



SDI ONLINE TUTORIAL
Employer Registration,
Online Access, and
Forms Submission

CONTENTS

Create Your myEDD Account.....	<u>3</u>
Register as an Employer in SDI Online.....	<u>7</u>
Access Your SDI Online Account.....	<u>18</u>
Reset Your Password.....	<u>30</u>
Submit a <i>Notice to Employer of Disability Insurance Claim Filed</i> (DE 2503).....	<u>38</u>
Submit a <i>Disability Insurance Eligibility – Workers’ Compensation</i> (DE 2578A).....	<u>50</u>
Submit an <i>Employer’s Statement of Job Duties</i> (DE 2546PE).....	<u>58</u>
SDI Online Employer Account FAQs.....	<u>67</u>

Create Your myEDD Account

Learn more about how to create your
myEDD account.



[Get Started](#)

What is myEDD?

To access Employment Development Department (EDD) benefits services you must complete a one-time registration in myEDD.

myEDD uses a single login to access:

- Unemployment benefits
- Disability benefits
- Paid Family Leave benefits
- Benefit Overpayments

We offer [step-by-step instructions](#) on how to create a new myEDD account.

If you already created a myEDD account, skip to [Register as an Employer in SDI Online](#).

Create Your myEDD Account

1. Visit [myEDD](#) to create your account.
2. Select **Create Account**. For screens in Spanish, select **Español**.
3. Enter the company email that is used only by you.
4. Set up a password that is 10 or more characters. The password is case sensitive and must contain:
 - Uppercase and lowercase letters
 - Numbers
 - Symbols such as !@#\$
5. Select your preferred language, accept our terms and conditions and select **Submit**.
6. Next, check your email to confirm your account. Select, **Confirm Email** within 48 hours or you will need to start over.
7. Login to your myEDD account. When you log in for the first time, we will email you a verification code to verify your identity. Select, **Send Email**.

Create Your myEDD Account

8. Enter the verification code and select **Submit**. This code expires in 5 minutes. If you do not receive the verification code email, check your Junk or Spam folder. or select **resend the email**.

9. Next, set up your security question. Select a question, enter the answer, and select **Continue** to save.

10. Now you can select your Login Verification method. You can select to get the verification code by text message or phone call. To continue using email, select **Use my email instead**.

11. Enter your phone number then select **Text Code** or **Call My Phone**. Then enter the verification code. This code expires in 5 minutes. A message lets you know you have successfully set up your login verification method.

12. Select **myEDD Home**, then select **SDI Online**. On the next screen select the SDI Online registration account type .

Use myEDD to access SDI Online and submit disability notices. Paid Family Leave notices can only be completed by paper.

Register as an Employer in SDI Online

Learn more about how individuals representing
their employer can register in SDI Online.



[Get Started](#)

What is needed to create an employer SDI Online account?

- The employer must register in California and file quarterly payroll taxes at least once with the EDD.
- To establish an account, an employer's entries in SDI Online must match our payroll tax records.
- You must enter the:
 - EDD Employer Account Number (EAN).
 - ZIP Code as reported to us.
 - Total subject wages from the most recent *Quarterly Contribution Return and Report of Wages* (DE 9C).

To confirm this information, contact the Taxpayer Assistance Line at 1-888-745-3886. For help with SDI Online, call us at 1-855-342-3645.



