximum benefit period?                  | 30 weeks  Overall combined TDI/TCI duration: 30 weeks  Overall combined TDI/TCI duration: 30 weeks  |  |  |  |  |
| What is the contact information for the state?       | Temporary Disability Insurance Division P.O. Box 20100 Cranston, RI 02920 Phone: 401-462-8420 Fax: 401-462-8466 Websites: dlt.ri.gov dlt.ri.gov/tdi   | For benefit applications: Call <b>401-462-8420</b> and choose <b>option 1</b> , or apply online at <u>dlt.ri.gov/tdi</u> . |  |  |  |

#### South Carolina

Voluntary: Paid Family Leave Insurance (PFL)

| Question   | Answer  |
|--|---|
| Which employers<br>and employees<br>must have plans? | A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in South Carolina.   |
| How is coverage provided?                            | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate family leave policy and can also be in the form of a rider to a group disability income policy.   |
| What are the anticipated contribution rates?         | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |
| What are the covered conditions?                     | <ul> <li>The policy would cover a percentage of an employee's income loss due to:</li> <li>Caring for a family member with a serious health condition</li> <li>Bonding with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the employee</li> <li>Attending to circumstances arising out of the fact that the employee's family member is a service member on active duty or has been notified of an impending call or order to active duty.</li> <li>Caring for a family member injured in the line of duty while serving in the armed forces.</li> <li>Taking other leave specified by the insurance policy for care of a family member</li> </ul> |
| What are the weekly statutory benefits?              | Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |
| When do benefits begin?                              | The day benefits begin varies, according to the employer's policy.  |
| What is the minimum and maximum benefit period?      | The benefit period can't be less than a two-week minimum over 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy. The insurance code doesn't establish maximum standards.  |

#### Tennessee

Voluntary: Paid Family Leave Insurance (PFL)

| Question   | Answer  |
|--|---|
| Which employers<br>and employees must<br>have plans? | A plan isn't mandatory; the state passed laws to amend the insurance code to allow carriers to file PFL programs in Tennessee.  |
| How is coverage provided?                            | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier:  As an amendment or rider to a group disability income policy, included in a group disability income policy; or  A separate family leave policy  |
| What are the anticipated contribution rates?         | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |
| What are the covered conditions?                     | It covers employee income loss related to:  Birth, adoption, or placement of a child with the employee for foster care  Care of a family member with a serious health condition  Attending to circumstances arising because the employee's family member is a service member on active duty or has been notified of an impending call or order to active duty |
| What are the weekly statutory benefits?              | Weekly benefits vary according to the employer's policy. The insurance code does not establish minimum or maximum standards.  |
| When do benefits begin?                              | The day benefits begin varies according to the employer's policy.   |
| What is the minimum and maximum benefit period?      | The minimum and maximum benefit period varies according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.  |

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#### Texas

Voluntary: Paid Family Leave Insurance (PFL)

| Question   | Answer  |
|--|---|
| Which employers<br>and employees must<br>have plans? | A plan isn't mandatory. The state passed laws to amend the insurance code to allow carriers to file PFL programs in Texas.  |
| How is coverage provided?                            | Coverage is through a private insurance policy filed with the state and offered by a licensed insurance carrier. This is a separate family leave policy.  |
| What are the anticipated contribution rates?         | Rates vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |
| What are the covered conditions?                     | <ul> <li>A plan would cover employee income loss for at least two weeks for:</li> <li>Care of a family member with a serious health condition</li> <li>Time to bond with the employee's child during the first 12 months after the child's birth or the first 12 months after the placement of the child for adoption or foster care with the employee</li> <li>Addressing a qualifying exigency as interpreted under the FMLA, arising out of the fact that the spouse, child, or parent of the employee is on active duty or has been notified of an impending call or order to active duty</li> <li>Care for a family member injured in the line of duty while serving in the armed forces</li> <li>Other leave specified by the insurance policy for care of a family member</li> </ul> |
| What are the weekly statutory benefits?              | Weekly benefits vary according to the employer's policy. The insurance code doesn't establish minimum or maximum standards.   |
| When do benefits begin?                              | The day benefits begin varies according to the employer's policy.   |
| What is the minimum and maximum benefit period?      | The minimum length of family leave benefits for a covered family leave reason is two weeks during a period of 52 consecutive calendar weeks. The maximum benefit period varies according to the employer's policy. The insurance code does not establish maximum standards.   |

