



MASSACHUSETTS PAID FAMILY & MEDICAL LEAVE (FMLA)

REVISED NOTICE (Over 25 workers)

See newly revised 5-page MA State notice below. Please pay particular attention to the revised timelines and contribution rates.

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- Be sure to fill-in your Company information on page 1.
 - If your company has an “approved” existing plan in place, please fill-in the box on page 3.
 - Please distribute a complete copy of the notice to all workers prior to September 30, 2019.
 - Please have each worker sign and date page 4, (the acknowledgement page) and keep a copy of that page for your records.
 - Be sure to **post** the included “**Notice of Benefits Available**” form in a conspicuous place on your business premises.

As your payroll service bureau, we will set-up, deduct, and pay employee and employer contributions (if applicable), when due on your behalf.

Due to the amount of time and labor involved in set-up and implementation of this new mandated program, it is necessary to bill your account a one-time fee of \$55.00 on the first pay run of October to help off-set some of our additional unanticipated costs.

Please check the appropriate circle(s) below, (if applicable), then sign and return this form to us if your company either possesses a valid exemption due to a qualifying private plan already in place, or if you want your company to pay the employee share of the FMLA program. Also please notify us if you have qualifying 1099 recipients (contractors) that are not usually paid through payroll, and whose information we would not have on file. Otherwise you do not need to return this notice.

VALID EXEMPTION

MY COMPANY ELECTS TO PAY EMPLOYEE SHARE

I WILL SUBMIT 1099 CONTRACTOR INFORMATION, IF APPLICABLE, TO EAGLE PAYROLL

Company Name

Authorized Signature

Date