



# Guide to Domestic and International Paid Family and Medical Leave Programs

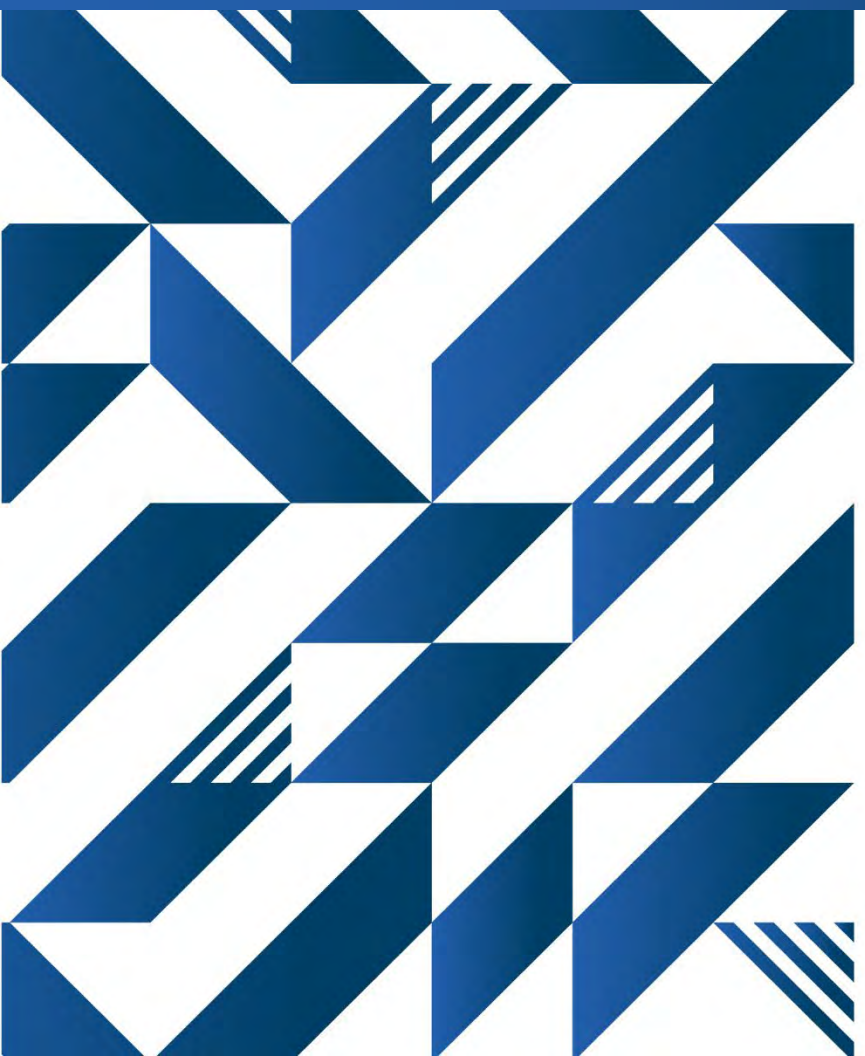
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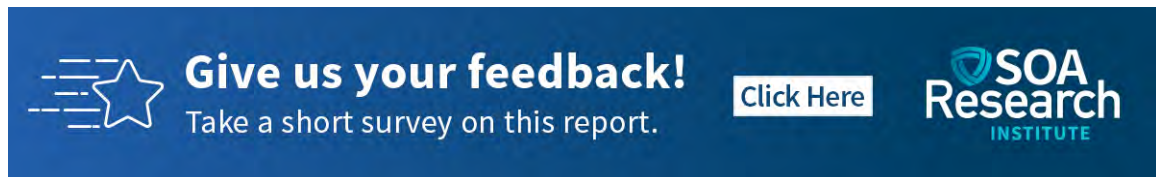






# Guide to Domestic and International Paid Family and Medical Leave Programs

**AUTHOR** Paul Correia, FSA, MAAA  
Principal and Consulting Actuary  
Milliman

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# Guide to Domestic and International Paid Family and Medical Leave Programs

## Introduction

This guide compares domestic<sup>1</sup> and international mandated leave programs. These programs mandate employers provide a minimum level of benefits to employees for qualifying leaves of absence, such as maternity leave or medical leave. The international programs included in this guide are based on leave mandates in the following 40 countries:

Argentina	Australia	Austria	Belgium
Brazil	Canada	Chile	China
Colombia	Costa Rica	Denmark	Estonia
Finland	France	Germany	Greece
Hungary	India	Israel	Italy
Japan	South Korea	Latvia	Lithuania
Luxembourg	Mexico	Netherlands	Nigeria
Norway	Poland	Portugal	Singapore
Slovak Republic	Slovenia	South Africa	Spain
Sweden	Switzerland	Turkey	United Kingdom

The domestic programs represent paid family and medical leave (PFML) programs in US jurisdictions that have passed paid leave laws<sup>2</sup>. As of the writing of this guide, California, Colorado, Connecticut, Delaware, District of Columbia, Maryland, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington have adopted PFML legislation<sup>3</sup>. Although the domestic PFML programs have different designs in every state, e.g., different benefit amounts, benefit periods, etc., the domestic PFML programs all provide weekly income benefits for the same qualifying events, including parental leave, caring for sick relatives, and treating one's own serious health condition<sup>4</sup>.

Unlike the domestic programs, the international programs are based on federal mandates instead of regional mandates (although Quebec has adopted its own leave laws that are different than the federal mandates in Canada). The international programs vary from country to country in terms of benefit design as well as qualifying events. Most international programs include paid maternity and paternity leave along with other paid and unpaid family leave mandates such as childcare and caring for sick relatives. The international programs also feature medical leave mandates, although some countries provide these benefits through social insurance programs instead of a legislative mandate.

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<sup>1</sup> The domestic programs in this guide refer to programs in the United States.

<sup>2</sup> Some states have also adopted paid sick leave mandates. These mandates are discussed in Section 3.7.

<sup>3</sup> Hawaii has mandated disability (i.e., paid medical leave) benefits but not paid family leave.

<sup>4</sup> Some newer PFML programs include "safe" leave as a qualifying event for employees who are victims of domestic violence. Also, most PFML programs allow employees to take paid "military" leave to attend military exigencies, although military claims represent a small portion of total PFML claims (less than 1%).

Section 1 of this guide contains an executive summary of the similarities and differences between the international and domestic leave programs. Section 2 provides an overview of the international leave programs. Because the international programs vary significantly in terms of design and qualifying events, the information in Section 2 provides a broad perspective of the various leave mandates in the representative countries. Section 3 provides an overview of the domestic PFML programs. Since these programs are similar in structure and qualifying events, the information in Section 3 provides in-depth observations on similarities and differences among the domestic PFML programs. The “References” section contains a list of sources that were used for this research project.

## Section 1: Executive Summary

This section contains a summary of the similarities and differences between domestic and international programs. Because the programs vary significantly in terms of mandated leaves and structure, the observations below are relatively high level and reflect general observations.

- In some ways, the international programs provide more generous benefits than the domestic PFML programs. For example, many international programs provide benefits that replace 100% of wages, which is more generous than the domestic PFML replacement ratios. Oregon PFML provides 100% wage replacement for workers with wages below 65% of the state average weekly wage, and the replacement ratio reduces for workers who earn more than 65% of the state average weekly wage. All other domestic programs provide less than 100% wage replacement.
- Maternity benefits tend to be more generous for the international programs than the domestic programs. For example, the international programs feature longer maternity benefit periods, on average, than the domestic PFML programs. The average benefit periods for maternity leave are summarized in Table 1 for the international programs:

**Table 1**

### AVERAGE MATERNITY BENEFIT PERIOD IN WEEKS – INTERNATIONAL PROGRAMS

Quartile	Average Benefit Period (Weeks)
First Quartile	34.2
Second Quartile	19.1
Third Quartile	16.8
Fourth Quartile	14.4
<b>Overall Average</b>	<b>21.1</b>

The benefit periods for the domestic programs are shorter, on average, than the international programs. Domestic PFML programs consider the medical and family components of maternity separately for determining the benefit period. Medical maternity claims are typically paid for 6-8 weeks, and family bonding claims may last up to 12 weeks (i.e., total of 18-20 weeks), although many domestic programs limit the combined benefit period to 12 weeks (meaning the medical and family components are limited to 12 weeks total).


