Connecticut Paid Family and Medical Leave (CT PFML)
Benefits payable beginning January 1, 2022

**Employer eligibility**
All employers with one or more employees
Does not cover:
- The federal government
- The state, municipalities, or local or regional boards of education, except to the extent their employees are covered public employees
- Nonpublic elementary or secondary schools

**Employee eligibility**
- Have earned at least $2,325 during the employee’s highest earning quarter within the first four of the last five most recent quarters
- Is currently employed
- Have been employed within the prior 12 weeks, or
- Is a self-employed individual or sole proprietor and Connecticut resident who has enrolled in the program

Employee must have worked for the employer for at least three months immediately before requesting leave. There is no minimum hours-worked requirement.

**Benefit Duration**
Covered employees who work in Connecticut are allowed the following in a 12-month period:
- Up to 12 weeks of Family and Medical leave
- An additional two weeks of paid leave for employees incapacitated by serious health condition during pregnancy

**Reasons for leave**
- Bonding (birth, adoption or foster-care placement)
- Care for a family member with a serious health condition
- Employees own serious health condition
- Employee’s status as a victim of family violence
- Care for an injured service member
- Serving as an organ or bone marrow donor
- Military exigency as defined by the federal FMLA

**The definition of serious health condition** aligns with that used under the federal FMLA. Namely, a serious health condition is an illness, injury, impairment or physical or mental condition involving inpatient care or continuing treatment.

**Premiums**
Premium amounts will be paid in the form of payroll deductions from the employer.
- Beginning on January 1, 2021, covered employees and self-employed individuals or sole proprietors who have enrolled in the program must contribute to the Family and Medical Leave Insurance Trust Fund to fund the benefits.
- The contribution rate will initially be 0.5%, up to the Social Security maximum ($132,900).
- CT PFML premium is entirely employee paid. Employers may opt to cover the premium for employees.

**Benefit amounts**
Are paid at:
- 95% of the employee’s base weekly earnings up to 40 times the statutory minimum wage
- 60% of employees base weekly earnings above 60 times the statutory minimum wage
- The Connecticut minimum wage will increase to $15 per hour by mid-2023. Based on a $15 minimum wage, 95% of earnings will be paid on the first $600 in earnings and for earnings over $600, benefits will be paid at 60%.
- The initial maximum benefit will be $900 per week. Base weekly earnings is an amount equal to 1/26th of a covered employee’s total wages earned during the two quarters of the covered employee’s base period in which such earnings were highest. The base period is the first four of the five most recently completed quarters.

**CT PFML**
**Family and Medical Leave**
**12 WEEKS**

**Pregnancy Incapacity**
**+2 WEEKS**
An additional two weeks of paid leave for employees incapacitated by serious health condition during pregnancy

$900
Max benefit
**Intermittent/reduced schedule leave**
- Is available, when medically necessary, for employees’ own serious health condition, to care for a family member or injured service member, to serve as a organ or bone marrow donor.
- Is available for military exigency and for victims of family violence.
- May be taken for bonding with a new child, only if the employer permits it and the employee and employer agree.

**Covered family members**
- Includes spouse, sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.

**Waiting period**
- There is no waiting period for benefits.

**Private plan exemption**
Employers may seek approval to meet their obligations of the CT PFML law through a private plan. If approved, contributions do not need to be made to the state’s Family and Medical Leave Insurance Trust Fund.

To meet an employer’s obligations, a private plan must:
- Confer all of the same rights, protections and benefits provided to employees as those available under the state plan, including:
  - at least the same number of weeks of benefits;
  - at least the same level of wage replacement for all of those weeks; and
  - pay benefits for the same leave reasons
- Impose no additional conditions or restrictions on the use of family or medical leave beyond those explicitly authorized by the state plan;
- Not charge employees more premium than that charged to employees in the state plan;
- Provide coverage for all employees throughout their period of employment;
- Include future employees;
- Not result in a substantial selection of risks adverse to the state’s Family and Medical Leave Insurance Trust or otherwise endanger the solvency of the fund;
- Have been approved by a majority vote of the employer’s employees; and
- Meet any additional requirements established by state authority

If the private plan is in the form of:

**Self-insurance** - the employer shall furnish a bond running to the state, with a surety company authorized to do business in the state as surety.

**Fully insured** - the forms of the policy shall have been approved by the insurance commissioner and be issued by an approved insurer.

Plan approvals can be withdrawn by state authority.