

49.1 **ARTICLE 3**

49.2 **FAMILY AND MEDICAL BENEFITS**

49.3 Section 1. Minnesota Statutes 2020, section 13.719, is amended by adding a subdivision
49.4 to read:

49.5 Subd. 7. **Family and medical insurance data.** (a) For the purposes of this subdivision,
49.6 the terms used have the meanings given them in section 268B.01.

49.7 (b) Data on applicants, family members, or employers under chapter 268B are private
49.8 or nonpublic data, provided that the department may share data collected from applicants
49.9 with employers or health care providers to the extent necessary to meet the requirements
49.10 of chapter 268B or other applicable law.

49.11 (c) The department and the Department of Labor and Industry may share data classified
49.12 under paragraph (b) to the extent necessary to meet the requirements of chapter 268B or
49.13 the Department of Labor and Industry's enforcement authority over chapter 268B, as provided
49.14 in section 177.27.

49.15 Sec. 2. Minnesota Statutes 2020, section 177.27, subdivision 4, is amended to read:

49.16 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an
49.17 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,
49.18 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.275,
49.19 subdivision 2a, 181.722, 181.79, ~~and~~ 181.939 to 181.943, 268B.09, subdivisions 1 to 6, and
49.20 268B.14, subdivision 3, or with any rule promulgated under section 177.28. The
49.21 commissioner shall issue an order requiring an employer to comply with sections 177.41
49.22 to 177.435 if the violation is repeated. For purposes of this subdivision only, a violation is
49.23 repeated if at any time during the two years that preceded the date of violation, the
49.24 commissioner issued an order to the employer for violation of sections 177.41 to 177.435
49.25 and the order is final or the commissioner and the employer have entered into a settlement
49.26 agreement that required the employer to pay back wages that were required by sections
49.27 177.41 to 177.435. The department shall serve the order upon the employer or the employer's
49.28 authorized representative in person or by certified mail at the employer's place of business.
49.29 An employer who wishes to contest the order must file written notice of objection to the
49.30 order with the commissioner within 15 calendar days after being served with the order. A
49.31 contested case proceeding must then be held in accordance with sections 14.57 to 14.69.
49.32 If, within 15 calendar days after being served with the order, the employer fails to file a

50.1 written notice of objection with the commissioner, the order becomes a final order of the
50.2 commissioner.

50.3 Sec. 3. Minnesota Statutes 2020, section 181.032, is amended to read:

50.4 **181.032 REQUIRED STATEMENT OF EARNINGS BY EMPLOYER; NOTICE**
50.5 **TO EMPLOYEE.**

50.6 (a) At the end of each pay period, the employer shall provide each employee an earnings
50.7 statement, either in writing or by electronic means, covering that pay period. An employer
50.8 who chooses to provide an earnings statement by electronic means must provide employee
50.9 access to an employer-owned computer during an employee's regular working hours to
50.10 review and print earnings statements, and must make statements available for review or
50.11 printing for a period of three years.

50.12 (b) The earnings statement may be in any form determined by the employer but must
50.13 include:

50.14 (1) the name of the employee;

50.15 (2) the rate or rates of pay and basis thereof, including whether the employee is paid by
50.16 hour, shift, day, week, salary, piece, commission, or other method;

50.17 (3) allowances, if any, claimed pursuant to permitted meals and lodging;

50.18 (4) the total number of hours worked by the employee unless exempt from chapter 177;

50.19 (5) the total amount of gross pay earned by the employee during that period;

50.20 (6) a list of deductions made from the employee's pay;

50.21 (7) any amount deducted by the employer under section 268B.14, subdivision 3, and
50.22 the amount paid by the employer based on the employee's wages under section 268B.14,
50.23 subdivision 1;

50.24 ~~(7)~~ (8) the net amount of pay after all deductions are made;

50.25 ~~(8)~~ (9) the date on which the pay period ends;

50.26 ~~(9)~~ (10) the legal name of the employer and the operating name of the employer if
50.27 different from the legal name;

50.28 ~~(10)~~ (11) the physical address of the employer's main office or principal place of business,
50.29 and a mailing address if different; and

50.30 ~~(11)~~ (12) the telephone number of the employer.

51.1 (c) An employer must provide earnings statements to an employee in writing, rather
51.2 than by electronic means, if the employer has received at least 24 hours notice from an
51.3 employee that the employee would like to receive earnings statements in written form. Once
51.4 an employer has received notice from an employee that the employee would like to receive
51.5 earnings statements in written form, the employer must comply with that request on an
51.6 ongoing basis.

51.7 (d) At the start of employment, an employer shall provide each employee a written notice
51.8 containing the following information:

51.9 (1) the rate or rates of pay and basis thereof, including whether the employee is paid by
51.10 the hour, shift, day, week, salary, piece, commission, or other method, and the specific
51.11 application of any additional rates;

51.12 (2) allowances, if any, claimed pursuant to permitted meals and lodging;

51.13 (3) paid vacation, sick time, or other paid time-off accruals and terms of use;

51.14 (4) the employee's employment status and whether the employee is exempt from minimum
51.15 wage, overtime, and other provisions of chapter 177, and on what basis;

51.16 (5) a list of deductions that may be made from the employee's pay;

51.17 (6) the number of days in the pay period, the regularly scheduled pay day, and the pay
51.18 day on which the employee will receive the first payment of wages earned;

51.19 (7) the legal name of the employer and the operating name of the employer if different
51.20 from the legal name;

51.21 (8) the physical address of the employer's main office or principal place of business, and
51.22 a mailing address if different; and

51.23 (9) the telephone number of the employer.

51.24 (e) The employer must keep a copy of the notice under paragraph (d) signed by each
51.25 employee acknowledging receipt of the notice. The notice must be provided to each employee
51.26 in English. The English version of the notice must include text provided by the commissioner
51.27 that informs employees that they may request, by indicating on the form, the notice be
51.28 provided in a particular language. If requested, the employer shall provide the notice in the
51.29 language requested by the employee. The commissioner shall make available to employers
51.30 the text to be included in the English version of the notice required by this section and assist
51.31 employers with translation of the notice in the languages requested by their employees.

52.1 (f) An employer must provide the employee any written changes to the information
52.2 contained in the notice under paragraph (d) prior to the date the changes take effect.

52.3 Sec. 4. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

52.4 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
52.5 any person under the administration of the Minnesota Unemployment Insurance Law are
52.6 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
52.7 subdivisions 9 and 12, and may not be disclosed except according to a district court order
52.8 or section 13.05. A subpoena is not considered a district court order. These data may be
52.9 disseminated to and used by the following agencies without the consent of the subject of
52.10 the data:

52.11 (1) state and federal agencies specifically authorized access to the data by state or federal
52.12 law;

52.13 (2) any agency of any other state or any federal agency charged with the administration
52.14 of an unemployment insurance program;

52.15 (3) any agency responsible for the maintenance of a system of public employment offices
52.16 for the purpose of assisting individuals in obtaining employment;

52.17 (4) the public authority responsible for child support in Minnesota or any other state in
52.18 accordance with section 256.978;

52.19 (5) human rights agencies within Minnesota that have enforcement powers;

52.20 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
52.21 laws;

52.22 (7) public and private agencies responsible for administering publicly financed assistance
52.23 programs for the purpose of monitoring the eligibility of the program's recipients;

52.24 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
52.25 Department of Commerce for uses consistent with the administration of their duties under
52.26 Minnesota law;

52.27 (9) the Department of Human Services and the Office of Inspector General and its agents
52.28 within the Department of Human Services, including county fraud investigators, for
52.29 investigations related to recipient or provider fraud and employees of providers when the
52.30 provider is suspected of committing public assistance fraud;

52.31 (10) local and state welfare agencies for monitoring the eligibility of the data subject
52.32 for assistance programs, or for any employment or training program administered by those

53.1 agencies, whether alone, in combination with another welfare agency, or in conjunction
53.2 with the department or to monitor and evaluate the statewide Minnesota family investment
53.3 program by providing data on recipients and former recipients of Supplemental Nutrition
53.4 Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or
53.5 256K, child care assistance under chapter 119B, or medical programs under chapter 256B
53.6 or 256L or formerly codified under chapter 256D;

53.7 (11) local and state welfare agencies for the purpose of identifying employment, wages,
53.8 and other information to assist in the collection of an overpayment debt in an assistance
53.9 program;

53.10 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining
53.11 the last known address and employment location of an individual who is the subject of a
53.12 criminal investigation;

53.13 (13) the United States Immigration and Customs Enforcement has access to data on
53.14 specific individuals and specific employers provided the specific individual or specific
53.15 employer is the subject of an investigation by that agency;

53.16 (14) the Department of Health for the purposes of epidemiologic investigations;

53.17 (15) the Department of Corrections for the purposes of case planning and internal research
53.18 for preprobation, probation, and postprobation employment tracking of offenders sentenced
53.19 to probation and preconfinement and postconfinement employment tracking of committed
53.20 offenders;

53.21 (16) the state auditor to the extent necessary to conduct audits of job opportunity building
53.22 zones as required under section 469.3201; ~~and~~

53.23 (17) the Office of Higher Education for purposes of supporting program improvement,
53.24 system evaluation, and research initiatives including the Statewide Longitudinal Education
53.25 Data System; and

53.26 (18) the Family and Medical Benefits Division of the Department of Employment and
53.27 Economic Development to be used as necessary to administer chapter 268B.

53.28 (b) Data on individuals and employers that are collected, maintained, or used by the
53.29 department in an investigation under section 268.182 are confidential as to data on individuals
53.30 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
53.31 and 13, and must not be disclosed except under statute or district court order or to a party
53.32 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

54.1 (c) Data gathered by the department in the administration of the Minnesota unemployment
54.2 insurance program must not be made the subject or the basis for any suit in any civil
54.3 proceedings, administrative or judicial, unless the action is initiated by the department.

54.4 Sec. 5. [268B.01] DEFINITIONS.

54.5 Subdivision 1. Scope. For the purposes of this chapter, the terms defined in this section
54.6 have the meanings given.

54.7 Subd. 2. Applicant. "Applicant" means an individual applying for leave with benefits
54.8 under this chapter.

54.9 Subd. 3. Applicant's average weekly wage. "Applicant's average weekly wage" means
54.10 an amount equal to the applicant's high quarter wage credits divided by 13.

54.11 Subd. 4. Base period. (a) "Base period," unless otherwise provided in this subdivision,
54.12 means the most recent four completed calendar quarters before the effective date of an
54.13 applicant's application for family or medical leave benefits if the application has an effective
54.14 date occurring after the month following the most recent completed calendar quarter. The
54.15 base period under this paragraph is as follows:

54.16 <u>If the application for family or medical leave</u>	
54.17 <u>benefits is effective on or between these</u>	
54.18 <u>dates:</u>	<u>The base period is the prior:</u>
54.19 <u>February 1 to March 31</u>	<u>January 1 to December 31</u>
54.20 <u>May 1 to June 30</u>	<u>April 1 to March 31</u>
54.21 <u>August 1 to September 30</u>	<u>July 1 to June 30</u>
54.22 <u>November 1 to December 31</u>	<u>October 1 to September 30</u>

54.23 (b) If an application for family or medical leave benefits has an effective date that is
54.24 during the month following the most recent completed calendar quarter, then the base period
54.25 is the first four of the most recent five completed calendar quarters before the effective date
54.26 of an applicant's application for family or medical leave benefits. The base period under
54.27 this paragraph is as follows:

54.28 <u>If the application for family or medical leave</u>	
54.29 <u>benefits is effective on or between these</u>	
54.30 <u>dates:</u>	<u>The base period is the prior:</u>
54.31 <u>January 1 to January 31</u>	<u>October 1 to September 30</u>
54.32 <u>April 1 to April 30</u>	<u>January 1 to December 31</u>
54.33 <u>July 1 to July 31</u>	<u>April 1 to March 31</u>
54.34 <u>October 1 to October 31</u>	<u>July 1 to June 30</u>

55.1 (c) Regardless of paragraph (a), a base period of the first four of the most recent five
55.2 completed calendar quarters must be used if the applicant would have more wage credits
55.3 under that base period than under a base period of the four most recent completed calendar
55.4 quarters.

55.5 (d) If the applicant has insufficient wage credits to establish a benefit account under a
55.6 base period of the four most recent completed calendar quarters, or a base period of the first
55.7 four of the most recent five completed calendar quarters, but during either base period the
55.8 applicant received workers' compensation for temporary disability under chapter 176 or a
55.9 similar federal law or similar law of another state, or if the applicant whose own serious
55.10 illness caused a loss of work for which the applicant received compensation for loss of
55.11 wages from some other source, the applicant may request a base period as follows:

55.12 (1) if an applicant was compensated for a loss of work of seven to 13 weeks during a
55.13 base period referred to in paragraph (a) or (b), then the base period is the first four of the
55.14 most recent six completed calendar quarters before the effective date of the application for
55.15 family or medical leave benefits;

55.16 (2) if an applicant was compensated for a loss of work of 14 to 26 weeks during a base
55.17 period referred to in paragraph (a) or (b), then the base period is the first four of the most
55.18 recent seven completed calendar quarters before the effective date of the application for
55.19 family or medical leave benefits;

55.20 (3) if an applicant was compensated for a loss of work of 27 to 39 weeks during a base
55.21 period referred to in paragraph (a) or (b), then the base period is the first four of the most
55.22 recent eight completed calendar quarters before the effective date of the application for
55.23 family or medical leave benefits; and

55.24 (4) if an applicant was compensated for a loss of work of 40 to 52 weeks during a base
55.25 period referred to in paragraph (a) or (b), then the base period is the first four of the most
55.26 recent nine completed calendar quarters before the effective date of the application for
55.27 family or medical leave benefits.

55.28 Subd. 5. **Benefit.** "Benefit" or "benefits" means monetary payments under this chapter
55.29 associated with qualifying bonding, family care, pregnancy, serious health condition,
55.30 qualifying exigency, or safety leave events, unless otherwise indicated by context.

55.31 Subd. 6. **Benefit account.** "Benefit account" means a benefit account established under
55.32 section 268B.04.

56.1 Subd. 7. **Benefit year.** "Benefit year" means the period of 52 calendar weeks beginning
56.2 the date a benefit account under section 268B.04 is effective. For a benefit account established
56.3 effective any January 1, April 1, July 1, or October 1, the benefit year will be a period of
56.4 53 calendar weeks.

56.5 Subd. 8. **Bonding.** "Bonding" means time spent by an applicant who is a biological,
56.6 adoptive, or foster parent with a biological, adopted, or foster child in conjunction with the
56.7 child's birth, adoption, or placement.

56.8 Subd. 9. **Calendar day.** "Calendar day" or "day" means a fixed 24-hour period
56.9 corresponding to a single calendar date.

56.10 Subd. 10. **Calendar quarter.** "Calendar quarter" means the period of three consecutive
56.11 calendar months ending on March 31, June 30, September 30, or December 31.

56.12 Subd. 11. **Calendar week.** "Calendar week" has the same meaning as "week" under
56.13 subdivision 46.

56.14 Subd. 12. **Commissioner.** "Commissioner" means the commissioner of employment
56.15 and economic development, unless otherwise indicated by context.

56.16 Subd. 13. **Covered employment.** (a) "Covered employment" means performing services
56.17 of whatever nature, unlimited by the relationship of master and servant as known to the
56.18 common law, or any other legal relationship performed for wages or under any contract
56.19 calling for the performance of services, written or oral, express or implied.

56.20 (b) "Employment" includes an individual's entire service performed within or without
56.21 or both within and without this state, if:

56.22 (1) the service is localized in this state; or

56.23 (2) the service is not localized in any state, but some of the service is performed in this
56.24 state and:

56.25 (i) the base of operations of the employee is in the state, or if there is no base of
56.26 operations, then the place from which such service is directed or controlled is in this state;
56.27 or

56.28 (ii) the base of operations or place from which such service is directed or controlled is
56.29 not in any state in which some part of the service is performed, but the individual's residence
56.30 is in this state.

56.31 (c) "Covered employment" does not include:

56.32 (1) a self-employed individual; or

57.1 (2) an independent contractor.

57.2 Subd. 14. **Department.** "Department" means the Department of Employment and
57.3 Economic Development, unless otherwise indicated by context.

57.4 Subd. 15. **Employee.** (a) "Employee" means an individual who is in the employment of
57.5 an employer.

57.6 (b) Employee does not include employees of the United States of America.

57.7 Subd. 16. **Employer.** (a) "Employer" means:

57.8 (1) any person, type of organization, or entity, including any partnership, association,
57.9 trust, estate, joint stock company, insurance company, limited liability company, or
57.10 corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee, or
57.11 the legal representative of a deceased person, having any individual in covered employment;

57.12 (2) the state, statewide system, and state agencies; and

57.13 (3) any local government entity, including but not limited to a county, city, town, school
57.14 district, municipal corporation, quasimunicipal corporation, or other political subdivision.
57.15 An employer also includes charter schools.

57.16 (b) Employer does not include:

57.17 (1) the United States of America; or

57.18 (2) a self-employed individual who has elected and been approved for coverage under
57.19 section 268B.11 with regard to the self-employed individual's own coverage and benefits.

57.20 Subd. 17. **Estimated self-employment income.** "Estimated self-employment income"
57.21 means a self-employed individual's average net earnings from self-employment in the two
57.22 most recent taxable years. For a self-employed individual who had net earnings from
57.23 self-employment in only one of the years, the individual's estimated self-employment income
57.24 equals the individual's net earnings from self-employment in the year in which the individual
57.25 had net earnings from self-employment.

57.26 Subd. 18. **Family and medical benefit insurance account.** "Family and medical benefit
57.27 insurance account" means the family and medical benefit insurance account in the special
57.28 revenue fund in the state treasury under section 268B.02.