- On the other hand, the domestic programs tend to have longer benefit periods for paternity leave than the international programs. Most domestic PFML programs allow workers to take up to 12 weeks of paternity leave within a 12-month period subject to the combined limit (i.e., if a worker has already taken leave for medical reasons, then the maximum benefit period for paternity leave within the same 12-month period could be less than 12 weeks depending on the combined limit). In comparison, only eight of the 40 international programs feature benefit periods of 12 weeks or longer for paternity leave, as shown below:

**Table 2**  
**PATERNITY BENEFIT PERIOD IN WEEKS – INTERNATIONAL PROGRAMS**

Country	Paternity Benefit Period (Weeks)
Japan	12
Austria	13
Portugal	15
Norway	15
Spain	16
Slovak Republic	28
Sweden	48
South Korea	52


- International programs typically feature different benefit periods for maternity and paternity leave, and the benefit period tends to be longer for maternity leave. On the other hand, domestic PFML programs often provide the same benefit period for maternity and paternity leave (although in some cases the benefit period for maternity leave, which includes medical and family components, is longer than the benefit period for paternity leave).
- Many international programs include vacation and bereavement leave mandates. In the US, there are no statutory or federal mandates for vacation or bereavement leave.
- The domestic PFML programs allow workers to take family leave to care for sick relatives. Many international programs include similar family leave mandates to care for sick relatives, although some international programs exclude family leave.
- In the US, PFML has evolved into a single program that covers both family and medical necessities, providing the same level of benefits for different qualifying events. In other countries, family and medical leave benefits are mandated under separate laws and the benefits can be different for different qualifying events. In some foreign countries, medical leaves are covered under social insurance programs instead of through legislative mandates.
- Many PFML programs in the US allow employees to take paid leave if a family member who is a member of the military is deployed at home or abroad. Similar mandates for military exigencies do not exist for the international programs.

Some newer PFML programs in the US include safe leave that allows an employee who is a victim of domestic violence to take paid leave of absence. Australia is the only other country that has also mandated paid domestic violence leave.



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## Section 2: International Programs

This section contains additional detail on the international leave programs. While we made every effort to capture all the leave mandates in these countries, the research was challenging because every country has different naming conventions and different sites for locating the information. There may be other leave mandates we could not locate that may be missing from the tables below. Also, we attempted to capture the most recent information in our queries, however, leave laws are constantly evolving and benefits are subject to change over time.

### 2.1 MATERNITY AND PATERNITY BENEFITS

Most international programs include paid maternity and paternity leave. In many cases, the benefits are the same for maternity and paternity leave and replace 100% of wages. Otherwise, maternity benefits tend to be more generous than paternity. The following chart shows the replacement ratios for maternity (blue bar) and paternity (orange bar) leave for the international programs. Cost Rica has not mandated paternity leave which is why there is only a blue bar in the graph for Costa Rica. The other countries shown below with only a blue bar have mandated paternity leave that is unpaid (i.e., 0% wage replacement). The replacement ratios for paternity benefits in Italy, Hungary, and Greece are higher than maternity, although the benefit periods for paternity are much shorter than maternity in those countries (see Figure 2). The replacement ratio in China is based on a formula that compares the worker's wages to the average wages of other employees and is shown below as 50% although in reality it varies by employee. In Australia, the parental leave benefit is \$812 per week, which we estimated as 42% of wages based on average wages in Australia. South Africa has unpaid maternity and paternity mandates, which is why there are no bars in the graph.



**Figure 1**  
INTERNATIONAL MATERNITY AND PATERNITY REPLACEMENT RATIOS

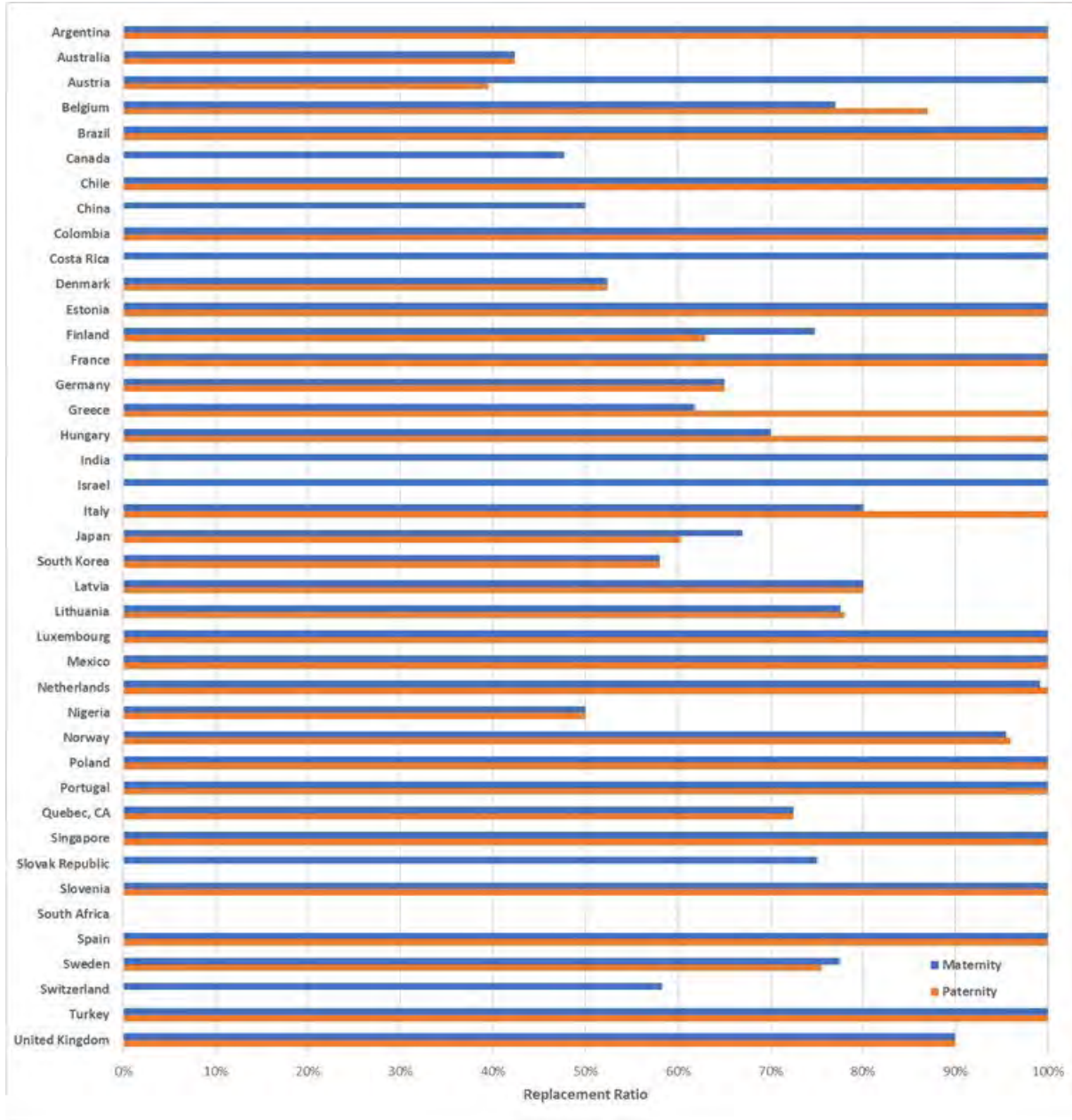
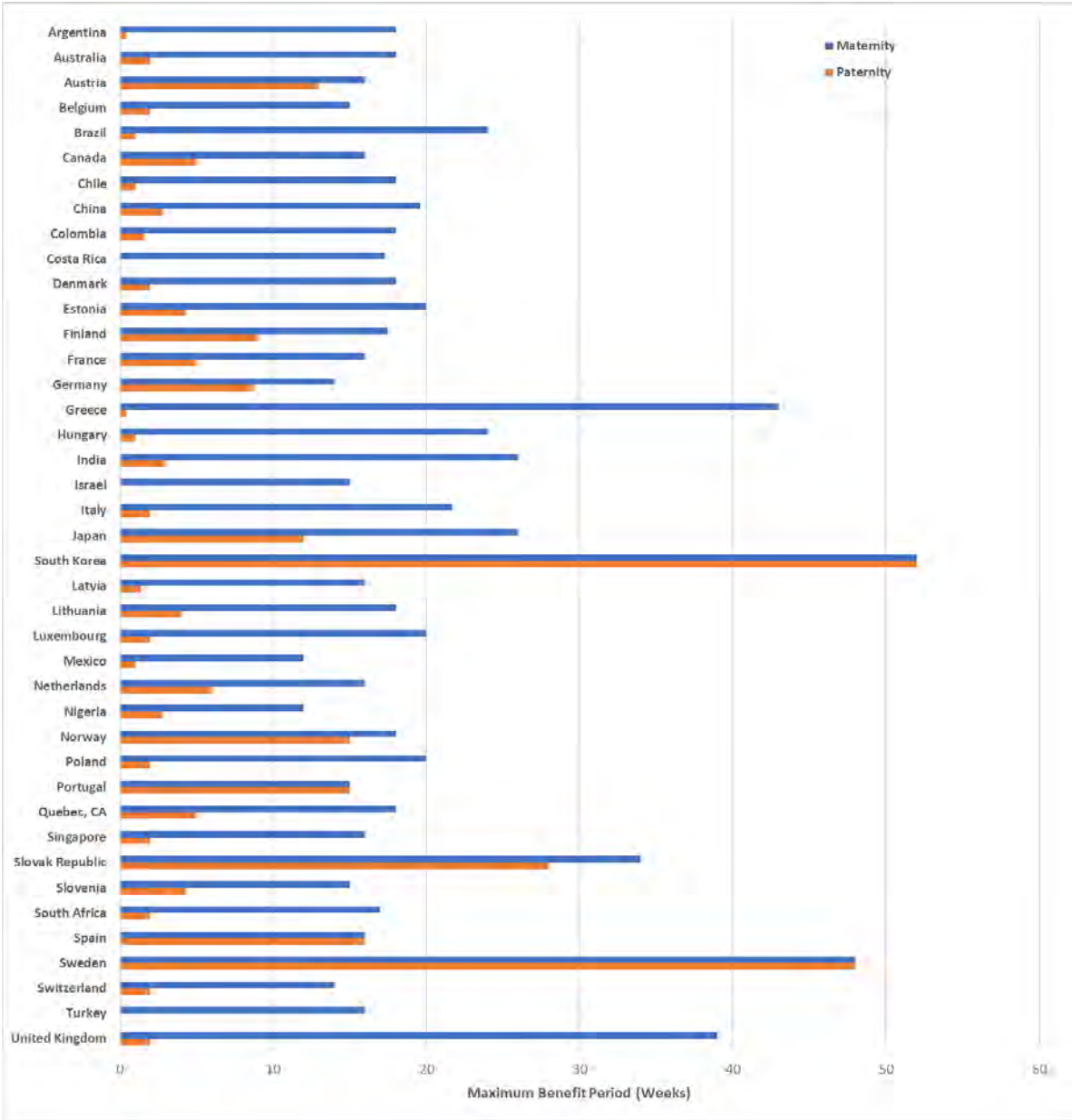