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#### Vermont

Voluntary: Paid Family and Medical Leave (PFML)

| Question  | Answer  |
|---|---|
| Which employers<br>and employees must<br>have coverage? | <ul> <li>Mandatory coverage: State employees</li> <li>Voluntary coverage: Public and private employers with two or more employees can offer coverage no later than July 1, 2024, and those one employee, no later than July 1, 2025.</li> </ul>   |
| How is coverage provided?                               | <ul> <li>Mandatory coverage: State-selected insurance carrier administering the program</li> <li>Voluntary coverage: Employers and individuals can purchase coverage with the carrier administering the state program or through other paid family leave carriers.</li> </ul>   |
| What are the anticipated contribution rates?            | <ul> <li>Mandatory coverage: The state rate will be determined by the carrier who administers the paid family and leave plan.</li> <li>Voluntary coverage: Rates may be variable according to the employer's policy. The state will require the rates of insurance carriers offering voluntary coverage to be filed for approval with the insurance commissioner.</li> </ul>  |
| What are the covered conditions?                        | <ul> <li>The birth of a child and to care for the newborn child within one year of birth</li> <li>The placement with the employee of a newly adopted child under the age of 16 or foster child within the first year of initial placement</li> <li>Caring for the employee's spouse, child, stepchild, foster child, or ward who lives with the employee; parent; or parent of the employee's spouse</li> <li>A qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on covered active duty or to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave)</li> <li>A serious health condition that leaves the employee unable to perform the essential functions of his or her job</li> </ul> |
| What are the weekly statutory benefits?                 | <ul> <li>Mandatory coverage: 60% of the employee's average weekly wage, up to the Social Security taxable wage maximum</li> <li>Voluntary coverage: May be variable according to the employer's policy</li> </ul>   |
| When do benefits begin?                                 | <ul> <li>Mandatory coverage: On the first day of leave for family leave and on the eighth day for medical leave</li> <li>Voluntary coverage: May be variable according to the employer's policy</li> </ul>  |
| What is the maximum benefit period?                     | <ul> <li>Mandatory coverage: Six-week benefit duration during a 12-month period</li> <li>Voluntary coverage: May be variable according to the employer's policy</li> </ul>  |

Please note that the state has yet to issue regulations and/or operational guidance, and the program details discussed above may be subject to amendments. If there are changes, Lincoln will update this information accordingly.

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## Virginia

Voluntary: Paid Family Leave Insurance (PFL)

| Question   | Answer  |
|--|---|
| Which employers<br>and employees must<br>have plans? | This initiative is not mandatory; the commonwealth simply updated their insurance code to allow carriers to file PFL programs in Virginia.  |
| How is coverage provided?                            | Private insurance policy filed with the state and offered by a licensed insurance carrier:  As an amendment or rider to a group disability income policy, included in a group disability income policy; or  A separate family leave policy  |
| What are the anticipated contribution rates?         | Rates are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.  |
| What are the covered conditions?                     | <ul> <li>The birth of a child, adoption, or foster care placement of a child</li> <li>To care of a family member of the employee who has a serious health condition</li> <li>Circumstances arising if the employee's family member who is a service member is on active duty or has been notified of an impending call or order to active duty</li> </ul> |
| What are the weekly statutory benefits?              | Weekly benefits are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.  |
| When do benefits begin?                              | The day benefits begin are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.   |
| What is the maximum benefit period?                  | The maximum benefit period are variable according to the employer's policy. The insurance code does not establish minimum or maximum standards.   |