57.29 Subd. 19. **Family and medical benefit insurance enforcement account.** "Family and
57.30 medical benefit insurance enforcement account" means the family and medical benefit
57.31 insurance enforcement account in the state treasury under section 268B.185.

58.1 Subd. 20. **Family benefit program.** "Family benefit program" means the program
58.2 administered under this chapter for the collection of premiums and payment of benefits
58.3 related to family care, bonding, safety leave, and leave related to a qualifying exigency.

58.4 Subd. 21. **Family care.** "Family care" means an applicant caring for a family member
58.5 with a serious health condition or caring for a family member who is a covered service
58.6 member.

58.7 Subd. 22. **Family member.** (a) "Family member" means, with respect to an employee:

58.8 (1) a spouse, including a domestic partner in a civil union or other registered domestic
58.9 partnership recognized by the state, and a spouse's parent;

58.10 (2) a child and a child's spouse;

58.11 (3) a parent and a parent's spouse;

58.12 (4) a sibling and a sibling's spouse;

58.13 (5) a grandparent, a grandchild, or a spouse of a grandparent or grandchild; and

58.14 (6) any other individual who is related by blood or affinity and whose association with
58.15 the employee is equivalent of a family relationship. For the purposes of this clause, with
58.16 respect to an employee, this includes but is not limited to:

58.17 (i) a child of a sibling of the employee;

58.18 (ii) a sibling of the parents of the employee;

58.19 (iii) a child-in-law, a parent-in-law, a sibling-in-law, and a grandparent-in-law; and

58.20 (iv) an individual who has resided at the same address as the employee for at least one
58.21 year as of the first day of leave under this chapter.

58.22 (b) For the purposes of this chapter, a child includes a stepchild; biological, adopted, or
58.23 foster child of the employee; or a child for whom the employee is standing in loco parentis.

58.24 (c) For the purposes of this chapter, a grandchild includes a step-grandchild or biological,
58.25 adopted, or foster grandchild of the employee.

58.26 Subd. 23. **Health care provider.** "Health care provider" means:

58.27 (1) an individual who is licensed, certified, or otherwise authorized under law to practice
58.28 in the individual's scope of practice as a physician, osteopath, surgeon, or advanced practice
58.29 registered nurse; or

59.1 (2) any other individual determined by the commissioner by rule, in accordance with
59.2 the rulemaking procedures in the Administrative Procedure Act, to be capable of providing
59.3 health care services.

59.4 Subd. 24. **High quarter.** "High quarter" means the calendar quarter in an applicant's
59.5 base period with the highest amount of wage credits.

59.6 Subd. 25. **Incapacity.** "Incapacity" means inability to perform regular work, attend
59.7 school, or fully perform other regular daily activities due to a serious health condition,
59.8 treatment therefore, or recovery therefrom.

59.9 Subd. 26. **Independent contractor.** (a) If there is an existing specific test or definition
59.10 for independent contractor in Minnesota statute or rule applicable to an occupation or sector
59.11 as of the date of enactment of this chapter, that test or definition shall apply to that occupation
59.12 or sector for purposes of this chapter. If there is not an existing test or definition as described,
59.13 the definition for independent contractor shall be as provided in this subdivision.

59.14 (b) An individual is an independent contractor and not an employee of the person for
59.15 whom the individual is performing services in the course of the person's trade, business,
59.16 profession, or occupation only if:

59.17 (1) the individual maintains a separate business with the individual's own office,
59.18 equipment, materials, and other facilities;

59.19 (2) the individual:

59.20 (i) holds or has applied for a federal employer identification number; or

59.21 (ii) has filed business or self-employment income tax returns with the federal Internal
59.22 Revenue Service if the individual has performed services in the previous year;

59.23 (3) the individual is operating under contract to perform the specific services for the
59.24 person for specific amounts of money and under which the individual controls the means
59.25 of performing the services;

59.26 (4) the individual is incurring the main expenses related to the services that the individual
59.27 is performing for the person under the contract;

59.28 (5) the individual is responsible for the satisfactory completion of the services that the
59.29 individual has contracted to perform for the person and is liable for a failure to complete
59.30 the services;

60.1 (6) the individual receives compensation from the person for the services performed
60.2 under the contract on a commission or per-job or competitive bid basis and not on any other
60.3 basis;

60.4 (7) the individual may realize a profit or suffer a loss under the contract to perform
60.5 services for the person;

60.6 (8) the individual has continuing or recurring business liabilities or obligations; and

60.7 (9) the success or failure of the individual's business depends on the relationship of
60.8 business receipts to expenditures.

60.9 (c) For the purposes of this chapter, an insurance producer, as defined in section 60K.31,
60.10 subdivision 6, is an independent contractor of an insurance company, as defined in section
60.11 60A.02, subdivision 4, unless the insurance producer and insurance company agree otherwise.

60.12 Subd. 27. **Inpatient care.** "Inpatient care" means an overnight stay in a hospital, hospice,
60.13 or residential medical care facility, including any period of incapacity, or any subsequent
60.14 treatment in connection with such inpatient care.

60.15 Subd. 28. **Maximum weekly benefit amount.** "Maximum weekly benefit amount"
60.16 means the state's average weekly wage as calculated under section 268.035, subdivision 23.

60.17 Subd. 29. **Medical benefit program.** "Medical benefit program" means the program
60.18 administered under this chapter for the collection of premiums and payment of benefits
60.19 related to an applicant's serious health condition or pregnancy.

60.20 Subd. 30. **Net earnings from self-employment.** "Net earnings from self-employment"
60.21 has the meaning given in section 1402 of the Internal Revenue Code, as defined in section
60.22 290.01, subdivision 31.

60.23 Subd. 31. **Pregnancy.** "Pregnancy" means prenatal care or incapacity due to pregnancy
60.24 or recovery from childbirth, still birth, miscarriage, or related health conditions.

60.25 Subd. 32. **Qualifying exigency.** (a) "Qualifying exigency" means a need arising out of
60.26 a military member's active duty service or notice of an impending call or order to active
60.27 duty in the United States armed forces, including providing for the care or other needs of
60.28 the family member's child or other dependent, making financial or legal arrangements for
60.29 the family member, attending counseling, attending military events or ceremonies, spending
60.30 time with the family member during a rest and recuperation leave or following return from
60.31 deployment, or making arrangements following the death of the military member.

61.1 (b) For the purposes of this chapter, a "military member" means a current or former
61.2 member of the United States armed forces, including a member of the National Guard or
61.3 reserves, who, except for a deceased military member, is a resident of the state and is a
61.4 family member of the employee taking leave related to the qualifying exigency.

61.5 Subd. 33. **Safety leave.** "Safety leave" means leave from work because of domestic
61.6 abuse, sexual assault, or stalking of the employee or employee's family member, provided
61.7 the leave is to:

61.8 (1) seek medical attention related to the physical or psychological injury or disability
61.9 caused by domestic abuse, sexual assault, or stalking;

61.10 (2) obtain services from a victim services organization;

61.11 (3) obtain psychological or other counseling;

61.12 (4) seek relocation due to the domestic abuse, sexual assault, or stalking; or

61.13 (5) seek legal advice or take legal action, including preparing for or participating in any
61.14 civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual
61.15 assault, or stalking.

61.16 Subd. 34. **Self-employed individual.** "Self-employed individual" means a resident of
61.17 the state who, in one of the two taxable years preceding the current calendar year, derived
61.18 at least \$10,000 in net earnings from self-employment from an entity other than an S
61.19 corporation for the performance of services in this state.

61.20 Subd. 35. **Self-employment premium base.** "Self-employment premium base" means
61.21 the lesser of:

61.22 (1) a self-employed individual's estimated self-employment income for the calendar year
61.23 plus the individual's self-employment wages in the calendar year; or

61.24 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability
61.25 Insurance tax in the taxable year.

61.26 Subd. 36. **Self-employment wages.** "Self-employment wages" means the amount of
61.27 wages that a self-employed individual earned in the calendar year from an entity from which
61.28 the individual also received net earnings from self-employment.

61.29 Subd. 37. **Serious health condition.** (a) "Serious health condition" means a physical or
61.30 mental illness, injury, impairment, condition, or substance use disorder that involves:

61.31 (1) at-home care or inpatient care in a hospital, hospice, or residential medical care
61.32 facility, including any period of incapacity; or

- 62.1 (2) continuing treatment or supervision by a health care provider which includes any
62.2 one or more of the following:
- 62.3 (i) a period of incapacity of more than three consecutive, full calendar days, and any
62.4 subsequent treatment or period of incapacity relating to the same condition, that also involves:
- 62.5 (A) treatment two or more times by a health care provider or by a provider of health
62.6 care services under orders of, or on referral by, a health care provider; or
- 62.7 (B) treatment by a health care provider on at least one occasion that results in a regimen
62.8 of continuing treatment under the supervision of the health care provider;
- 62.9 (ii) a period of incapacity due to pregnancy, or for prenatal care;
- 62.10 (iii) a period of incapacity or treatment for a chronic health condition that:
- 62.11 (A) requires periodic visits, defined as at least twice a year, for treatment by a health
62.12 care provider or under orders of, or on referral by, a health care provider;
- 62.13 (B) continues over an extended period of time, including recurring episodes of a single
62.14 underlying condition; and
- 62.15 (C) may cause episodic rather than continuing periods of incapacity;
- 62.16 (iv) a period of incapacity which is permanent or long term due to a condition for which
62.17 treatment may not be effective. The employee or family member must be under the continuing
62.18 supervision of, but need not be receiving active treatment by, a health care provider; or
- 62.19 (v) a period of absence to receive multiple treatments, including any period of recovery
62.20 from the treatments, by a health care provider or by a provider of health care services under
62.21 orders of, or on referral by, a health care provider, for:
- 62.22 (A) restorative surgery after an accident or other injury; or
- 62.23 (B) a condition that would likely result in a period of incapacity of more than three
62.24 consecutive, full calendar days in the absence of medical intervention or treatment.
- 62.25 (b) For the purposes of paragraph (a), clauses (1) and (2), treatment by a health care
62.26 provider means an in-person visit or telemedicine visit with a health care provider, or by a
62.27 provider of health care services under orders of, or on referral by, a health care provider.
- 62.28 (c) For the purposes of paragraph (a), treatment includes but is not limited to examinations
62.29 to determine if a serious health condition exists and evaluations of the condition.
- 62.30 (d) Absences attributable to incapacity under paragraph (a), clause (2), item (ii) or (iii),
62.31 qualify for leave under this chapter even if the employee or the family member does not

63.1 receive treatment from a health care provider during the absence, and even if the absence
63.2 does not last more than three consecutive, full calendar days.

63.3 Subd. 38. **State's average weekly wage.** "State's average weekly wage" means the
63.4 weekly wage calculated under section 268.035, subdivision 23.

63.5 Subd. 39. **Supplemental benefit payment.** (a) "Supplemental benefit payment" means:

63.6 (1) a payment made by an employer to an employee as salary continuation or as paid
63.7 time off. Such a payment must be in addition to any family or medical leave benefits the
63.8 employee is receiving under this chapter; and

63.9 (2) a payment offered by an employer to an employee who is taking leave under this
63.10 chapter to supplement the family or medical leave benefits the employee is receiving.

63.11 (b) Employers may, but are not required to, designate certain benefits including but not
63.12 limited to salary continuation, vacation leave, sick leave, or other paid time off as a
63.13 supplemental benefit payment.

63.14 (c) Nothing in this chapter requires an employee to receive supplemental benefit
63.15 payments.

63.16 Subd. 40. **Taxable year.** "Taxable year" has the meaning given in section 290.01,
63.17 subdivision 9.

63.18 Subd. 41. **Taxable wages.** "Taxable wages" means those wages paid to an employee in
63.19 covered employment each calendar year up to an amount equal to the maximum wages
63.20 subject to premium in a calendar year, which is equal to the maximum earnings in that year
63.21 subject to the FICA Old-Age, Survivors, and Disability Insurance tax rounded to the nearest
63.22 \$1,000.

63.23 Subd. 42. **Typical workweek hours.** "Typical workweek hours" means:

63.24 (1) for an hourly employee, the average number of hours worked per week by an
63.25 employee within the high quarter during the base year; or

63.26 (2) 40 hours for a salaried employee, regardless of the number of hours the salaried
63.27 employee typically works.

63.28 Subd. 43. **Wage credits.** "Wage credits" means the amount of wages paid within an
63.29 applicant's base period for covered employment, as defined in subdivision 13.

63.30 Subd. 44. **Wage detail report.** "Wage detail report" means the report on each employee
63.31 in covered employment required from an employer on a calendar quarter basis under section
63.32 268B.12.

64.1 Subd. 45. **Wages.** (a) "Wages" means all compensation for employment, including
64.2 commissions; bonuses, awards, and prizes; severance payments; standby pay; vacation and
64.3 holiday pay; back pay as of the date of payment; tips and gratuities paid to an employee by
64.4 a customer of an employer and accounted for by the employee to the employer; sickness
64.5 and accident disability payments, except as otherwise provided in this subdivision; and the
64.6 cash value of housing, utilities, meals, exchanges of services, and any other goods and
64.7 services provided to compensate an employee, except:

64.8 (1) the amount of any payment made to, or on behalf of, an employee under a plan
64.9 established by an employer that makes provision for employees generally or for a class or
64.10 classes of employees, including any amount paid by an employer for insurance or annuities,
64.11 or into a plan, to provide for a payment, on account of (i) retirement, (ii) medical and
64.12 hospitalization expenses in connection with sickness or accident disability, or (iii) death;

64.13 (2) the payment by an employer of the tax imposed upon an employee under United
64.14 States Code, title 26, section 3101 of the Federal Insurance Contribution Act, with respect
64.15 to compensation paid to an employee for domestic employment in a private household of
64.16 the employer or for agricultural employment;

64.17 (3) any payment made to, or on behalf of, an employee or beneficiary (i) from or to a
64.18 trust described in United States Code, title 26, section 401(a) of the federal Internal Revenue
64.19 Code, that is exempt from tax under section 501(a) at the time of the payment unless the
64.20 payment is made to an employee of the trust as compensation for services as an employee
64.21 and not as a beneficiary of the trust, or (ii) under or to an annuity plan that, at the time of
64.22 the payment, is a plan described in section 403(a);

64.23 (4) the value of any special discount or markdown allowed to an employee on goods
64.24 purchased from or services supplied by the employer where the purchases are optional and
64.25 do not constitute regular or systematic payment for services;

64.26 (5) customary and reasonable directors' fees paid to individuals who are not otherwise
64.27 employed by the corporation of which they are directors;

64.28 (6) the payment to employees for reimbursement of meal expenses when employees are
64.29 required to perform work after their regular hours;

64.30 (7) the payment into a trust or plan for purposes of providing legal or dental services if
64.31 provided for all employees generally or for a class or classes of employees;

64.32 (8) the value of parking facilities provided or paid for by an employer, in whole or in
64.33 part, if provided for all employees generally or for a class or classes of employees;

65.1 (9) royalties to an owner of a franchise, license, copyright, patent, oil, mineral, or other
65.2 right;

65.3 (10) advances or reimbursements for traveling or other ordinary and necessary expenses
65.4 incurred or reasonably expected to be incurred in the business of the employer. Traveling
65.5 and other reimbursed expenses must be identified either by making separate payments or
65.6 by specifically indicating the separate amounts where both wages and expense allowances
65.7 are combined in a single payment;

65.8 (11) residual payments to radio, television, and similar artists that accrue after the
65.9 production of television commercials, musical jingles, spot announcements, radio
65.10 transcriptions, film soundtracks, and similar activities;

65.11 (12) the income to a former employee resulting from the exercise of a nonqualified stock
65.12 option;

65.13 (13) supplemental unemployment benefit payments under a plan established by an
65.14 employer, if the payment is not wages under the Federal Unemployment Tax Act. The
65.15 payments are wages unless made solely for the supplementing of weekly state or federal
65.16 unemployment benefits. Supplemental unemployment benefit payments may not be assigned,
65.17 nor may any consideration be required from the applicant, other than a release of claims in
65.18 order to be excluded from wages;

65.19 (14) sickness or accident disability payments made by the employer after the expiration
65.20 of six calendar months following the last calendar month that the individual worked for the
65.21 employer;

65.22 (15) disability payments made under the provisions of any workers' compensation law;

65.23 (16) sickness or accident disability payments made by a third-party payer such as an
65.24 insurance company; or

65.25 (17) payments made into a trust fund, or for the purchase of insurance or an annuity, to
65.26 provide for sickness or accident disability payments to employees under a plan or system
65.27 established by the employer that provides for the employer's employees generally or for a
65.28 class or classes of employees.

65.29 (b) Nothing in this subdivision excludes from the term "wages" any payment made under
65.30 any type of salary reduction agreement, including payments made under a cash or deferred
65.31 arrangement and cafeteria plan, as defined in United States Code, title 26, sections 401(k)
65.32 and 125 of the federal Internal Revenue Code, to the extent that the employee has the option
65.33 to receive the payment in cash.

66.1 (c) Wages includes the total payment to the operator and supplier of a vehicle or other
66.2 equipment where the payment combines compensation for personal services as well as
66.3 compensation for the cost of operating and hiring the equipment in a single payment. This
66.4 paragraph does not apply if:

66.5 (1) there is a preexisting written agreement providing for allocation of specific amounts;
66.6 or

66.7 (2) at the time of each payment there is a written acknowledgment indicating the separate
66.8 allocated amounts.

66.9 (d) Wages includes payments made for services as a caretaker. Unless there is a contract
66.10 or other proof to the contrary, compensation is considered as being equally received by a
66.11 married couple where the employer makes payment to only one spouse, or by all tenants of
66.12 a household who perform services where two or more individuals share the same dwelling
66.13 and the employer makes payment to only one individual.