Figure 2 below shows the maximum benefit period for maternity and paternity leave for the international programs. The benefit periods vary by country. Also, in every country but South Korea and Sweden, the benefit period for maternity leave is longer than paternity. In South Korea and Sweden, the benefit periods are the same for maternity and paternity leave.



**Figure 2**  
**INTERNATIONAL MATERNITY AND PATERNITY MAXIMUM BENEFIT PERIODS**



The international programs include a variety of other leave mandates such as family, vacation, and medical leave. These mandates vary significantly from country to country. An overview of the leave mandates in 12 of the international programs is provided on pages 10 – 15 below, based on program information from the following 12 countries: Australia, Brazil, Canada, China, France, Japan, Mexico, Nigeria, Singapore, South Africa, Turkey, and United Kingdom.

**2.2 LEAVE MANDATES IN AUSTRALIA**

Australia’s mandated benefits include several qualifying events, both paid and unpaid. In addition to paid paternal leave mandates, Australia has mandated holiday pay and various other types of paid leave. The Paid Sick and Carer’s Leave program covers the employee’s own personal illness or injury. The compassionate leave program allows

workers to take leave in the event of death of a family member, still birth, or miscarriage. The Paid Family and Domestic Violence Leave program is intended for workers experiencing family and domestic violence. The unpaid parental leave program is concurrent with other paid parental leave and provides up to 24 months of job protection.

**Table 3**  
**LEAVE PROGRAMS IN AUSTRALIA**

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	Varies (812 AUD/week)	18 weeks
Paternity Leave	Varies (812 AUD/week)	2 weeks
Annual Leave (Holiday pay)	100%	4 weeks
Parental Leave	Unpaid	24 months
Special Maternity Leave	Unpaid	2 days
Unpaid Sick and Carer's Leave	Unpaid	10 days
Paid Sick and Carer's Leave	100%	10 days
Compassionate Leave	100%	2 days
Paid Family and Domestic Violence Leave	100%	10 days

### 2.3 LEAVE MANDATES IN BRAZIL

The leave mandates in Brazil are summarized in Table 4 below. Brazil has mandated vacation, sick leave, and parental leave benefits. To be eligible for Paid Time Off/Vacation benefits, workers must complete one year of consecutive employment. The benefit period for maternity leave can be extended an additional 60 days in some circumstances, although job protection ends after 5 months. The benefit period for paternity leave can also be extended an additional 15 days in certain circumstances.

**Table 4**  
**LEAVE PROGRAMS IN BRAZIL**

Leave Type	Replacement Ratio	Maximum Benefit Period
Paid Time Off/Vacation	100%	30 days
Maternity Leave	100%	120 days
Paternity Leave	100%	5 days
Adoption Leave	100%	120 days
Sick Leave	100%	15 days

### 2.4 LEAVE MANDATES IN CANADA

In Canada, Quebec has its own leave mandates that are more generous, in many ways, than the mandates adopted in the federal Employment Insurance Special Benefits program. For example, the replacement ratios for maternity and paternity benefits in Quebec are higher than the replacement ratios for the federal program. In addition, employees in Quebec have the option to take longer leave at a lower benefit replacement ratio, or shorter leaves at a higher replacement ratio (both options are shown in Table 5 below). The federal Family Caregiver program allows workers to take leave to care for a sick or injured family member and includes different benefit periods depending on whether the family member is an adult (15 weeks) or a child (35 weeks). Compassionate Care is for workers who take leave to care for a family member who is terminally ill (26 weeks). These benefit periods are longer than the benefit periods for family leave for the domestic PFML programs.

**Table 5**  
**LEAVE PROGRAMS IN CANADA**

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	48%	16 weeks
Unpaid Paternity Leave	NA	5 weeks
Sick Leave	55%	15 weeks
Parental Leave	55%	40 or 69 weeks shared (35 weeks if only one parent)
Compassionate Care	55%	26 weeks
Family Caregiver	55%	15 weeks adult/ 35 weeks child
Maternity Leave (Quebec)	70% or 75%	15 weeks at 75% or 18 weeks at 70%
Paternity Leave (Quebec)	70% or 75%	3 weeks at 75% or 5 weeks at 70%
Adoption Leave (Quebec)	70% / 55% or 75%	36 weeks at 70% for first 12 weeks followed by 55% for next 25 weeks, or 28 weeks at 75%

## 2.5 LEAVE MANDATES IN CHINA

Mandated benefits in China feature family-related qualifying events. The benefit amounts for maternity, paternity, and adoption leave are not based on an employee's own salary but the average of the workplace and region. Paid medical leave benefits are provided through a social insurance program that covers disabilities resulting in total incapacity for work.

