

Colorado Paid Family and Medical Leave Insurance Act (CO FAMLI)

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CO Paid Family and Medical Leave (CO PFML) Insurance/ (CO FAML) Overview

What is Colorado Paid Family and Medical Leave (CO PFML)?

Colorado Paid Family and Medical Leave (CO PFML) is a program that offers wage replacement benefits if you are sick or hurt and cannot work. PFML applies to family-related matters as well, such as bonding with a new child or caring for a family member who has a serious health condition. You can also use PFML to handle a qualifying military exigency for a family member's military duty.

Is my employer required to offer CO PFML benefits?

Yes, private employers are required to offer these benefits if they:

- 1 Employ at least one (1) employee during each of 20 work weeks in the current or preceding calendar year.
- or
- 2 Paid \$1,500 or more in wages during any calendar quarter in the preceding calendar year.

What is Colorado Family and Medical Leave Insurance (CO FAML)?

Colorado Family and Medical Leave Insurance (CO FAML) is the state-run Paid Family and Medical Leave (PFML) program that provides CO PFML benefits to eligible Colorado workers.

Is my employer required to use the state-run paid leave program?

No. While private employers are required to offer CO PFML benefits, they may choose to offer equal or improved benefits through either private insurance or a self-funded program.






Am I eligible for coverage?

All employees working for a covered employer are eligible for benefits.

You must have earned at least \$2,500 from working in Colorado before your benefit year starts. The \$2,500 can come from one or more jobs and must be subject to PFML premiums.

What are the state benefits and what can I use them for?

You can receive part of your pay and keep your job if you need to take time off for certain reasons, such as:*

Paid Medical Leave		Safe Leave		Paid Family Leave	
					
Own Serious Health Condition Your own medical need (including pregnancy)	Family Violence When you or a family member is having issues related to domestic violence, stalking, or sexual assault	Child Bonding Including newborn, adoption, and foster care placement	Family Caregiver When a covered family member has a serious health condition	Military Exigency When a covered family member has needs related to active duty service	
Benefit Duration					
Up to 12 weeks** in a 12-month period					
**Up to an extra four weeks if there are complications related to pregnancy or childbirth.					

*Your job is protected if you have worked at your current workplace for at least 180 days. If you are also covered by FMLA, that leave time should be used at the same time as your PFML leave.

What should I do if I am thinking of taking CO PFML?


Start by checking your employer's benefits handbook or talking to Human Resources. They can tell you:

- How to apply for benefits
- How the leave works with other paid time off options such as sick pay or vacation time
- How it works with the other programs your employer offers that may overlap with CO PFML

Benefit Calculation

How much of a benefit can I receive?

The benefit amount you can receive depends on how much money you make weekly compared to others in Colorado.



In 2025, the most you can receive in a week is \$1,341.21.

Benefit Calculation

The money you receive is based on your usual weekly pay. Here's how it works:

<p>MetLife looks at your average weekly pay.</p>	<p>MetLife compares it to the average weekly pay for everyone in Colorado.*</p> <p>From July 1, 2024 to June 30, 2025, this amount is \$1,471.34.</p>	<p>The portion of the average weekly wage that is equal to or less than 50% of the state average weekly wage is multiplied by 90%.</p>	<p>The portion of the average weekly wage that is more than 50% of the state average weekly wage is multiplied by 50%.</p>
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Click here to learn more: [State of CO FAMLII Premiums and Benefits Estimator](#).

*The state of Colorado updates their average weekly wage in July of every year.

Filing for Benefits

How do I file for benefits?



Additional information:

- Check with your Human Resources team to see if employer reimbursement is needed for the claim.
- Once MetLife receives a claim, an acknowledgement packet will be sent to you within 48 hours.
- MetLife will send your employer a questionnaire.
- After a claim is properly filed, with all of its needed information to make a decision, MetLife will let you and your employer know within 5 business days.
- MetLife will make a reasonable effort to obtain any additional needed information/documentation.
- If your claim is missing information, it will be closed 61 days after it is received.

- You must get medical records or other documentation(s) to support your claim and send them to the claim specialist.
- After MetLife has all the information, MetLife will make a decision within 14 days.
- If your claim is approved, you'll get your first payment within 2 weeks. Payments come every week, by check or direct deposit.

