

## Sample notice to employees: Equivalent Plans

This template is provided by Minnesota Paid Leave for employer use. Please note:

- This notice is provided in Word format for your convenience – for easier completion of fillable fields, minor formatting changes (such as the addition of a company logo), or additions about company-specific policies.
- Employers must notify each employee directly within 30 days of hire or 30 days before premium collection begins. **For Paid Leave program launch on January 1, 2026, this means you must notify employees by December 1, 2025.** Employers must also provide updated notices if their equivalent plan changes or ends.
- This notice must be provided to employees in their primary language, in writing. Sample notices in languages other than English will be available on the Paid Leave website.
- For notice provided in electronic format, the employer must provide employee access to an employer-owned computer during an employee's regular working hours to review and print.
- Employees should provide written or electronic acknowledgement of receipt of this notice. This can be done with a signature on a form, or by other means, such as an electronic payroll system. If an employee refuses to acknowledge that they received the notice, employers will need to be able to demonstrate how they were notified.
- If your equivalent plan covers only one type of leave (Medical Leave or Family Leave) you must also provide the standard employee notice to your workforce.
- If any of your employees are designated as seasonal hospitality employees, you may have additional notification requirements. Visit the Paid Leave website to learn more.

## Modifying this sample notice

Employers are responsible for any changes they make to these forms. Paid Leave is not responsible for modifications made to these forms and cannot guarantee that a form that has been modified from this original version will meet program requirements.

***Last updated: September 30, 2025***

## Minnesota Paid Leave

**Minnesota Paid Leave provides payments and job protections when you need time off to care for yourself or your family.**

Your employer provides Paid Leave through an approved equivalent plan instead of through the State of Minnesota. This plan provides time off, payments, and job protections that are equal to or greater than those offered under Minnesota Paid Leave.

### Equivalent plan information:

<b>Insurer Name:</b>	
<b>Equivalent Plan Covers:</b>	<input type="checkbox"/> Family Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Both
<b>Effective Date:</b>	
<b>Website:</b>	
<b>Phone:</b>	

### What leave is covered?

You can take leave for the following qualifying events:

#### Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

#### Family Leave:

- Bonding Leave – to care for and bond with a child welcomed through birth, adoption, or foster placement
- Caring Leave – to care for a family member with a serious health condition
- Military Family Leave – to support a family member called to active duty
- Safety Leave – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

## Am I covered by Paid Leave?

Most workers in Minnesota are covered by Paid Leave. An equivalent plan must offer coverage that is equal to or greater than what is offered under the state plan. Under the state plan, you may qualify for payments if you've been paid a minimum amount for work in Minnesota in the last year (\$3,900 for the start of Paid Leave in 2026).

### Your Equivalent Plan Coverage

*EMPLOYERS: Fill in this section describing the eligibility and coverage criteria for your employees under your approved equivalent plan. For example, you may state "Coverage is equivalent to the state plan." Or you may describe the way(s) in which your plan offers greater coverage.*

## How long can I take leave?

An equivalent plan must offer leave time that is equal to or greater than what is offered under the state plan. Under the state plan, you may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total under the state plan.

### Your Equivalent Plan Leave Time

*EMPLOYERS: Fill in this section describing the eligibility and coverage criteria for your employees under your approved equivalent plan. For example, you may state "Leave time is equivalent to the state plan." Or you may describe the way(s) in which your plan offers greater leave time.*

## How much will I get paid?

An equivalent plan must offer payments that are equal to or greater than what is offered under the state plan. Under the state plan, you will be paid up to 90% of your wages, based on your income level, with a maximum weekly amount set at the state's average weekly wage. This amount changes each year and is \$1,423 for the start of Paid Leave in 2026.

### Your Equivalent Plan Payments

*EMPLOYERS: Fill in this section describing the eligibility and coverage criteria for your employees under your approved equivalent plan. For example, you may state "Payments are equivalent to the state plan." Or you may describe the way(s) in which your plan offers greater payments.*

## Who pays for the equivalent plan?

Your employer's equivalent plan may be funded by employer contributions, employee payroll deductions, or both. **Your employer cannot charge you more than 0.44% of your wages** to fund your portion of the equivalent plan premium.

Your contributions are as follows:

<b>Medical Leave</b>	<b>Total Medical Leave Premium: ____%</b>		
	(Employer Name)	will contribute ____% <b>and the remaining ____%</b>	of the medical leave contribution <b>will be deducted from your wages</b>

<b>Family Leave</b>	<b>Total Family Leave Premium: ____%</b>		
	(Employer Name)	will contribute ____% <b>and the remaining ____%</b>	of the family leave contribution <b>will be deducted from your wages</b>

<b>Total deducted from your wages</b>	<b>____%</b>
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## What are my employment protections?

- **Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- **Health insurance continuation:** Generally, employers must continue to fund their portion of healthcare insurance and other group insurance premiums while you are on leave. You will be responsible for any portion of health insurance and other group insurance premiums that you pay.
- **No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use Paid Leave. Employers cannot take your Paid Leave payments.
- **Equivalent plans:** Equivalent plans cannot impose any additional costs, conditions, or restrictions on Paid Leave beyond those in the state plan.

If you are concerned that your employer may be violating these protections, contact Paid Leave.

## How do I take Paid Leave?

Employees who are covered by an equivalent plan do not apply with the state. Instead:

1. Notify your employer.
2. Apply with your employer's equivalent plan administrator. This may be an insurance carrier or your employer directly.

Your employer must give your clear instructions on how to apply. You may need to provide documentation, such as a medical certification.

## Can I appeal if I am denied?

Workers covered by equivalent plans have the same right to appeal as those covered by the state plan. If your application for leave is denied or you disagree with the amount of your payment, you have 30 calendar days to ask that your equivalent plan review their decision. If their decision does not change, you can appeal with the Paid Leave Division within the legal deadline, 30 calendar days from when you received the review decision from your equivalent plan. Contact Paid Leave or visit our website for more information on appeals.

## Learn more

Visit [paidleave.mn.gov](http://paidleave.mn.gov) for more information about Paid Leave.

## Other ways to reach us

Phone: 651-556-7777 or 844-556-0444 (toll free).

E-mail: [paidleave@state.mn.us](mailto:paidleave@state.mn.us)

Mail: Department of Employment and Economic Development, Paid Leave Division  
180 E 5<sup>th</sup> Street, 12<sup>th</sup> Floor, Saint Paul, MN

*Information is available in alternative formats for people with disabilities by using the contact information listed above.*

## Employer Information:

<b>Employer Name:</b>	
<b>Mailing Address:</b>	
<b>Employer Identification Number (FEIN):</b>	

## Employee Acknowledgement:

<input type="checkbox"/>	<b>I acknowledge receipt of this notification</b>
<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	