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## Washington

Mandates: Paid Family and Medical Leave (PFML)

| Question   | Answer  |  |  |  |  |
|--|---|--|--|--|--|
| Which employers<br>and employees<br>must have plans? | Employer. All employers in the state of Washington, including out-of-state employers with employees working in Washington; exempt employers include federal employees, federally recognized tribes, self-employed individuals, and people who work temporarily in Washington  Employee: Worked 820 hours during the qualifying period  Specific to voluntary plans: Worked 340 of the 820 hours with current employer; those who haven't met 340 hours with an employer will be covered by the state plan until the 340 hours are met. If previously covered under a voluntary plan with previous employer, eligible immediately.   |  |  |  |  |
| How is coverage provided?                            | <ul> <li>State-administered</li> <li>Voluntary plan: Must fully meet or exceed the state plan and must be approved by the state's Employment Security Department</li> <li>Note: WA PFML is one joint program that provides medical leave and family leave benefits.</li> </ul>  |  |  |  |  |
| What are the contribution rates?                     | cap of \$176,100.*  Employee contribution: 71.52% of 2025 contribut for PML plus 0.444% for PFL)  Employer contribution: 28.48% of 2025 contribution contribution); employers may require employees to describe the contribution of | Employee contribution: 71.52% of 2025 contribution rate, which is approximately 0.658% of wages (0.214% for PML plus 0.444% for PFL)  Employer contribution: 28.48% of 2025 contribution rate, which is approximately 0.262% of wages (PML contribution); employers may require employees to contribute under a voluntary plan up to the state-allowed limits.  *Contribution rates as required under the state plan. Rates may differ under a voluntary plan.  Medical leave:  Proportioned as 52% of the overall state plan rate  Proportioned as 48% of the overall state plan rate  100% employee funded |  |  |  |
| What are the covered conditions?                     | <ul> <li>Family leave:</li> <li>Employee's own serious health condition</li> <li>Bonding with newborn, adopted, or fostered chunder age 18</li> <li>Caring for a family member with a serious health condition</li> <li>Assisting loved ones when a family member is deployed abroad on active military service</li> <li>Bereavement leave following the death of an unchild or child that dies within 12 months of birth adoption, or foster care placement</li> </ul>   |  |  |  |  |
| Who is a family member?                              | Covered family members include spouses, state-registered domestic partners, children (biological, adopted, foster, step, child's spouse, a child to whom the employee stands 1) in loco parentis, 2) legal guardian, or 3) de facto parent), parents (biological, adoptive, de facto, foster, step, legal guardian of employee or employee's spouse, or individual who stood in loco parentis to an employee when the employee was a child), parents-in-law, grandparents, grandchildren, siblings, and those who have an expectation to rely on the employee for care — whether they live together or not.   |  |  |  |  |

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### Washington, cont'd.

Mandates: Paid Family and Medical Leave (PFML)

| Question                                       | Answer  |  |  |  |
|--|---|--|--|--|
| What are the weekly statutory benefits?        | <ul> <li>Employees with an AWW less than or equal to 50% of the SAWW will receive a 90% benefit. The current SAWW is \$1,714.</li> <li>Employees earning more than 50% of the SAWW will receive the underlying 90% benefit plus an additional 50% of their AWW that exceeds 50% of the SAWW.</li> <li>The maximum weekly benefit will be \$1,542 through December 31, 2025, and may increase in future calendar years.</li> <li>The minimum weekly benefit is \$100.</li> </ul>   |  |  |  |
| When do<br>benefits begin?                     | There is a seven-day elimination period that begins the Sunday of the week of the first absence. Benefits then begin on the following Sunday. The waiting period does not apply to bonding leaves, medical leave taken during the postnatal period, military exigency, and bereavement leave. Only one waiting period is required per claim year, regardless of the number of qualifying events.  |  |  |  |
| What is the maximum benefit period?            | <ul> <li>PML: Twelve weeks</li> <li>PFL: Twelve weeks</li> <li>Bereavement leave provides seven calendar days of leave immediately following the death of the child and counts toward family leave entitlement</li> <li>An employee may take up to a total of sixteen weeks combined medical and family leave if they have more than one qualifying event in the same year, including pregnancy.</li> <li>An employee is eligible for an additional two weeks of leave for pregancy that results in incapacity, like having a C-section, for a combined total of up to 18 weeks.</li> </ul> |  |  |  |
| What is the contact information for the state? | Employment Security Department  Washington State  Paid Family and Medical Leave Care  Center P.O. Box 19020  Olympia, WA 98507-0020   |  |  |  |

