# Massachusetts Paid Family and Medical Leave

# Confirmation of Insurance

The purpose of this document is to provide verification of insurance coverage to support a request for private plan exemption from the Massachusetts Department of Family and Medical Leave (DFML) for the provision of paid leave benefits under M.G.L. c. 175M.

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| Insurance carrier information |
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| **INSURANCE CARRIER** |
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| Insurance carrier point of contact |
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| **CONTACT** | **EMAIL** | **PHONE NUMBER** |
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| policy information |
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| **policy effective date** | **policy ANNIVERSARY DATE** | **Coverage type**(Family & medical, family only, or medical only) |
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| **Policy form number**This number will be used in your exemption application in mASSTAXCONNECT | **serf number** |
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| COVERED BUSINESS ENTITIES |
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| **Business name**  | **Employer identification number** | **Coverage effective date** |
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| COVERED BUSINESS ENTITIES CONTINUED |
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| **business name**  | **Employer identification number** | **Coverage effective date** |
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| COVERED BUSINESS ENTITIES CONTINUED |
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| **business name**  | **Employer identification number** | **Coverage effective date** |
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| ACKNOWLEDGEMENT OF EMPLOYER |
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The Employer acknowledges and understands that they must submit an exemption application through MassTaxConnect under each unique Employer Identification Number (EIN) that is covered by the policy. ***The exemption application must be submitted the quarter prior to the policy effective or renewal date***. If the employer submits the exemption application after the policy effective or renewal date the employer must submit a formal request to backdate the exemption to the policy effective or renewal date or the employer will be liable for PFML contributions during the period, they were not approved for an exemption by the Department.

The Employer acknowledges and understands if this plan is not in force on the exemption effective date, the Employer will be responsible for PFML contributions retroactive to the effective date of the exemption, and furthermore, the Employer may not collect retroactive contributions from employees to satisfy this requirement.

The Employer acknowledges and understands that if it is approved for a medical leave only exemption, it does not alleviate it of its obligation to remit family leave contributions to the Family and Employment Security Trust Fund (“Trust Fund”). Similarly, if it is approved for a family leave only exemption, it does not alleviate it of its obligation to remit medical leave contributions to the Trust Fund.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by its duly authorized representative,

Name of Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by its duly authorized representative,

Name of Insurer

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Signature Date

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Name Title

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| INSTRUCTIONS |
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1. Complete the MA PFML Confirmation of Insurance form with your insurance carrier. The form must be signed by the employer and insurance carrier.
2. Submit an exemption request through MassTaxConnect. This step must be completed for each unique Employer Identification Number (EIN) covered under the policy.
	1. Log into MassTaxConnect
	2. Once logged into your account, locate your paid family and medical leave account panel.
	3. Select the “Exemptions” link in the “Account” panel and then select the “Request Exemption” hyperlink and continue with the application.
	4. Complete the application attaching the executed MA PFML Confirmation of Insurance form at the end.

Exemption applications periods based on policy effective/renewal date

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| **Policy effective/renewal date** | **Exemption application enrollment opens** | **Exemption application enrollment closes** |
| January 1 | October 1 | December 31 |
| April 1 | January 1 | March 31 |
| July 1 | April 1 | June 30 |
| October 1 | July 1 | September 30 |