

**MA Paid Family Medical Leave – Private Plan Quote Request**  
(Requires a Minimum of 25 eligible MA lives)

Agency’s Contact Name: \_\_\_\_\_

Contact’s Email: \_\_\_\_\_

Agency City/Town: \_\_\_\_\_

**SUBMISSION INSTRUCTIONS**

1. Complete the **Quote Request** shown on the following page.
2. Provide a **Staff Census** that indicates the following information about your 25 or more eligible employees:
  - Employee Name/ID or Generic Name
  - Gender
  - Age
  - Employment Status – W-2 Full-Time, W-2 Part-Time, or 1099
  - Total Annual Compensation – Wage, Bonuses & Commissions

*EXAMPLE: Your Staff Census could be an Excel spreadsheet like this.*

Employee Name/ID or Generic Name	Gender	Age	W-2 Full-Time	W-2 Part-Time	1099	Total Annual Compensation - Wage, Bonuses & Commissions

3. Submit these documents to Number One’s Secure Portal at:  
<https://massagent.sharefile.com/r-r62c4188e5214fdb9>

If you have questions or require assistance, please contact:

**Ann Tobin**  
Vice President of Agency Services  
[atobin@massagent.com](mailto:atobin@massagent.com)  
508-634-7366



## MA Paid Family Medical Leave – Private Plan Quote Request

(Requires a Minimum of 25 eligible MA lives)

Policyholder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Main Location Address: \_\_\_\_\_

Yes, we have multiple locations and have provided their addresses on a separate sheet.

Primary Contact Name: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Structure:

Sole Proprietor

LLC

Partnership

Joint Venture

Corporation

Trust

S Corp

Other: \_\_\_\_\_

Business Description: \_\_\_\_\_

SIC Code: \_\_\_\_\_

Number of Total Employees: \_\_\_\_\_

MA PFML Eligibility Requirements that should be counted:

- All employees that you issue a W-2 from your MA Business.
- Contractors - If your MA Business issues 1099-MISC tax forms to more than 50% of your workforce, all of your 1099 recipients are considered eligible. If you are under the 50%, your 1099 contractors are not eligible.

Requested Effective Date: \_\_\_\_\_

Do you currently have an exemption from the state of Massachusetts?

No  Yes

Do you currently provide Short-Term Disability Coverage?

No  Yes

Do you currently offer "Paid Parental or Family Leave Benefits"?

No  Yes

If yes, please provide a copy of your policy and an understanding of the integration plans for both their current benefits along with the MA PFML benefits.

Do you have a statutory mandated coverage in another state (Examples: NY DBL or NJ TDB)?

No  Yes

Copies of plans and the past 2-year loss history will be required to secure firm pricing.