

Washington Paid Family and Medical Leave

(WA PFML)

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WA Paid Family and Medical Leave (WA PFML) Overview

What is Washington Paid Family and Medical Leave (WA PFML)?

Washington Paid Family and Medical Leave (WA PFML) is a Washington program that offers wage replacement benefits if you are sick or hurt and cannot work. WA 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 WA PFML to handle a qualifying military exigency for a family member's military duty.

Is WA Cares a part of the WA PFML program?

No, WA Cares is separate from WA PFML. WA Cares is a state-run public program that allows working Washington residents to earn access to long-term care benefits. WA Cares collects contributions from employees, but these are separate from WA PFML contributions. You can choose to apply for an exemption from WA Cares coverage, but exemptions from WA Cares are permanent, and you can never opt back in. To learn more about this new program, visit wacaresfund.wa.gov.

Is my employer required to offer WA PFML benefits to employees?

Yes, private employers that employ at least one individual in Washington are required to offer these benefits.

Some employers are exempt, such as federal employers, tribally-owned businesses on tribal land, and self-employed workers (including independent contractors). However, tribes and self-employed workers may opt in to the state-run program.

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

No. While private employers are required to offer WA PFML benefits, they may choose to offer equal or improved benefits through a self-insured or employer voluntary plan.

Am I eligible for coverage?

All full-time, part-time, temporary, and seasonal employees working for a covered employer are eligible for benefits.

You must have worked at least 820 hours (about 16 hours a week) in Washington within the first four of the five most recently completed quarters (called the qualifying period). If you are a Washington resident who is self-employed or a sole proprietor, you are eligible to opt into the state-run program. However, individual employees are not able to opt out of their employer's program.





What should I do if I am thinking of taking 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 WA PFML

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

Eligible workers can receive wage replacement benefits for the below qualifying events:*

Paid Medical Leave		Paid Family Leave	
	Own Serious Health Condition Your own medical need (including pregnancy and/or childbirth)		Child Bonding Including birth, child bereavement, adoption, and foster placement
			Family Caregiver When a covered family member has a serious health condition
			Military Exigency When a covered family member is called to active service overseas
Benefit Duration			
Up to 12 weeks in a 12-month benefit period. Up to 16 weeks total of Paid Family Leave (PFL) and Paid Medical Leave (PML) combined. An additional 2 weeks may be possible in the case of pregnancy complications.			
Waiting Period			
A one-time, seven-day waiting period is required per 12-month benefit period, except in the case of medical leave upon birth of a child, family leave for child bonding, child bereavement, or military exigency. Also, the waiting period does not reduce your total number of allotted weeks for PFL or PML.			

* Job protection may apply if you work for a company that employs at least 50 people in Washington, have worked for the company at least a year, and have completed at least 1,250 hours worked.

Benefit Calculation

How much of a benefit can I receive?

The benefit amount you can receive is based on your average weekly pay and depends on Washington's average weekly wage, which is updated by the state of Washington yearly.



In 2024, the most you can receive is 90% of your average weekly wage up to the state's weekly maximum benefit amount, which is \$1456.00.

Benefit Calculation

If your average weekly pay is equal or less than 50% of Washington's average weekly wage:

You can receive 90% of your average weekly pay.

If your average weekly pay is more than 50% of Washington's average weekly wage, you can receive the sum of:

- 90% of one half of the state's average weekly wage
- +
- 50% of the difference between your average weekly wage and one half of the state's average weekly wage

The state of Washington's average weekly wage is currently \$1,618.00

Examples	Employee A	Employee B	Employee C
Weekly wage	\$500	\$1,000	\$2,250
Benefit amount	\$450	\$823	\$1,448

Filing for Benefits

How do I file for benefits?

1 Notify your employer	2 Apply for benefits	3 Submit supporting documentation	4 Stay connected until you return to work
<ul style="list-style-type: none"> • At least 30 days before your leave if it is foreseeable. • If your leave is unexpected, as soon as you can. • Benefits may be delayed if your employer does not receive your 30-day notice before a foreseeable leave. 	<ul style="list-style-type: none"> • Apply for benefits as soon as possible after the event takes place. • A late-filed claim may be considered if it meets the state's definition of 'good cause.' • For voluntary plans, MetLife can accept claims within 30 days prior/after via web, telephone, or paper claim. The method is dependent on your employer's coverage plan. 	<ul style="list-style-type: none"> • Proof may be required before the claim decision can be made. • MetLife will make a claim decision within 14 days of receiving all information (or the first day of leave, whichever is later). 	<ul style="list-style-type: none"> • For the state-run program, you will need to file weekly claims. • MetLife and your employer will need to have your anticipated return to work date scheduled or an intermittent leave plan on file to efficiently manage the claim.