### Washington, D.C.

Mandates: Paid Family Leave (PFL)

| Question   | Answer  |  |  |  |  |
|--|---|--|--|--|--|
| Which employers<br>and employees<br>must have plans? | Employer. All District of Columbia employers who are required to pay unemployment insurance are required to participate. Self-employed individuals may choose to opt into the program.  Employee: Works for employer more than 50% of their time in the district, regularly spends a substantial amount of work time for that employer in the district and not more than 50% of time in another jurisdiction; employees must meet the requirements within 52 weeks. |  |  |  |  |
| How is coverage provided?                            | City-administered only: No insured or self-insured plans permitted  |  |  |  |  |
| What are the contribution rates?                     | Employer. The PFL tax rate is variable but may not exceed 0.62 percent of the covered individual's wages (no wage cap)  - Functions like an employer payroll tax  Employee: 0%  |  |  |  |  |
| What are the covered conditions?                     | <ul> <li>Medical leave: Employee's own serious health condition</li> <li>Parental leave: Bonding with a newborn, adopted, or fostered child</li> <li>Family leave: Caring for a family member with a serious health condition</li> <li>Prenatal leave: Receiving prenatal medical care for an eligible individual who is pregnant</li> </ul>  |  |  |  |  |
| Who is a family member?                              | Covered family members include spouses, domestic partners, children, children of domestic partner, parents, parents-in-law, stepparents, legal guardians, grandparents and siblings. Parent-child relationships include biological, adoptive, foster, stepparent, stepchild, and loco parentis.   |  |  |  |  |
| What are the weekly statutory benefits?              | If the employee makes less than or equal to 150% of minimum wage multiplied by 40, the benefit is 90% of the employee's weekly wage.  If the employee makes more than 150% of minimum wage multiplied by 40, the benefit is the underlying 90% benefit plus 50% of the remaining weekly wage over 150% multiplied by 40.  Maximum weekly benefit: \$1,153  There is no minimum weekly benefit.  |  |  |  |  |
| When do benefits begin?                              | On the eighth day of leave  |  |  |  |  |
| What is the maximum benefit period?                  | Medical leave: 12 weeks Parental leave: 12 weeks Family leave: 12 weeks Prenatal leave: Two weeks Note: The combined maximum benefit duration is 12 weeks, unless for a parental leave that requires prenatal leave. That maximum will be 14 weeks.   |  |  |  |  |
| What is the contact information for the state?       | Department of Office of Paid Family Leave Phone: 202-899-3700  Employment Services 4058 Minnesota Ave NE Email: does.opfl@dc.gov  (DOES) — Office of Paid Suite 3700 Website:  Family Leave (OPFL) Washington, DC 20019 dcpaidfamilyleave.dc.gov  |  |  |  |  |

# Statutory disability programs

| Program details                            | California  | Hawaii  | New Jersey  | New York  | Puerto Rico   | Rhode Island                                    |
|--|---|---|---|---|---|---|
| Program title                              | State Disability<br>Insurance (SDI)   | Temporary<br>Disability<br>Insurance (TDI)  | Temporary<br>Disability<br>Insurance (TDI)  | Disability<br>Benefits Law<br>(DBL)   | Seguro por<br>Incapacidad No<br>Ocupacional<br>Temporal (SINOT)                     | Temporary<br>Disability<br>Insurance (TDI)      |
| Benefits begin                             | Eighth day  | Eighth day  | Eighth day  First day if the disability lasts longer than 21 days for organ or bone marrow donation | Eighth day  | Eighth day  | Eighth day                                      |
| Benefit<br>percentage                      | 70% or 90%  | 58%   | 85%   | 50%   | 65%   | 4.62%<br>of highest<br>quarter of<br>wages      |
| Maximum<br>weekly benefits                 | \$1,681   | \$837   | \$1,081   | \$170   | \$113   | \$1,070   |
| Maximum<br>benefit period                  | 52 weeks  | 26 weeks  | 26 weeks  | 26 weeks  | 26 weeks  | 4 weeks   |
| Employee<br>contribution rate              | 1.2%<br>(shared contribution<br>with PFL)   | 0.50%   | 0.23%   | 0.50%   | 0.60%   | 1.3%  |
| Wages subject<br>to contributions          | No mandated<br>wage ceiling,<br>voluntary plans<br>can choose to<br>set their own<br>wage ceiling | \$1,441.72/week<br>(\$74,969.44/year)   | Employer taxable<br>wage base:<br>\$43,300/year<br>Employee taxable<br>wage base:<br>\$165,400/year | \$120/week<br>(\$6,240/year)  | \$9,000/year  | \$89.200/year                                   |
| Maximum<br>annual<br>employee<br>deduction | No maximum<br>contribution as<br>wage ceiling<br>was removed.                                     | \$374.92<br>(up to<br>\$7.21/week)  | \$380.42  | \$31.20<br>(up to<br>\$0.60/week)   | \$54  | \$1,044   |
| Employer<br>contribution rate              | 0%; employer<br>may elect to pay<br>all or part   | Responsible for<br>all premium that<br>exceeds allowed<br>employee<br>contributions | Up to 0.75% of<br>the employer's<br>taxable wage<br>base  | Responsible for<br>all premium that<br>exceeds allowed<br>employee<br>contributions | Responsible for<br>all premium that<br>exceeds allowed<br>employee<br>contributions | 0%; employer<br>may elect to<br>pay all or part |