**Table 6**  
**LEAVE PROGRAMS IN CHINA**

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	100% of wages capped at the average salary of all employees of the workplace and cannot exceed three times the average salary in the Bureau's jurisdiction (region).	98 days except for: Beijing & Shanghai (158 days), Hainan & Henan Province (190 days), Heilongjiang & Gansu (180 days). An additional 15 days is allotted for maternity leave due to difficult birth, and 15 days allotted for each child for multiple births, and late childbirth can add 7-30 days.
Abortion/Miscarriage Leave	Same as above	15-42 days (75 days in some regions), depending on if abortion/miscarriage is before or after 4 months.
Paternity Leave	Same as above	14 days (longer or shorter in some circumstances and provinces)
Childcare Leave	100%	Varies by province in the range of 5 - 15 days until child reaches 6 years old
Elder Care Leave	100%	15 days (8 provinces)

## 2.6 LEAVE MANDATES IN FRANCE

The leave mandates in France are family-related because social insurance programs cover all medical leaves of absence lasting longer than 4 days. In France, workers can take up to 5 weeks of vacation at 100% of salary per federal mandate. The maximum benefit period for maternity leave is 16 weeks – six weeks before birth and 10 weeks after – and is extended to 34 weeks for twins (12 weeks before birth and 22 weeks after birth), and 46 weeks for triplets or more (24 weeks before birth and 22 weeks after birth). Also, maternity leave is extended to 20 weeks in cases of birth complications. New mothers are required to take at least eight weeks of maternity leave. France also mandates employment protections for four weeks after the end of the maternity or adoption leave.

**Table 7**  
LEAVE PROGRAMS IN FRANCE

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	100%	16 weeks – single birth no complications 20 weeks – single birth with complications 34 weeks – twins 46 weeks – triplets or more
Paternity Leave	100%	25 days – single birth 32 days – multiple birth
Adoption Leave	100%	16 weeks – single child 22 weeks – multiple children
Annual Leave (Holiday pay)	100%	5 weeks
Disabled Child Leave	100%	2 days
Care for Relative or Close Friend	Daily allowance: EUR 52.08 single/EUR 43.83 couple	3 months, 1 year career total for multiple care leaves
Bereavement	100%	3-5 days depending on circumstance
Wedding Leave (own or child)	100%	1 day child, 4 days own

## 2.7 LEAVE MANDATES IN JAPAN

The programs in Japan feature parental, family, medical, and vacation leave mandates. Maternity and paternity leaves are paid at 67% and 60%, respectively. The unpaid Child Nursing and Family Nursing programs allow workers to take leave to care for sick children or other relatives, respectively. The Injury and Sickness program is only available to workers who are insured through the national health insurance scheme or their employer's health insurance policy, and mandates benefits for disabilities incurred off the job. Workers can take 10 days of vacation leave paid at 100% of salary.

**Table 8**  
LEAVE PROGRAMS IN JAPAN

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	67%	26 weeks
Paternity Leave	60%	12 weeks
Unpaid Child Nursing Leave	NA	5 days
Unpaid Family Nursing Leave	NA	5 days
Injury and Sickness Allowance	60% - 67%	1.5 Years
Annual Leave (Holiday pay)	100%	10 days

## 2.8 LEAVE MANDATES IN MEXICO

The leave mandates in Mexico are summarized in Table 9 below, and include parental, sick, and vacation leave. The benefit period for maternity leave is broken down into pre-birth and post-birth components: six weeks of paid leave before childbirth, and six weeks after childbirth. Paid vacation leave includes a “vacation premium” component that provides 25% of wages in addition to the worker's usual salary.

**Table 9**  
LEAVE PROGRAMS IN MEXICO

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	100%	12 weeks
Paternity Leave	100%	1 week
Adoption Leave	100%	12 weeks maternity/1 week paternity
Sick Leave	60%	52 weeks
Vacation	100%	6-22 days depending on years of service

## 2.9 LEAVE MANDATES IN NIGERIA

The leave program in Nigeria includes parental, vacation, and sick leave mandates. Parental leave benefits replace 50% of wages, whereas vacation and sick leave benefits provide 100% wage replacement. These programs are summarized below:

**Table 10**

**LEAVE PROGRAMS IN NIGERIA**

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	50%	12 weeks / 16 weeks if Federal Public Service worker
Paternity Leave	50%	14 days
Vacation Leave	100%	6 workdays per year (12 if under 16 years old)
Sick Leave	100%	12 workdays

## 2.10 LEAVE MANDATES IN SINGAPORE

All paid leave programs in Singapore provide benefits that replace 100% of a worker's wages. The maximum benefit period for maternity leave (16 weeks) is longer than paternity leave (2 weeks), and adoption leave allows workers to take up to 12 weeks.

**Table 11**

**LEAVE PROGRAMS IN SINGAPORE**

Leave Type	Replacement Ratio	Maximum Benefit Period
Adoption Leave	100%	12 weeks
Maternity Leave (GPML)	100%	16 weeks
Paternity Leave (GPPL)	100%	2 weeks
Combined Parental Leave	100%	4 weeks
Sick Leave	100%	14 days outpatient and 60 days hospitalization
Child Care/Extended Child Care Leave	100%	Schedule based on years of service from 7-14 days
Unpaid Infant Care Leave	NA	6 days per year for child under 7 (42 days per parent lifetime)/2 days for older children (age 7-12)

## 2.11 LEAVE MANDATES IN SOUTH AFRICA

The leave program in South Africa includes unpaid maternity and paternity leave mandates, although these mandates specify that income benefits may be paid during a maternity leave of absence if agreed upon between the employer and employee with no legal obligations. The paid sick leave benefits in South Africa are accrued by the employee at a rate of 1 day of paid sick leave for every 26 days worked. Workers that exhaust their sick leave days can take unpaid sick leave for the remainder of the benefit period. The family responsibility leave program covers workers who take time off to care for sick relatives and for bereavement.

**Table 12**  
**LEAVE PROGRAMS IN SOUTH AFRICA**

Leave Type	Replacement Ratio	Maximum Benefit Period
Annual/Vacation Leave	100%	21 consecutive days, 15 if 5-day work week, 18 if 6-day work week
Sick Leave	100%	6 weeks every 36 months (e.g., 30 days for 5-day work week, 36 days for 6-day work week)
Injury on Duty Leave	100%	Paid up to 3 months, may be unpaid beyond 3 months
Unpaid Maternity Leave	NA	Up to 4 months before delivery and not less than 6 weeks after
Unpaid Paternity Leave	NA	10 days when child is born (10 weeks if primary caregiver of adopted child under 2 years old)
Family Responsibility Leave	100%	3 days per year, 5 if domestic employee

## 2.12 LEAVE MANDATES IN TURKEY

All the paid leave mandates in Turkey provide 100% wage replacement to eligible workers. The Unpaid Extended Maternity Leave and Unpaid Parental Reduced/Part-time Work Leave programs provide workers with job protection for periods beyond the maternity leave benefit period.

**Table 13**  
**LEAVE PROGRAMS IN TURKEY**

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	100%	16 weeks beginning between the 30 <sup>th</sup> (if multiple birth)/32 <sup>nd</sup> and 37 <sup>th</sup> week of pregnancy
Unpaid Extended Maternity Leave (also applies to adoption)	NA (job protection)	Additional 6 months after Maternity Leave benefits
Maternal Reduced/Part-time Work Leave	100%	60 days (1st child), 120 days (2nd child), 180 days (3rd child), extension 30 days for multiple birth and 360 days for child born with disability
Unpaid Parental Reduced/Part-time Work Leave	NA (job protection)	Until 1 <sup>st</sup> of the month following the date when the child starts compulsory education
Adoption Leave	100%	3 days, 8 weeks maternity leave from day child is received if under 3 years old
Disabled Child Leave	100%	10 days per year (consecutive or intermittent for treatment of child), 360 days part-time from birth of child with disability
Paternity Leave	100%	Unused Maternity leave transfers to father if mother dies in childbirth

## 2.13 LEAVE MANDATES IN UNITED KINGDOM

The leave program in the United Kingdom includes several types of parental leave. In addition to the maternity and paternity leave programs, the shared parental leave program is available to employees who meet certain eligibility requirements such as earnings thresholds and minimum lengths of service. Only one parent is eligible for benefits under the Adoption Leave program, and the other parent can take Paternity Leave. The family care program is unpaid and does not include a cap on the benefit period. Disability and sickness benefits in the UK are provided through social insurance programs.