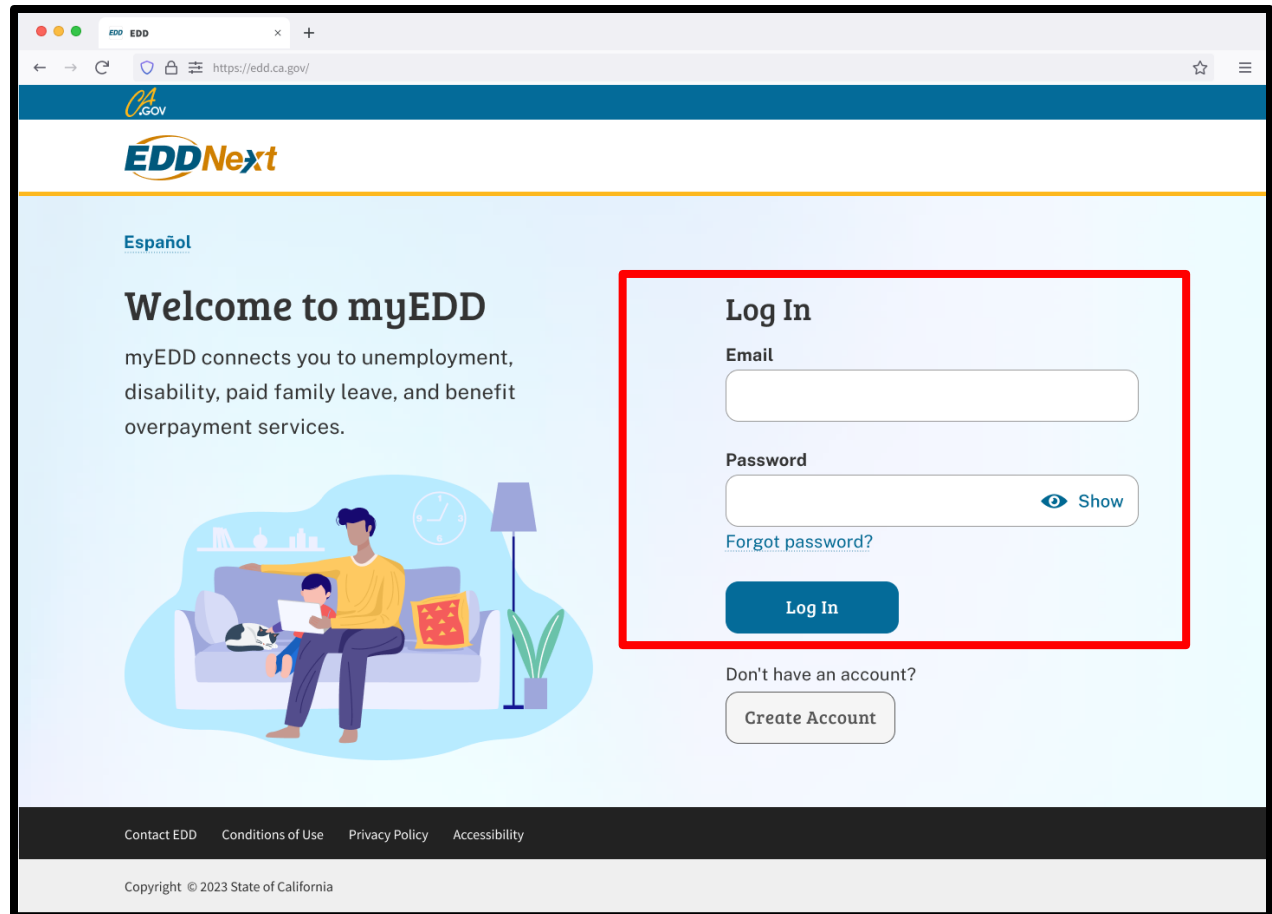
Step 1: Log in

Once you've created your myEDD account, log in to access SDI Online and update your email, password, security question, or verification option:

1. Visit [myEDD](https://myedd.ca.gov).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.

Note

For Spanish, select **Español**.



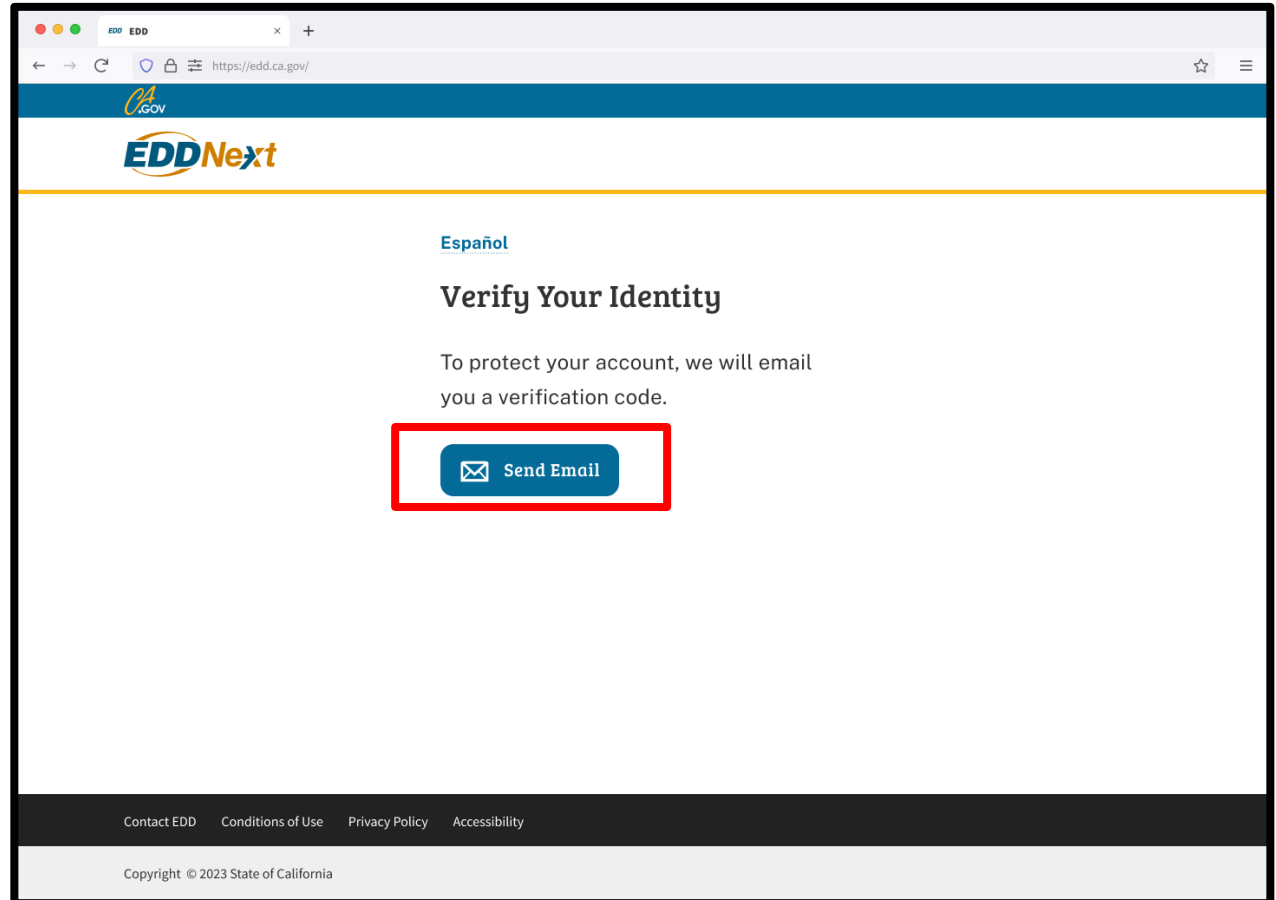
The screenshot shows the myEDD login page in Spanish. The page features the EDDNext logo and a navigation bar with the CA.Gov logo. The main heading is "Welcome to myEDD" with a sub-heading "Español". Below the heading is a paragraph: "myEDD connects you to unemployment, disability, paid family leave, and benefit overpayment services." To the right of this text is an illustration of a man sitting on a couch with a child, reading a book. On the right side of the page, there is a "Log In" section highlighted with a red border. This section contains an "Email" input field, a "Password" input field with a "Show" button, a "Forgot password?" link, and a "Log In" button. Below the "Log In" button is a "Don't have an account?" link and a "Create Account" button. At the bottom of the page, there are links for "Contact EDD", "Conditions of Use", "Privacy Policy", and "Accessibility", and a copyright notice: "Copyright © 2023 State of California".