66.14 (e) Wages includes payments made for services by a migrant family. Where services
66.15 are performed by a married couple or a family and an employer makes payment to only one
66.16 individual, each worker is considered as having received an equal share of the compensation
66.17 unless there is a contract or other proof to the contrary.

66.18 (f) Wages includes advances or draws against future earnings, when paid, unless the
66.19 payments are designated as a loan or return of capital on the books and records of the
66.20 employer at the time of payment.

66.21 (g) Wages includes payments made by a subchapter "S" corporation, as organized under
66.22 the Internal Revenue Code, to or on behalf of officers and shareholders that are reasonable
66.23 compensation for services performed for the corporation.

66.24 For a subchapter "S" corporation, wages does not include:

66.25 (1) a loan for business purposes to an officer or shareholder evidenced by a promissory
66.26 note signed by an officer before the payment of the loan proceeds and recorded on the books
66.27 and records of the corporation as a loan to an officer or shareholder;

66.28 (2) a repayment of a loan or payment of interest on a loan made by an officer to the
66.29 corporation and recorded on the books and records of the corporation as a liability;

66.30 (3) a reimbursement of reasonable corporation expenses incurred by an officer and
66.31 documented by a written expense voucher and recorded on the books and records of the
66.32 corporation as corporate expenses; and

67.1 (4) a reasonable lease or rental payment to an officer who owns property that is leased
67.2 or rented to the corporation.

67.3 Subd. 46. **Wages paid.** (a) "Wages paid" means the amount of wages:

67.4 (1) that have been actually paid; or

67.5 (2) that have been credited to or set apart so that payment and disposition is under the
67.6 control of the employee.

67.7 (b) Wage payments delayed beyond the regularly scheduled pay date are wages paid on
67.8 the missed pay date. Back pay is wages paid on the date of actual payment. Any wages
67.9 earned but not paid with no scheduled date of payment are wages paid on the last day of
67.10 employment.

67.11 (c) Wages paid does not include wages earned but not paid except as provided for in
67.12 this subdivision.

67.13 Subd. 47. **Week.** "Week" means calendar week ending at midnight Saturday.

67.14 Subd. 48. **Weekly benefit amount.** "Weekly benefit amount" means the amount of
67.15 family and medical leave benefits computed under section 268B.04.

67.16 Sec. 6. **[268B.02] FAMILY AND MEDICAL BENEFIT INSURANCE PROGRAM**
67.17 **CREATION.**

67.18 Subdivision 1. **Creation.** A family and medical benefit insurance program is created to
67.19 be administered by the commissioner according to the terms of this chapter.

67.20 Subd. 2. **Creation of division.** A Family and Medical Benefit Insurance Division is
67.21 created within the department under the authority of the commissioner. The commissioner
67.22 shall appoint a director of the division. The division shall administer and operate the benefit
67.23 program under this chapter.

67.24 Subd. 3. **Rulemaking.** The commissioner shall adopt rules to implement the provisions
67.25 of this chapter.

67.26 Subd. 4. **Account creation; appropriation.** The family and medical benefit insurance
67.27 account is created in the special revenue fund in the state treasury. Money in this account
67.28 is appropriated to the commissioner to pay benefits under and to administer this chapter,
67.29 including outreach required under section 268B.18.

67.30 Subd. 5. **Information technology services and equipment.** The department is exempt
67.31 from the provisions of section 16E.016 for the purposes of this chapter.

68.1 **Sec. 7. [268B.03] PAYMENT OF BENEFITS.**

68.2 Subdivision 1. **Requirements.** The commissioner must pay benefits from the family
68.3 and medical benefit insurance account as provided under this chapter to an applicant who
68.4 has met each of the following requirements:

68.5 (1) the applicant has filed an application for benefits and established a benefit account
68.6 in accordance with section 268B.04;

68.7 (2) the applicant has met all of the ongoing eligibility requirements under section
68.8 268B.06;

68.9 (3) the applicant does not have an outstanding overpayment of family or medical leave
68.10 benefits, including any penalties or interest;

68.11 (4) the applicant has not been held ineligible for benefits under section 268.07, subdivision
68.12 2; and

68.13 (5) the applicant is not employed exclusively by a private plan employer and has wage
68.14 credits during the base year attributable to employers covered under the state family and
68.15 medical leave program.

68.16 Subd. 2. **Benefits paid from state funds.** Benefits are paid from state funds and are not
68.17 considered paid from any special insurance plan, nor as paid by an employer. An application
68.18 for family or medical leave benefits is not considered a claim against an employer but is
68.19 considered a request for benefits from the family and medical benefit insurance account.
68.20 The commissioner has the responsibility for the proper payment of benefits regardless of
68.21 the level of interest or participation by an applicant or an employer in any determination or
68.22 appeal. An applicant's entitlement to benefits must be determined based upon that information
68.23 available without regard to a burden of proof. Any agreement between an applicant and an
68.24 employer is not binding on the commissioner in determining an applicant's entitlement.
68.25 There is no presumption of entitlement or nonentitlement to benefits.

68.26 **Sec. 8. [268B.04] BENEFIT ACCOUNT; BENEFITS.**

68.27 Subdivision 1. **Application for benefits; determination of benefit account.** (a) An
68.28 application for benefits may be filed in person, by mail, or by electronic transmission as the
68.29 commissioner may require. The applicant must include certification supporting a request
68.30 for leave under this chapter. The applicant must meet eligibility requirements at the time
68.31 the application is filed and must provide all requested information in the manner required.
68.32 If the applicant does not meet eligibility at the time of the application or fails to provide all

69.1 requested information, the communication is not an application for family and medical leave
69.2 benefits.

69.3 (b) The commissioner must examine each application for benefits to determine the base
69.4 period and the benefit year, and based upon all the covered employment in the base period
69.5 the commissioner must determine the weekly benefit amount available, if any, and the
69.6 maximum amount of benefits available, if any. The determination, which is a document
69.7 separate and distinct from a document titled a determination of eligibility or determination
69.8 of ineligibility, must be titled determination of benefit account. A determination of benefit
69.9 account must be sent to the applicant and all base period employers, by mail or electronic
69.10 transmission.

69.11 (c) If a base period employer did not provide wage detail information for the applicant
69.12 as required under section 268B.12, the commissioner may accept an applicant certification
69.13 of wage credits, based upon the applicant's records, and issue a determination of benefit
69.14 account.

69.15 (d) The commissioner may, at any time within 24 months from the establishment of a
69.16 benefit account, reconsider any determination of benefit account and make an amended
69.17 determination if the commissioner finds that the wage credits listed in the determination
69.18 were incorrect for any reason. An amended determination of benefit account must be
69.19 promptly sent to the applicant and all base period employers, by mail or electronic
69.20 transmission. This paragraph does not apply to documents titled determinations of eligibility
69.21 or determinations of ineligibility issued.

69.22 (e) If an amended determination of benefit account reduces the weekly benefit amount
69.23 or maximum amount of benefits available, any benefits that have been paid greater than the
69.24 applicant was entitled is an overpayment of benefits. A determination or amended
69.25 determination issued under this section that results in an overpayment of benefits must set
69.26 out the amount of the overpayment and the requirement that the overpaid benefits must be
69.27 repaid according to section 268B.185.

69.28 Subd. 2. **Benefit account requirements.** (a) Unless paragraph (b) applies, to establish
69.29 a benefit account, an applicant must have wage credits of at least 5.3 percent of the state's
69.30 average annual wage rounded down to the next lower \$100.

69.31 (b) To establish a new benefit account following the expiration of the benefit year on a
69.32 prior benefit account, an applicant must have performed actual work in subsequent covered
69.33 employment and have been paid wages in one or more completed calendar quarters that
69.34 started after the effective date of the prior benefit account. The wages paid for that

70.1 employment must be at least enough to meet the requirements of paragraph (a). A benefit
70.2 account under this paragraph must not be established effective earlier than the Sunday
70.3 following the end of the most recent completed calendar quarter in which the requirements
70.4 of paragraph (a) were met. An applicant must not establish a second benefit account as a
70.5 result of one loss of employment.

70.6 Subd. 3. **Weekly benefit amount; maximum amount of benefits available; prorated**
70.7 **amount.** (a) Subject to the maximum weekly benefit amount, an applicant's weekly benefit
70.8 is calculated by adding the amounts obtained by applying the following percentage to an
70.9 applicant's average typical workweek and weekly wage during the high quarter of the base
70.10 period:

70.11 (1) 90 percent of wages that do not exceed 50 percent of the state's average weekly wage;
70.12 plus

70.13 (2) 66 percent of wages that exceed 50 percent of the state's average weekly wage but
70.14 not 100 percent; plus

70.15 (3) 55 percent of wages that exceed 100 percent of the state's average weekly wage.

70.16 (b) The state's average weekly wage is the average wage as calculated under section
70.17 268.035, subdivision 23, at the time a benefit amount is first determined.

70.18 (c) The maximum weekly benefit amount is the state's average weekly wage as calculated
70.19 under section 268.035, subdivision 23.

70.20 (d) The state's maximum weekly benefit amount, computed in accordance with section
70.21 268.035, subdivision 23, applies to a benefit account established effective on or after the
70.22 last Sunday in October. Once established, an applicant's weekly benefit amount is not
70.23 affected by the last Sunday in October change in the state's maximum weekly benefit amount.

70.24 (e) For an employee receiving family or medical leave, a weekly benefit amount is
70.25 prorated when:

70.26 (1) the employee works hours for wages; or

70.27 (2) the employee uses paid sick leave, paid vacation leave, or other paid time off that is
70.28 not considered a supplemental benefit payment as defined in section 268B.01, subdivision
70.29 37.

70.30 Subd. 4. **Timing of payment.** Except as otherwise provided for in this chapter, benefits
70.31 must be paid weekly.

71.1 Subd. 5. **Maximum length of benefits.** (a) Except as provided in paragraph (b), in a
71.2 single benefit year, an applicant may receive up to 12 weeks of benefits under this chapter
71.3 related to the applicant's serious health condition or pregnancy and up to 12 weeks of benefits
71.4 under this chapter for bonding, safety leave, or family care.

71.5 (b) An applicant may receive up to 12 weeks of benefits in a single benefit year for leave
71.6 related to one or more qualifying exigencies.

71.7 Subd. 6. **Minimum period for which benefits payable.** Except for a claim for benefits
71.8 for bonding leave, any claim for benefits must be based on a single qualifying event of at
71.9 least seven calendar days. Benefits may be paid for a minimum duration of eight consecutive
71.10 hours in a week. If an employee on leave claims eight hours at any point during a week, the
71.11 minimum duration is satisfied.

71.12 Subd. 7. **Right of appeal.** (a) A determination or amended determination of benefit
71.13 account is final unless an appeal is filed by the applicant within 30 calendar days after the
71.14 sending of the determination or amended determination, or within 60 calendar days, if an
71.15 applicant establishes good cause for not appealing within 30 days. For the purposes of this
71.16 paragraph, "good cause" means a reason that would have prevented an applicant from acting
71.17 with due diligence in appealing within 30 days and includes any illness, disability, or
71.18 linguistic and literacy limitation of the applicant, along with other relevant factors. If an
71.19 applicant claims good cause for a late appeal, the applicant must be granted a hearing on
71.20 the issue of timeliness. This hearing can be held at the same time as a hearing on the merits
71.21 of the appeal. Proceedings on the appeal are conducted in accordance with section 268B.08.

71.22 (b) Any applicant may appeal from a determination or amended determination of benefit
71.23 account on the issue of whether services performed constitute employment, whether the
71.24 employment is covered employment, and whether money paid constitutes wages.

71.25 Subd. 8. **Limitations on applications and benefit accounts.** (a) An application for
71.26 family or medical leave benefits is effective the Sunday of the calendar week that the
71.27 application was filed. An application for benefits may be backdated one calendar week
71.28 before the Sunday of the week the application was actually filed if the applicant requests
71.29 the backdating within seven calendar days of the date the application is filed. An application
71.30 may be backdated only if the applicant was eligible for the benefit during the period of the
71.31 backdating. If an individual attempted to file an application for benefits, but was prevented
71.32 from filing an application by the department, the application is effective the Sunday of the
71.33 calendar week the individual first attempted to file an application.

72.1 (b) A benefit account established under subdivision 2 is effective the date the application
72.2 for benefits was effective.

72.3 (c) A benefit account, once established, may later be withdrawn if:

72.4 (1) the applicant has not been paid any benefits on that benefit account; and

72.5 (2) a new application for benefits is filed and a new benefit account is established at the
72.6 time of the withdrawal.

72.7 A benefit account may be withdrawn after the expiration of the benefit year, and the
72.8 new work requirements of subdivision 2, paragraph (b), do not apply if the applicant was
72.9 not paid any benefits on the benefit account that is being withdrawn.

72.10 A determination or amended determination of eligibility or ineligibility issued under
72.11 section 268B.07 that was sent before the withdrawal of the benefit account, remains in effect
72.12 and is not voided by the withdrawal of the benefit account.

72.13 **Sec. 9. [268B.05] CONTINUED REQUEST FOR BENEFITS.**

72.14 A continued request for family or medical leave benefits is a certification by an applicant,
72.15 done on a weekly basis, that the applicant is unable to perform usual work due to a qualifying
72.16 event and meets the ongoing eligibility requirements for benefits under section 268B.06. A
72.17 continued request must include information on possible issues of ineligibility.

72.18 **Sec. 10. [268B.06] ELIGIBILITY REQUIREMENTS; PAYMENTS THAT AFFECT**
72.19 **BENEFITS.**

72.20 Subdivision 1. **Eligibility conditions.** (a) An applicant may be eligible to receive family
72.21 or medical leave benefits for any week if:

72.22 (1) the applicant has filed a continued request for benefits for that week under section
72.23 268B.05;

72.24 (2) the week for which benefits are requested is in the applicant's benefit year;

72.25 (3) the applicant was unable to perform regular work due to a serious health condition,
72.26 a qualifying exigency, safety leave, family care, bonding, pregnancy, or recovery from
72.27 pregnancy for the period required under subdivision 2;

72.28 (4) the applicant has sufficient wage credits from an employer or employers as defined
72.29 in section 268B.01, subdivision 41, to establish a benefit account under section 268B.04;
72.30 and

73.1 (5) an applicant requesting benefits under this chapter must fulfill certification
73.2 requirements under subdivision 3.

73.3 (b) A self-employed individual or independent contractor who has elected and been
73.4 approved for coverage under section 268B.11 need not fulfill the requirement of paragraph
73.5 (a), clause (4).

73.6 Subd. 2. **Seven-day qualifying event.** (a) The period for which an applicant is seeking
73.7 benefits must be or have been based on a single event of at least seven calendar days' duration
73.8 related to pregnancy, recovery from pregnancy, family care, a qualifying exigency, safety
73.9 leave, or the applicant's serious health condition. The days need not be consecutive.

73.10 (b) Benefits related to bonding need not meet the seven-day qualifying event requirement.

73.11 (c) The commissioner shall use the rulemaking authority under section 268B.02,
73.12 subdivision 3, to adopt rules regarding what serious health conditions and other events are
73.13 prospectively presumed to constitute seven-day qualifying events under this chapter.

73.14 Subd. 3. **Certification.** (a) Certification for an applicant taking leave related to the
73.15 applicant's serious health condition shall be sufficient if the certification states the date on
73.16 which the serious health condition began, the probable duration of the condition, and the
73.17 appropriate medical facts within the knowledge of the health care provider as required by
73.18 the commissioner.

73.19 (b) Certification for an applicant taking leave to care for a family member with a serious
73.20 health condition shall be sufficient if the certification states the date on which the serious
73.21 health condition commenced, the probable duration of the condition, the appropriate medical
73.22 facts within the knowledge of the health care provider as required by the commissioner, a
73.23 statement that the family member requires care, and an estimate of the amount of time that
73.24 the family member will require care.

73.25 (c) Certification for an applicant taking leave related to pregnancy shall be sufficient if
73.26 the certification states the expected due date and recovery period based on appropriate
73.27 medical facts within the knowledge of the health care provider.

73.28 (d) Certification for an applicant taking bonding leave because of the birth of the
73.29 applicant's child shall be sufficient if the certification includes either the child's birth
73.30 certificate or a document issued by the health care provider of the child or the health care
73.31 provider of the person who gave birth, stating the child's birth date.

73.32 (e) Certification for an applicant taking bonding leave because of the placement of a
73.33 child with the applicant for adoption or foster care shall be sufficient if the applicant provides

74.1 a document issued by the health care provider of the child, an adoption or foster care agency
74.2 involved in the placement, or by other individuals as determined by the commissioner that
74.3 confirms the placement and the date of placement. To the extent that the status of an applicant
74.4 as an adoptive or foster parent changes while an application for benefits is pending, or while
74.5 the covered individual is receiving benefits, the applicant must notify the department of
74.6 such change in status in writing.

74.7 (f) Certification for an applicant taking leave because of a qualifying exigency shall be
74.8 sufficient if the certification includes:

74.9 (1) a copy of the family member's active-duty orders;

74.10 (2) other documentation issued by the United States armed forces; or

74.11 (3) other documentation permitted by the commissioner.

74.12 (g) Certification for an applicant taking safety leave is sufficient if the certification
74.13 includes a court record or documentation signed by a volunteer or employee of a victim's
74.14 services organization, an attorney, a police officer, or an antiviolence counselor. The
74.15 commissioner must not require disclosure of details relating to an applicant's or applicant's
74.16 family member's domestic abuse, sexual assault, or stalking.

74.17 (h) Certifications under paragraphs (a) to (e) must be reviewed and signed by a health
74.18 care provider with knowledge of the qualifying event associated with the leave.

