



****HOW TO CALCULATE QUARTERLY DE PML/PFL PREMIUM****

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

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

- Use the Employee's gross wages each month to determine the Premium Due, until the Employee reaches the maximum annual wage cap for the year.
- Once an employee has reached the maximum annual wage cap, no further premium is due for DE PML/PFL to The Hartford for the year.

Quarterly 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	Quarterly Wages	1 st Q Wages	2 nd Q Wages	3 rd Q Wages	4 th Q Wages	Total Wages For Year
Employee 1	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$48,000
Employee 2	\$21,000	\$21,000	\$21,000	\$21,000	\$21,000	\$84,000
Employee 3	\$47,250	\$47,250	\$47,250	\$47,250	\$42,750	\$189,000
Employee 4	\$72,500	\$72,500	\$72,500	\$39,500	\$0	\$290,000
Totals	\$152,750	\$152,750	\$152,750	\$119,750	\$75,750	\$611,000
PML Rate:		\$0.62	\$0.62	\$0.62	\$0.62	
PML Premium Due	\$947.05	\$947.05	\$742.45	\$469.65		

Note: The Total Annual Wages for Employees 3 and 4 are greater than the Employee Annual Wage Cap of \$184,500. Employee 3 will reach the cap in the 4th quarter and Employee 4 will reach the cap in the 3rd quarter. Report only the wages per quarter 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.

	Quarterly Wages	1 st Q Wages	2 nd Q Wages	3 rd Q Wages	4 th Q Wages	Total Wages For Year
Totals	\$152,750	\$152,750	\$152,750	\$119,750	\$75,750	\$611,000
PFL Rate:		\$0.13	\$0.13	\$0.13	\$0.13	
PFL Premium Due	\$198.58	\$198.58	\$155.68	\$98.48		

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

In this example:

PML	PFL	Total
\$947.05	+ \$198.58	= \$1,145.63 Total Amount Due for 1 st Quarter
\$947.05	+ \$198.58	= \$1,145.63 Total Amount Due for 2 nd Quarter
\$742.45	+ \$155.68	= \$898.13 Total Amount Due for 3 rd Quarter
\$469.65	+ \$98.48	= \$568.13 Total Amount Due for 4 th Quarter

For further assistance, please download our premium calculator. [Delaware Paid Family and Medical Leave Insurance | DE PFML | The Hartford](#)