Step 2: Verify Your Identity

To protect your account, we ask you to verify your identity every time you log in. In this example, the identity verification option is by email.

Select **Send Email**.

If you set up your login verification option as text message or phone call, follow the instructions based on that option.



Step 3: Enter Verification Code

Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email in your inbox.

- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.

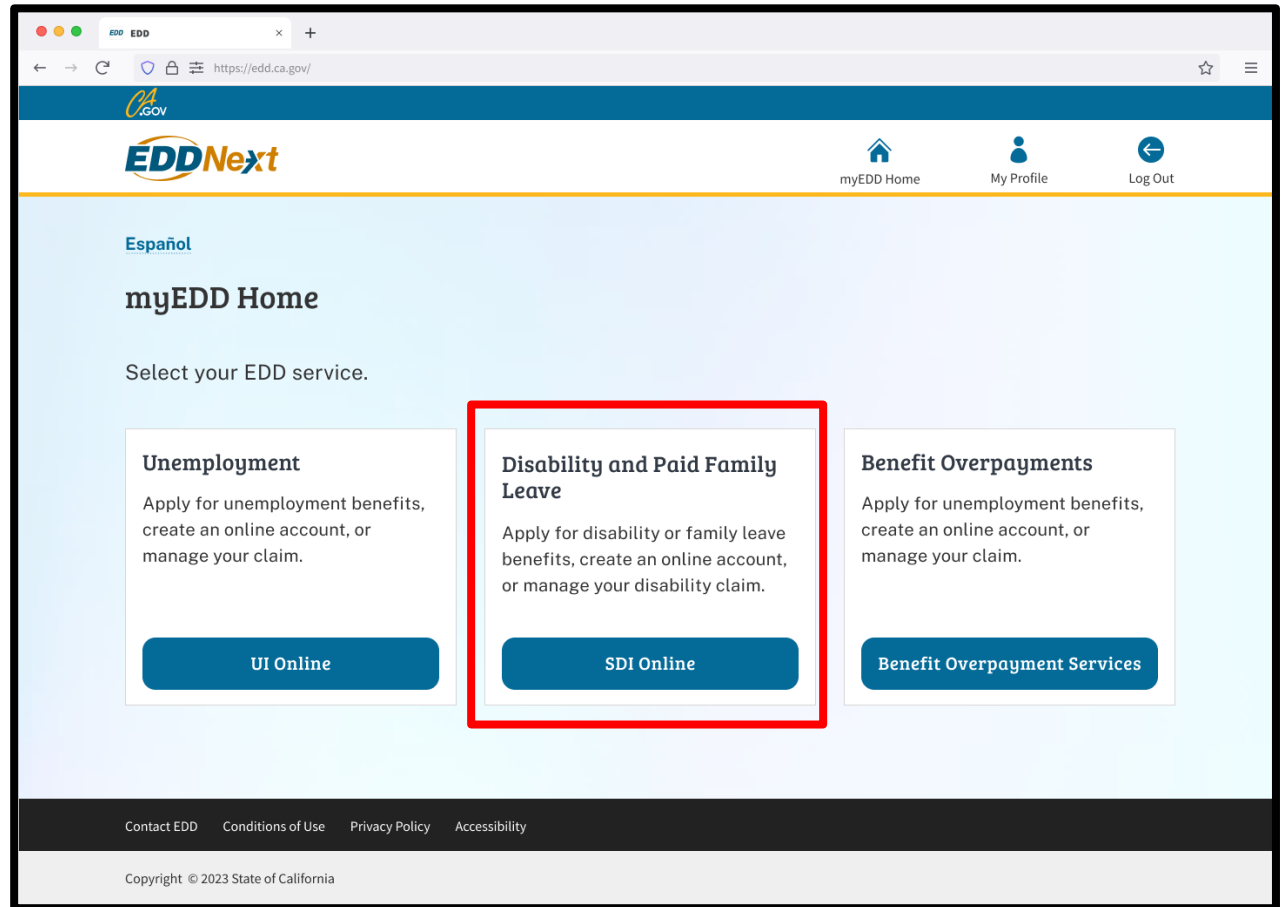
The image displays two overlapping screenshots. The left screenshot shows the myEDD website's 'Enter Verification Code' page. It features a text input field labeled '*Verification Code' with a red box around it and a red arrow pointing to it. Below the field is a blue 'Submit' button. A link for 'resend the email' is also highlighted with a red box. The right screenshot shows a Gmail inbox with an email titled 'myEDD Verification Code' from the California Employment Development Department. The email body contains the verification code '012345', which is highlighted with a red box. A red arrow points from this code to the input field on the website.

