

# Paid Family Medical Leave

Insurance Division, 85 7<sup>th</sup> Place East, Suite 280, St. Paul, MN 55101-2198

Ver. Date: 10/2024

Employers may apply to the commissioner of DEED for approval to meet their obligations under Minnesota Statutes, chapter 268B through the substitution of a private plan that provides paid family, paid medical, or paid family and medical benefits. Employers may meet the requirements of a private plan through a private insurance product. If the employer plan involves a private insurance product, that insurance product must be approved by the commissioner of commerce and be issued by an insurance company authorized to transact insurance in this state per Minn. Stat. § 268B.10.

DOC will review Carrier-issued policies for consistency with Minnesota Statutes, chapter 268B.

Submitted policies may include brackets to allow variability for product design but all bracketed items should be explained as part of the filing. Please note that company logos and contact information (address, phone number, website, etc.) may not be bracketed. Subjects in the checklist can align to the Carrier’s policy format and do not need to appear in the same order as the checklist.

Minnesota Specific Requirements	Authority	Requirements reviewed by filer	Form & page number or explain if not included
Company logos, contact information, cover & signature Page	MN Rule Part 2605.0400	<input type="checkbox"/>	
Medical benefit coverage, family benefit coverage, or medical and family benefit	268B.10 Subd 2 & 3	<input type="checkbox"/>	
Compliance with the Minnesota Department of Employment and Economic Development (“DEED”) paid family and medical leave statute and regulations	62A.04 Subd. 3 (9)	<input type="checkbox"/>	
Company Officer Signatures	60A.08 Subd. 5	<input type="checkbox"/>	
Readability Requirements	72C.10 Subd. 2	<input type="checkbox"/>	
Entire Contract	62A.10 Subd. 4(1)	<input type="checkbox"/>	

<b>Grace Period</b>	62A.04 Subd. 2(3)(a)	<input type="checkbox"/>	
<b>Reinstatement</b>	62A.04 Subd. 2(4)	<input type="checkbox"/>	
<b>Active Duty</b>	268B.01 Subd. 2	<input type="checkbox"/>	
<b>Applicants Average Weekly Wage</b>	Subd. 4	<input type="checkbox"/>	
<b>Base Period</b>	Subd. 5 (e) & (f)	<input type="checkbox"/>	
<b>Benefit</b>	Subd. 6	<input type="checkbox"/>	
<b>Benefit year</b>	Subd. 8 (c) & (d)	<input type="checkbox"/>	
<b>Bonding</b>	Subd. 9	<input type="checkbox"/>	
<b>Calendar Year</b>	Subd. 10	<input type="checkbox"/>	
<b>Calendar Quarter</b>	Subd. 11	<input type="checkbox"/>	
<b>Covered Employment</b>	Subd. 15	<input type="checkbox"/>	
<b>Covered individual</b>	Subd. 15a	<input type="checkbox"/>	
<b>Effective date of leave</b>	Subd. 15c	<input type="checkbox"/>	
<b>Employee</b>	Subd. 17	<input type="checkbox"/>	
<b>Family Care</b>	Subd. 22	<input type="checkbox"/>	
<b>Family Member</b>	Subd. 23	<input type="checkbox"/>	
<b>Financially Eligible</b>	Subd. 23a	<input type="checkbox"/>	
<b>Health Care Provider</b>	Subd. 24	<input type="checkbox"/>	
<b>Incapacity</b>	Subd. 26	<input type="checkbox"/>	
<b>Initial Paid week</b>	Subd. 27a	<input type="checkbox"/>	
<b>Inpatient Care</b>	Subd. 28	<input type="checkbox"/>	
<b>Maximum Weekly Benefit Amount</b>	Subd. 29	<input type="checkbox"/>	
<b>Medical care related to pregnancy</b>	Subd. 31	<input type="checkbox"/>	
<b>Qualifying exigency</b>	Subd. 33	<input type="checkbox"/>	
<b>Safety Leave</b>	Subd. 34	<input type="checkbox"/>	
<b>Serious Health Condition</b>	Subd. 39	<input type="checkbox"/>	
<b>Typical Work Week</b>	Subd. 44	<input type="checkbox"/>	
<b>Wages</b>	Subd. 47	<input type="checkbox"/>	
<b>Week</b>	Subd. 49	<input type="checkbox"/>	
<b>Weekly Benefit Amount</b>	Subd. 50	<input type="checkbox"/>	
<b>Eligibility</b>	268B.06 Subd. 1, Subd. 2, 268B.10	<input type="checkbox"/>	