# Paid family leave programs

| Program details                         | California   | California – San Francisco  | Colorado  | Connecticut   | Delaware<br>(as of January 1, 2026)   |
|---|--|---|---|---|---|
| Program title                           | Paid Family<br>Leave (PFL)   | San Francisco Paid Parental<br>Leave Ordinance (SF PPLO)  | Paid Family and Medical<br>Leave (PFML)   | Family and Medical<br>Leave Insurance<br>(FMLI)   | Paid Family and Medical<br>Leave (PFML)   |
| Benefits begin                          | First day  | First day   | First day   | First day   | First day   |
| Benefit percentage                      | 70% or 90%<br>(based on earnings)  | SF PPLO requires that employees approved for CA PFL are supplemented to 100%, subject to a maximum. Benefits are payable at 10% to 30% of the employee's average weekly earnings in the highest quarter of the base period. | <b>Tiered benefit:</b><br>Up to 90% of wages  | <b>Tiered benefit:</b><br>Up to 95% of wages  | 80% of wages  |
| Maximum<br>weekly benefits              | \$1,681  | \$721   | \$1,324.21  | \$981   | \$900   |
| Maximum<br>benefit period               | Eight weeks  | Eight weeks   | Total family and medical leave duration: 12 weeks*  *Additional four weeks for a serious health condition related to pregnancy complications or childbirth complications. | Total family and medical leave duration: 12 weeks*  *Additional two weeks for pregnancy-related incapacity. 12 days for safe leave. | <ul> <li>Parental leave: 12 weeks</li> <li>Except for parental leave, an employee is limited to taking a leave once in a 24-month period.</li> <li>Overall family and medical leave duration: six weeks*</li> <li>*Availability depends on employer size</li> </ul> |
| Employee<br>contribution rate           | 1.2%<br>(shared contribution<br>with SDI)  | N/A   | Approximately 0.45%<br>of wages   | Approximately 0.5% of wages   | Approximately 0.40%<br>of wages<br>(broken down between<br>parental, family, and<br>medical portions)   |
| Wages subject<br>to contributions       | No mandated wage<br>ceiling, voluntary<br>plans can choose<br>to set their own<br>wage ceiling | N/A   | \$176,100/year (2025<br>Social Security annual<br>wage cap)   | \$176,100 (2025 Social<br>Security annual<br>wage cap)  | \$176,100/year (2025 Social<br>Security annual wage cap)  |
| Maximum<br>annual employee<br>deduction | No maximum<br>contribution as<br>wage ceiling was<br>removed.                                  | N/A   | \$792.45  | \$880.50  | Employers may deduct up<br>to 50% of the contribution<br>from the employee's<br>wages.  |
| Employer<br>contribution rate           | 0%;<br>Employer may elect<br>to pay all or part  | N/A   | 0.45%   | 0%;<br>Employer may elect<br>to pay all or part   | Up to 0.40%<br>Employer may elect to pay<br>all or part   |
| Total state plan contribution rate      | 1.2%<br>(shared contribution<br>with SDI)  | N/A   | 0.90%<br>(0.45% employee +<br>0.45% employer)   | 0.5%  | Up to 0.80%<br>(0.40% employee + 0.40%<br>employer).  |