**Table 14**  
**LEAVE PROGRAMS IN UNITED KINGDOM**

Leave Type	Replacement Ratio	Maximum Benefit Period
Maternity Leave	90% first six weeks, 90% up to 157 GBP per week next 33 weeks	39 weeks paid and 13 weeks unpaid for total of 52 weeks
Paternity Leave	90%	2 weeks
Shared Parental Leave	Parents can share up to 37 weeks of pay for up to 50 weeks	
Antenatal Care (pre-natal doctor visits, parenting classes)	100%	Fathers can attend 2 appointments, no limit for mothers
Adoption Leave	90% first six weeks, 90% up to 157 GBP per week next 33 weeks	39 weeks paid and 13 weeks unpaid for total of 52 weeks
Unpaid Family/Compassionate Leave	NA	No specified maximum, depends on the situation
Sick Pay	99.35 GBP per week	28 weeks



## Section 3: Domestic Programs

Although there is no federal paid leave program in the US, the 1993 Family and Medical Leave Act (FMLA) mandates unpaid leave with job protection for up to 12 weeks for family, medical, and military qualifying events. This law only applies to employers with 50 or more workers. In addition to FMLA, several US states have passed PFML legislation mandating paid leave benefits for all eligible workers<sup>5</sup> with no restrictions based on the employer size.

Since 2020, there has been a surge in the number of US states that have approved PFML legislation. Many other states are now considering similar mandates. The increase in statutory PFML programs can be attributed to several factors. PFML benefits are broader than the benefits provided through FMLA which only provides job protection with no pay and does not apply to employers with fewer than 50 employees. Also, an increasing proportion of the US workforce are Millennial and Generation Z workers who value paid parental leave. Public awareness of PFML benefits has increased sharply in recent years, in part, due to the COVID-19 pandemic and the need for workers to take leaves of absence to care for sick relatives or their own serious health condition.

Prior to 2020, PFML programs included paid medical leave (i.e., disability) and paid family leave mandates under separate legislation. These programs were established in states that had already mandated disability (i.e., paid medical leave) benefits, and subsequently passed paid family leave legislation. For example, California State Disability Insurance (SDI) had been effective since 1946 before California Paid Family Leave (PFL) became effective in 2004, although both SDI and PFL are administered through a single fund and premium contributions are based on a single contribution rate. The PFML programs in New Jersey, New York, and Rhode Island are also based on this design. Hawaii and Puerto Rico have mandated disability benefits, but to this date have not passed paid family leave laws. The newer PFML programs established in 2020 and later mandate paid family and medical leave benefits under the same legislation – in part because those states did not have existing disability programs. The following table provides an historical timeline of PFML programs in the US.

**Table 15**  
**TIMELINE OF DOMESTIC PFML PROGRAMS**

Program	Covered Leaves	Benefits Begin
Rhode Island Temporary Disability Insurance	Medical	1942
California State Disability Insurance	Medical	1946
New Jersey Temporary Disability Insurance	Medical	1948
New York Disability Benefits Law	Medical	1949
Puerto Rico Temporary Disability Insurance	Medical	1968
Hawaii Temporary Disability Insurance	Medical	1969
California Paid Family Leave	Family	2004
New Jersey Family Leave Insurance	Family	2009
Rhode Island Temporary Caregiver Insurance	Family	2013
New York Paid Family Leave	Family	2018
Washington Paid Family and Medical Leave	Family and Medical	2020
District of Columbia Paid Family and Medical Leave	Family and Medical	2020
Massachusetts Paid Family and Medical Leave	Family and Medical	2021
Connecticut Paid Family and Medical Leave	Family and Medical	2022
Oregon Paid Family and Medical Leave	Family and Medical	2023
Colorado Paid Family and Medical Leave	Family and Medical	2024
Maryland Paid Family and Medical Leave	Family and Medical	2025
Delaware Paid Family and Medical Leave	Family and Medical	2026

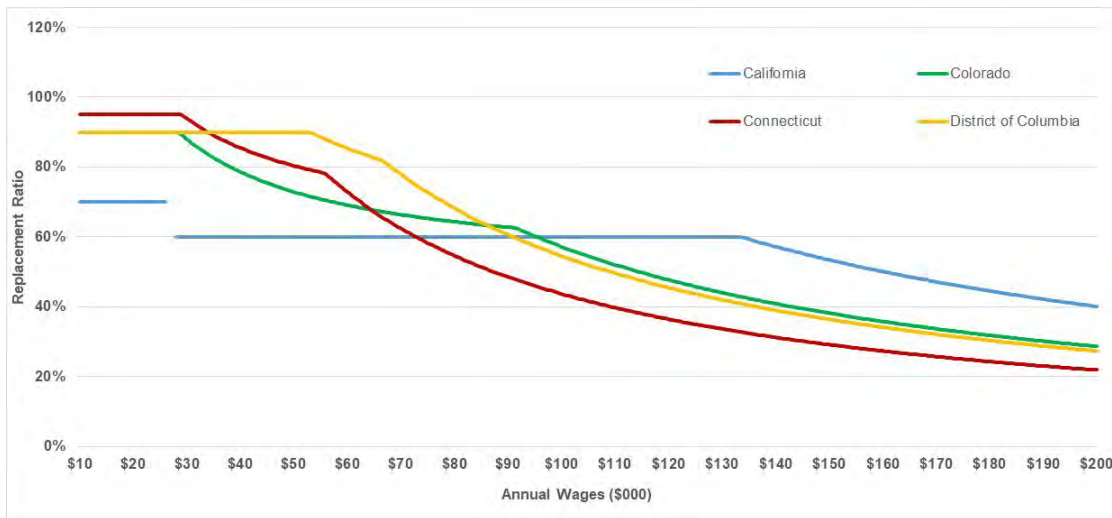
<sup>5</sup> The eligibility criteria for PFML are typically based on earnings thresholds. For example, in California, employees who earned more than \$250 during the qualifying period are automatically eligible for PFML benefits.

The PFML programs are different in every state in terms of benefit structure, funding methods, and other features. The remainder of this section provides additional detail on the domestic PFML programs.

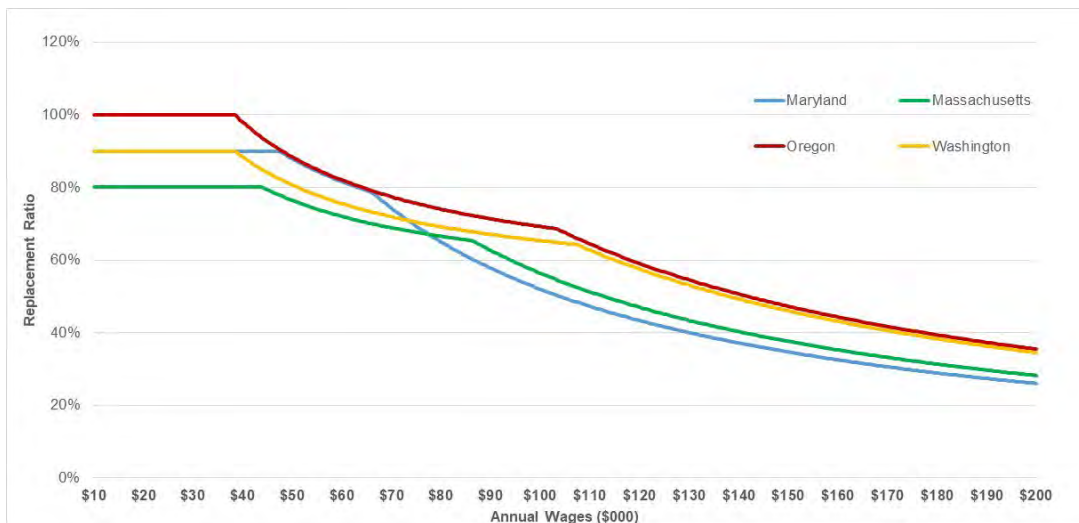
### 3.1 REPLACEMENT RATIOS AND MAXIMUM BENEFIT AMOUNTS

PFML benefits replace a percentage of wages up to a maximum weekly benefit amount. The benefit percent and maximum benefit amount are different in every state, resulting in different replacement ratios (i.e., benefit amount divided by wages). In most states, the benefit percent is based on a tiered structure that provides higher wage replacement to lower wage workers. For example, in Washington, PFML benefits replace 90% of wages up to 50% of the state average weekly wage (SAWW), plus 50% of wages that exceed 50% of the SAWW, up to an amount equal to 90% of the SAWW. The graphs in Figures 3a and 3b show the replacement ratios corresponding to different salary levels in states that have tiered benefit structures.

