

ADMINISTRATIVE RULE REVIEW	Rule No. PFMLI Draft #20210107	
	Page Page 1 of 1	Last Revised Date December 30, 2020
Adopt New Rule	NOTICE OF INTENDED ACTION	
Permanent Rule	Bulletin Dated	Hearing Scheduled

PURPOSE: This rule outlines application requirements for employers seeking approval to offer an equivalent paid family and medical leave insurance plan, including required fees and effective dates for approved plans and plan amendments.

## 1 **PFMLI Draft #20210107**

## 2 Employer Equivalent Plans - Application Requirements and Effective Date

- 3 (1) Employers shall submit an application for approval to offer an equivalent paid family and medical
- 4 leave insurance plan. Applications shall be submitted to the department online or in another format
- 5 prescribed by the department. Incomplete applications will not be reviewed.
- 6 (2) Employers shall remit a \$250 application fee with every:
- 7 (a) New application for approval of an employer equivalent plan;
- 8 (b) Reapproval application of an employer equivalent plan; or
- 9 (c) Application for approval of a nonstatutorily required amendment to an approved employer equivalent
- 10 plan
- 11 (3) Employer equivalent plan application fees are due at the time the application is submitted to the
- department.
- 13 (a) The application fee is nonrefundable;
- 14 (b) If approval of the employer equivalent plan is denied, a new application fee is required with each
- 15 additional application.
- 16 (4) Approved employer equivalent plans or plan amendments become effective on the first day of the
- 17 calendar quarter immediately following submission, if the application was submitted according to the
- department's prescribed application deadlines.
- 19 **Stat. Auth.:** ORS 657B.210, 657B.340
- 20 Stats. Implemented: ORS 657B.210