74.19 (i) For a leave taken on an intermittent or reduced-schedule basis, based on a serious
74.20 health condition of an applicant or applicant's family member, the certification under this
74.21 subdivision must include an explanation of how such leave would be medically beneficial
74.22 to the individual with the serious health condition.

74.23 Subd. 4. **Not eligible.** An applicant is ineligible for family or medical leave benefits for
74.24 any portion of a typical workweek:

74.25 (1) that occurs before the effective date of a benefit account;

74.26 (2) that the applicant has an outstanding misrepresentation overpayment balance under
74.27 section 268B.185, subdivision 5, including any penalties and interest;

74.28 (3) that the applicant fails or refuses to provide information on an issue of ineligibility
74.29 required under section 268B.07, subdivision 2; or

74.30 (4) for which the applicant worked for pay.

74.31 Subd. 5. **Vacation, sick leave, and supplemental benefit payments.** (a) An applicant
74.32 is not eligible to receive benefits for any portion of a typical workweek the applicant is

75.1 receiving, has received, or will receive vacation pay, sick pay, or personal time off pay, also
75.2 known as "PTO."

75.3 (b) Paragraph (a) does not apply:

75.4 (1) upon a permanent separation from employment;

75.5 (2) to payments from a vacation fund administered by a union or a third party not under
75.6 the control of the employer; or

75.7 (3) to supplemental benefit payments, as defined in section 268B.01, subdivision 37.

75.8 (c) Payments under this subdivision are applied to the period immediately following the
75.9 later of the date of separation from employment or the date the applicant first becomes
75.10 aware that the employer will be making a payment. The date the payment is actually made
75.11 or received, or that an applicant must agree to a release of claims, does not affect the
75.12 application of this subdivision.

75.13 Subd. 6. **Workers' compensation and disability insurance offset.** (a) An applicant is
75.14 not eligible to receive benefits for any portion of a week in which the applicant is receiving
75.15 or has received compensation for loss of wages equal to or in excess of the applicant's
75.16 weekly family or medical leave benefit amount under:

75.17 (1) the workers' compensation law of this state;

75.18 (2) the workers' compensation law of any other state or similar federal law; or

75.19 (3) any insurance or trust fund paid in whole or in part by an employer.

75.20 (b) This subdivision does not apply to an applicant who has a claim pending for loss of
75.21 wages under paragraph (a). If the applicant later receives compensation as a result of the
75.22 pending claim, the applicant is subject to paragraph (a) and the family or medical leave
75.23 benefits paid are overpaid benefits under section 268B.185.

75.24 (c) If the amount of compensation described under paragraph (a) for any week is less
75.25 than the applicant's weekly family or medical leave benefit amount, benefits requested for
75.26 that week are reduced by the amount of that compensation payment.

75.27 Subd. 7. **Separation, severance, or bonus payments.** (a) An applicant is not eligible
75.28 to receive benefits for any week the applicant is receiving, has received, or will receive
75.29 separation pay, severance pay, bonus pay, or any other payments paid by an employer
75.30 because of, upon, or after separation from employment. This subdivision applies if the
75.31 payment is:

75.32 (1) considered wages under section 268B.01, subdivision 43; or

76.1 (2) subject to the Federal Insurance Contributions Act (FICA) tax imposed to fund Social
76.2 Security and Medicare.

76.3 (b) Payments under this subdivision are applied to the period immediately following the
76.4 later of the date of separation from employment or the date the applicant first becomes
76.5 aware that the employer will be making a payment. The date the payment is actually made
76.6 or received, or that an applicant must agree to a release of claims, does not affect the
76.7 application of this paragraph.

76.8 (c) This subdivision does not apply to vacation pay, sick pay, personal time off pay, or
76.9 supplemental benefit payment under subdivision 4.

76.10 (d) This subdivision applies to all the weeks of payment.

76.11 (e) Under this subdivision, if the payment with respect to a week is equal to or more
76.12 than the applicant's weekly benefit amount, the applicant is ineligible for benefits for that
76.13 week. If the payment with respect to a week is less than the applicant's weekly benefit
76.14 amount, benefits are reduced by the amount of the payment.

76.15 Subd. 8. **Social Security disability benefits.** (a) An applicant who is receiving, has
76.16 received, or has filed for primary Social Security disability benefits for any week is ineligible
76.17 for benefits for that week, unless:

76.18 (1) the Social Security Administration approved the collecting of primary Social Security
76.19 disability benefits each month the applicant was employed during the base period; or

76.20 (2) the applicant provides a statement from an appropriate health care professional who
76.21 is aware of the applicant's Social Security disability claim and the basis for that claim,
76.22 certifying that the applicant is available for suitable employment.

76.23 (b) If an applicant meets the requirements of paragraph (a), clause (1), there is no
76.24 deduction from the applicant's weekly benefit amount for any Social Security disability
76.25 benefits.

76.26 (c) If an applicant meets the requirements of paragraph (a), clause (2), there must be
76.27 deducted from the applicant's weekly benefit amount 50 percent of the weekly equivalent
76.28 of the primary Social Security disability benefits the applicant is receiving, has received,
76.29 or has filed for, with respect to that week.

76.30 If the Social Security Administration determines that the applicant is not entitled to receive
76.31 primary Social Security disability benefits for any week the applicant has applied for those
76.32 benefits, this paragraph does not apply to that week.

77.1 (d) Information from the Social Security Administration is conclusive, absent specific
77.2 evidence showing that the information was erroneous.

77.3 Sec. 11. [268B.07] DETERMINATION ON ISSUES OF ELIGIBILITY.

77.4 Subdivision 1. **Employer notification.** (a) Upon a determination that an applicant is
77.5 entitled to benefits, the commissioner must promptly send a notification to each current
77.6 employer of the applicant, if any, in accordance with paragraph (b).

77.7 (b) The notification under paragraph (a) must include, at a minimum:

77.8 (1) the name of the applicant;

77.9 (2) that the applicant has applied for and received benefits;

77.10 (3) the week the benefits commence;

77.11 (4) the weekly benefit amount payable; and

77.12 (5) the maximum duration of benefits.

77.13 Subd. 2. **Determination.** (a) The commissioner must determine any issue of ineligibility
77.14 raised by information required from an applicant and send to the applicant and any current
77.15 base period employer, by mail or electronic transmission, a document titled a determination
77.16 of eligibility or a determination of ineligibility, as is appropriate, within two weeks.

77.17 (b) If an applicant obtained benefits through misrepresentation, the department is
77.18 authorized to issue a determination of ineligibility within 48 months of the establishment
77.19 of the benefit account.

77.20 (c) If the department has filed an intervention in a worker's compensation matter under
77.21 section 176.361, the department is authorized to issue a determination of ineligibility within
77.22 48 months of the establishment of the benefit account.

77.23 (d) A determination of eligibility or determination of ineligibility is final unless an appeal
77.24 is filed by the applicant within 20 calendar days after sending. The determination must
77.25 contain a prominent statement indicating the consequences of not appealing. Proceedings
77.26 on the appeal are conducted in accordance with section 268B.08.

77.27 (e) An issue of ineligibility required to be determined under this section includes any
77.28 question regarding the denial or allowing of benefits under this chapter.

77.29 Subd. 3. **Amended determination.** Unless an appeal has been filed, the commissioner,
77.30 on the commissioner's own motion, may reconsider a determination of eligibility or
77.31 determination of ineligibility that has not become final and issue an amended determination.

78.1 Any amended determination must be sent to the applicant and any employer in the current
78.2 base period by mail or electronic transmission. Any amended determination is final unless
78.3 an appeal is filed by the applicant within 30 calendar days after sending, or within 60 calendar
78.4 days, if the applicant establishes good cause for not appealing within 30 days. For the
78.5 purposes of this paragraph, "good cause" means a reason that would have prevented an
78.6 applicant from acting with due diligence in appealing within 30 days and includes any
78.7 illness, disability, or linguistic and literacy limitation of the applicant, along with other
78.8 relevant factors. If an applicant claims good cause for a late appeal, the applicant must be
78.9 granted a hearing on the issue of timeliness. This hearing can be held at the same time as a
78.10 hearing on the merits of the appeal. Proceedings on the appeal are conducted in accordance
78.11 with section 268B.08.

78.12 Subd. 4. **Benefit payment.** If a determination or amended determination allows benefits
78.13 to an applicant, the family or medical leave benefits must be paid regardless of any appeal
78.14 period or any appeal having been filed.

78.15 Subd. 5. **Overpayment.** A determination or amended determination that holds an
78.16 applicant ineligible for benefits for periods an applicant has been paid benefits is an
78.17 overpayment of those family or medical leave benefits. A determination or amended
78.18 determination issued under this section that results in an overpayment of benefits must set
78.19 out the amount of the overpayment and the requirement that the overpaid benefits must be
78.20 repaid according to section 268B.185.

78.21 Sec. 12. **[268B.08] APPEAL PROCESS.**

78.22 Subdivision 1. **Hearing.** (a) The commissioner shall designate a chief benefit judge.

78.23 (b) Upon a timely appeal to a determination having been filed or upon a referral for
78.24 direct hearing, the chief benefit judge must set a time and date for a de novo due-process
78.25 hearing and send notice to an applicant and an employer, by mail or electronic transmission,
78.26 not less than ten calendar days before the date of the hearing.

78.27 (c) The commissioner may adopt rules on procedures for hearings. The rules need not
78.28 conform to common law or statutory rules of evidence and other technical rules of procedure.

78.29 (d) The chief benefit judge has discretion regarding the method by which the hearing is
78.30 conducted.

78.31 Subd. 2. **Decision.** (a) After the conclusion of the hearing, upon the evidence obtained,
78.32 the benefit judge must serve by mail or electronic transmission to all parties the decision,
78.33 reasons for the decision, and written findings of fact.

79.1 (b) Decisions of a benefit judge are not precedential.

79.2 Subd. 3. **Request for reconsideration.** Any party, or the commissioner, may, within
79.3 30 calendar days after service of the benefit judge's decision, file a request for reconsideration
79.4 asking the judge to reconsider that decision.

79.5 Subd. 4. **Appeal to court of appeals.** Any final determination on a request for
79.6 reconsideration may be appealed by any party directly to the Minnesota Court of Appeals.

79.7 Subd. 5. **Benefit judges.** (a) Only employees of the department who are attorneys licensed
79.8 to practice law in Minnesota may serve as a chief benefit judge, senior benefit judges who
79.9 are supervisors, or benefit judges.

79.10 (b) The chief benefit judge must assign a benefit judge to conduct a hearing and may
79.11 transfer to another benefit judge any proceedings pending before another benefit judge.

79.12 Sec. 13. **[268B.085] LEAVE.**

79.13 Subdivision 1. **Right to leave.** Ninety calendar days from the date of hire, an employee
79.14 has a right to leave from employment for any day, or portion of a day, for which the employee
79.15 would be eligible for benefits under this chapter, regardless of whether the employee actually
79.16 applied for benefits and regardless of whether the employee is covered under a private plan
79.17 or the public program under this chapter.

79.18 Subd. 2. **Notice to employer.** (a) If the need for leave is foreseeable, an employee must
79.19 provide the employer at least 30 days' advance notice before leave under this chapter is to
79.20 begin. If 30 days' notice is not practicable because of a lack of knowledge of approximately
79.21 when leave will be required to begin, a change in circumstances, or a medical emergency,
79.22 notice must be given as soon as practicable. Whether leave is to be continuous or is to be
79.23 taken intermittently or on a reduced-schedule basis, notice need only be given one time, but
79.24 the employee must advise the employer as soon as practicable if dates of scheduled leave
79.25 change or are extended, or were initially unknown. In those cases where the employee is
79.26 required to provide at least 30 days' notice of foreseeable leave and does not do so, the
79.27 employee must explain the reasons why notice was not practicable upon request from the
79.28 employer.

79.29 (b) "As soon as practicable" means as soon as both possible and practical, taking into
79.30 account all of the facts and circumstances in the individual case. When an employee becomes
79.31 aware of a need for leave under this chapter less than 30 days in advance, it should be
79.32 practicable for the employee to provide notice of the need for leave either the same day or
79.33 the next day, unless the need for leave is based on a medical emergency. In all cases,

80.1 however, the determination of when an employee could practicably provide notice must
80.2 take into account the individual facts and circumstances.

80.3 (c) An employee shall provide at least oral, telephone, or text message notice sufficient
80.4 to make the employer aware that the employee needs leave allowed under this chapter and
80.5 the anticipated timing and duration of the leave. An employer may require an employee
80.6 giving notice of leave to include a certification for the leave as described in section 268B.06,
80.7 subdivision 3. Such certification, if required by an employer, is timely when the employee
80.8 delivers it as soon as practicable given the circumstances requiring the need for leave, and
80.9 the required contents of the certification.

80.10 (d) An employer may require an employee to comply with the employer's usual and
80.11 customary notice and procedural requirements for requesting leave, absent unusual
80.12 circumstances or other circumstances caused by the reason for the employee's need for
80.13 leave. Leave under this chapter must not be delayed or denied where an employer's usual
80.14 and customary notice or procedural requirements require notice to be given sooner than set
80.15 forth in this subdivision.

80.16 (e) If an employer has failed to provide notice to the employee as required under section
80.17 268B.26, paragraph (a), (b), or (c), the employee is not required to comply with the notice
80.18 requirements of this subdivision.

80.19 Subd. 3. **Bonding leave.** Bonding leave taken under this chapter begins at a time requested
80.20 by the employee. Bonding leave must begin within 12 months of the birth, adoption, or
80.21 placement of a foster child, except that, in the case where the child must remain in the
80.22 hospital longer than the mother, the leave must begin within 12 months after the child leaves
80.23 the hospital.

80.24 Subd. 4. **Intermittent or reduced-leave schedule.** (a) Leave under this chapter, based
80.25 on a serious health condition, may be taken intermittently or on a reduced-leave schedule
80.26 if such leave is reasonable and appropriate to the needs of the individual with the serious
80.27 health condition. For all other leaves under this chapter, leave may be taken intermittently
80.28 or on a reduced-leave schedule. Intermittent leave is leave taken in separate blocks of time
80.29 due to a single, seven-day qualifying event. A reduced-leave schedule is a leave schedule
80.30 that reduces an employee's usual number of working hours per workweek or hours per
80.31 workday.

80.32 (b) Leave taken intermittently or on a reduced-schedule basis counts toward the
80.33 maximums described in section 268B.04, subdivision 5.

81.1 Sec. 14. [268B.09] EMPLOYMENT PROTECTIONS.

81.2 Subdivision 1. **Retaliation prohibited.** An employer must not retaliate against an
81.3 employee for requesting or obtaining benefits, or for exercising any other right under this
81.4 chapter.

81.5 Subd. 2. **Interference prohibited.** An employer must not obstruct or impede an
81.6 application for leave or benefits or the exercise of any other right under this chapter.

81.7 Subd. 3. **Waiver of rights void.** Any agreement to waive, release, or commute rights
81.8 to benefits or any other right under this chapter is void.

81.9 Subd. 4. **No assignment of benefits.** Any assignment, pledge, or encumbrance of benefits
81.10 is void. Benefits are exempt from levy, execution, attachment, or any other remedy provided
81.11 for the collection of debt. Any waiver of this subdivision is void.

81.12 Subd. 5. **Continued insurance.** During any leave for which an employee is entitled to
81.13 benefits under this chapter, the employer must maintain coverage under any group insurance
81.14 policy, group subscriber contract, or health care plan for the employee and any dependents
81.15 as if the employee was not on leave, provided, however, that the employee must continue
81.16 to pay any employee share of the cost of such benefits.

81.17 Subd. 6. **Employee right to reinstatement.** (a) On return from leave under this chapter,
81.18 an employee is entitled to be returned to the same position the employee held when leave
81.19 commenced or to an equivalent position with equivalent benefits, pay, and other terms and
81.20 conditions of employment. An employee is entitled to reinstatement even if the employee
81.21 has been replaced or the employee's position has been restructured to accommodate the
81.22 employee's absence.

81.23 (b)(1) An equivalent position is one that is virtually identical to the employee's former
81.24 position in terms of pay, benefits, and working conditions, including privileges, prerequisites,
81.25 and status. It must involve the same or substantially similar duties and responsibilities,
81.26 which must entail substantially equivalent skill, effort, responsibility, and authority.

81.27 (2) If an employee is no longer qualified for the position because of the employee's
81.28 inability to attend a necessary course, renew a license, fly a minimum number of hours, or
81.29 similar condition, as a result of the leave, the employee must be given a reasonable
81.30 opportunity to fulfill those conditions upon return from leave.

81.31 (c)(1) An employee is entitled to any unconditional pay increases which may have
81.32 occurred during the leave period, such as cost of living increases. Pay increases conditioned
81.33 upon seniority, length of service, or work performed must be granted in accordance with

82.1 the employer's policy or practice with respect to other employees on an equivalent leave
82.2 status for a reason that does not qualify for leave under this chapter. An employee is entitled
82.3 to be restored to a position with the same or equivalent pay premiums, such as a shift
82.4 differential. If an employee departed from a position averaging ten hours of overtime, and
82.5 corresponding overtime pay, each week an employee is ordinarily entitled to such a position
82.6 on return from leave under this chapter.

82.7 (2) Equivalent pay includes any bonus or payment, whether it is discretionary or
82.8 nondiscretionary, made to employees consistent with clause (1). If a bonus or other payment
82.9 is based on the achievement of a specified goal such as hours worked, products sold, or
82.10 perfect attendance, and the employee has not met the goal due to leave under this chapter,
82.11 the payment may be denied, unless otherwise paid to employees on an equivalent leave
82.12 status for a reason that does not qualify for leave under this chapter.