**Figure 3a**  
PFML REPLACEMENT RATIOS – TIERED BENEFIT STRUCTURE



**Figure 3b**  
PFML REPLACEMENT RATIOS – TIERED BENEFIT STRUCTURE

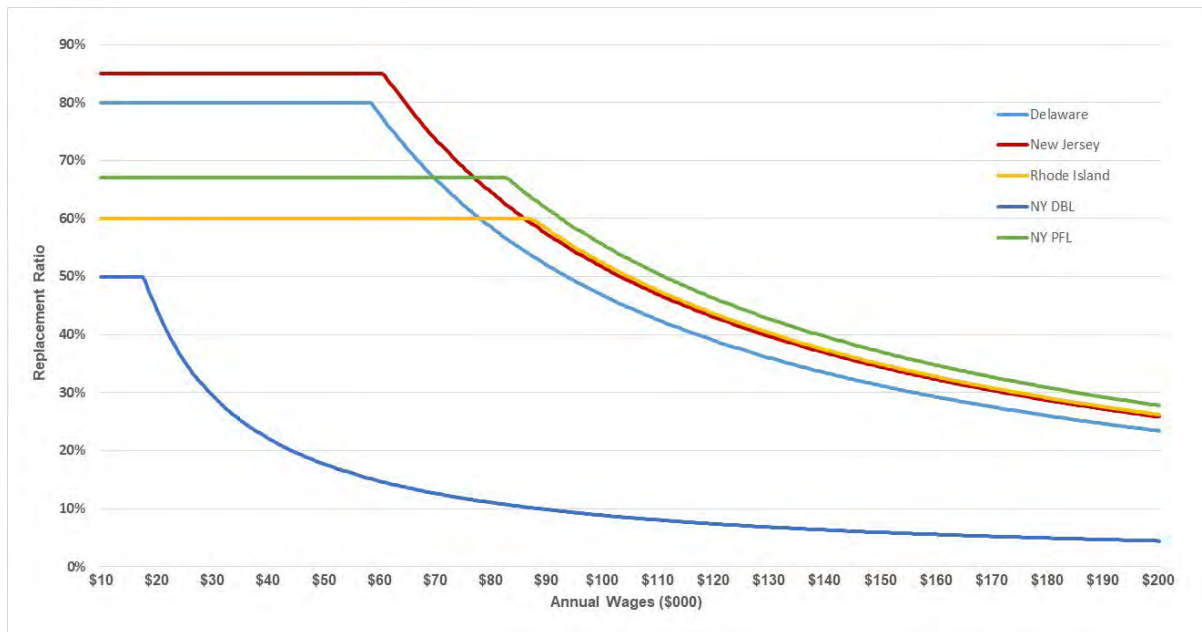


The graphs in Figures 3a and 3b include two inflection points. The first inflection point occurs at the salary threshold corresponding to the change in benefit percent (workers with salaries above the threshold have a reduced benefit percent applied to the excess wages which, in turn, reduces the replacement ratio). The second inflection point occurs at the salary threshold corresponding to the maximum weekly benefit amount (workers with salaries above the threshold receive the same benefit amount resulting in a further reduction in the replacement ratio).

In California, the benefit percent is 70% for workers earning less than one third of the state average weekly wage and 60% for all others, subject to the weekly maximum benefit amount. This structure is different than the tiered structures in other states.

The PFML programs in Delaware, New Jersey, New York, and Rhode Island feature a flat benefit structure based on a single benefit percent. These programs also include a maximum benefit amount that results in lower replacement ratios above a certain salary threshold, as shown below:

**Figure 4**  
**PFML REPLACEMENT RATIOS – FLAT BENEFIT STRUCTURE**



The maximum weekly benefit amount for New York Disability Benefits Law (DBL) is \$170, which is much lower than other domestic PFML programs and is why the replacement ratio for NY DBL (blue graph in Figure 4) decreases faster and is lower than the other programs. The following chart shows 2022 and 2023 maximum weekly benefit amounts for the domestic PFML programs, excluding Colorado (benefits begin in 2024), Maryland (2025), and Delaware (2026):

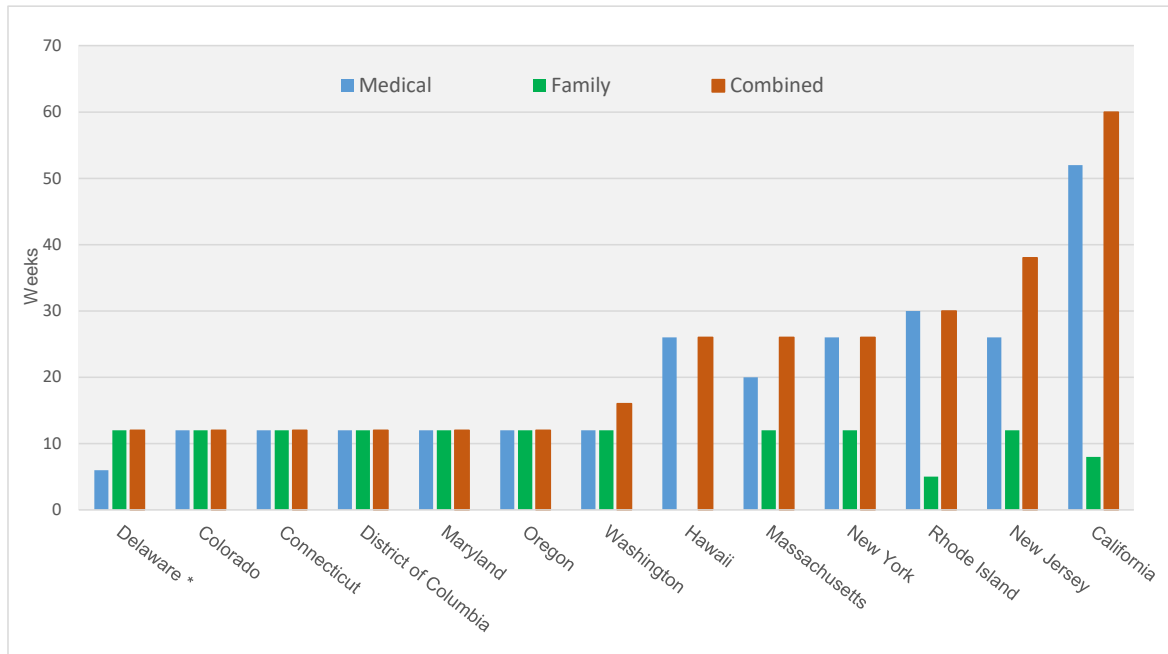
**Figure 5**  
PFML MAXIMUM WEEKLY BENEFIT AMOUNTS



### 3.2 BENEFIT PERIOD

The benefit period is the maximum paid leave duration within a specified period (typically 12 months) and is often different for different leave types (e.g., family, medical, etc.). In addition, many domestic programs feature a combined limit that is different than the benefit period for individual leaves. For example, in Massachusetts the benefit periods are 20 weeks for medical and 12 weeks for family up to a combined limit of 26 weeks. This approach of defining a combined limit that is greater than the benefit period for individual leaves allows workers to take both medical and family leave within a 12-month period, if necessary. The following chart summarizes the benefit periods for the domestic PFML programs.

**Figure 6**  
PFML BENEFIT PERIODS



\*Delaware PFML features a 6-week benefit period for medical and family caregiving leaves of absence, and a 12-week benefit period for parental leave, within a 24-month period.

