



****HOW TO CALCULATE MONTHLY CT PML/PFL PREMIUM****

In order to help you calculate the amount of premium due to The Hartford for your Connecticut Paid Medical Leave (PML) and Paid Family Leave (PFL), we've provided an example.

Connecticut 2026 Per Covered Employee Annual Wage Cap is \$184,500.

- As the Employer, you are allowed to deduct from an Employee's payroll premium for CT PML/PFL up to the maximum taxable wage cap for the year. Once an Employee has reached the maximum wage cap, no further premium is due for CT PML/PFL to The Hartford.
- The Employer may deduct premium for every pay period until an Employee reaches the maximum taxable wage cap.
- Use the Employee's gross wages each month to determine the Premium Due, until the EE reaches the maximum cap for the year.
- For 2026, the maximum an employee can contribute for CT PFML is .5% of taxable wages in total. However, your PML and PFL rates will be separate on your bill.

Monthly Billing Example: PML rate is \$0.62 per \$100 Taxable Wages, PFL rate is \$0.13 per \$100 Taxable Wages. **Note:** This is an example only. The policyholder's PML and PFL rates may differ.

PML: Total Taxable Wages for all Employees for the month x the rate divided by \$100 = PML Premium Due for the month.

Employee	Total Gross Annual Wages	Taxable Wages Each Month 1-10	Taxable Wages Month 11	Taxable Wages Month 12
Employee 1	\$48,000	\$4,000	\$4,000	\$4,000
Employee 2	\$84,000	\$7,000	\$7,000	\$7,000
Employee 3	\$189,000	\$15,750	\$15,750	\$11,250
Employee 4	\$210,000	\$17,500	\$9,500	\$0
Totals	\$531,000	\$44,250	\$36,250	\$22,250
PML Rate		\$0.62	\$0.62	\$0.62
PML Premium Due Each Month		\$274.35	\$224.75	\$137.95

Note: For Employees 3 and 4, the Total Annual Wages exceed the Employee Annual Wage Cap of \$184,500. Employee 3 reaches the cap in month 12, and Employee 4 reaches the cap in month 11. Report monthly wages only up to the Employee Annual Wage Cap.

PFL: Total Taxable Wages for all Employees for the month x the rate divided by \$100 = PFL Premium Due for the month. **Note:** Once you have the Total Taxable wages for PML, you will use this same volume to calculate your PFL premium.

	Taxable Wages Each Month 1-10	Taxable Wages Month 11	Taxable Wages Month 12	Total Gross Annual Wages
Totals	\$44,250	\$36,250	\$22,250	\$531,000
PFL Rate:	\$0.13	\$0.13	\$0.13	
PFL Premium Due Each Month	\$57.53	\$47.13	\$28.93	

Please complete all fields in the billing worksheet and return to The Hartford when submitting payment.

In this example:

PML	PFL	Total
\$274.35	+ \$57.53	= \$331.88 Total Amount Due each month 1-10
\$224.75	+ \$47.13	= \$271.88 Total Amount Month 11
\$137.95	+ \$28.93	= \$166.88 Total Amount Due Month 12

For further assistance, download our premium calculator: [Connecticut Paid Family and Medical Leave | CT FMLI | The Hartford](#)