82.13 (d) Benefits under this section include all benefits provided or made available to
82.14 employees by an employer, including group life insurance, health insurance, disability
82.15 insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether
82.16 benefits are provided by a practice or written policy of an employer through an employee
82.17 benefit plan as defined in section 3(3) of United States Code, title 29, section 1002(3).

82.18 (1) At the end of an employee's leave under this chapter, benefits must be resumed in
82.19 the same manner and at the same levels as provided when the leave began, and subject to
82.20 any changes in benefit levels that may have taken place during the period of leave affecting
82.21 the entire workforce, unless otherwise elected by the employee. Upon return from a leave
82.22 under this chapter, an employee must not be required to requalify for any benefits the
82.23 employee enjoyed before leave began, including family or dependent coverages.

82.24 (2) An employee may, but is not entitled to, accrue any additional benefits or seniority
82.25 during a leave under this chapter. Benefits accrued at the time leave began must be available
82.26 to an employee upon return from leave.

82.27 (3) With respect to pension and other retirement plans, leave under this chapter must
82.28 not be treated as or counted toward a break in service for purposes of vesting and eligibility
82.29 to participate. If the plan requires an employee to be employed on a specific date in order
82.30 to be credited with a year of service for vesting, contributions, or participation purposes,
82.31 an employee on leave under this chapter must be treated as employed on that date. Periods
82.32 of leave under this chapter need not be treated as credited service for purposes of benefit
82.33 accrual, vesting, and eligibility to participate.

83.1 (4) Employees on leave under this chapter must be treated as if they continued to work
83.2 for purposes of changes to benefit plans. Employees on leave under this chapter are entitled
83.3 to changes in benefit plans, except those which may be dependent upon seniority or accrual
83.4 during the leave period, immediately upon return from leave or to the same extent they
83.5 would have qualified if no leave had been taken.

83.6 (e) An equivalent position must have substantially similar duties, conditions,
83.7 responsibilities, privileges, and status as the employee's original position.

83.8 (1) The employee must be reinstated to the same or a geographically proximate worksite
83.9 from where the employee had previously been employed. If the employee's original worksite
83.10 has been closed, the employee is entitled to the same rights as if the employee had not been
83.11 on leave when the worksite closed.

83.12 (2) The employee is ordinarily entitled to return to the same shift or the same or an
83.13 equivalent work schedule.

83.14 (3) The employee must have the same or an equivalent opportunity for bonuses,
83.15 profit-sharing, and other similar discretionary and nondiscretionary payments.

83.16 (4) This chapter does not prohibit an employer from accommodating an employee's
83.17 request to be restored to a different shift, schedule, or position which better suits the
83.18 employee's personal needs on return from leave, or to offer a promotion to a better position.
83.19 However, an employee must not be induced by the employer to accept a different position
83.20 against the employee's wishes.

83.21 (f) The requirement that an employee be restored to the same or equivalent job with the
83.22 same or equivalent pay, benefits, and terms and conditions of employment does not extend
83.23 to de minimis, intangible, or unmeasurable aspects of the job.

83.24 Subd. 7. **Limitations on an employee's right to reinstatement.** An employee has no
83.25 greater right to reinstatement or to other benefits and conditions of employment than if the
83.26 employee had been continuously employed during the period of leave under this chapter.
83.27 An employer must be able to show that an employee would not otherwise have been
83.28 employed at the time reinstatement is requested in order to deny restoration to employment.

83.29 (1) If an employee is laid off during the course of taking a leave under this chapter and
83.30 employment is terminated, the employer's responsibility to continue the leave, maintain
83.31 group health plan benefits, and restore the employee cease at the time the employee is laid
83.32 off, provided the employer has no continuing obligations under a collective bargaining
83.33 agreement or otherwise. An employer has the burden of proving that an employee would

84.1 have been laid off during the period of leave under this chapter and, therefore, would not
84.2 be entitled to restoration to a job slated for layoff when the employee's original position
84.3 would not meet the requirements of an equivalent position.

84.4 (2) If a shift has been eliminated or overtime has been decreased, an employee would
84.5 not be entitled to return to work that shift or the original overtime hours upon restoration.
84.6 However, if a position on, for example, a night shift has been filled by another employee,
84.7 the employee is entitled to return to the same shift on which employed before taking leave
84.8 under this chapter.

84.9 (3) If an employee was hired for a specific term or only to perform work on a discrete
84.10 project, the employer has no obligation to restore the employee if the employment term or
84.11 project is over and the employer would not otherwise have continued to employ the employee.

84.12 Subd. 8. Remedies. (a) In addition to any other remedies available to an employee in
84.13 law or equity, an employer who violates the provisions of this section is liable to any
84.14 employee affected for:

84.15 (1) damages equal to the amount of:

84.16 (i) any wages, salary, employment benefits, or other compensation denied or lost to such
84.17 employee by reason of the violation, or, in cases in which wages, salary, employment
84.18 benefits, or other compensation have not been denied or lost to the employee, any actual
84.19 monetary losses sustained by the employee as a direct result of the violation; and

84.20 (ii) reasonable interest on the amount described in item (i); and

84.21 (2) such equitable relief as may be appropriate, including employment, reinstatement,
84.22 and promotion.

84.23 (b) An action to recover damages or equitable relief prescribed in paragraph (a) may be
84.24 maintained against any employer in any federal or state court of competent jurisdiction by
84.25 any one or more employees for and on behalf of:

84.26 (1) the employees; or

84.27 (2) the employees and other employees similarly situated.

84.28 (c) The court in an action under this section must, in addition to any judgment awarded
84.29 to the plaintiff or plaintiffs, allow reasonable attorney fees, reasonable expert witness fees,
84.30 and other costs of the action to be paid by the defendant.

85.1 (d) Nothing in this section shall be construed to allow an employee to recover damages
85.2 from an employer for the denial of benefits under this chapter by the department, unless the
85.3 employer unlawfully interfered with the application for benefits under subdivision 2.

85.4 Sec. 15. **[268B.10] SUBSTITUTION OF A PRIVATE PLAN.**

85.5 Subdivision 1. **Application for substitution.** Employers may apply to the commissioner
85.6 for approval to meet their obligations under this chapter through the substitution of a private
85.7 plan that provides paid family, paid medical, or paid family and medical benefits. In order
85.8 to be approved as meeting an employer's obligations under this chapter, a private plan must
85.9 confer all of the same rights, protections, and benefits provided to employees under this
85.10 chapter, including but not limited to benefits under section 268B.04 and employment
85.11 protections under section 268B.09. An employee covered by a private plan under this section
85.12 retains all applicable rights and remedies under section 268B.09.

85.13 Subd. 2. **Private plan requirements; medical benefit program.** (a) The commissioner
85.14 must approve an application for private provision of the medical benefit program if the
85.15 commissioner determines:

85.16 (1) all of the employees of the employer are to be covered under the provisions of the
85.17 employer plan;

85.18 (2) eligibility requirements for benefits and leave are no more restrictive than as provided
85.19 under this chapter;

85.20 (3) the weekly benefits payable under the private plan for any week are at least equal to
85.21 the weekly benefit amount payable under this chapter, taking into consideration any coverage
85.22 with respect to concurrent employment by another employer;

85.23 (4) the total number of weeks for which benefits are payable under the private plan is
85.24 at least equal to the total number of weeks for which benefits would have been payable
85.25 under this chapter;

85.26 (5) no greater amount is required to be paid by employees toward the cost of benefits
85.27 under the employer plan than by this chapter;

85.28 (6) wage replacement benefits are stated in the plan separately and distinctly from other
85.29 benefits;

85.30 (7) the private plan will provide benefits and leave for any serious health condition or
85.31 pregnancy for which benefits are payable, and leave provided, under this chapter;

86.1 (8) the private plan will impose no additional condition or restriction on the use of
86.2 medical benefits beyond those explicitly authorized by this chapter or regulations
86.3 promulgated pursuant to this chapter;

86.4 (9) the private plan will allow any employee covered under the private plan who is
86.5 eligible to receive medical benefits under this chapter to receive medical benefits under the
86.6 employer plan; and

86.7 (10) coverage will continue under the private plan while an employee remains employed
86.8 by the employer.

86.9 (b) Notwithstanding paragraph (a), a private plan may provide shorter durations of leave
86.10 and benefit eligibility if the total dollar value of wage replacement benefits under the private
86.11 plan for an employee for any particular qualifying event meets or exceeds what the total
86.12 dollar value would be under the public family and medical benefit program.

86.13 Subd. 3. **Private plan requirements; family benefit program.** (a) The commissioner
86.14 must approve an application for private provision of the family benefit program if the
86.15 commissioner determines:

86.16 (1) all of the employees of the employer are to be covered under the provisions of the
86.17 employer plan;

86.18 (2) eligibility requirements for benefits and leave are no more restrictive than as provided
86.19 under this chapter;

86.20 (3) the weekly benefits payable under the private plan for any week are at least equal to
86.21 the weekly benefit amount payable under this chapter, taking into consideration any coverage
86.22 with respect to concurrent employment by another employer;

86.23 (4) the total number of weeks for which benefits are payable under the private plan is
86.24 at least equal to the total number of weeks for which benefits would have been payable
86.25 under this chapter;

86.26 (5) no greater amount is required to be paid by employees toward the cost of benefits
86.27 under the employer plan than by this chapter;

86.28 (6) wage replacement benefits are stated in the plan separately and distinctly from other
86.29 benefits;

86.30 (7) the private plan will provide benefits and leave for any care for a family member
86.31 with a serious health condition, bonding with a child, qualifying exigency, or safety leave
86.32 event for which benefits are payable, and leave provided, under this chapter;

87.1 (8) the private plan will impose no additional condition or restriction on the use of family
87.2 benefits beyond those explicitly authorized by this chapter or regulations promulgated
87.3 pursuant to this chapter;

87.4 (9) the private plan will allow any employee covered under the private plan who is
87.5 eligible to receive medical benefits under this chapter to receive medical benefits under the
87.6 employer plan; and

87.7 (10) coverage will continue under the private plan while an employee remains employed
87.8 by the employer.

87.9 (b) Notwithstanding paragraph (a), a private plan may provide shorter durations of leave
87.10 and benefit eligibility if the total dollar value of wage replacement benefits under the private
87.11 plan for an employee for any particular qualifying event meets or exceeds what the total
87.12 dollar value would be under the public family and medical benefit program.

87.13 Subd. 4. **Use of private insurance products.** Nothing in this section prohibits an
87.14 employer from meeting the requirements of a private plan through a private insurance
87.15 product. If the employer plan involves a private insurance product, that insurance product
87.16 must conform to any applicable law or rule.

87.17 Subd. 5. **Private plan approval and oversight fee.** An employer with an approved
87.18 private plan is not required to pay premiums established under section 268B.14. An employer
87.19 with an approved private plan is responsible for a private plan approval and oversight fee
87.20 equal to \$250 for employers with fewer than 50 employees, \$500 for employers with 50 to
87.21 499 employees, and \$1,000 for employers with 500 or more employees. The employer must
87.22 pay this fee (1) upon initial application for private plan approval, and (2) any time the
87.23 employer applies to amend the private plan. The commissioner must review and report on
87.24 the adequacy of this fee to cover private plan administrative costs annually beginning
87.25 December 1, 2024, as part of the annual report established in section 268B.24.

87.26 Subd. 6. **Plan duration.** A private plan under this section must be in effect for a period
87.27 of at least one year and, thereafter, continuously unless the commissioner finds that the
87.28 employer has given notice of withdrawal from the plan in a manner specified by the
87.29 commissioner in this section or rule. The plan may be withdrawn by the employer within
87.30 30 days of the effective date of any law increasing the benefit amounts or within 30 days
87.31 of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be
87.32 amended to conform to provide the increased benefit amount or change in the rate of the
87.33 employee's premium on the date of the increase or change.

88.1 Subd. 7. **Appeals.** An employer may appeal any adverse action regarding that employer's
88.2 private plan to the commissioner, in a manner specified by the commissioner.

88.3 Subd. 8. **Employees no longer covered.** (a) An employee is no longer covered by an
88.4 approved private plan if a leave under this chapter occurs after the employment relationship
88.5 with the private plan employer ends, or if the commissioner revokes the approval of the
88.6 private plan.

88.7 (b) An employee no longer covered by an approved private plan is, if otherwise eligible,
88.8 immediately entitled to benefits under this chapter to the same extent as though there had
88.9 been no approval of the private plan.

88.10 Subd. 9. **Posting of notice regarding private plan.** An employer with a private plan
88.11 must provide a notice prepared by or approved by the commissioner regarding the private
88.12 plan consistent with section 268B.26.

88.13 Subd. 10. **Amendment.** (a) The commissioner must approve any amendment to a private
88.14 plan adjusting the provisions thereof, if the commissioner determines:

88.15 (1) that the plan, as amended, will conform to the standards set forth in this chapter; and

88.16 (2) that notice of the amendment has been delivered to all affected employees at least
88.17 ten days before the submission of the amendment.

88.18 (b) Any amendments approved under this subdivision are effective on the date of the
88.19 commissioner's approval, unless the commissioner and the employer agree on a later date.

88.20 Subd. 11. **Successor employer.** A private plan in effect at the time a successor acquires
88.21 the employer organization, trade, or business, or substantially all the assets thereof, or a
88.22 distinct and severable portion of the organization, trade, or business, and continues its
88.23 operation without substantial reduction of personnel resulting from the acquisition, must
88.24 continue the approved private plan and must not withdraw the plan without a specific request
88.25 for withdrawal in a manner and at a time specified by the commissioner. A successor may
88.26 terminate a private plan with notice to the commissioner and within 90 days from the date
88.27 of the acquisition.

88.28 Subd. 12. **Revocation of approval by commissioner.** (a) The commissioner may
88.29 terminate any private plan if the commissioner determines the employer:

88.30 (1) failed to pay benefits;

88.31 (2) failed to pay benefits in a timely manner, consistent with the requirements of this
88.32 chapter;

89.1 (3) failed to submit reports as required by this chapter or rule adopted under this chapter;

89.2 or

89.3 (4) otherwise failed to comply with this chapter or rule adopted under this chapter.

89.4 (b) The commissioner must give notice of the intention to terminate a plan to the employer
89.5 at least ten days before taking any final action. The notice must state the effective date and
89.6 the reason for the termination.

89.7 (c) The employer may, within ten days from mailing or personal service of the notice,
89.8 file an appeal to the commissioner in the time, manner, method, and procedure provided by
89.9 the commissioner under subdivision 7.

89.10 (d) The payment of benefits must not be delayed during an employer's appeal of the
89.11 revocation of approval of a private plan.

89.12 (e) If the commissioner revokes approval of an employer's private plan, that employer
89.13 is ineligible to apply for approval of another private plan for a period of three years, beginning
89.14 on the date of revocation.

89.15 Subd. 13. **Employer penalties.** (a) The commissioner may assess the following monetary
89.16 penalties against an employer with an approved private plan found to have violated this
89.17 chapter:

89.18 (1) \$1,000 for the first violation; and

89.19 (2) \$2,000 for the second, and each successive violation.

89.20 (b) The commissioner must waive collection of any penalty if the employer corrects the
89.21 violation within 30 days of receiving a notice of the violation and the notice is for a first
89.22 violation.

89.23 (c) The commissioner may waive collection of any penalty if the commissioner determines
89.24 the violation to be an inadvertent error by the employer.

89.25 (d) Monetary penalties collected under this section shall be deposited in the family and
89.26 medical benefit insurance account.

89.27 (e) Assessment of penalties under this subdivision may be appealed as provided by the
89.28 commissioner under subdivision 7.

89.29 Subd. 14. **Reports, information, and records.** Employers with an approved private
89.30 plan must maintain all reports, information, and records as relating to the private plan and
89.31 claims for a period of six years from creation and provide to the commissioner upon request.

90.1 Subd. 15. **Audit and investigation.** The commissioner may investigate and audit plans
90.2 approved under this section both before and after the plans are approved.

90.3 Sec. 16. **[268B.11] SELF-EMPLOYED AND INDEPENDENT CONTRACTOR**
90.4 **ELECTION OF COVERAGE.**

90.5 Subdivision 1. **Election of coverage.** (a) A self-employed individual or independent
90.6 contractor may file with the commissioner by electronic transmission in a format prescribed
90.7 by the commissioner an application to be entitled to benefits under this chapter for a period
90.8 not less than 104 consecutive calendar weeks. Upon the approval of the commissioner, sent
90.9 by United States mail or electronic transmission, the individual is entitled to benefits under
90.10 this chapter beginning the calendar quarter after the date of approval or beginning in a later
90.11 calendar quarter if requested by the self-employed individual or independent contractor.
90.12 The individual ceases to be entitled to benefits as of the first day of January of any calendar
90.13 year only if, at least 30 calendar days before the first day of January, the individual has filed
90.14 with the commissioner by electronic transmission in a format prescribed by the commissioner
90.15 a notice to that effect.

90.16 (b) The commissioner may terminate any application approved under this section with
90.17 30 calendar days' notice sent by United States mail or electronic transmission if the
90.18 self-employed individual is delinquent on any premiums due under this chapter. If an
90.19 approved application is terminated in this manner during the first 104 consecutive calendar
90.20 weeks of election, the self-employed individual remains obligated to pay the premium under
90.21 subdivision 3 for the remainder of that 104-week period.

90.22 Subd. 2. **Application.** A self-employed individual who applies for coverage under this
90.23 section must provide the commissioner with (1) the amount of the individual's net earnings
90.24 from self-employment, if any, from the two most recent taxable years and all tax documents
90.25 necessary to prove the accuracy of the amounts reported, and (2) any other documentation
90.26 the commissioner requires. A self-employed individual who is covered under this chapter
90.27 must annually provide the commissioner with the amount of the individual's net earnings
90.28 from self-employment within 30 days of filing a federal income tax return.

