



Help When You Need It

Oregon's Paid Family and Medical Leave

Oregon Paid Family Medical leave (PFML) provides wage replacement benefits to eligible workers if they need time off work to care for their own non work-related serious health condition, to care for a family member with a serious health condition, to bond with a new child, or to take safe leave for victims of domestic violence, harassment, sexual assault and stalking.

You may be eligible for benefits if you're unable to work due to one of these qualifying reasons.

Did you know?

Employees taking maternity leave may be eligible for PFML benefits.

To qualify for Oregon PFML, you must:

Be an active full-time, part-time or seasonal employee of your employer and you must be currently working.

Service and Expertise You Can Count On

Standard Insurance Company (The Standard[®]) is your PFML administrator. Here's what you can expect if you file a claim:

Streamlined Service: We make it simple to file and receive your Oregon PFML benefit payments promptly.

Weekly Payments: We issue benefit payments weekly, which means you'll receive your benefit quickly.

Fast Claims Decisions: Once we receive all required claim documents, you'll have a decision in three to five business days.

Experienced State Disability Insurance Carrier: Our track record offers you peace of mind. We've been around over 100 years — and specializing in disability insurance for over 60.

How It Works

Your Weekly Benefit Amount

Your weekly benefit is a percentage of your average weekly wage capped at 120% of the Oregon state average weekly wage (SAWW).

If you earn less than 65% of the Oregon SAWW, your weekly benefit amount is 100% of your average weekly wage.

If you earn more than 65% of the Oregon SAWW, your weekly benefit amount is the sum of 65% of the SAWW, plus 50% of the portion of your average weekly wage that exceeds 65% of the SAWW.

For July 1, 2023 through June 30, 2024, the SAWW is \$1,269.69. Therefore, the maximum benefit during this period is \$1,523.63.

Types of Leave: What's Covered and for How Long?

Qualifying reasons triggering eligibility for PFML benefits include a Covered Individual's:

- Own serious health condition that incapacitates them from performing the essential functions of their job
- Time to bond with a new child during the first 12 months after the child's birth, adoption, or foster case placement
- Time to care for a family member with a serious health condition
- Safe leave for health and safety needs related to domestic violence, harassment, sexual assault or stalking experiences by the Covered Individual or their minor child or dependent.

Covered Individuals are eligible for no more than 12 total weeks of PFML benefits in a single 52-week period. Up to an additional two weeks are available for the Covered Individual's limitations due to pregnancy, childbirth or a related medical condition such as lactation.

Need help? Contact your employee benefits administrator for forms and information.

How Can I Apply for Benefits?



Request a Claims Packet

Ask your employer's benefits administrator for a claims packet. The packet includes details and instructions on how to file your claim, as well as what to expect. Make sure to read and follow the instructions on the packet.



Notify Your Employer

For foreseeable events, like a birth or planned surgery, you should give your employer a 30-day notice that you intend to use PFML benefits. If the qualifying reason for your leave is sudden, you're still entitled to the leave. If this happens, notify your employer as soon as you reasonably can.



Complete Key Forms

- **Employer Statement:** Your employer must complete and sign.
- **Employee Statement:** You must complete and sign.
- **Attending Physician's Statement:** Have your physician(s) complete and sign.



Complete Application

Be sure your application is complete. It's the employee's responsibility to ensure we receive all the requested information.



Send Application

Mail, email or fax your application materials to The Standard.



Decision

The Standard will take three to five business days to make a decision on your claim.

Keep Your Claim On Track

The most common reason for a delayed decision? An incomplete application. Make sure yours is complete.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.