| Program details                            | Kentucky<br>(as of April 5, 2025)                                     | Maine<br>(as of May 1, 2026)   | Maryland<br>(as of July 1, 2026)  | Minnesota<br>(as of January 1, 2026)   | Massachusetts  |
|--|---|--|---|--|--|
| Program title                              | Kentucky Paid Family Leave<br>Insurance Act                           | Maine Paid Family and<br>Medical Leave   | Paid Family and Medical<br>Leave (PFML)   | Minnesota Paid Family and<br>Medical Leave   | Paid Family and Medical<br>Leave (PFML)  |
| Benefits begin                             | The insurance code doesn't<br>establish when benefits<br>begin.       | Medical leave: On the eighth day of leave (seven-day waiting period) Family leave: On the first day of leave                           | First day   | State has a qualifying<br>period that is payable once<br>met (see page 17<br>for details)  | Eighth day   |
| Benefit<br>percentage                      | The insurance code doesn't establish a benefits percentage.           | Tiered benefit: up to 90% of wages   | Tiered benefit:<br>Up to 90% of wages   | Tiered benefit: up to 90% of wages   | <b>Tiered benefit</b> :<br>Up to 80% of wages  |
| Maximum<br>weekly benefits                 | The insurance code doesn't establish maximum weekly benefits.         | 100% of state average<br>weekly wage   | \$1,000   | 100% of state average<br>weekly wage   | \$1,170.64   |
| Maximum<br>benefit period                  | The insurance code doesn't<br>establish a maximum<br>benefit period.  | <ul> <li>Family leave: 12 weeks</li> <li>Medical leave: 12 weeks</li> <li>Total family and medical leave duration: 12 weeks</li> </ul> | Overall family and medical<br>leave duration: 12 weeks<br>(Additional 12 weeks when<br>both medical and family<br>leave for bonding is needed<br>in the application year) | <ul> <li>Family leave:         <ul> <li>12 weeks</li> </ul> </li> <li>Medical leave:             <ul> <li>12 weeks</li> </ul> </li> <li>Total family and medical leave duration: 20 weeks</li> </ul> | Family leave:     12 weeks     Medical leave:     20 weeks     Care of a service     member: 26 weeks     Overall family and     medical leave duration:     26 week                 |
| Employee<br>contribution rate              |   | 0.5%   | 0.45%*  | 0.35%  | Approximately 0.46%<br>of wages<br>(0.28% for medical<br>leave + 0.18%<br>for family leave)  |
| Wages subject<br>to contributions          |   | \$176,100/year<br>(2025 Social Security<br>annual wage cap)  | \$176,100/year<br>(2025 Social Security<br>annual wage cap)   | \$176,100/year<br>(2025 Social Security<br>annual wage cap)  | \$176,100/year<br>(2025 Social Security<br>annual wage cap)  |
| Maximum<br>annual<br>employee<br>deduction | Varies according to the employer's policy; the insurance code doesn't | TBD  | \$792.45 (based on 2025<br>wage cap)**  | \$616.35 (based on 2025<br>wage cap)**   | \$810.06   |
| Employer<br>contribution rate              | establish minimum or<br>maximum standards                             | .5% for employers with<br>15 or more employees   | 0.45% for employers with<br>15 or more employees;<br>Employer may elect to pay<br>all or part*  | Depends on number<br>of employees  | State plan: 0.42% of wages (medical leave contribution)     Private plan:     Responsible for all premium that exceeds allowedemployee contributions (private plan rates may differ) |
| Total state plan contribution rate         |   | 1%   | 0.9%*   | 0.7%   | 0.88%<br>(0.46% employee +<br>0.42% employer)  |

<sup>\*</sup>However, this rate will be reassessed annually beginning February 1, 2025.