90.29 Subd. 3. **Premium.** A self-employed individual who elects to receive coverage under
90.30 this chapter must annually pay a premium equal to one-half the percentage in section
90.31 268B.14, subdivision 5, clause (1), times the lesser of:

90.32 (1) the individual's self-employment premium base; or

91.1 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability
91.2 Insurance tax.

91.3 Subd. 4. **Benefits.** Notwithstanding anything to the contrary, a self-employed individual
91.4 who has applied to and been approved for coverage by the commissioner under this section
91.5 is entitled to benefits on the same basis as an employee under this chapter, except that a
91.6 self-employed individual's weekly benefit amount under section 268B.04, subdivision 1,
91.7 must be calculated as a percentage of the self-employed individual's self-employment
91.8 premium base, rather than wages.

91.9 Sec. 17. **[268B.12] WAGE REPORTING.**

91.10 Subdivision 1. **Wage detail report.** (a) Each employer must submit, under the employer
91.11 premium account described in section 268B.13, a quarterly wage detail report by electronic
91.12 transmission, in a format prescribed by the commissioner. The report must include for each
91.13 employee in covered employment during the calendar quarter, the employee's name, Social
91.14 Security number, the total wages paid to the employee, and total number of paid hours
91.15 worked. For employees exempt from the definition of employee in section 177.23,
91.16 subdivision 7, clause (6), the employer must report 40 hours worked for each week any
91.17 duties were performed by a full-time employee and must report a reasonable estimate of
91.18 the hours worked for each week duties were performed by a part-time employee. In addition,
91.19 the wage detail report must include the number of employees employed during the payroll
91.20 period that includes the 12th day of each calendar month and, if required by the
91.21 commissioner, the report must be broken down by business location and separate business
91.22 unit. The report is due and must be received by the commissioner on or before the last day
91.23 of the month following the end of the calendar quarter. The commissioner may delay the
91.24 due date on a specific calendar quarter in the event the department is unable to accept wage
91.25 detail reports electronically.

91.26 (b) The employer may report the wages paid to the next lower whole dollar amount.

91.27 (c) An employer need not include the name of the employee or other required information
91.28 on the wage detail report if disclosure is specifically exempted from being reported by
91.29 federal law.

91.30 (d) A wage detail report must be submitted for each calendar quarter even though no
91.31 wages were paid, unless the business has been terminated.

91.32 Subd. 2. **Electronic transmission of report required.** Each employer must submit the
91.33 quarterly wage detail report by electronic transmission in a format prescribed by the

92.1 commissioner. The commissioner has the discretion to accept wage detail reports that are
92.2 submitted by any other means or the commissioner may return the report submitted by other
92.3 than electronic transmission to the employer, and reports returned are considered as not
92.4 submitted and the late fees under subdivision 3 may be imposed.

92.5 Subd. 3. **Failure to timely file report; late fees.** (a) Any employer that fails to submit
92.6 the quarterly wage detail report when due must pay a late fee of \$10 per employee, computed
92.7 based upon the highest of:

92.8 (1) the number of employees reported on the last wage detail report submitted;

92.9 (2) the number of employees reported in the corresponding quarter of the prior calendar
92.10 year; or

92.11 (3) if no wage detail report has ever been submitted, the number of employees listed at
92.12 the time of employer registration.

92.13 The late fee is canceled if the wage detail report is received within 30 calendar days after
92.14 a demand for the report is sent to the employer by mail or electronic transmission. A late
92.15 fee assessed an employer may not be canceled more than twice each 12 months. The amount
92.16 of the late fee assessed may not be less than \$250.

92.17 (b) If the wage detail report is not received in a manner and format prescribed by the
92.18 commissioner within 30 calendar days after demand is sent under paragraph (a), the late
92.19 fee assessed under paragraph (a) doubles and a renewed demand notice and notice of the
92.20 increased late fee will be sent to the employer by mail or electronic transmission.

92.21 (c) Late fees due under this subdivision may be canceled, in whole or in part, under
92.22 section 268B.16.

92.23 Subd. 4. **Missing or erroneous information.** (a) Any employer that submits the wage
92.24 detail report, but fails to include all required employee information or enters erroneous
92.25 information, is subject to an administrative service fee of \$25 for each employee for whom
92.26 the information is partially missing or erroneous.

92.27 (b) Any employer that submits the wage detail report, but fails to include an employee,
92.28 is subject to an administrative service fee equal to two percent of the total wages for each
92.29 employee for whom the information is completely missing.

92.30 Subd. 5. **Fees.** The fees provided for in subdivisions 3 and 4 are in addition to interest
92.31 and other penalties imposed by this chapter and are collected in the same manner as
92.32 delinquent taxes and credited to the family and medical benefit insurance account.

93.1 Sec. 18. **[268B.13] EMPLOYER PREMIUM ACCOUNTS.**

93.2 The commissioner must maintain a premium account for each employer. The
93.3 commissioner must assess the premium account for all the premiums due under section
93.4 268B.14, and credit the family and medical benefit insurance account with all premiums
93.5 paid.

93.6 Sec. 19. **[268B.14] PREMIUMS.**

93.7 Subdivision 1. **Payments.** (a) Family and medical leave premiums accrue and become
93.8 payable by each employer for each calendar year on the taxable wages that the employer
93.9 paid to employees in covered employment.

93.10 Each employer must pay premiums quarterly, at the premium rate defined under this
93.11 section, on the taxable wages paid to each employee. The commissioner must compute the
93.12 premium due from the wage detail report required under section 268B.12 and notify the
93.13 employer of the premium due. The premiums must be paid to the family and medical benefit
93.14 insurance account and must be received by the department on or before the last day of the
93.15 month following the end of the calendar quarter.

93.16 (b) If for any reason the wages on the wage detail report under section 268B.12 are
93.17 adjusted for any quarter, the commissioner must recompute the premiums due for that quarter
93.18 and assess the employer for any amount due or credit the employer as appropriate.

93.19 Subd. 2. **Payments by electronic payment required.** (a) Every employer must make
93.20 any payments due under this chapter by electronic payment.

93.21 (b) All third-party processors, paying on behalf of a client company, must make any
93.22 payments due under this chapter by electronic payment.

93.23 (c) Regardless of paragraph (a) or (b), the commissioner has the discretion to accept
93.24 payment by other means.

93.25 Subd. 3. **Employee charge back.** Notwithstanding section 177.24, subdivision 4, or
93.26 181.06, subdivision 1, employers and covered business entities may deduct up to 50 percent
93.27 of annual premiums paid under this section from employee wages. Such deductions for any
93.28 given employee must be in equal proportion to the premiums paid based on the wages of
93.29 that employee, and all employees of an employer must be subject to the same percentage
93.30 deduction. Deductions under this section must not cause an employee's wage, after the
93.31 deduction, to fall below the rate required to be paid to the worker by law, including any
93.32 applicable statute, regulation, rule, ordinance, government resolution or policy, contract, or
93.33 other legal authority, whichever rate of pay is greater.

94.1 Subd. 4. **Wages and payments subject to premium.** The maximum wages subject to
94.2 premium in a calendar year is equal to the maximum earnings in that year subject to the
94.3 FICA Old-Age, Survivors, and Disability Insurance tax.

94.4 Subd. 5. **Annual premium rates.** The employer premium rates for the calendar year
94.5 beginning January 1, 2024, shall be as follows:

94.6 (1) for employers participating in both family and medical benefit programs, 0.6 percent;

94.7 (2) for an employer participating in only the medical benefit program and with an
94.8 approved private plan for the family benefit program, 0.486 percent; and

94.9 (3) for an employer participating in only the family benefit program and with an approved
94.10 private plan for the medical benefit program, 0.114 percent.

94.11 Subd. 6. **Premium rate adjustments.** (a) Beginning January 1, 2026, and each calendar
94.12 year thereafter, the commissioner must adjust the annual premium rates using the formula
94.13 in paragraph (b).

94.14 (b) To calculate the employer rates for a calendar year, the commissioner must:

94.15 (1) multiply 1.45 times the amount disbursed from the family and medical benefit
94.16 insurance account for the 52-week period ending September 30 of the prior year;

94.17 (2) subtract the amount in the family and medical benefit insurance account on that
94.18 September 30 from the resulting figure;

94.19 (3) divide the resulting figure by twice the total wages in covered employment of
94.20 employees of employers without approved private plans under section 268B.10 for either
94.21 the family or medical benefit program. For employers with an approved private plan for
94.22 either the medical benefit program or the family benefit program, but not both, count only
94.23 the proportion of wages in covered employment associated with the program for which the
94.24 employer does not have an approved private plan; and

94.25 (4) round the resulting figure down to the nearest one-hundredth of one percent.

94.26 (c) The commissioner must apportion the premium rate between the family and medical
94.27 benefit programs based on the relative proportion of expenditures for each program during
94.28 the preceding year.

94.29 Subd. 7. **Deposit of premiums.** All premiums collected under this section must be
94.30 deposited into the family and medical benefit insurance account.

95.1 Subd. 8. **Nonpayment of premiums by employer.** The failure of an employer to pay
95.2 premiums does not impact the right of an employee to benefits, or any other right, under
95.3 this chapter.

95.4 Sec. 20. **[268B.145] INCOME TAX WITHHOLDING.**

95.5 If the Internal Revenue Service determines that benefits are subject to federal income
95.6 tax, and an applicant elects to have federal income tax deducted and withheld from the
95.7 applicant's benefits, the commissioner must deduct and withhold the amount specified in
95.8 the Internal Revenue Code in a manner consistent with state law.

95.9 Sec. 21. **[268B.15] COLLECTION OF PREMIUMS.**

95.10 Subdivision 1. **Amount computed presumed correct.** Any amount due from an
95.11 employer, as computed by the commissioner, is presumed to be correctly determined and
95.12 assessed, and the burden is upon the employer to show its incorrectness. A statement by the
95.13 commissioner of the amount due is admissible in evidence in any court or administrative
95.14 proceeding and is prima facie evidence of the facts in the statement.

95.15 Subd. 2. **Priority of payments.** (a) Any payment received from an employer must be
95.16 applied in the following order:

95.17 (1) family and medical leave premiums under this chapter; then

95.18 (2) interest on past due premiums; then

95.19 (3) penalties, late fees, administrative service fees, and costs.

95.20 (b) Paragraph (a) is the priority used for all payments received from an employer,
95.21 regardless of how the employer may designate the payment to be applied, except when:

95.22 (1) there is an outstanding lien and the employer designates that the payment made
95.23 should be applied to satisfy the lien;

95.24 (2) the payment is specifically designated by the employer to be applied to an outstanding
95.25 overpayment of benefits of an applicant;

95.26 (3) a court or administrative order directs that the payment be applied to a specific
95.27 obligation;

95.28 (4) a preexisting payment plan provides for the application of payment; or

95.29 (5) the commissioner, under the compromise authority of section 268B.16, agrees to
95.30 apply the payment to a different priority.

96.1 Subd. 3. **Estimating the premium due.** Only if an employer fails to make all necessary
96.2 records available for an audit under section 268B.21 and the commissioner has reason to
96.3 believe the employer has not reported all the required wages on the quarterly wage detail
96.4 reports, may the commissioner then estimate the amount of premium due and assess the
96.5 employer the estimated amount due.

96.6 Subd. 4. **Costs.** (a) Any employer and any applicant subject to section 268B.185,
96.7 subdivision 2, that fails to pay any amount when due under this chapter is liable for any
96.8 filing fees, recording fees, sheriff fees, costs incurred by referral to any public or private
96.9 collection agency, or litigation costs, including attorney fees, incurred in the collection of
96.10 the amounts due.

96.11 (b) If any tendered payment of any amount due is not honored when presented to a
96.12 financial institution for payment, any costs assessed the department by the financial institution
96.13 and a fee of \$25 must be assessed to the person.

96.14 (c) Costs and fees collected under this subdivision are credited to the enforcement account
96.15 under section 268B.185, subdivision 3.

96.16 Subd. 5. **Interest on amounts past due.** If any amounts due from an employer under
96.17 this chapter are not received on the date due, the commissioner must assess interest on any
96.18 amount that remains unpaid. Interest is assessed at the rate of one percent per month or any
96.19 part of a month. Interest is not assessed on unpaid interest. Interest collected under this
96.20 subdivision is credited to the account.

96.21 Subd. 6. **Interest on judgments.** Regardless of section 549.09, if a judgment is entered
96.22 upon any past due amounts from an employer under this chapter, the unpaid judgment bears
96.23 interest at the rate specified in subdivision 5 until the date of payment.

96.24 Subd. 7. **Credit adjustments; refunds.** (a) If an employer makes an application for a
96.25 credit adjustment of any amount paid under this chapter within four years of the date that
96.26 the payment was due, in a manner and format prescribed by the commissioner, and the
96.27 commissioner determines that the payment or any portion thereof was erroneous, the
96.28 commissioner must make an adjustment and issue a credit without interest. If a credit cannot
96.29 be used, the commissioner must refund, without interest, the amount erroneously paid. The
96.30 commissioner, on the commissioner's own motion, may make a credit adjustment or refund
96.31 under this subdivision.

96.32 (b) Any refund returned to the commissioner is considered unclaimed property under
96.33 chapter 345.

97.1 (c) If a credit adjustment or refund is denied in whole or in part, a determination of denial
97.2 must be sent to the employer by mail or electronic transmission. The determination of denial
97.3 is final unless an employer files an appeal within 20 calendar days after sending. Proceedings
97.4 on the appeal are conducted in accordance with section 268B.08.

97.5 (d) If an employer receives a credit adjustment or refund under this section, the employer
97.6 must determine the amount of any overpayment attributable to a deduction from employee
97.7 wages under section 268B.14, subdivision 3, and return any amount erroneously deducted
97.8 to each affected employee.

97.9 Subd. 8. **Priorities under legal dissolutions or distributions.** In the event of any
97.10 distribution of an employer's assets according to an order of any court, including any
97.11 receivership, assignment for benefit of creditors, adjudicated insolvency, or similar
97.12 proceeding, premiums then or thereafter due must be paid in full before all other claims
97.13 except claims for wages of not more than \$1,000 per former employee, earned within six
97.14 months of the commencement of the proceedings. In the event of an employer's adjudication
97.15 in bankruptcy under federal law, premiums then or thereafter due are entitled to the priority
97.16 provided in that law for taxes due in any state.

97.17 Sec. 22. **[268B.155] CHILD SUPPORT DEDUCTION FROM BENEFITS.**

97.18 Subdivision 1. **Definitions.** As used in this section:

97.19 (1) "child support agency" means the public agency responsible for child support
97.20 enforcement, including federally approved comprehensive Tribal IV-D programs; and

97.21 (2) "child support obligations" means obligations that are being enforced by a child
97.22 support agency in accordance with a plan described in United States Code, title 42, sections
97.23 454 and 455 of the Social Security Act that has been approved by the secretary of health
97.24 and human services under part D of title IV of the Social Security Act. This does not include
97.25 any type of spousal maintenance or foster care payments.

97.26 Subd. 2. **Notice upon application.** In an application for family or medical leave benefits,
97.27 the applicant must disclose if child support obligations are owed and, if so, in what state
97.28 and county. If child support obligations are owed, the commissioner must, if the applicant
97.29 establishes a benefit account, notify the child support agency.

97.30 Subd. 3. **Withholding of benefit.** The commissioner must deduct and withhold from
97.31 any family or medical leave benefits payable to an applicant who owes child support
97.32 obligations:

97.33 (1) the amount required under a proper order of a court or administrative agency; or

98.1 (2) if clause (1) is not applicable, the amount determined under an agreement under
98.2 United States Code, title 42, section 454 (20)(B)(i), of the Social Security Act; or
98.3 (3) if clause (1) or (2) is not applicable, the amount specified by the applicant.

98.4 Subd. 4. **Payment.** Any amount deducted and withheld must be paid to the child support
98.5 agency, must for all purposes be treated as if it were paid to the applicant as family or
98.6 medical leave benefits and paid by the applicant to the child support agency in satisfaction
98.7 of the applicant's child support obligations.

98.8 Subd. 5. **Payment of costs.** The child support agency must pay the costs incurred by
98.9 the commissioner in the implementation and administration of this section and sections
98.10 518A.50 and 518A.53.

98.11 Sec. 23. **[268B.16] COMPROMISE.**

98.12 (a) The commissioner may compromise in whole or in part any action, determination,
98.13 or decision that affects only an employer and not an applicant. This paragraph applies if it
98.14 is determined by a court of law, or a confession of judgment, that an applicant, while
98.15 employed, wrongfully took from the employer \$500 or more in money or property.

98.16 (b) The commissioner may at any time compromise any premium or reimbursement due
98.17 from an employer under this chapter.

98.18 (c) Any compromise involving an amount over \$10,000 must be authorized by an attorney
98.19 licensed to practice law in Minnesota who is an employee of the department designated by
98.20 the commissioner for that purpose.

98.21 (d) Any compromise must be in the best interest of the state of Minnesota.

98.22 Sec. 24. **[268B.17] ADMINISTRATIVE COSTS.**

98.23 From January 1, 2024, through December 31, 2024, the commissioner may spend up to
98.24 seven percent of premiums collected under section 268B.15 for administration of this chapter.
98.25 Beginning January 1, 2025, and each calendar year thereafter, the commissioner may spend
98.26 up to seven percent of projected benefit payments for that calendar year for the administration
98.27 of this chapter. The department may enter into interagency agreements with the Department
98.28 of Labor and Industry, including agreements to transfer funds, subject to the limit in this
98.29 section, for the Department of Labor and Industry to fulfill its enforcement authority of this
98.30 chapter.