Step 4: Select SDI Online

From the myEDD homepage, select **SDI Online** to begin your SDI Online registration.

Note

Select **Log Out** in the top right corner of any screen to exit your account.



The screenshot shows the myEDD Home page with the following elements:

- Browser address bar: <https://edd.ca.gov/>
- Logo: EDDNext
- Navigation links: myEDD Home, My Profile, Log Out
- Language: Español
- Section: myEDD Home
- Instruction: Select your EDD service.
- Three service cards:
 - Unemployment**: Apply for unemployment benefits, create an online account, or manage your claim. Button: UI Online
 - Disability and Paid Family Leave** (highlighted with a red box): Apply for disability or family leave benefits, create an online account, or manage your disability claim. Button: SDI Online
 - Benefit Overpayments**: Apply for unemployment benefits, create an online account, or manage your claim. Button: Benefit Overpayment Services
- Footer: Contact EDD, Conditions of Use, Privacy Policy, Accessibility
- Copyright: © 2023 State of California

Step 5: Start Registration

You are sent to the SDI Online Registration Account Type screen.

Select the **Register as an Employer** link.

CA .Gov Home Utilities Help Log Out

EDD Employment Development Department State of California

SDI Online Registration

Select your account type.

Claimant

Select **Register as a Claimant** to:

- File a Disability Insurance (DI) or Paid Family Leave (PFL) claim.
- Access your claim information.
- View your benefit payment history.

You will need:

- Social Security number
- California driver license (CDL) or identification (ID) card

Note: If you do not have a CDL or ID, you will need to file DI by mail or file PFL by mail.

Claimant registration is available from Monday to Saturday 6 a.m. to 6 p.m. and Sunday 6 a.m. to 5:30 p.m.

Register as a Claimant

Employer

Select **Register as an Employer** if you represent an employer.

You will need:

- Employer Account Number (EAN)
- Employer ZIP Code (as filed with the EDD Tax Branch)
- Total Subject Wages from the most recent DE 9C

Register as an Employer

Physician/Practitioner

Select **Register as a Physician/Practitioner** to certify Disability Insurance (DI) or Paid Family Leave (PFL) claims for your patients.

You will need:

Step 6: Terms and Conditions

Review the terms and conditions and select **I Agree**.

Important

Selecting **I Do Not Agree** prevents an account from being created.

Employer: Terms and Conditions

Terms and Conditions

Please read through the entire Terms and Conditions before proceeding. The information you provide may be used to verify your identity with federal and/or state agencies. If “I Do Not Agree” is selected, you will not be able to establish an online account.

These Terms and Conditions, which include the Conditions of Use and Privacy Statements, govern the use of and access to: (i) this website (www.edd.ca.gov/); and (ii) the information on or provided through this website.

If you establish an online account you are responsible for maintaining the confidentiality of your username and password, and you are responsible for all activities which you authorize under your username and password. You agree to: (i) immediately notify the Employment Development Department (EDD) of any unauthorized use of your username and password or any other breach of security; and (ii) log out from your account at the end of each session.

By registering for an online account, you agree to check your account regularly and frequently for messages from the EDD. Please note that e-mails will only be used to send notifications to log in to your account or when you request to reset your username or password. No confidential claim information will be sent via e-mail.

The information submitted by any party will be used by the Employment Development Department to carry out its responsibilities under the California Unemployment Insurance Code, which may include the sharing of the information with other entities as required by law.

These Terms and Conditions may change from time to time and it is your responsibility to check for updates. The last revision date for these Terms and Conditions is February 1, 2012.

I have read and understand all the above information and wish to continue with establishing an account in the State Disability Insurance (SDI) Online.

Step 7: Enter Your Information

Complete the Personal Information section and select **Next**. You must complete the fields marked with a red asterisk (*).

Employer: Account Verification Information

*Indicates Required Field

To register for a new SDI Online account, provide the following information.

Personal Information

Please enter your full legal name to register.

*First Name:

Middle Name:

*Last Name:

Suffix:

E-mail Address: MakeMoneyFinancialGroup@MMFG.com

*Employer Account Number:

*Employer ZIP Code:

*Total Subject Wages from most recent Wage Report:

Note

The eight-digit Employer Account Number (EAN) is issued by the EDD. Do not enter spaces or dashes. This is not the Federal Employer Identification Number (FEIN or EIN). Total subject wages should be a number with two digits after the decimal. Do not add commas or dollar signs.

Step 8: Enter Profile Information

Enter all required information.

Pick how you want to get notifications from us and then select **Submit**.

Note

Your employees should enter the same address on their application that you list here to make sure you get notifications from us.

The screenshot shows the 'Employer: Personal Profile Information' form on the EDD State of California website. The form is titled 'Employer: Personal Profile Information' and includes a note: '*Indicates Required Field'. The 'Mailing Address' section contains the following fields: 'Employer Name' (Make Money Financial Group), 'Address Line 1', 'Address Line 2', 'City', 'State' (CA), and 'ZIP Code'. The 'Phone Number' section includes 'Employer Phone Number' (with a note '(No dashes or spaces)') and 'Ext.'. The 'Communication Preferences' section includes a note: 'Indicate below how you prefer to be notified.' and a note: 'Note: It may be necessary to send some documents via US Postal Service.' The 'Preferred Communication' section includes three radio buttons: 'I prefer to be notified by e-mail.' (selected), 'I prefer to be notified by paper mail.', and 'I do not want to receive notifications. I will be reviewing the items in my message center regularly'. The 'Submit' button is highlighted with a red box.