<sup>\*\*</sup>This number will change in 2026 when the program launches

| Program details                            | New Jersey  | New York  | Oregon  | Rhode Island                                    | South Carolina   |
|--|---|---|---|---|--|
| Program title                              | Family Leave<br>Insurance (FLI)   | Paid Family Leave (PFL)                         | Family and Medical Leave<br>Insurance (FMLI)  | Temporary Caregiver<br>Insurance (TCI)          | South Carolina Paid Family<br>Leave Insurance Act  |
| Benefits begin                             | First day   | First day                                       | First day   | Eighth day                                      | The insurance code doesn't establish when benefits begin.  |
| Benefit<br>percentage                      | 85%   | 67%   | Tiered benefit: Up to 100% of wages   | 4.62% of highest quarter of wages               | The insurance code doesn't establish a benefits percentage.  |
| Maximum<br>weekly benefits                 | \$1,081   | \$1,177.32                                      | 120% of SAWW<br>or \$1568.60  | \$1,070   | The insurance code doesn't establish maximum weekly benefits.  |
| Maximum<br>benefit period                  | 12 weeks  | 12 weeks  | Overall family and medical<br>leave duration: 12 weeks*<br>*Additional two weeks for<br>pregnancy or childbirth—<br>related limitations | 7 weeks   | The insurance code doesn't<br>establish a maximum<br>benefit period.   |
| Employee<br>contribution rate              | 0.33%   | 0.388%  | 0.60% of wages  | 1.3%  | Varies according to the<br>employer's policy; the<br>insurance code doesn't<br>establish minimum or<br>maximum standards |
| Wages subject<br>to contributions          | Employer taxable<br>wage base:<br>\$43,300 per year<br>Employee taxable<br>wage base:<br>\$165,400 per year | \$91,373.88/year<br>(\$1,757.19/week)           | \$176,100/year<br>(2025 Social Security annual<br>wage cap)   | \$89,200/year                                   | Varies according to the<br>employer's policy; the<br>insurance code doesn't<br>establish minimum or<br>maximum standards |
| Maximum<br>annual<br>employee<br>deduction | \$545.82  | \$354.53  | \$1,056.60  | \$1,044   | Varies according to the<br>employer's policy; the<br>insurance code doesn't<br>establish minimum or<br>maximum standards |
| Employer contribution rate                 | 0%;<br>Employer may elect to pay<br>all or part   | 0%;<br>Employer may elect to pay<br>all or part | 0.4%  | 0%;<br>Employer may elect to<br>pay all or part | Varies according to the<br>employer's policy; the<br>insurance code doesn't<br>establish minimum or<br>maximum standards |
| Total state plan contribution rate         | 0.06%   | 0.388%  | 1%<br>(0.6% employee + 0.4%<br>employer)  | 1.2%  | Varies according to the<br>employer's policy; the<br>insurance code doesn't<br>establish minimum or<br>maximum standards |

| Program details                         | Washington   | Washington D.C.   | Alabama  | Arkansas                      | Florida                                    |  |
|---|--|---|--|-------------------------------|--|--|
| Program title                           | Paid Family and Medical Leave<br>(PFML)  | Paid Family Leave (PFL)   | Alabama enacts Paid<br>Family Leave Income<br>Replacement Act  | Arkansas Paid Family<br>Leave | Florida Paid Family<br>Leave Insurance Act |  |
| Benefits begin                          | Eighth day   | Eighth day  | The insurance code doesn't establish when benefits begin.  |                               |  |  |
| Benefit<br>percentage                   | <b>Tiered benefit</b> :<br>Up to 90% of wages  | <b>Tiered benefit:</b><br>Up to 90% of wages  | The insurance code doesn't establish a benefits percentage.  |                               |  |  |
| Maximum<br>weekly benefits              | \$1,542  | \$1,153   | The insurance code doesn't establish a maximum weekly benefit amount.  |                               |  |  |
| Maximum<br>benefit period               | Family leave: 12 weeks Medical leave: 12 weeks* Overall family and medical leave duration: 16 weeks* Bereavement for loss of child: 1 week Additional two weeks for pregnancy-related incapacity | <ul> <li>Parental leave: 12 weeks</li> <li>Family leave: 12 weeks</li> <li>Medical leave: 12 weeks</li> <li>Prenatal leave: Two weeks</li> <li>Overall family and medical leave duration: 12 weeks</li> <li>(see page 32 for exceptions)</li> </ul> | The insurance code doesn't establish a maximum benefit period.   |                               |  |  |
| Employee<br>contribution rate           | Approximately 0.658%<br>of wages (0.214% for medical leave<br>+ 0.444% for family leave)   | 0%  | Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards |                               |  |  |
| Wages subject<br>to contributions       | \$176,100/year<br>(2025 Social Security<br>annual wage cap)  | No wage cap   | Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards |                               |  |  |
| Maximum<br>annual employee<br>deduction | \$1,158.74   | \$0<br>(100% employer funded)   | Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards |                               |  |  |
| Employer<br>contribution rate           | <ul> <li>State plan: 0.262% of wages<br/>(medical leave contribution)</li> <li>Private plan: Responsible<br/>for all plan costs; may take<br/>employee contributions</li> </ul>                  | up to 0.62%   | Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards |                               |  |  |
| Total state plan contribution rate      | 0.92% (0.658% employee +<br>0.262% employer)   | up to 0.62%   | Varies according to the employer's policy; the insurance code doesn't establish minimum or maximum standards |                               |  |  |

