



## **\*\*HOW TO CALCULATE QUARTERLY MA PML/PFL PREMIUM\*\***

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

Massachusetts 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 MA 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 quarter x the rate divided \$100 = PML Premium Due for the quarter.

Employee	Quarterly Wages	1st Q Wages	2nd Q Wages	3rd Q Wages	4th Q Wages	Total Annual Gross Wages
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	<b>\$152,750</b>	<b>\$152,750</b>	<b>\$119,750</b>	<b>\$75,750</b>	\$611,000
PML Rate:		\$0.62	\$0.62	\$0.62	\$0.62	
<b>PML Premium Due</b>		<b>\$947.05</b>	<b>\$947.05</b>	<b>\$742.45</b>	<b>\$469.65</b>	

**Note:** Employees 3 and 4 earn more than the \$184,500 annual wage cap. Employee 3 hits the cap in Q4, while Employee 4 reaches it in Q3. Report quarterly wages only up to the cap.

**PFL:** Total Taxable Wages for all Employees for the quarter x the rate divided by \$100 = **PFL** Premium Due for the quarter.

**Note:** Use the same Total Taxable wages for PML to calculate your PFL premium.

	1st Q Wages	2nd Q Wages	3rd Q Wages	4th Q Wages	Total Gross Annual Wages
Totals	<b>\$152,750</b>	<b>\$152,750</b>	<b>\$119,750</b>	<b>\$75,750</b>	\$611,000
PFL Rate:	\$0.13	\$0.13	\$0.13	\$0.13	
<b>PFL Premium Due</b>	<b>\$198.58</b>	<b>\$198.58</b>	<b>\$155.68</b>	<b>\$98.48</b>	

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

For further assistance, download our premium calculator: [Massachusetts Paid Family and Medical Leave | MA PFML | The Hartford](https://www.hartford.com/ma-pml-pfl-calculator.html)