Step 9: Registration Complete

Be sure to save your EDD Customer Account Number (EDDCAN).

- If you selected electronic communication, a notification confirming your new account is sent to your email.
- If you selected paper communication, a letter confirming your new account is mailed to your address.


You can now log in to myEDD to access your new SDI Online account.

SDI Online Account Registration Complete

Account Registration Successful

Your SDI Online account has been created and your EDD Customer Account Number is 9123456789. A notification has been sent to you via email.

Access Your SDI Online Account



Learn more about how to access your online employer account, review your messages, and update your profiles.



[Get Started](#)

EDD EDD

https://edd.ca.gov/

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EDDNext

Español

Welcome to myEDD

myEDD connects you to unemployment, disability, paid family leave, and benefit overpayment services.

Log In

Email

Password

Forgot password?

Log In

Don't have an account?

Create Account

Contact EDD Conditions of Use Privacy Policy Accessibility

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Note

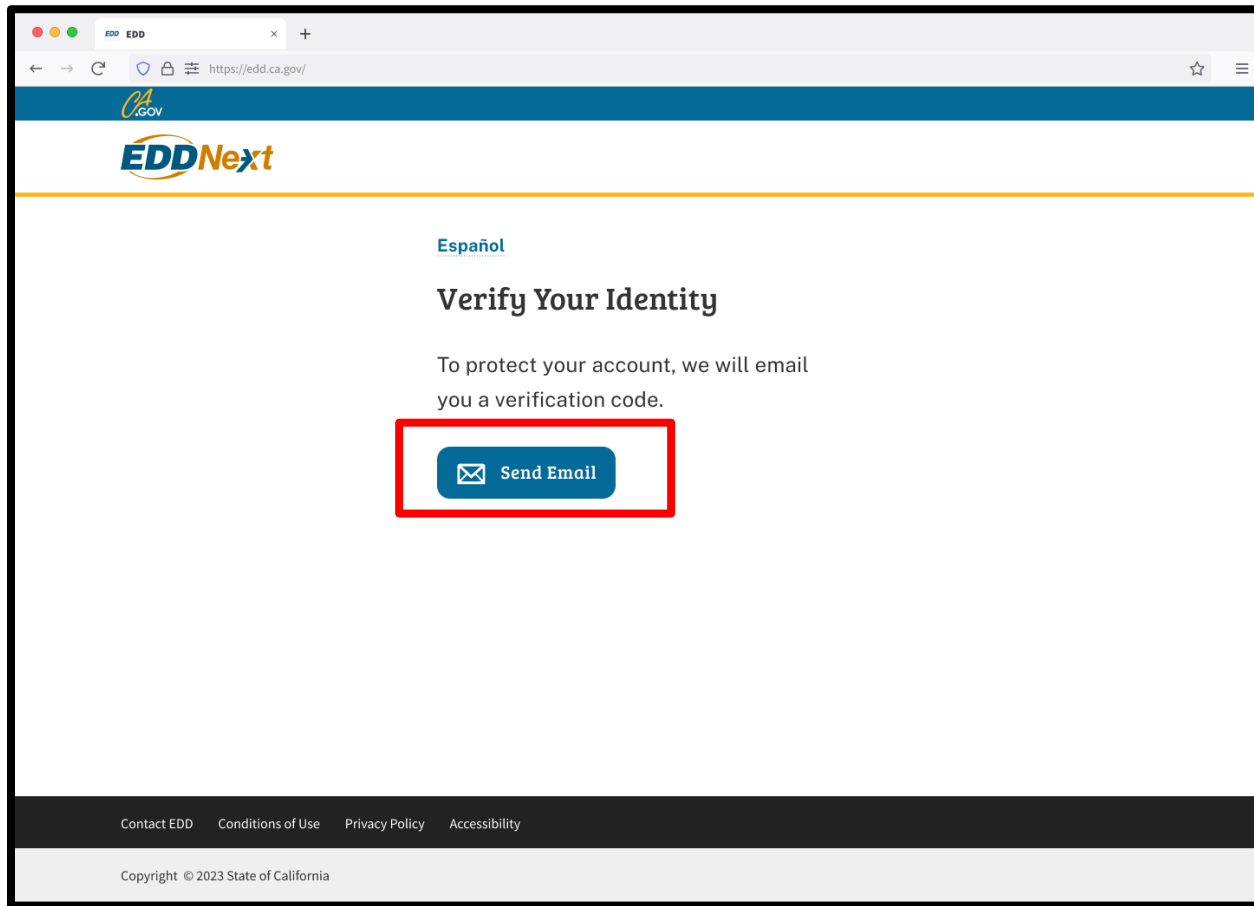
For Spanish, select **Español**.

Important

We lock your account for one hour after too many failed attempts to enter your password. You can wait one hour to try again or [reset your password](#).