<sup>\*</sup>Minimum standards apply.

| Program details                         | New Hampshire   | Tennessee  | Texas                               | Vermont   | Virginia   |
|---|---|--|-------------------------------------|---|--|
| Program title                           | Paid Family and Medical<br>Leave (PFML)   | Tennessee Paid Family<br>Leave Insurance Act   | Texas Family Leave<br>Insurance Act | Paid Family and Medical<br>Leave (PFML)   | Paid Family Leave<br>Insurance (PFL)   |
| Benefits begin                          | Mandatory: First day     Private: Variable     according to employer's     policy   | The insurance code doesn't establish when benefits begin.  |                                     | Mandatory: first day     Private: Variable     according to     employer's policy | This insurance code does<br>not establish when<br>benefits begin.  |
| Benefit percentage                      | Mandatory: 60% of wages     Private: Variable     according to     employer's policy  | The insurance code doesn't establish a benefits percentage.  |                                     | Mandatory: 60% of wages     Private: Variable according to employer's policy      | This insurance code does not establish minimum or maximum standards.   |
| Maximum<br>weekly benefits              | Up to 60% wage<br>replacement<br>up to the SS wage cap  | The insurance code doesn't establish a maximum weekly benefit.   |                                     | For state employees, up to<br>60% wage replacement; for<br>private employees TBD  | This insurance code does not establish minimum or maximum standards.   |
| Maximum<br>benefit period               | Mandatory: Six weeks     Private: Carriers may offer plans that have variable benefit periods, but no less than six weeks and subject to a maximum of 12 weeks. | The insurance code doesn't establish a maximum benefit period.   |                                     | Mandatory: Six weeks     Private: Variable     according to     employer's policy | This insurance code does not establish minimum or maximum standards.   |
| Employee<br>contribution rate           | Variable according to employer's policy   | Varies according to the employer's policy; the insurance code does not establish minimum or maximum standards. |                                     | Variable according to employer's policy   | Variable according to the employer's policy; the insurance code does not establish minimum or maximum standards. |
| Wages subject<br>to contributions       | Variable according to employer's policy   | Varies according to the employer's policy; the insurance code does not establish minimum or maximum standards. |                                     | \$176,100/year<br>(2025 Social Security<br>annual wage cap)                       | Variable according to the employer's policy; the insurance code does not establish minimum or maximum standards. |
| Maximum<br>annual employee<br>deduction | Variable according to employer's policy   | Varies according to the employer's policy; the insurance code does not establish minimum or maximum standards. |                                     | Variable according to employer's policy   | Variable according to the employer's policy; the insurance code does not establish minimum or maximum standards. |
| Employer<br>contribution rate           | Variable according to employer's policy   | Varies according to the employer's policy; the insurance code does not establish minimum or maximum standards. |                                     | Variable according to employer's policy   | Variable according to the employer's policy; the insurance code does not establish minimum or maximum standards. |
| Total state plan contribution rate      | Variable according to employer's policy   | Varies according to the employer's policy; the insurance code does not establish minimum or maximum standards. |                                     | Variable according to employer's policy   | Variable according to the employer's policy; the insurance code does not establish minimum or maximum standards. |

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