### 3.3 UNPAID WAITING PERIOD

Some PFML programs feature a 7-day unpaid waiting period before benefits begin. Including a waiting period can reduce program costs which may be an important factor for states that are designing their new PFML programs. This is because certain claims with short durations, such as minor illnesses and injuries (often covered by an employer's sick leave policy), would not qualify for benefits if the claims terminate during the waiting period. These same claims would be paid benefits beginning on day one for programs with no waiting period. Some PFML programs have a waiting period that only applies to medical claims and no waiting period for family claims. The following table summarizes the waiting periods for the domestic PFML programs:

**Table 16**

#### PFML WAITING PERIODS

Program	Family	Medical
California	None	7 days
Colorado	None	None
Connecticut	None	None
Delaware	None	None
District of Columbia	7 days	7 days
Hawaii	NA	7 days
Maryland	None	None
Massachusetts	7 days	7 days
New Jersey	None	7 days
New York	None	7 days
Oregon	None	None
Rhode Island	None	None
Washington	None	7 days

### 3.4 FUNDING METHODS AND CONTRIBUTION RATES

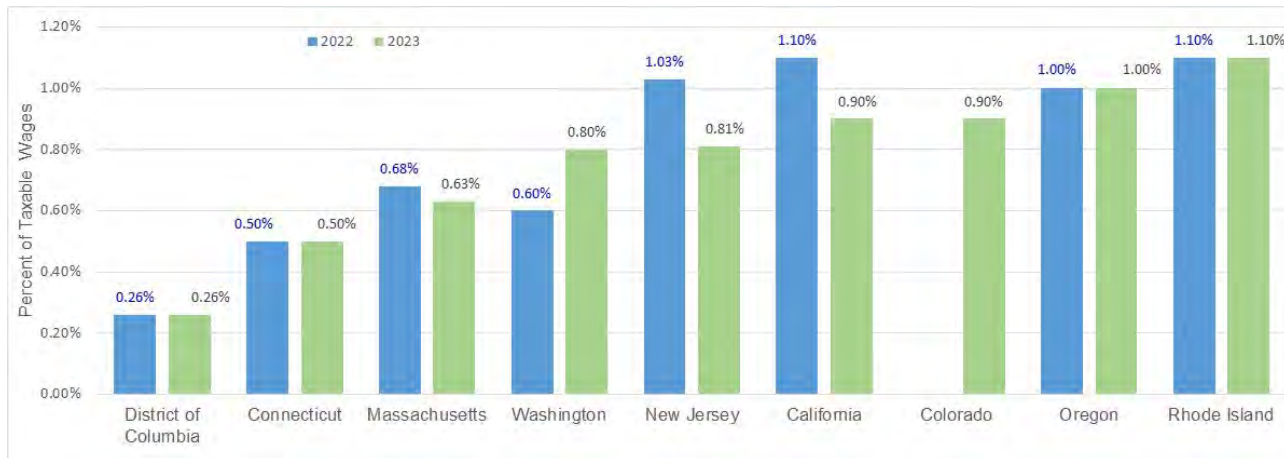
Domestic PFML programs are funded by contributions from employers and/or employees through payroll deductions. In most states, employers and employees share the cost of PFML benefits although the cost sharing formula is different in every state and some programs allow the employer to choose the level of employee contributions. For example, in Colorado, employers can withhold up to 50% of total contributions from employee wages. Employees contribute the full cost in Connecticut with no contributions from employers, and employers contribute the full cost in District of Columbia with no contributions from employees.

For new PFML programs, contributions typically begin before benefits begin (often 12 months prior), to cover implementation costs and build the fund. The contributions are based on a payroll tax applicable to the taxable wages of eligible employees. The definition of taxable wages varies by state; however, many states use the same definition of earnings as used for Social Security payroll tax contributions. The contribution rates are usually adjusted annually based on actuarial methods and program funding objectives. Some programs have specific formulas and funding requirements that are used to determine the contribution rate each year. For example, the following rules apply to California State Disability Insurance and Paid Family Leave:

- Contribution rate formula: (145% of Previous Year Disbursements minus Fund Balance) divided by Taxable Wages.
- Contribution rate is capped at 1.5% of taxable wages.
- Rate reductions capped at 0.2%.
- Rates can be adjusted by +/- 0.1% if deemed necessary to maintain funding objectives.
- Target fund balance in the range of 25% to 50% of previous year's disbursements.

The 2022 and 2023 PFML contribution rates are provided in Figure 7 below. Maryland and Delaware are excluded because contributions begin after 2023.

**Figure 7**  
**2022 AND 2023 CONTRIBUTION RATES (PERCENTAGE OF TAXABLE WAGES)**



### 3.5 PRIVATE INSURANCE AND SELF-INSURED OPTIONS

Most domestic PFML programs allow employers to provide benefits through private insurance or self-insured options instead of the state fund<sup>6</sup>, as long as the benefits are equivalent or more generous than the statutory plan. The requirements for demonstrating equivalence and the private option structures vary by state and may impact the employer's decision whether to provide benefits through private options. For example, employer participation rates in California and Washington are much lower than in Massachusetts and New York, which may be due to differences in the private option structure and employer requirements in these states.

There are several reasons why an employer may prefer to use private insurance options for providing PFML benefits:

- The employer may already have short-term disability (STD) and other leave policies in place that satisfy the equivalence test and may not wish to change the existing policies.
- The employer may consider statutory benefits to be too low – for example, statutory benefits may not provide adequate wage replacement for high wage workers who would qualify for the maximum benefit amount.
- Large employers are often motivated by the desire to simplify administration and to use an integrated approach for managing leave benefits, which may include sick leave, disability, FMLA, ADAAA, etc. in addition to state-mandated benefits in multiple states. Larger size employers may find it easier and more convenient to provide PFML benefits through the insurer that already administers the leave policy, especially employers with workers in multiple states with different leave laws.
- Some employers may find insured or self-insured options to be more cost effective than providing benefits through the state fund.

<sup>6</sup> Employers in Rhode Island and District of Columbia must provide benefits through the state fund. In all other states, employers can provide benefits through private options.

Some employers already provide disability benefits at the time when PFML benefits are mandated and must decide how to coordinate the existing benefits with PFML. This can be challenging because PFML benefits are different in every state and therefore overlap with STD benefits in different ways. The employer has several options for restructuring benefits, including the following:

- Replace the STD plan with the state-mandated program: This may be the simplest option in terms of administration because it eliminates having to administer multiple plans. However, the employer has no control over the benefit design, and the mandated benefits may not provide adequate coverage for some employees.
- Redesign the STD plan to meet all the state-mandated requirements: This option allows the employer to maintain control over the STD benefit structure. However, compliance can be complex due to the statutory requirements, and the benefit design could change frequently because statutory benefits are adjusted annually based on the state wage index.
- Coordinate the STD plan with PFML benefit offsets: This option gives the employer control of the STD benefit design. STD benefits can be determined by the employer provided they satisfy the equivalence test. STD benefits can be integrated with PFML through benefit offsets. Typically, the PFML benefit would offset the STD benefit subject to a minimum STD benefit amount. Examples of this structure are provided below:

Example 1:

- Gross STD Benefit Amount: \$2,000
- Minimum STD Benefit Amount: \$100
- PFML Benefit Amount: \$800
- Net STD Benefit Amount: \$1,200

Example 2:

- Gross STD Benefit Amount: \$850
- Minimum STD Benefit Amount: \$100
- PFML Benefit Amount: \$800
- Net STD Benefit Amount: \$100

### 3.6 MANDATED SICK LEAVE PROGRAMS

Several US states and local districts have mandated sick leave, requiring employers to provide paid sick leave benefits to eligible employees who take time off from work due to illness or injury. Workers in these states accrue sick leave over time and can use up to a certain number of sick leave hours within a 12-month period as defined by statute. These benefits are different than mandated PFML benefits and can be coordinated with PFML such that sick leave benefits dovetail into PFML. For example, the PFML program in Massachusetts features a 7-day waiting period before benefits begin. Workers can take paid sick leave during the PFML waiting period and may be eligible for PFML benefits when sick leave benefits terminate. The following table summarizes the paid sick leave mandates in the US:



**Table 17**  
**MANDATED SICK LEAVE BENEFITS**

<b>Program</b>	<b>Accrual Rate</b>	<b>Allotted Sick Leave Time per Year</b>
Arizona	1 hour for every 30 work hours	24 – 40 hours depending on employer size, with fewer hours for smaller employers
California*	1 hour for every 30 work hours	24 hours
Colorado	1 hour for every 30 work hours	48 hours
Connecticut	1 hour for every 40 work hours	40 hours
District of Columbia	1 hour for every 37-87 work hours depending on employer size, with longer accrual periods for smaller employers	3 – 7 days depending on employer size, with fewer days for smaller employers
Illinois	1 hour for every 40 work hours	20 hours
Maine	1 hour for every 40 work hours	40 hours
Maryland**	1 hour for every 30 work hours	64 hours
Massachusetts	1 hour for every 30 work hours	40 hours
Michigan	1 hour for every 35 work hours	40 hours
Minnesota	1 hour for every 30 work hours (Minneapolis and St. Paul) or 1 hour for every 50 work hours (Duluth)	Unlimited in Duluth and Saint Paul districts, 40 hours in Minneapolis
Nevada	0.0192 hours for each hour worked	40 hours
New Jersey	1 hour for every 30 work hours	40 hours
New Mexico	1 hour for every 30 work hours	64 hours
New York	1 hour for every 30 work hours	40 – 56 hours depending on employer size, with fewer hours for smaller employers
Oregon	1 hour for every 30 work hours	40 hours
Pennsylvania***	1 hour for every 30 work hours (Philadelphia) or 1 hour for every 35 hours (Pittsburgh and Allegheny County)	35 – 40 hours
Rhode Island	1 hour for every 35 work hours	40 hours
Vermont	1 hour for every 52 work hours	40 hours
Washington	1 hour for every 40 work hours	Unlimited

\* Several local districts in California have their own sick leave laws. For example, workers in Oakland are allowed to take up to 72 hours of sick leave within the qualifying period.