Log in to myEDD to access SDI Online and update your email, password, security question, or verification option:

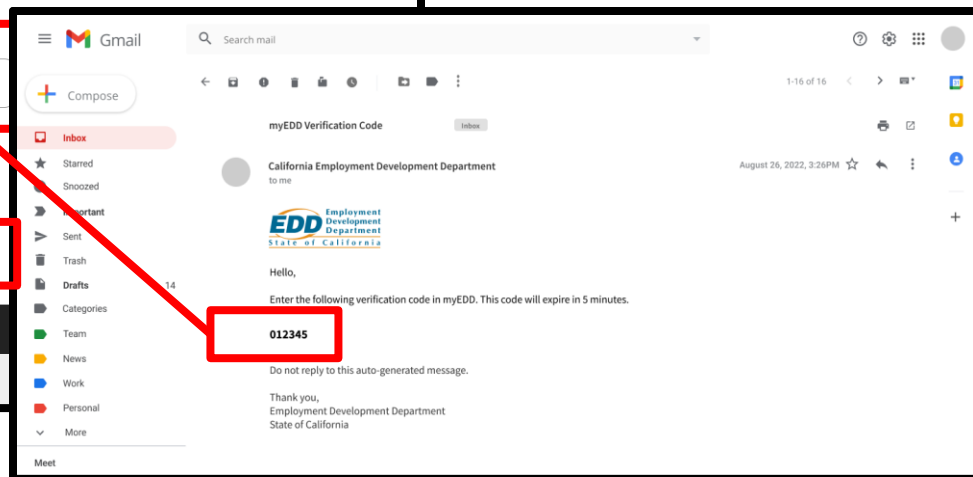
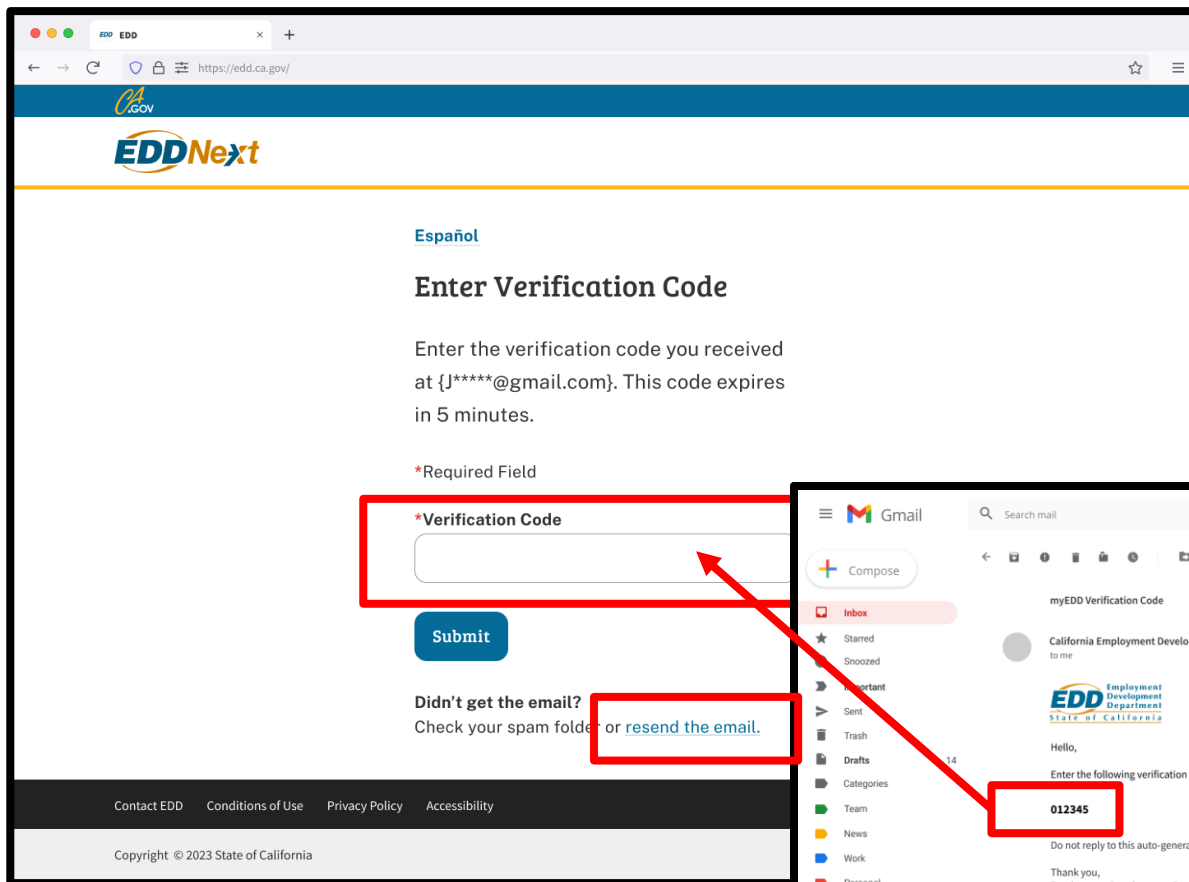
1. Visit [myEDD](#).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



To protect your account, we ask you to verify your identity every time you log in. In this example, the identity verification option is by email.