99.1 Sec. 25. **[268B.18] PUBLIC OUTREACH.**

99.2 Beginning January 1, 2024, the commissioner must use at least 0.5 percent of revenue
99.3 collected under this chapter for the purpose of outreach, education, and technical assistance
99.4 for employees, employers, and self-employed individuals eligible to elect coverage under
99.5 section 268B.11. The department may enter into interagency agreements with the Department
99.6 of Labor and Industry, including agreements to transfer funds, subject to the limit in section
99.7 268B.17, to accomplish the requirements of this section. At least one-half of the amount
99.8 spent under this section must be used for grants to community-based groups.

99.9 Sec. 26. **[268B.185] BENEFIT OVERPAYMENTS.**

99.10 Subdivision 1. **Repaying an overpayment.** (a) Any applicant who (1) because of a
99.11 determination or amended determination issued under this chapter, or (2) because of a
99.12 benefit law judge's decision under section 268B.08, has received any family or medical
99.13 leave benefits that the applicant was held not entitled to, is overpaid the benefits and must
99.14 promptly repay the benefits to the family and medical benefit insurance account.

99.15 (b) If the applicant fails to repay the benefits overpaid, including any penalty and interest
99.16 assessed under subdivisions 2 and 4, the total due may be collected by the methods allowed
99.17 under state and federal law.

99.18 Subd. 2. **Overpayment because of misrepresentation.** (a) An applicant has committed
99.19 misrepresentation if the applicant is overpaid benefits by making a false statement or
99.20 representation without a good faith belief as to the correctness of the statement or
99.21 representation.

99.22 (b) After the discovery of facts indicating misrepresentation, the commissioner must
99.23 issue a determination of overpayment penalty assessing a penalty equal to 20 percent of the
99.24 amount overpaid. This penalty is in addition to penalties under section 268B.19.

99.25 (c) Unless the applicant files an appeal within 30 calendar days after the sending of a
99.26 determination of overpayment penalty to the applicant by mail or electronic transmission,
99.27 or within 60 calendar days, if the applicant establishes good cause for not appealing within
99.28 30 days, the determination is final. For the purposes of this paragraph, "good cause" means
99.29 a reason that would have prevented an applicant from acting with due diligence in appealing
99.30 within 30 days and includes any illness, disability, or linguistic and literacy limitation of
99.31 the applicant, along with other relevant factors. If an applicant claims good cause for a late
99.32 appeal, the applicant must be granted a hearing on the issue of timeliness. This hearing can

100.1 be held at the same time as a hearing on the merits of the appeal. Proceedings on the appeal
100.2 are conducted in accordance with section 268B.08.

100.3 (d) A determination of overpayment penalty must state the methods of collection the
100.4 commissioner may use to recover the overpayment, penalty, and interest assessed. Money
100.5 received in repayment of overpaid benefits, penalties, and interest is first applied to the
100.6 benefits overpaid, second to the penalty amount due, and third to any interest due.

100.7 (e) The department is authorized to issue a determination of overpayment penalty under
100.8 this subdivision within 48 months of the establishment of the benefit account upon which
100.9 the benefits were obtained through misrepresentation.

100.10 Subd. 3. **Family and medical benefit insurance enforcement account created.** The
100.11 family and medical benefit insurance enforcement account is created in the state treasury.
100.12 Any penalties and interest collected under this section shall be deposited into the account
100.13 under this subdivision and shall be used only for the purposes of administering and enforcing
100.14 this chapter. Only the commissioner may authorize expenditures from the account under
100.15 this subdivision.

100.16 Subd. 4. **Interest.** For any family and medical leave benefits obtained by
100.17 misrepresentation, and any penalty amounts assessed under subdivision 2, the commissioner
100.18 must assess interest on any amount that remains unpaid beginning 30 calendar days after
100.19 the date of a determination of overpayment penalty. Interest is assessed at the rate of one
100.20 percent per month or any part of a month. A determination of overpayment penalty must
100.21 state that interest will be assessed. Interest is not assessed on unpaid interest. Interest collected
100.22 under this subdivision is credited to the family and medical benefit insurance enforcement
100.23 account.

100.24 Subd. 5. **Offset of benefits.** The commissioner may offset from any future family and
100.25 medical leave benefits otherwise payable the amount of a nonmisrepresentation overpayment.
100.26 Except when the nonmisrepresentation overpayment resulted because the applicant failed
100.27 to report deductible earnings or deductible or benefit delaying payments, no single offset
100.28 may exceed 50 percent of the amount of the payment from which the offset is made.

100.29 Subd. 6. **Cancellation of overpayments.** (a) If family and medical leave benefits overpaid
100.30 for reasons other than misrepresentation are not repaid or offset from subsequent benefits
100.31 within six years after the date of the determination or decision holding the applicant overpaid,
100.32 the commissioner must cancel the overpayment balance, and no administrative or legal
100.33 proceedings may be used to enforce collection of those amounts.

101.1 (b) If family and medical leave benefits overpaid because of misrepresentation including
101.2 penalties and interest are not repaid within ten years after the date of the determination of
101.3 overpayment penalty, the commissioner must cancel the overpayment balance and any
101.4 penalties and interest due, and no administrative or legal proceeding may be used to enforce
101.5 collection of those amounts.

101.6 (c) The commissioner may cancel at any time any overpayment, including penalties and
101.7 interest that the commissioner determines is uncollectible because of death or bankruptcy.

101.8 Subd. 7. **Court fees; collection fees.** (a) If the department is required to pay any court
101.9 fees in an attempt to enforce collection of overpaid family and medical leave benefits,
101.10 penalties, or interest, the amount of the court fees may be added to the total amount due.

101.11 (b) If an applicant who has been overpaid family and medical leave benefits because of
101.12 misrepresentation seeks to have any portion of the debt discharged under the federal
101.13 bankruptcy code, and the department files an objection in bankruptcy court to the discharge,
101.14 the cost of any court fees may be added to the debt if the bankruptcy court does not discharge
101.15 the debt.

101.16 (c) If the Internal Revenue Service assesses the department a fee for offsetting from a
101.17 federal tax refund the amount of any overpayment, including penalties and interest, the
101.18 amount of the fee may be added to the total amount due. The offset amount must be put in
101.19 the family and medical benefit insurance enforcement account and that amount credited to
101.20 the total amount due from the applicant.

101.21 Subd. 8. **Collection of overpayments.** (a) The commissioner has discretion regarding
101.22 the recovery of any overpayment for reasons other than misrepresentation. Regardless of
101.23 any law to the contrary, the commissioner is not required to refer any overpayment for
101.24 reasons other than misrepresentation to a public or private collection agency, including
101.25 agencies of this state.

101.26 (b) Amounts overpaid for reasons other than misrepresentation are not considered a
101.27 "debt" to the state of Minnesota for purposes of any reporting requirements to the
101.28 commissioner of management and budget.

101.29 (c) A pending appeal under section 268B.08 does not suspend the assessment of interest,
101.30 penalties, or collection of an overpayment.

101.31 (d) Section 16A.626 applies to the repayment by an applicant of any overpayment,
101.32 penalty, or interest.

102.1 **Sec. 27. [268B.19] APPLICANT ADMINISTRATIVE PENALTIES.**

102.2 (a) Any applicant who makes a false statement or representation without a good faith
102.3 belief as to the correctness of the statement or representation in order to obtain or in an
102.4 attempt to obtain benefits may be assessed, in addition to any other penalties, an
102.5 administrative penalty of being ineligible for benefits for 13 to 104 weeks.

102.6 (b) A determination of ineligibility setting out the weeks the applicant is ineligible must
102.7 be sent to the applicant by mail or electronic transmission. The department is authorized to
102.8 issue a determination of ineligibility under this subdivision within 48 months of the
102.9 establishment of the benefit account upon which the benefits were obtained, or attempted
102.10 to be obtained. Unless an appeal is filed within 20 calendar days of sending, the determination
102.11 is final. Proceedings on the appeal are conducted in accordance with section 268B.08.

102.12 **Sec. 28. [268B.20] EMPLOYER MISCONDUCT; PENALTY.**

102.13 (a) The commissioner must penalize an employer if that employer or any employee,
102.14 officer, or agent of that employer is in collusion with any applicant for the purpose of
102.15 assisting the applicant in receiving benefits fraudulently. The penalty is \$500 or the amount
102.16 of benefits determined to be overpaid, whichever is greater.

102.17 (b) The commissioner must penalize an employer if that employer or any employee,
102.18 officer, or agent of that employer:

102.19 (1) made a false statement or representation knowing it to be false;

102.20 (2) made a false statement or representation without a good-faith belief as to the
102.21 correctness of the statement or representation; or

102.22 (3) knowingly failed to disclose a material fact.

102.23 (c) The penalty is the greater of \$500 or 50 percent of the following resulting from the
102.24 employer's action:

102.25 (1) the amount of any overpaid benefits to an applicant;

102.26 (2) the amount of benefits not paid to an applicant that would otherwise have been paid;

102.27 or

102.28 (3) the amount of any payment required from the employer under this chapter that was
102.29 not paid.

102.30 (d) Penalties must be paid within 30 calendar days of issuance of the determination of
102.31 penalty and credited to the family and medical benefit insurance account.

103.1 (e) The determination of penalty is final unless the employer files an appeal within 30
103.2 calendar days after the sending of the determination of penalty to the employer by United
103.3 States mail or electronic transmission.

103.4 Sec. 29. [268B.21] RECORDS; AUDITS.

103.5 Subdivision 1. **Employer records; audits.** (a) Each employer must keep true and accurate
103.6 records on individuals performing services for the employer, containing the information
103.7 the commissioner may require under this chapter. The records must be kept for a period of
103.8 not less than four years in addition to the current calendar year.

103.9 (b) For the purpose of administering this chapter, the commissioner has the power to
103.10 audit, examine, or cause to be supplied or copied, any books, correspondence, papers,
103.11 records, or memoranda that are the property of, or in the possession of, an employer or any
103.12 other person at any reasonable time and as often as may be necessary. Subpoenas may be
103.13 issued under section 268B.22 as necessary, for an audit.

103.14 (c) An employer or other person that refuses to allow an audit of its records by the
103.15 department or that fails to make all necessary records available for audit in the state upon
103.16 request of the commissioner may be assessed an administrative penalty of \$500. The penalty
103.17 collected is credited to the family and medical benefit insurance account.

103.18 (d) An employer, or other person, that fails to provide a weekly breakdown of money
103.19 earned by an applicant upon request of the commissioner, information necessary for the
103.20 detection of applicant misrepresentation under section 268B.185, subdivision 2, may be
103.21 assessed an administrative penalty of \$100. Any notice requesting a weekly breakdown
103.22 must clearly state that a \$100 penalty may be assessed for failure to provide the information.
103.23 The penalty collected is credited to the family and medical benefit insurance account.

103.24 Subd. 2. **Department records; destruction.** (a) The commissioner may make summaries,
103.25 compilations, duplications, or reproductions of any records pertaining to this chapter that
103.26 the commissioner considers advisable for the preservation of the information.

103.27 (b) Regardless of any law to the contrary, the commissioner may destroy any records
103.28 that are no longer necessary for the administration of this chapter. In addition, the
103.29 commissioner may destroy any record from which the information has been electronically
103.30 captured and stored.

104.1 Sec. 30. [268B.22] SUBPOENAS; OATHS.

104.2 (a) The commissioner or benefit judge has authority to administer oaths and affirmations,
104.3 take depositions, certify to official acts, and issue subpoenas to compel the attendance of
104.4 individuals and the production of documents and other personal property necessary in
104.5 connection with the administration of this chapter.

104.6 (b) Individuals subpoenaed, other than applicants or officers and employees of an
104.7 employer that is the subject of the inquiry, are paid witness fees the same as witness fees
104.8 in civil actions in district court. The fees need not be paid in advance.

104.9 (c) The subpoena is enforceable through the district court in Ramsey County.

104.10 Sec. 31. [268B.23] LIEN; LEVY; SETOFF; AND CIVIL ACTION.

104.11 Subdivision 1. Lien. (a) Any amount due under this chapter, from an applicant or an
104.12 employer, becomes a lien upon all the property, within this state, both real and personal, of
104.13 the person liable, from the date of assessment. For the purposes of this section, "date of
104.14 assessment" means the date the obligation was due.

104.15 (b) The lien is not enforceable against any purchaser, mortgagee, pledgee, holder of a
104.16 Uniform Commercial Code security interest, mechanic's lien, or judgment lien creditor,
104.17 until a notice of lien has been filed with the county recorder of the county where the property
104.18 is situated, or in the case of personal property belonging to a nonresident person in the Office
104.19 of the Secretary of State. When the notice of lien is filed with the county recorder, the fee
104.20 for filing and indexing is as provided in sections 272.483 and 272.484.

104.21 (c) Notices of liens, lien renewals, and lien releases, in a form prescribed by the
104.22 commissioner, may be filed with the county recorder or the secretary of state by mail,
104.23 personal delivery, or electronic transmission into the computerized filing system of the
104.24 secretary of state. The secretary of state must, on any notice filed with that office, transmit
104.25 the notice electronically to the appropriate county recorder. The filing officer, whether the
104.26 county recorder or the secretary of state, must endorse and index a printout of the notice as
104.27 if the notice had been mailed or delivered.

104.28 (d) County recorders and the secretary of state must enter information on lien notices,
104.29 renewals, and releases into the central database of the secretary of state. For notices filed
104.30 electronically with the county recorders, the date and time of receipt of the notice and county
104.31 recorder's file number, and for notices filed electronically with the secretary of state, the
104.32 secretary of state's recording information, must be entered into the central database before
104.33 the close of the working day following the day of the original data entry by the commissioner.

105.1 (e) The lien imposed on personal property, even though properly filed, is not enforceable
105.2 against a purchaser of tangible personal property purchased at retail or personal property
105.3 listed as exempt in sections 550.37, 550.38, and 550.39.

105.4 (f) A notice of lien filed has priority over any security interest arising under chapter 336,
105.5 article 9, that is perfected prior in time to the lien imposed by this subdivision, but only if:

105.6 (1) the perfected security interest secures property not in existence at the time the notice
105.7 of lien is filed; and

105.8 (2) the property comes into existence after the 45th calendar day following the day the
105.9 notice of lien is filed, or after the secured party has actual notice or knowledge of the lien
105.10 filing, whichever is earlier.

105.11 (g) The lien is enforceable from the time the lien arises and for ten years from the date
105.12 of filing the notice of lien. A notice of lien may be renewed before expiration for an additional
105.13 ten years.

105.14 (h) The lien is enforceable by levy under subdivision 2 or by judgment lien foreclosure
105.15 under chapter 550.

105.16 (i) The lien may be imposed upon property defined as homestead property in chapter
105.17 510 but may be enforced only upon the sale, transfer, or conveyance of the homestead
105.18 property.

105.19 (j) The commissioner may sell and assign to a third party the commissioner's right of
105.20 redemption in specific real property for liens filed under this subdivision. The assignee is
105.21 limited to the same rights of redemption as the commissioner, except that in a bankruptcy
105.22 proceeding, the assignee does not obtain the commissioner's priority. Any proceeds from
105.23 the sale of the right of redemption are credited to the family and medical benefit insurance
105.24 account.

105.25 Subd. 2. Levy. (a) If any amount due under this chapter, from an applicant or an employer,
105.26 is not paid when due, the amount may be collected by the commissioner by direct levy upon
105.27 all property and rights of property of the person liable for the amount due except property
105.28 exempt from execution under section 550.37. For the purposes of this section, "levy" includes
105.29 the power of distraint and seizure by any means.

105.30 (b) In addition to a direct levy, the commissioner may issue a warrant to the sheriff of
105.31 any county who must proceed within 60 calendar days to levy upon the property or rights
105.32 to property of the delinquent person within the county, except property exempt under section
105.33 550.37. The sheriff must sell that property necessary to satisfy the total amount due, together

106.1 with the commissioner's and sheriff's costs. The sales are governed by the law applicable
106.2 to sales of like property on execution of a judgment.

106.3 (c) Notice and demand for payment of the total amount due must be mailed to the
106.4 delinquent person at least ten calendar days before action being taken under paragraphs (a)
106.5 and (b).

106.6 (d) If the commissioner has reason to believe that collection of the amount due is in
106.7 jeopardy, notice and demand for immediate payment may be made. If the total amount due
106.8 is not paid, the commissioner may proceed to collect by direct levy or issue a warrant without
106.9 regard to the ten calendar day period.

106.10 (e) In executing the levy, the commissioner must have all of the powers provided in
106.11 chapter 550 or any other law that provides for execution against property in this state. The
106.12 sale of property levied upon and the time and manner of redemption is as provided in chapter
106.13 550. The seal of the court is not required. The levy may be made whether or not the
106.14 commissioner has commenced a legal action for collection.

106.15 (f) Where any assessment has been made by the commissioner, the property seized for
106.16 collection of the total amount due must not be sold until any determination of liability has
106.17 become final. No sale may be made unless a portion of the amount due remains unpaid for
106.18 a period of more than 30 calendar days after the determination of liability becomes final.
106.19 Seized property may be sold at any time if:

106.20 (1) the delinquent person consents in writing to the sale; or

106.21 (2) the commissioner determines that the property is perishable or may become greatly
106.22 reduced in price or value by keeping, or that the property cannot be kept without great
106.23 expense.

106.24 (g) Where a levy has been made to collect the amount due and the property seized is
106.25 properly included in a formal proceeding commenced under sections 524.3-401 to 524.3-505
106.26 and maintained under full supervision of the court, the property may not be sold until the
106.27 probate proceedings are completed or until the court orders.