Coordination with other benefits

Washington Paid Family and Medical Leave (WA PFML) benefits and the federal Family & Medical Leave Act (FMLA) benefits can be used at the same time and should be taken at the same time when applicable. If your employer requires you to use WA PFML benefits and Short-Term or Long-Term Disability benefits at the same time, you should check the rules of your disability policy to find out who has to tell the policy's program administrator about the benefits you are receiving: you, your employer, or both.

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	WA PFML		FMLA	Company	Other
	WA PML	WA PFL			
You have complications due to pregnancy	Yes	No	Yes	Short-Term Disability (STD)	
You have a serious health condition requiring multiple 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 and/or adopting a child	No	Yes	Yes	Maybe (Parental/Bonding leave)	
You need to care for a parent, child, or spouse with a serious health condition	No	Yes	Yes	Sick leave, PTO	
You need to care for other family members (grandparent, sibling, grandchild, or other family member) with a serious health condition	No	Yes	No	Sick leave, PTO	
You are a former employee receiving unemployment and you have a qualifying event	Maybe	Maybe	No	No	Unemployment

If my employer offers parental leave that pays 100% salary for a designated number of weeks, how would MetLife coordinate the parental leave program with the WA PFML benefit?

WA PFML is a wage replacement benefit. If you are not losing wages, your PFML benefits may begin after the company paid leave ends. As part of MetLife's benefit coordination process, MetLife's claims team can reach out to your employer to coordinate dates of the company leave that directly overlap with the state leave (e.g., company's parental leave and PFL-child bonding).

Documentation Requirements

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

You must provide specific documents for each claim you make. It is important to submit your paperwork to your doctor as soon as you can. It might take the doctor's office two weeks or more to process your claim. In some cases, a statement confirming the relationship between you and the family member may also be requested.



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



For child bonding with a newborn:

- A copy of the child's birth certificate, or
- A statement from the child's healthcare provider stating child's date of birth, or
- A statement from the mother's healthcare provider stating 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 are in a domestic partnership.



For child bereavement:

- Date of death and supporting documentation



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, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form



For qualifying military exigency needs, you will need to verify your family member's service with ONE of the following:

- Covered family member's active-duty orders, or
- Letter from the military unit documenting impending call or order to covered duty, or
- Documentation of military leave signed by the approval authority for the military member's rest and recuperation
- If leave is requested to meet with a third party, such as a school official, counselor, or attorney, you must provide documentation of the meeting that includes
 - The name, address, and contact information of the individual or entity with whom you are meeting
 - A description of the meeting

Coverage and Claims

Who is a covered family member?

A covered family member can be your child, grandchild, grandparent, parent, sibling, spouse, an individual who regularly resides in your home who relies on your care for them, or any person outside of your home who relies on you as a caregiver.

Can I file more than one claim in a benefit year?

Yes. The maximum combined leave is 16 weeks for WA PFML, or 18 weeks if you experience pregnancy complications. Even if you use both Family Leave and Medical Leave, you will only have one (1) unpaid waiting week during your benefit year. However, the waiting period does not apply to Medical Leave following the birth of a child or Family Leave taken for child bonding, child bereavement, or military exigency.

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

Yes, WA PFML can be taken intermittently or on a reduced leave schedule if you are approved for 8-hour continuous leave (e.g, eight (8) hours in one day, four (4) hours prior afternoon, four (4) hours next morning), but you may be required to prove the need for it.

Why does the law say I must give a 30-day advance notice of foreseeable leave?

The 30-day advance notice requirement requires you to alert your supervisor/employer that you will be absent because this can help with coordinating staffing and back-up training to cover for you while you are out on leave.

Additional WA PFML Benefit Details

How is the state-run program funded?

Costs are split between employer and employee premium amount according to Washington's premium rate, which is updated annually. In 2024, the premium rate is 0.74% of an employee's wages. The premium rate is split, with employees paying 71.43% of the contributions and employers with more than 50 employees paying up to 28.57%.*

How does my employer calculate PFML premium amounts due for each employee in 2024?

Employers may choose to fund the benefit on behalf of their employees or use payroll contributions per the split below:

Examples	Employee A	Employee B	Employee C
Annual Salary	\$50,000	\$75,000	\$168,600 (payroll deduction max)
Total Annual Premium	\$370	\$555	\$1,247.64
Employers Pay*	\$105.70	\$158.56	\$356.45
Employees Pay	\$264.30	\$396.44	\$891.19
Weekly Payroll Deduction	\$5.08	\$7.62	\$17.14

*Employers with fewer than 50 total employees who are using the state program are not required to contribute but may be eligible to receive assistance grants if they pay the employer contribution.

General Tax Information

Are taxes automatically withheld from benefits?

No. Taxes will not automatically be withheld from benefits paid by the state.

PFL: The state will issue 1099-G forms

PML: The state does not issue any forms to report benefits

Voluntary plan benefit payments are self-insured and may be paid through an employer's normal payroll, which may include withholdings set up like the employee's normal pay.

Resources



Need more information? Visit:

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

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

For details regarding your coverage, contact your MetLife Representative.

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