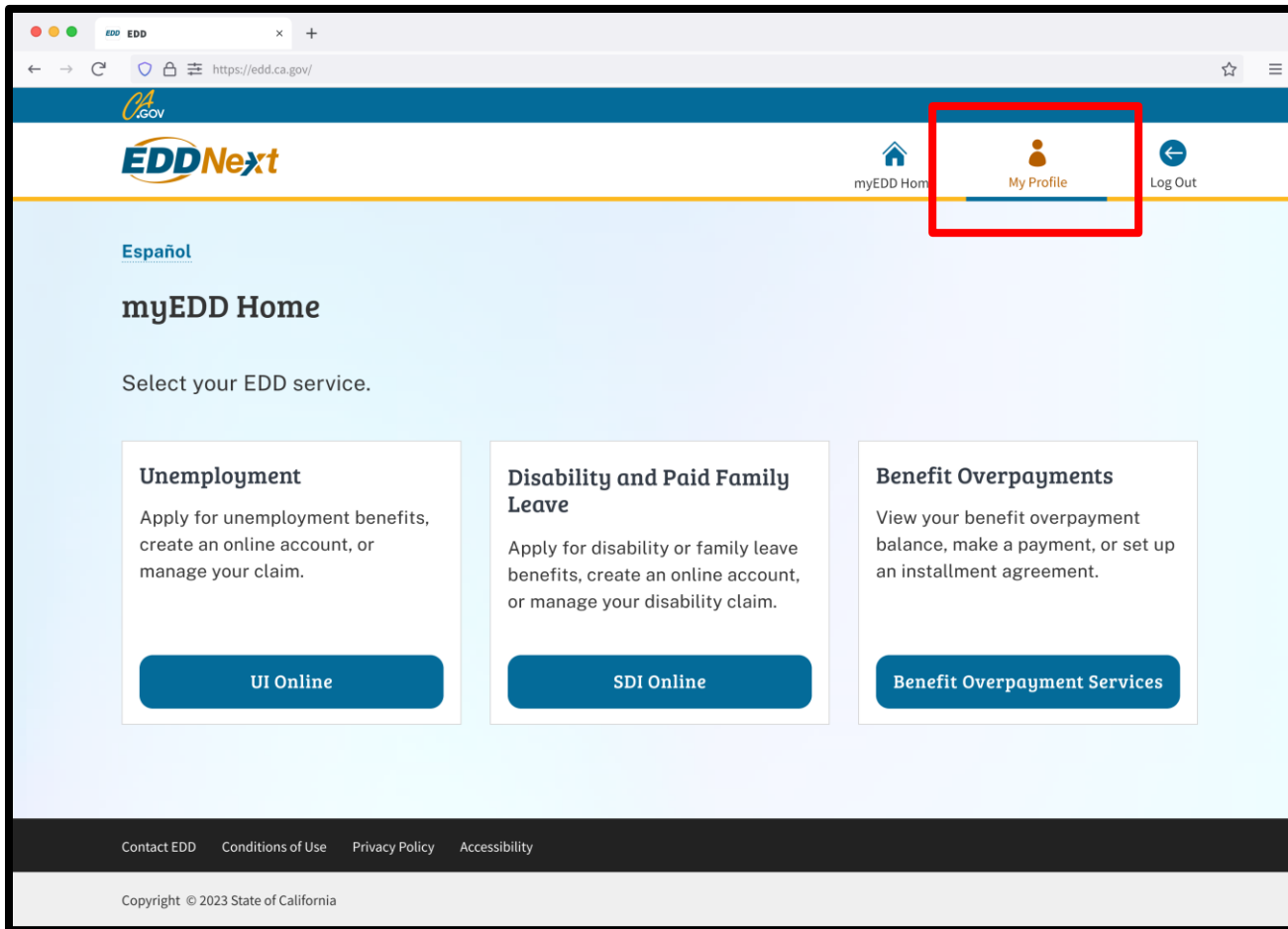
Select **Send Email**

If you set up the login verification option as text message or phone call, follow the instructions based on that option.



Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email.

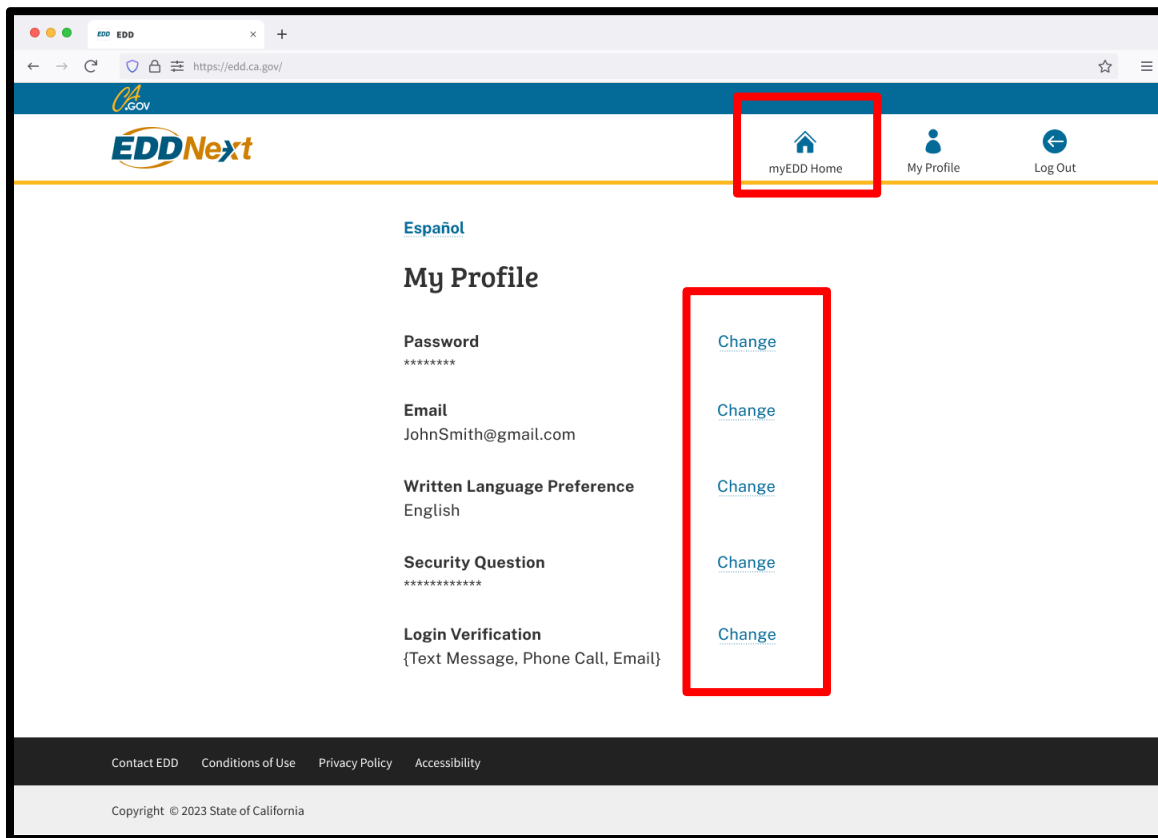
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