<b>Qualifying Reason and Duration of Medical Leave</b>	268B.04 Subd. 5(a)	<input type="checkbox"/>	
<b>Qualifying Reason and Duration of Family Leave</b>	268B.04 Subd. 5(b)	<input type="checkbox"/>	
<b>Qualifying Reason and Duration of Bonding Leave</b>	268B.085 Subd. 2	<input type="checkbox"/>	
<b>Qualifying Reason and Maximum Duration</b>	268B.10, subd. 2(4)		
<b>Seven Day Qualifying Event</b>	268B.04 Subd. 6, 268B.06 Subd. 2	<input type="checkbox"/>	
<b>Minimum Increment for which benefits are payable</b>	268B.04 Subd. 6a	<input type="checkbox"/>	
<b>When payment of benefits begins</b>	268B.10, subd. 5	<input type="checkbox"/>	
<b>Extension of Paid Leave Benefits</b>	268B.04 Subd. 6a	<input type="checkbox"/>	
<b>Employer Reimbursement</b>	268B.06 Subd. 5(d) & 268B.10 Subd. 10	<input type="checkbox"/>	
<b>Substitution of Policyholder provided leave</b>	268B.06 Subd. 5	<input type="checkbox"/>	
<b>Former Employee and Coverage</b>	268B.10 Subd. 12a	<input type="checkbox"/>	
<b>Verification of Wages to Determine Financial Eligibility</b>	268B.04 Subd. 1(c)	<input type="checkbox"/>	
<b>Calculation of Weekly Benefit Amount</b>	268B.04 Subd. 3(a), (b), (c), (d), (e) & 268B.10 Subd. 2(3), 6(a)	<input type="checkbox"/>	
<b>Calculation of Weekly Benefit Amount</b>	268B.10 Subd. 6(a)	<input type="checkbox"/>	
<b>Payments</b>	268B.04 Subd. 4 & 268B.04 Subd. 5 & 268B.04 Subd. 3(f)	<input type="checkbox"/>	
<b>Coordinated Benefit Payments that Affect Policy Benefits Due to Covered Individual</b>	268B.04 Subd. 4 & 268B.04 Subd. 5 & 268B.04 Subd. 3(f)	<input type="checkbox"/>	
<b>Workers' compensation offset</b>	268B.06 Subd. 6	<input type="checkbox"/>	
<b>Separation, severance, or bonus payments</b>	268B.06 Subd. 7	<input type="checkbox"/>	
<b>Disability insurance offset</b>	268B.06 Subd. 7a	<input type="checkbox"/>	
<b>Social Security disability benefits</b>	268B.06 Subd. 8	<input type="checkbox"/>	
<b>Seasonal employment denial</b>	268B.06	<input type="checkbox"/>	

	Subd. 9		
<b>Prefiling</b>	268B.04 Subd. 1	<input type="checkbox"/>	
<b>Determination of Ineligibility</b>	268B.07 Subd. 2	<input type="checkbox"/>	
<b>Intermittent Schedule</b>	268B.085 Subd. 3	<input type="checkbox"/>	
<b>Appeals Process</b>	268B.10 Subd. 6(b) & 268B.081 Subd. 2	<input type="checkbox"/>	
<b>Certifications Generally</b>	268B.085 Subd. 1(f)	<input type="checkbox"/>	
<b>Certification/Own Medical Leave</b>	268B.06 Subd. 3(a)	<input type="checkbox"/>	
<b>Certification/Family Leave to Care for Family Member with a Serious Health Condition</b>	268B.06 Subd. 3(b)	<input type="checkbox"/>	
<b>Certification/Medical Leave related to Pregnancy:</b>	268B.06 Subd. 3(c)	<input type="checkbox"/>	
<b>Certification/Bonding/Family Leave for the Birth of a Child</b>	268B.06 Subd. 3(d)	<input type="checkbox"/>	
<b>Certification/Bonding/Family Leave for the Adoption/Foster Placement</b>	268B.06 Subd. 3(e)	<input type="checkbox"/>	
<b>Certification/Family Leave for a Qualifying Exigency</b>	268B.06 Subd. 3(f)	<input type="checkbox"/>	
<b>Certification/Safety Leave</b>	268B.06 Subd. 3(g)	<input type="checkbox"/>	
<b>Employer Obligations and Allocation of Responsibility:</b>	268B.09 Subd. 1 & 2 & 6 & 7	<input type="checkbox"/>	
<b>Premium Calculation</b>	268B.14 Subd. 3	<input type="checkbox"/>	
<b>Employee Contributions</b>	268B.14 Subd. 3	<input type="checkbox"/>	
<b>Claim Ownership during Plan Transitions</b>	268B.10 Subd. 9a	<input type="checkbox"/>	
<b>Exemptions</b>	268B.09 Subd. 4	<input type="checkbox"/>	
<b>Child Support</b>	268B.155	<input type="checkbox"/>	
<b>Exclusions/Ineligibility</b>	268B.06 Subd. 4	<input type="checkbox"/>	
<b>Overpayment collection</b>	268B.185	<input type="checkbox"/>	