

Questions	Available Responses (required fields)
All Applicants	
Contact Name, Phone Number, and Email	
Was the average size of your Massachusetts workforce in the last calendar year comprised of 25 or more workers (W-2 employees and 1099-MISC contractors)?	Y/N
Is more than half of your Massachusetts workforce paid through 1099-MISC forms?	Y/N
What kind of paid leave plan will you offer?	Family/Medical/Family and Medical
Are you purchasing a plan or will you be self-insuring?	Purchase Private Plan/Self-Insured
If self-insuring is selected, the following questions are displayed:	
1. What is the average size of your workforce? Have you obtained a bond per the self-insurance requirements?	
Message displayed based on values set for the workforce count entered:	
"If your private plan is in the form of self-insurance, you must furnish a bond running to the commonwealth with a surety company authorized to transact business in the commonwealth. Based on your workforce size, your required bond is \$XXX of which \$XXX is for family coverage and \$XXX is for medical coverage."	1. Numeric field 2. Y/N
2. Have you obtained a bond per the self-insurance requirements?	
If purchase private plan is selected, the following questions are displayed:	
Medical Private Plan Details and Family Private Plan Details fields are displayed (required fields correspond to selected response for kind of paid plan offered)	Details requested are separated by type of plan: *Medical (Family) Private Plan Provider *Medical (Family) Private Plan Number *Date Medical (Family) Policy Coverage Begins *Date Medical (Family) Policy Coverage Ends
Family Plan	
Are all of your employees, including full-time, part-time, permanent or seasonal employees, be eligible for benefits under your plan?	Y/N
If the question regarding over half of workforce paid through 1099-MISC is answered yes, the following question is displayed:	Y/N
Are Massachusetts 1099-MISC contractors paid by you eligible for benefits under your plan?	
Does your plan ensure that employees are eligible for up to 26 weeks, in the aggregate, of paid family and medical leave?	Y/N
Definition: The Statute defines family member as "the spouse, domestic partner, child, parent, or parent of a spouse or domestic partner of the covered individual; a person who stood in loco parentis to the covered individual when the covered individual was a minor child; or a grandchild, grandparent or sibling of the covered individual.	
Definition: A child is considered a family member whether they are biological, adopted, foster, step, or a child of whom the employee had legal guardianship regardless of age or dependency status.	
Does your plan provide employees at least 12 weeks of paid leave to provide care to a family member, as defined above, with a serious health condition?	Y/N
Does your plan allow employees at least 12 weeks of paid leave to care for a child with a serious health condition?	Y/N
Does your plan provide employees at least 12 weeks of paid leave to bond with a child during the first 12 months after the child's birth, adoption, or foster care placement?	Y/N
If a qualifying exigency arises out of the fact that an employee's spouse, child, or parent is a current member of the Armed Forces is the employee eligible for at least 12 weeks of paid family leave under your plan?	Y/N

Do you provide a minimum of 26 paid weeks in a benefit year to care for a family member who is or was a covered service member of the Armed Forces and who requires medical care as a result of an illness or injury related to the family member's active service?	Y/N
Does your plan pay benefits that are greater than or equal to the state's plan?	Y/N
Do you withhold premiums or contributions from your employees' wages?	Y/N
Required question if the above question is answered Yes: Is the amount withheld less than or equal to the amount required for employee contributions under the state plan?	*Y/N
Does your workplace policy ensure that employees are granted the job protections to which they are entitled under the Paid Family and Medical Leave law in the event they take qualified leave?	Y/N
Does your workplace policy ensure the continuance of employees' existing rights, if any, to vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or other employment benefits, plans or programs upon their return to employment?	Y/N
Does your workplace policy continue to contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave?	Y/N
Does your plan allow for leave to be taken intermittently or on a reduced leave schedule, if medically necessary, with the weekly benefit amount being prorated: *To care for a family member's serious health condition; *To care for a family member who is a covered service member, and *For the employee's own serious health condition?	Y/N
Does your plan allow for leave to be taken intermittently or on a reduced leave schedule, if the employer and employee agree to it, for leave to bond with a child during the first twelve months after the child's birth, adoption, or foster care placement?	Y/N
Does your plan allow for leave to be taken intermittently or on a reduced leave schedule due to a qualifying exigency arising out of a family member's active duty or impending call to active duty in the Armed Forces?	Y/N
Does your plan cover unemployed former employees who apply for benefits for family leave for up to 26 weeks after separation from employment, or until they obtain other employment, whichever is sooner?	Y/N
Does your plan specifically state that all presumptions shall be made in favor of the availability of leave and the payment of leave benefits?	Y/N
Medical Plan	
Are all of your employees, including full-time, part-time, permanent or seasonal employees, eligible for benefits under your plan?	Y/N
If the question regarding over half of workforce paid through 1099-MISC is answered yes, the following question is displayed: Are Massachusetts 1099-MISC contractors paid by you eligible for benefits under your plan?	Y/N
Does your plan ensure that employees are eligible for up to 26 weeks, in the aggregate, of paid family and medical leave?	Y/N
Does your plan provide employees up to 20 weeks of paid leave if they are unable to work due to a serious health condition?	Y/N
Does your plan pay benefits that are greater than or equal to the state's plan?	Y/N
Do you withhold premiums or contributions from your employees' wages?	Y/N
Required question if the above question is answered Yes: Is the amount withheld less than or equal to the amount required for employee contributions under the state plan?	*Y/N
Does your workplace policy ensure that employees are granted the job protections to which they are entitled under the Paid Family and Medical Leave law in the event they take qualified leave?	Y/N
Does your workplace policy ensure the continuance of employees' existing rights, if any, to vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or other employment benefits, plans or programs upon their return to employment?	Y/N
Does your workplace policy continue to contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave?	Y/N