106.28 (h) The property seized must be returned if the owner:

106.29 (1) gives a surety bond equal to the appraised value of the owner's interest in the property,
106.30 as determined by the commissioner; or

106.31 (2) deposits with the commissioner security in a form and amount the commissioner
106.32 considers necessary to insure payment of the liability.

107.1 (i) If a levy or sale would irreparably injure rights in property that the court determines
107.2 superior to rights of the state, the court may grant an injunction to prohibit the enforcement
107.3 of the levy or to prohibit the sale.

107.4 (j) Any person who fails or refuses to surrender without reasonable cause any property
107.5 or rights to property subject to levy is personally liable in an amount equal to the value of
107.6 the property or rights not so surrendered, but not exceeding the amount due.

107.7 (k) If the commissioner has seized the property of any individual, that individual may,
107.8 upon giving 48 hours notice to the commissioner and to the court, bring a claim for equitable
107.9 relief before the district court for the release of the property upon terms and conditions the
107.10 court considers equitable.

107.11 (l) Any person in control or possession of property or rights to property upon which a
107.12 levy has been made who surrenders the property or rights to property, or who pays the
107.13 amount due is discharged from any obligation or liability to the person liable for the amount
107.14 due with respect to the property or rights to property.

107.15 (m) The notice of any levy may be served personally or by mail.

107.16 (n) The commissioner may release the levy upon all or part of the property or rights to
107.17 property levied upon if the commissioner determines that the release will facilitate the
107.18 collection of the liability, but the release does not prevent any subsequent levy. If the
107.19 commissioner determines that property has been wrongfully levied upon, the commissioner
107.20 must return:

107.21 (1) the specific property levied upon, at any time; or

107.22 (2) an amount of money equal to the amount of money levied upon, at any time before
107.23 the expiration of nine months from the date of levy.

107.24 (o) Regardless of section 52.12, a levy upon a person's funds on deposit in a financial
107.25 institution located in this state, has priority over any unexercised right of setoff of the
107.26 financial institution to apply the levied funds toward the balance of an outstanding loan or
107.27 loans owed by the person to the financial institution. A claim by the financial institution
107.28 that it exercised its right to setoff before the levy must be substantiated by evidence of the
107.29 date of the setoff, and verified by an affidavit from a corporate officer of the financial
107.30 institution. For purposes of determining the priority of any levy under this subdivision, the
107.31 levy is treated as if it were an execution under chapter 550.

107.32 Subd. 3. **Right of setoff.** (a) Upon certification by the commissioner to the commissioner
107.33 of management and budget, or to any state agency that disburses its own funds, that a person,

108.1 applicant, or employer has a liability under this chapter, and that the state has purchased
108.2 personal services, supplies, contract services, or property from that person, the commissioner
108.3 of management and budget or the state agency must set off and pay to the commissioner an
108.4 amount sufficient to satisfy the unpaid liability from funds appropriated for payment of the
108.5 obligation of the state otherwise due the person. No amount may be set off from any funds
108.6 exempt under section 550.37 or funds due an individual who receives assistance under
108.7 chapter 256.

108.8 (b) All funds, whether general or dedicated, are subject to setoff.

108.9 (c) Regardless of any law to the contrary, the commissioner has first priority to setoff
108.10 from any funds otherwise due from the department to a delinquent person.

108.11 Subd. 4. **Collection by civil action.** (a) Any amount due under this chapter, from an
108.12 applicant or employer, may be collected by civil action in the name of the state of Minnesota.
108.13 Civil actions brought under this subdivision must be heard as provided under section 16D.14.
108.14 In any action, judgment must be entered in default for the relief demanded in the complaint
108.15 without proof, together with costs and disbursements, upon the filing of an affidavit of
108.16 default.

108.17 (b) Any person that is not a resident of this state and any resident person removed from
108.18 this state, is considered to appoint the secretary of state as its agent for the acceptance of
108.19 process in any civil action. The commissioner must file process with the secretary of state,
108.20 together with a payment of a fee of \$15 and that service is considered sufficient service and
108.21 has the same force and validity as if served personally within this state. Notice of the service
108.22 of process, together with a copy of the process, must be sent by certified mail to the person's
108.23 last known address. An affidavit of compliance with this subdivision, and a copy of the
108.24 notice of service must be appended to the original of the process and filed in the court.

108.25 (c) No court filing fees, docketing fees, or release of judgment fees may be assessed
108.26 against the state for actions under this subdivision.

108.27 Subd. 5. **Injunction forbidden.** No injunction or other legal action to prevent the
108.28 determination, assessment, or collection of any amounts due under this chapter, from an
108.29 applicant or employer, are allowed.

108.30 Sec. 32. **[268B.24] CONCILIATION SERVICES.**

108.31 The Department of Labor and Industry may offer conciliation services to employers and
108.32 employees to resolve disputes concerning alleged violations of employment protections
108.33 identified in section 268B.09.

109.1 Sec. 33. [268B.25] ANNUAL REPORTS.

109.2 (a) Beginning on or before December 1, 2024, the commissioner must annually report
109.3 to the Department of Management and Budget and the house of representatives and senate
109.4 committee chairs with jurisdiction over this chapter on program administrative expenditures
109.5 and revenue collection for the prior fiscal year, including but not limited to:

109.6 (1) total revenue raised through premium collection;

109.7 (2) the number of self-employed individuals or independent contractors electing coverage
109.8 under section 268B.11 and amount of associated revenue;

109.9 (3) the number of covered business entities paying premiums under this chapter and
109.10 associated revenue;

109.11 (4) administrative expenditures including transfers to other state agencies expended in
109.12 the administration of the chapter;

109.13 (5) summary of contracted services expended in the administration of this chapter;

109.14 (6) grant amounts and recipients under sections 268B.29 and 268B.18;

109.15 (7) an accounting of required outreach expenditures;

109.16 (8) summary of private plan approvals including the number of employers and employees
109.17 covered under private plans; and

109.18 (9) adequacy and use of the private plan approval and oversight fee.

109.19 (b) Beginning on or before December 1, 2025, the commissioner must annually publish
109.20 a publicly available report providing the following information for the previous fiscal year:

109.21 (1) total eligible claims;

109.22 (2) the number and percentage of claims attributable to each category of benefit;

109.23 (3) claimant demographics by age, gender, average weekly wage, occupation, and the
109.24 type of leave taken;

109.25 (4) the percentage of claims denied and the reasons therefor, including but not limited
109.26 to insufficient information and ineligibility and the reason therefor;

109.27 (5) average weekly benefit amount paid for all claims and by category of benefit;

109.28 (6) changes in the benefits paid compared to previous fiscal years;

109.29 (7) processing times for initial claims processing, initial determinations, and final
109.30 decisions;

110.1 (8) average duration for cases completed; and

110.2 (9) the number of cases remaining open at the close of such year.

110.3 **Sec. 34. [268B.26] NOTICE REQUIREMENTS.**

110.4 (a) Each employer must post in a conspicuous place on each of its premises a workplace
110.5 notice prepared or approved by the commissioner providing notice of benefits available
110.6 under this chapter. The required workplace notice must be in English and each language
110.7 other than English which is the primary language of five or more employees or independent
110.8 contractors of that workplace, if such notice is available from the department.

110.9 (b) Each employer must issue to each employee not more than 30 days from the beginning
110.10 date of the employee's employment, or 30 days before premium collection begins, whichever
110.11 is later, the following written information provided or approved by the department in the
110.12 primary language of the employee:

110.13 (1) an explanation of the availability of family and medical leave benefits provided under
110.14 this chapter, including rights to reinstatement and continuation of health insurance;

110.15 (2) the amount of premium deductions made by the employer under this chapter;

110.16 (3) the employer's premium amount and obligations under this chapter;

110.17 (4) the name and mailing address of the employer;

110.18 (5) the identification number assigned to the employer by the department;

110.19 (6) instructions on how to file a claim for family and medical leave benefits;

110.20 (7) the mailing address, e-mail address, and telephone number of the department; and

110.21 (8) any other information required by the department.

110.22 Delivery is made when an employee provides written acknowledgment of receipt of the
110.23 information, or signs a statement indicating the employee's refusal to sign such
110.24 acknowledgment.

110.25 (c) Each employer shall provide to each independent contractor with whom it contracts,
110.26 at the time such contract is made or, for existing contracts, within 30 days of the effective
110.27 date of this section, the following written information provided or approved by the department
110.28 in the self-employed individual's primary language:

110.29 (1) the address and telephone number of the department; and

110.30 (2) any other information required by the department.

111.1 (d) An employer that fails to comply with this subdivision may be issued, for a first
111.2 violation, a civil penalty of \$50 per employee and per independent contractor with whom
111.3 it has contracted, and for each subsequent violation, a civil penalty of \$300 per employee
111.4 or self-employed individual with whom it has contracted. The employer shall have the
111.5 burden of demonstrating compliance with this section.

111.6 (e) Employer notice to an employee under this section may be provided in paper or
111.7 electronic format. For notice provided in electronic format only, the employer must provide
111.8 employee access to an employer-owned computer during an employee's regular working
111.9 hours to review and print required notices.

111.10 **Sec. 35. [268B.27] RELATIONSHIP TO OTHER LEAVE; CONSTRUCTION.**

111.11 Subdivision 1. **Concurrent leave.** An employer may require leave taken under this
111.12 chapter to run concurrently with leave taken for the same purpose under section 181.941
111.13 or the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654,
111.14 as amended.

111.15 Subd. 2. **Construction.** Nothing in this chapter shall be construed to:

111.16 (1) allow an employer to compel an employee to exhaust accumulated sick, vacation,
111.17 or personal time before or while taking leave under this chapter;

111.18 (2) except as provided under section 268B.01, subdivision 37, prohibit an employer
111.19 from providing additional benefits, including but not limited to covering the portion of
111.20 earnings not provided under this chapter during periods of leave covered under this chapter;
111.21 or

111.22 (3) limit the parties to a collective bargaining agreement from bargaining and agreeing
111.23 with respect to leave benefits and related procedures and employee protections that meet
111.24 or exceed, and do not otherwise conflict with, the minimum standards and requirements in
111.25 this chapter.

111.26 **Sec. 36. [268B.28] SEVERABLE.**

111.27 If the United States Department of Labor or a court of competent jurisdiction determines
111.28 that any provision of the family and medical benefit insurance program under this chapter
111.29 is not in conformity with, or is inconsistent with, the requirements of federal law, the
111.30 provision has no force or effect. If only a portion of the provision, or the application to any
111.31 person or circumstances, is determined not in conformity, or determined inconsistent, the

112.1 remainder of the provision and the application of the provision to other persons or
112.2 circumstances are not affected.

112.3 **Sec. 37. [268B.29] SMALL BUSINESS ASSISTANCE GRANTS.**

112.4 (a) Employers with 50 or fewer employees may apply to the department for grants under
112.5 this section.

112.6 (b) The commissioner may approve a grant of up to \$3,000 if the employer hires a
112.7 temporary worker to replace an employee on family or medical leave for a period of seven
112.8 days or more.

112.9 (c) For an employee's family or medical leave, the commissioner may approve a grant
112.10 of up to \$1,000 as reimbursement for significant additional wage-related costs due to the
112.11 employee's leave.

112.12 (d) To be eligible for consideration for a grant under this section, the employer must
112.13 provide the department written documentation showing the temporary worker hired or
112.14 significant wage-related costs incurred are due to an employee's use of leave under this
112.15 chapter.

112.16 (e) The grants under this section may be funded from the family and medical benefit
112.17 insurance account.

112.18 (f) For the purposes of this section, the commissioner shall average the number of
112.19 employees reported by an employer over the last four completed calendar quarters to
112.20 determine the size of the employer.

112.21 (g) An employer who has an approved private plan is not eligible to receive a grant under
112.22 this section.

112.23 (h) The commissioner may award grants under this section only up to a maximum of
112.24 \$5,000,000 per calendar year.

112.25 **Sec. 38. EFFECTIVE DATES.**

112.26 (a) Sections 1, 4, 5, 6, and 36 are effective July 1, 2022.

112.27 (b) Section 15 is effective July 1, 2023.

112.28 (c) Section 34 is effective December 1, 2023.

112.29 (d) Sections 2, 3, 16 to 19, 21, 23 to 25, 28 to 31, and 33 are effective January 1, 2024.

112.30 (e) Sections 7 to 14, 20, 22, 26 to 27, 32, 35, and 37 are effective January 1, 2025.

113.1 **ARTICLE 4**

113.2 **FAMILY AND MEDICAL LEAVE BENEFIT AS EARNINGS**

113.3 Section 1. Minnesota Statutes 2020, section 256J.561, is amended by adding a subdivision
113.4 to read:

113.5 Subd. 4. Parents receiving family and medical leave benefits. A parent who meets
113.6 the criteria under subdivision 2 and who receives benefits under chapter 268B is not required
113.7 to participate in employment services.

113.8 Sec. 2. Minnesota Statutes 2020, section 256J.95, subdivision 3, is amended to read:

113.9 Subd. 3. **Eligibility for diversionary work program.** (a) Except for the categories of
113.10 family units listed in clauses (1) to (8), all family units who apply for cash benefits and who
113.11 meet MFIP eligibility as required in sections 256J.11 to 256J.15 are eligible and must
113.12 participate in the diversionary work program. Family units or individuals that are not eligible
113.13 for the diversionary work program include:

113.14 (1) child only cases;

113.15 (2) single-parent family units that include a child under 12 months of age. A parent is
113.16 eligible for this exception once in a parent's lifetime;

113.17 (3) family units with a minor parent without a high school diploma or its equivalent;

113.18 (4) family units with an 18- or 19-year-old caregiver without a high school diploma or
113.19 its equivalent who chooses to have an employment plan with an education option;

113.20 (5) family units with a caregiver who received DWP benefits within the 12 months prior
113.21 to the month the family applied for DWP, except as provided in paragraph (c);

113.22 (6) family units with a caregiver who received MFIP within the 12 months prior to the
113.23 month the family applied for DWP;

113.24 (7) family units with a caregiver who received 60 or more months of TANF assistance;
113.25 ~~and~~

113.26 (8) family units with a caregiver who is disqualified from the work participation cash
113.27 benefit program, DWP, or MFIP due to fraud; and

113.28 (9) single-parent family units where a parent is receiving family and medical leave
113.29 benefits under chapter 268B.

114.1 (b) A two-parent family must participate in DWP unless both caregivers meet the criteria
114.2 for an exception under paragraph (a), clauses (1) through (5), or the family unit includes a
114.3 parent who meets the criteria in paragraph (a), clause (6), (7), or (8).

114.4 (c) Once DWP eligibility is determined, the four months run consecutively. If a participant
114.5 leaves the program for any reason and reapplies during the four-month period, the county
114.6 must redetermine eligibility for DWP.

114.7 Sec. 3. Minnesota Statutes 2020, section 256J.95, subdivision 11, is amended to read:

114.8 Subd. 11. **Universal participation required.** (a) All DWP caregivers, except caregivers
114.9 who meet the criteria in paragraph (d), are required to participate in DWP employment
114.10 services. Except as specified in paragraphs (b) and (c), employment plans under DWP must,
114.11 at a minimum, meet the requirements in section 256J.55, subdivision 1.

114.12 (b) A caregiver who is a member of a two-parent family that is required to participate
114.13 in DWP who would otherwise be ineligible for DWP under subdivision 3 may be allowed
114.14 to develop an employment plan under section 256J.521, subdivision 2, that may contain
114.15 alternate activities and reduced hours.

114.16 (c) A participant who is a victim of family violence shall be allowed to develop an
114.17 employment plan under section 256J.521, subdivision 3. A claim of family violence must
114.18 be documented by the applicant or participant by providing a sworn statement which is
114.19 supported by collateral documentation in section 256J.545, paragraph (b).

114.20 (d) One parent in a two-parent family unit ~~that has a natural born child under 12 months~~
114.21 ~~of age is not required to have an employment plan until the child reaches 12 months of age~~
114.22 ~~unless the family unit has already used the exclusion under section 256J.561, subdivision~~
114.23 ~~3, or the previously allowed child under age one exemption under section 256J.56, paragraph~~
114.24 ~~(a), clause (5).~~ if that parent:

114.25 (1) receives family and medical leave benefits under chapter 268B; or

114.26 (2) has a natural born child under 12 months of age until the child reaches 12 months
114.27 of age unless the family unit has already used the exclusion under section 256J.561,
114.28 subdivision 3, or the previously allowed child under age one exemption under section
114.29 256J.56, paragraph (a), clause (5).

114.30 (e) The provision in paragraph (d) ends the first full month after the child reaches 12
114.31 months of age. This provision is allowable only once in a caregiver's lifetime. In a two-parent
114.32 household, only one parent shall be allowed to use this category.

115.1 (f) The participant and job counselor must meet in the month after the month the child
115.2 reaches 12 months of age to revise the participant's employment plan. The employment plan
115.3 for a family unit that has a child under 12 months of age that has already used the exclusion
115.4 in section 256J.561 must be tailored to recognize the caregiving needs of the parent.

115.5 Sec. 4. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 3, is amended
115.6 to read:

115.7 Subd. 3. **Earned income.** "Earned income" means income earned through the receipt
115.8 of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities,
115.9 net profit from self-employment activities, payments made by an employer for regularly
115.10 accrued vacation or sick leave, severance pay based on accrued leave time, benefits paid
115.11 under chapter 268B, royalties, honoraria, or other profit from activity that results from the
115.12 client's work, effort, or labor for purposes other than student financial assistance,
115.13 rehabilitation programs, student training programs, or service programs such as AmeriCorps.
115.14 The income must be in return for, or as a result of, legal activity.

115.15 Sec. 5. **EFFECTIVE DATES.**

115.16 Sections 1 to 4 are effective January 1, 2025.