Claim administration timeline				
Employee	MetLife-PFML	Employer	MetLife-PFML	
Apply For Benefits	Send Employer Verification	Employer Response Sent	Decision	Benefit Payments
30 days in advance	Within 48 hours of receiving	Within 10 days of receiving request for more information	Within 14 days of receiving all materials	Within 2 weeks of approval or first absence date
<p>A claim may be submitted up to 30 days after the leave has begun.</p> <p>If a claim is submitted 30 days after leave has begun but before 90 days after leave has begun, MetLife must consider the application if it includes evidence establishing good cause for the covered individual's failure to submit the claim within 30 days.</p>	<p>MetLife will send the claimant an acknowledgement packet.</p> <p>Within 5 business days of receiving</p> <p>After all the required paperwork is received to make a decision, MetLife will inform you and your employer of receipt within 5 business days.*</p> <p>*Early submit claims will have packet sent within 48 hours but the 5-day clock starts at claim start date.</p>	<p>Your employer must answer any questions about your claim.</p> <p>Your employer may be asked for your work schedule and other details to process the claim and may set up reimbursement if applicable.</p>	<p>MetLife will send you and your employer a letter to tell you if your claim is approved or denied.</p> <p>If it's denied, you can ask MetLife to look at it again.</p> <p>If they still say no after another review, you can appeal to the state.</p>	<p>If MetLife pays you too much by mistake, MetLife will ask you to return the overpayment right away.</p>

Coordination with other benefits

Colorado Paid Family and Medical Leave Insurance (PFML) and Family Medical Leave Act (FMLA) benefits can and should be used at the same time when applicable. Your employer may require you to use PML benefits and short-term or long-term disability benefits at the same time.

If my employer has a private plan for parental leave that pays 100% salary for a designated number of weeks, how would MetLife coordinate the private plan with the CO FAMLI benefit?

As part of our benefit coordination process, MetLife's claims team will reach out to you to coordinate dates of the company leave that directly overlap with the state leave (e.g., company's parental leave and PFL-child bonding), and apply the necessary adjustment.

Can my employer require me to use my sick or vacation time before using CO PFML?

No, your employer cannot make you use up other types of leave, like vacation days, before taking CO PFML. It's up to you to decide if you want to use other leaves, such as vacation time, in conjunction with CO PFML to bring your benefits up to full weekly pay. You get to choose the order in which you use your different types of leave.

Can I qualify for more than one benefit?

You may qualify for more than one benefit based on the reason for your leave. Some common events are:

Leave reason	CO FAMLI		FMLA	Company	Other
	CO PML	CO PFL			
You have complications due to pregnancy	Yes	No	Yes	Short-Term Disability (STD)	
You have a serious health condition requiring days/weeks/months away from work	Yes	No	Yes	STD-continuous or reduced leave schedules with partial disability No intermittent leave	
You are injured at work	No	No	Yes	No	Workers' Compensation
You are bonding with a newborn or fostering or adopting a child	No	Yes	Yes	Maybe (Parental/Bonding leave)	
You need to care for a family member, parent, child, or spouse with a serious health condition	No	Yes	Yes	Sick leave, PTO	
You need to care for other covered family members: domestic partner, sibling, grandchild, grandparent, spouse's grandparent, child-in-law, or an individual who has a relationship with the employee that creates an expectation and reliance on the employee's care for the individual (whether or not they reside together) with a serious health condition	No	Yes	No	Sick leave, PTO	
You are a former employee receiving unemployment for a qualifying event	No	No	No	No	Unemployment

Documentation Requirements

What proof or supporting documentation is needed to support a claim?



For your own serious health condition (when you are sick or hurt and cannot work for an extended period of time):

- Certification of a Serious Health Condition form filled out by you and your healthcare provider, or
- A doctor's note or Attending Physician Statement (APS) that includes the same information as the Certification of Serious Health Condition form and/or any other reasonable information or documentation necessary to adjudicate the claim.

It can take two weeks or more for the doctor's office to process this paperwork, so be sure to submit it to your doctor as soon as possible.



For child bonding for a newborn:

- A copy of the child's birth certificate, or
- A statement from the child's healthcare provider stating the child's date of birth, or
- A statement from the mother's healthcare provider stating the child's date of birth



For child bonding for adoption or foster care placement:

- A copy of court documents finalizing the adoption; or
- Documentation from the child's healthcare provider; or
- Foster/adoption agency paperwork containing adoption or placement

If you are not the parent named in the court documents (in loco parentis), you may also be asked to provide proof verifying your relationship to the in loco parentis named in the court documentation. This could be a marriage certificate, civil union papers, or something showing you're in a domestic partnership.