Does your plan allow for leave for an employee's own serious health condition to be taken intermittently or on a reduced leave schedule, if medically necessary, with the benefit amount being prorated?	Y/N
Does your plan cover unemployed former employees who apply for benefits for medical leave for up to 26 weeks after separation from employment, or until they obtain other employment, whichever is sooner?	Y/N
Does your plan specifically state that all presumptions shall be made in favor of the availability of leave and the payment of leave benefits?	Y/N
Family and Medical Plan	
Are all of your employees, including full-time, part-time, permanent or seasonal employees, eligible for benefits under your plan?	Y/N
If the question regarding over half of workforce paid through 1099-MISC is answered yes, the following question is displayed:	Y/N
Are Massachusetts 1099-MISC contractors paid by you eligible for benefits under your plan?	
Does your plan ensure that employees are eligible for up to 26 weeks, in the aggregate, of paid family and medical leave?	Y/N
Does your plan provide employees up to 20 weeks of paid leave if they are unable to work due to a serious health condition?	Y/N
Definition: The Statute defines family member as "the spouse, domestic partner, child, parent, or parent of a spouse or domestic partner of the covered individual; a person who stood in loco parentis to the covered individual when the covered individual was a minor child; or a grandchild, grandparent or sibling of the covered individual.	
Definition: A child is considered a family member whether they are biological, adopted, foster, step, or a child of whom the employee had legal guardianship regardless of age or dependency status.	
Does your plan provide employees at least 12 weeks of paid leave to provide care to a family member, as defined above, with a serious health condition?	Y/N
Does your plan allow employees at least 12 weeks of paid leave to care for a child with a serious health condition?	Y/N
Does your plan provide employees at least 12 weeks of paid leave to bond with a child during the first 12 months after the child's birth, adoption, or foster care placement?	Y/N
If a qualifying exigency arises out of the fact that an employee's spouse, child, or parent is a current member of the Armed Forces is the employee eligible for at least 12 weeks of paid family leave under your plan?	Y/N
Does your plan provided a minimum of 26 paid weeks in a benefit year to care for a family member who is or was a member of the Armed Forces and who requires medical care as a result of an illness or injury related to the family member's active service?	Y/N
Does your plan pay benefits that are greater than or equal to the state's plan?	Y/N
Do you withhold premiums or contributions from your employees' wages?	Y/N
Required question if the above question is answered Yes: Is the amount withheld less than or equal to the amount required for employee contributions under the state plan?	*Y/N
Does your workplace policy ensure that employees are granted the job protections to which they are entitled under the Paid Family and Medical Leave law in the event they take qualified leave?	Y/N
Does your workplace policy ensure the continuance of employees' existing rights, if any, to vacation time, sick leave, bonuses, advancement, seniority, length-of-service credit or other employment benefits, plans or programs upon their return to employment?	Y/N
Does your workplace policy continue to contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave?	Y/N
Does your plan allow for leave to be taken intermittently or on a reduced leave schedule, if medically necessary, with the weekly benefit amount being prorated:	
*To care for a family member's serious health condition;	Y/N
*To care for a family member who is a covered service member, and	
*For the employee's own serious health condition?	

Does your plan allow for leave to be taken intermittently or on a reduced leave schedule, if the employer and employee agree to it, for leave to bond with a child during the first twelve months after the child's birth, adoption, or foster care placement?	Y/N
Does your plan allow for leave to be taken intermittently or on a reduced leave schedule due to a qualifying exigency arising out of a family member's active duty or impending call to active duty in the Armed Forces?	Y/N
Does your plan allow for leave for an employee's own serious health condition to be taken intermittently or on a reduced leave schedule, if medically necessary, with the benefit amount being prorated?	Y/N
Does your plan cover unemployed former employees who apply for benefits for family or medical leave for up to 26 weeks after separation from employment, or until they obtain other employment, whichever is sooner?	Y/N
Does your plan specifically state that all presumptions shall be made in favor of the availability of leave and the payment of leave benefits?	Y/N