

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:

Insurer Name:	Madison National Life Insurance Company, Inc.
Equivalent Plan Covers:	<input type="checkbox"/> Family Leave <input type="checkbox"/> Medical Leave <input checked="" type="checkbox"/> Both
Effective Date:	1/1/2026
Website:	www.mnlpaidleave.com
Phone:	866-253-7201

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

Madison National Life Insurance Company, Inc. plan is equivalent to the state Paid Leave program.

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

Madison National Life Insurance Company, Inc. plan is equivalent to the state Paid Leave program.

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

Madison National Life Insurance Company, Inc. plan is equivalent to the state Paid Leave program.

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:

Medical Leave	Total Medical Leave Premium: <u>0.5395 %</u>	
	Stewartville ISD 534 will contribute <u>0.26975%</u>	of the medical leave contribution will be deducted from your wages
	and the remaining <u>0.26975%</u>	

Family Leave	Total Family Leave Premium: <u>0.2905 %</u>	
	Stewartville ISD 534 will contribute <u>0.14525%</u>	of the family leave contribution will be deducted from your wages
	and the remaining <u>0.14525%</u>	

Total deducted from your wages	<u>0.415%</u>
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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 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

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

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

Employer Information:

Employer Name:	Stewartville ISD 534
Mailing Address:	301 2nd Street SW Stewartville, MN 55976
Employer Identification Number (FEIN):	41-6008415

Employee Acknowledgement:

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