For leave to care for a family member with a serious health condition, including medical events related to pregnancy or childbirth, you must provide ONE of the following:

- Certification of a Serious Health Condition form filled out by you and your family member's healthcare provider. It can take two weeks or more for the doctor's office to process this paperwork, so be sure to submit it to them as soon as possible, or
- A doctor's note or APS. Please make sure it includes the same information as the Certification of Serious Health Condition form, and/or
- Any other reasonable information or documentation necessary to adjudicate the claim.

In some cases, a statement confirming the relationship between you and the family member may also be requested.

Coverage and Claims

Who is a covered family member?

A covered family member can be someone who fits any of the following criteria regardless of age or biological relation:

Covered Family Members include the following:

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• An adopted or foster child• A person for whom you stood in place of a parent when the person was a minor• A grandparent, grandchild, or sibling (whether a biological, foster, adoptive, or step relationship) of you or your spouse or domestic partner• A stepchild or legal ward | <ul style="list-style-type: none">• A person you are legally married to under the laws of any state• A parent (whether a biological, foster, adoptive, or step relationship) or legal guardian of you or your spouse or domestic partner• A child of a domestic partner• A person who stood in place of a parent when you or your spouse or domestic partner was a minor | <ul style="list-style-type: none">• Your domestic partner• A child for whom you stand in place of a parent• Any other individual with whom you have a significant personal bond that is or is similar to a family relationship, regardless of biological or legal relationship |
|--|---|--|

Can CO PFML be taken intermittently or on a reduced leave schedule?

You can take your approved leave all at once, in separate chunks of time, or by working fewer hours each day. If you take leave a little at a time, each increment can be as short as an hour or even less if that's how your employer usually tracks time off.

What if my claim is denied?

For private plans, if a claim has been denied, you can reach out to MetLife to have the claim reconsidered. If, after a second review, the claim is still denied, you can file an appeal with the state by submitting a completed Appeal Request Form. The FAMLI Division of the state of CO will only consider appeals filed within forty-nine (49) days of the date of the determination or redetermination of the claim. (1107-9 Appeals Regulations)

Additional CO PFML Benefit Details

How is the program funded?

Costs are shared between workers and employers:

- Employers pay half the cost and workers pay the other half
- In 2025, workers pay no more than 0.45% of their total covered wages

But there are two exceptions:

1. Employers with fewer than 10 workers don't have to pay their share
2. If your employer uses a private plan instead of the state program, costs might be a bit different. But you won't have to pay more than you would with the state plan.

What types of wages are used to calculate the state's payroll deduction and benefit?

Gross wages include the following:		
<ul style="list-style-type: none">• Salary• Hourly wage• Overtime• Tips	<ul style="list-style-type: none">• Bonuses• Commissions• Piece rate• Employer-provided paid leave (PTO, sick, vacation, etc.)	<ul style="list-style-type: none">• Disability benefits paid by your employer and not by a third party• Parental leave paid by your employer and not by a third party• The value of lodging or meals used as a credit toward the minimum wage

Gross wages do NOT include:	
<ul style="list-style-type: none">• Severance payments• Employer contributions and payouts to, or from, a deferred compensation plan• Profit-sharing	<ul style="list-style-type: none">• Pensions or retirement plan payments• Expense reimbursements (mileage, travel, moving, per diems, etc.)• Non-monetary payments (except lodging or meals to the extent they're used as a credit toward the minimum wage)

General Tax Information

If the Internal Revenue Service (IRS) determines that family and medical leave insurance benefits are subject to federal income tax, the division or an approved private plan shall inform an individual filing a new claim for family and medical leave insurance benefits, at the time of filing such claim, that:

- a) The IRS has determined that benefits are subject to federal income tax.
- b) Requirements exist pertaining to estimated tax payments.
- c) Benefits received are not subject to CO state income tax.

Are taxes automatically withheld from benefits?

PFL: No, as PFL plans are not subject to FICA. Federal and state income taxes are voluntary tax withholdings done at your request. Federal and state income taxes will not automatically be withheld from benefits.

PML: FICA will automatically be withheld from fully insured plans.

Resources



Need more information? Visit:

The MetLife PFML [website](#) regarding state-mandated benefits.

For CO State resources, please [click here](#).

For details regarding your coverage, contact your MetLife Representative.

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