



massachusetts paid family and medical leave law

your rights and obligations

The Massachusetts Paid Family and Medical Leave (PFML) law provides most Massachusetts employees the right to paid family and medical leave. This is a summary of your rights and obligations under the law, including information about contributions, partial wage replacement benefits and protections. Chevron participates in the PFML Trust Fund operated by the Massachusetts Department of Family and Medical Leave (“Department”).

Actions required

Please read this notice carefully. You must acknowledge receipt of this notice within 30 days. You can do this by responding to the email you received that included this notice or by sending an email to chvbens@chevron.com stating that you acknowledge. Keep this notice for your records.

explanation of benefits

leave allotment

You may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child; to care for a family member with a serious health condition; or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- 20 weeks of paid medical leave in a benefit year if you have a serious health condition that incapacitates you from work.
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member’s military service.
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A “benefit year” is the 12 months preceding the Sunday immediately before your leave begins.

Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year.

other leaves

Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year. However, no leave taken before January 1, 2021 will count towards your available leave. Similarly, leave to care for a family member with a serious health condition that was taken before July 1, 2021, also will not count towards your family leave allotment.

eligibility

To be eligible for leave and wage replacement benefits, you must have earned at least \$5,700 in wages in Massachusetts in the four completed quarters before you apply for benefits. In the same time period, you also must have earned at least 30 times your maximum potential benefit amount. (This is the amount calculated in the “Wage Replacement Payments” section below.)

wage replacement benefits

When you take leave for any of the reasons described in the “Explanation of Benefits” section above, you will be eligible to apply to the Department for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. Your maximum potential benefit amount will be as follows:

- 80% of earnings up to 50% of the State Average Weekly Wage.
- 50% of earnings above the State Average Weekly Wage.
- In no event more than a maximum amount. For 2022, this maximum benefit amount is \$1,084.31. This amount will be adjusted annually based on increases in the State Average Weekly Wage.

contribution amounts

To help fund paid leave benefits available under the PFML law, Chevron makes a contribution of 0.68% of your earnings, funded in part by a deduction from your wages, which will be remitted to the state Trust Fund as follows:

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
0.12% of earnings*	0.56% of earnings*	0.68% of earnings*

The numbers provided are through 2022. These rates may be adjusted on an annual basis, effective January 1 of each calendar year.

Because Chevron has 25 or more covered workers, the total contribution amount is 0.68% of wages. Of that 0.68% total contribution amount, there is a split: 17.3% is a family leave contribution and 82.7% is a medical leave contribution.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.336% of wages) but are permitted to deduct from employees’ wages up to 40% of the medical leave contribution (.224% of wages) and up to 100% of the family leave contribution (.12% of wages) for a total of .344% of wages. Whether your employer has a private plan or participates in the state Trust Fund, your employer cannot deduct more than these percentages from your wages.

Chevron has elected to allocate the contribution amount as follows:

	Medical Leave	Family Leave
Total required contribution	0.56%	0.12%
Chevron contributes	40%	100%
Remaining contribution (deducted from your earnings)	0.224%	0.12%

requesting leave

Before you take leave or apply for benefits, you must notify Chevron of the need to take leave and provide at least 30 days' notice of your need for leave. If you are unable to provide 30 days' notice due to circumstances beyond your control, you must provide notice as soon as practicable and before you file any application for benefits.

Your notification of leave must include the following:

- The anticipated start date of the leave;
- The anticipated length of the leave;
- The expected date of return;
- Whether you will need intermittent (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week), and;
- If you need intermittent or reduced leave, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employee as soon as you are aware of the change.

paid leave can run concurrently

Any paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under this law shall count against the allotment of leave benefits available under this law.

If you receive benefits from other sources while you are also receiving benefits from the Department, the benefits you receive from the Department may be reduced. Certain types of other benefits will cause a one-for-one reduction in benefits you receive from the Department. This means that for each dollar you receive from these benefits, your benefit from the Department will decrease by a dollar. Benefits that will have this effect include:

- Workers' Compensation
- Unemployment Insurance
- Permanent Disability Policies or Programs
- Extended Illness Leave Bank

Other forms of benefits will not reduce the benefits you receive from the Department unless you are receiving more than your average weekly wage in total benefits. Benefits that will have this effect include:

- Temporary Disability Policies or Programs (including both Short-Term Disability and Long-Term Disability)
- Employer-run Family and/or Medical Leave Policies or Programs

WARNING: TAKING PAID TIME OFF AND PFML. Paid Time Off (PTO) includes sick time, vacation days, or personal days (or any other similar form of paid time off not listed in the section above that you earn over time or at a specific time, like at the start of every calendar year). You can *only* take PTO while on paid family and medical leave in specific situations:

- During your waiting week, when no benefits are paid;
- In a single, continuous block of time immediately after your waiting week;
- After you take PFML leave.

If you take PTO at any other point while you receive PFML benefits, your benefits will be cancelled.

employee rights and protections

job protection

Generally, if you take family or medical leave, once you return to work, under the law you must be restored to your previous position or to an equivalent position with the same status, pay, employment benefits, length-of-service credit and seniority as of the date you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use of leave.

continuation of health benefits

Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

no retaliation

It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you're entitled under the paid family and medical leave law. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

how to file a claim

Because Chevron contributes to the state Trust Fund, you must file a claim for benefits with the Department. You may file this claim in one of two ways:

1. You can create an account to apply online through the Department's Claimant Portal at <https://paidleave.mass.gov/login/>
2. You can call the Department's call center at (833) 344-7365 to complete an application over the phone.

Forms and claim instructions are available on the Department's website at <https://www.mass.gov/info-details/documents-needed-to-complete-your-paid-family-and-medical-leave-pfml-application>.

administrative and contact information

You may contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave

PO Box 838

Lawrence, MA 01842

(833) 344-7365

www.mass.gov/DFML

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