\*\* 80 hours in Montgomery County.

\*\*\* Pittsburgh, Philadelphia, and Allegheny County.

## Section 4: PFML Claim Experience

This section contains PFML claim distributions by age and gender for the domestic PFML programs in Massachusetts and New Jersey, and for the mandated leave programs in Canada<sup>7</sup>. The distributions were developed from publicly available data. There are similarities between the claim experience from these programs. For example, the majority of family leaves are taken by female employees.

### 4.1 PFML CLAIM EXPERIENCE IN MASSACHUSETTS AND NEW JERSEY

Based on recent claim data from publicly available sources, approximately 60% of Massachusetts PFML claims are for medical leave (includes maternity as well as other serious health conditions) and the other 40% are for family leave (includes bonding with new children and caring for sick relatives). In New Jersey, approximately 70% of claims are for medical leave and 30% are for family leave.

The following table shows a distribution of paid family leave claims (i.e., excluding medical) by age and gender based on recent claim experience in Massachusetts and New Jersey.

**Table 18**  
**MASSACHUSETTS AND NEW JERSEY PAID FAMILY LEAVE CLAIMS BY AGE AND GENDER**

Age	Massachusetts		New Jersey	
	Female	Male	Female	Male
<25	2.5%	1.6%	3.8%	0.5%
25-34	31.9%	16.3%	45.0%	9.7%
35-44	19.8%	12.7%	23.1%	7.7%
45-54	4.7%	3.0%	3.2%	1.6%
55-64	4.3%	1.9%	3.2%	1.1%
>65	1.1%	0.1%	0.8%	0.4%
<b>Total</b>	<b>64.3%</b>	<b>35.7%</b>	<b>79.0%</b>	<b>21.0%</b>

In both states, more than half of the paid family leave claims were from female workers under age 45. These trends are common for paid family leave due to the prevalence of bonding claims. Male bonding claims up to age 45 also represent a large portion of total paid family leave claims in both states, and recent data suggest that the percentage of male bonding claims has been increasing in recent years. Because of these patterns, paid family leave incidence rates typically vary by age and gender with higher incidence rates for younger ages.

The following table shows a distribution of paid medical leave (i.e., excluding family) claims by age and gender based on recent claim experience in Massachusetts and New Jersey.

**Table 19**  
**MASSACHUSETTS AND NEW JERSEY PAID MEDICAL LEAVE CLAIMS BY AGE AND GENDER**

Age	Massachusetts		New Jersey	
	Female	Male	Female	Male
<25	2.8%	1.3%	4.4%	1.0%
25-34	21.0%	4.7%	23.8%	3.3%
35-44	16.6%	6.0%	14.9%	4.1%
45-54	11.5%	6.0%	11.7%	6.5%
55-64	13.4%	9.5%	12.3%	9.5%
>65	3.8%	3.5%	4.6%	4.0%
<b>Total</b>	<b>69.0%</b>	<b>31.0%</b>	<b>71.6%</b>	<b>28.4%</b>

<sup>7</sup> Similar data from other international programs was not available to perform an analysis of claims by age and gender.

Approximately 40% of paid medical claims are from female workers under age 45. A large portion of these claims are for maternity leave. Generally speaking, maternity claims represent 25-35% of total paid medical leave claims. Like paid family leave, paid medical leave incidence rates vary significantly by age and gender with higher incidence rates for younger female employees.

#### 4.2 CANADA EMPLOYMENT INSURANCE SPECIAL BENEFITS CLAIM EXPERIENCE

The Employment Insurance Special Benefits program in Canada includes mandates for maternity leave, parental leave, sick leave, compassionate care, and family care (see Table 5). A distribution of Special Benefits claims by program and fiscal year is provided below in Table 20. Approximately 50% of total claims were for sick leave claims during the experience period. The combined ratio of sick leave and maternity leave claims (roughly 72%) is slightly higher than the 60-70% proportion of medical claims observed in Massachusetts and New Jersey.

Table 20

##### CANADA SPECIAL BENEFITS CLAIMS BY PROGRAM AND FISCAL YEAR

Program	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Maternity Leave	22.4%	21.4%	20.8%	20.3%	19.5%
Parental Leave	25.8%	24.8%	24.5%	25.8%	24.9%
Sick Leave	49.9%	51.5%	51.6%	51.0%	52.7%
Compassionate Care	1.3%	1.4%	1.0%	0.9%	0.8%
Family Caregiver	0.6%	0.9%	2.1%	2.1%	2.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Table 21 below shows a distribution of Special Benefits claims by program and gender based on data from fiscal year 2021. Overall, claims from female employees represented 70% of total Special Benefits claims.

Table 21

##### CANADA SPECIAL BENEFITS CLAIMS BY PROGRAM AND GENDER

Gender	Maternity Leave	Parental Leave	Sick Leave	Compassionate Care	Family Caregiver	Total
Male	0.0%	23.5%	44.3%	27.5%	29.2%	30.0%
Female	100.0%	76.5%	55.7%	72.5%	70.8%	70.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

A distribution of Special Benefits claims by age is provided below for each of the constituent leave programs, based on claim data from fiscal year 2021. The distributions are provided in two tables – Table 22 covering maternity and parental leave claims and Table 23 covering compassionate care, family caregiver, and sick leave claims – because the data was segmented differently by age band for these cohorts.

Table 22

##### MATERNITY AND PARENTAL LEAVE CLAIMS BY AGE

Age Band	Maternity	Parental
<25	7.6%	6.2%
25-29	26.0%	23.4%
30-34	40.6%	39.8%
35-39	21.6%	23.9%
>40	4.2%	6.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Table 23

## COMPASSIONATE CARE, FAMILY CAREGIVER, AND SICK LEAVE CLAIMS BY AGE

Age Band	Compassionate Care	Family Caregiver	Sick Leave
<25	2.1%	3.4%	10.6%
25-44	32.3%	47.3%	41.2%
45-54	30.2%	21.9%	20.2%
>55	35.3%	27.3%	28.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

The distribution of compassionate care claims is relatively uniform for ages 25 and above, whereas the distribution of family caregiver claims is similar to the distribution of sick leave claims for ages 25 and above.



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## Section 5: Acknowledgments

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Project Oversight Group members:

Carlos Arocha, FSA

Nikhil Asnani, FSA, FCIA

Marilyn McGaffin, ASA, MAAA

Bruce Schobel, FSA, MAAA

Michael Stephens, ASA

Tom Vicente FSA, MAAA, EA, FCA

Jon Wu, FSA, MAAA, CERA

Lin Zhao, FSA, MAAA

At the Society of Actuaries Research Institute:

Barbara Scott, Senior Research Administrator

Ben Marshall, Staff Fellow, Canadian Membership, FSA, MAAA, FCIA, CERA

Steven Siegel, Senior Practice Research Actuary, ASA, MAAA

## References

The primary sources used for this research project are summarized below:

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- <https://business.gov.au/people/employees/employees-pay-leave-and-entitlements>
- <https://www.expatica.com/fr/working/employment-law/french-labor-laws-104533/#leave>
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- <https://labourguide.co.za/conditions-of-employment/437-types-of-leave>
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Society of Actuaries Research Institute  
475 N. Martingale Road, Suite 600  
Schaumburg, Illinois 60173  
[www.SOA.org](http://www.SOA.org)