Note

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **My Profile** to update your email, password, security question, or login verification option for your myEDD account.



Note

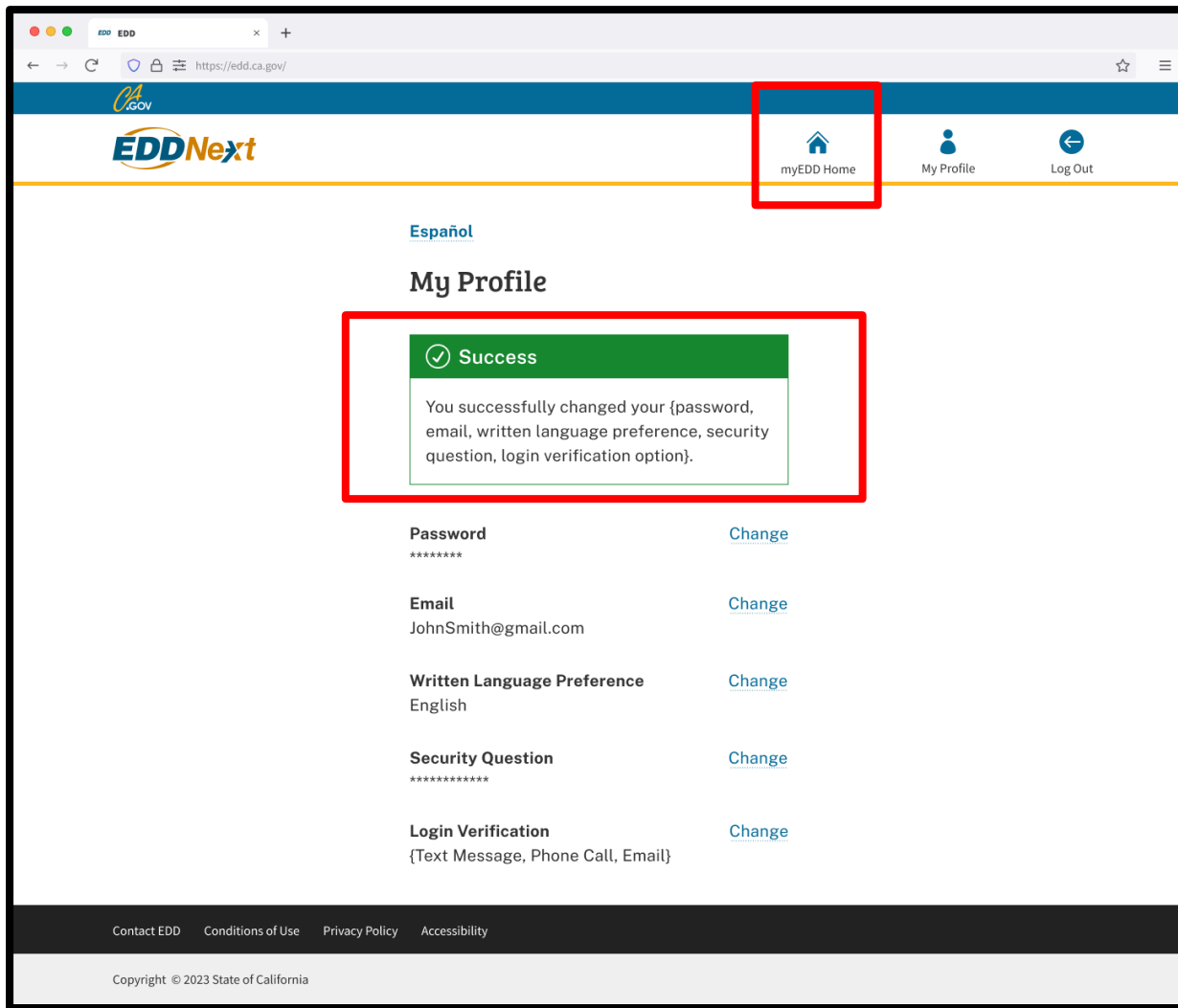
Select **myEDD Home** to access SDI Online.

Select **Change** to update your password, email, preferred language, security question, or login verification option for your myEDD account.

Important

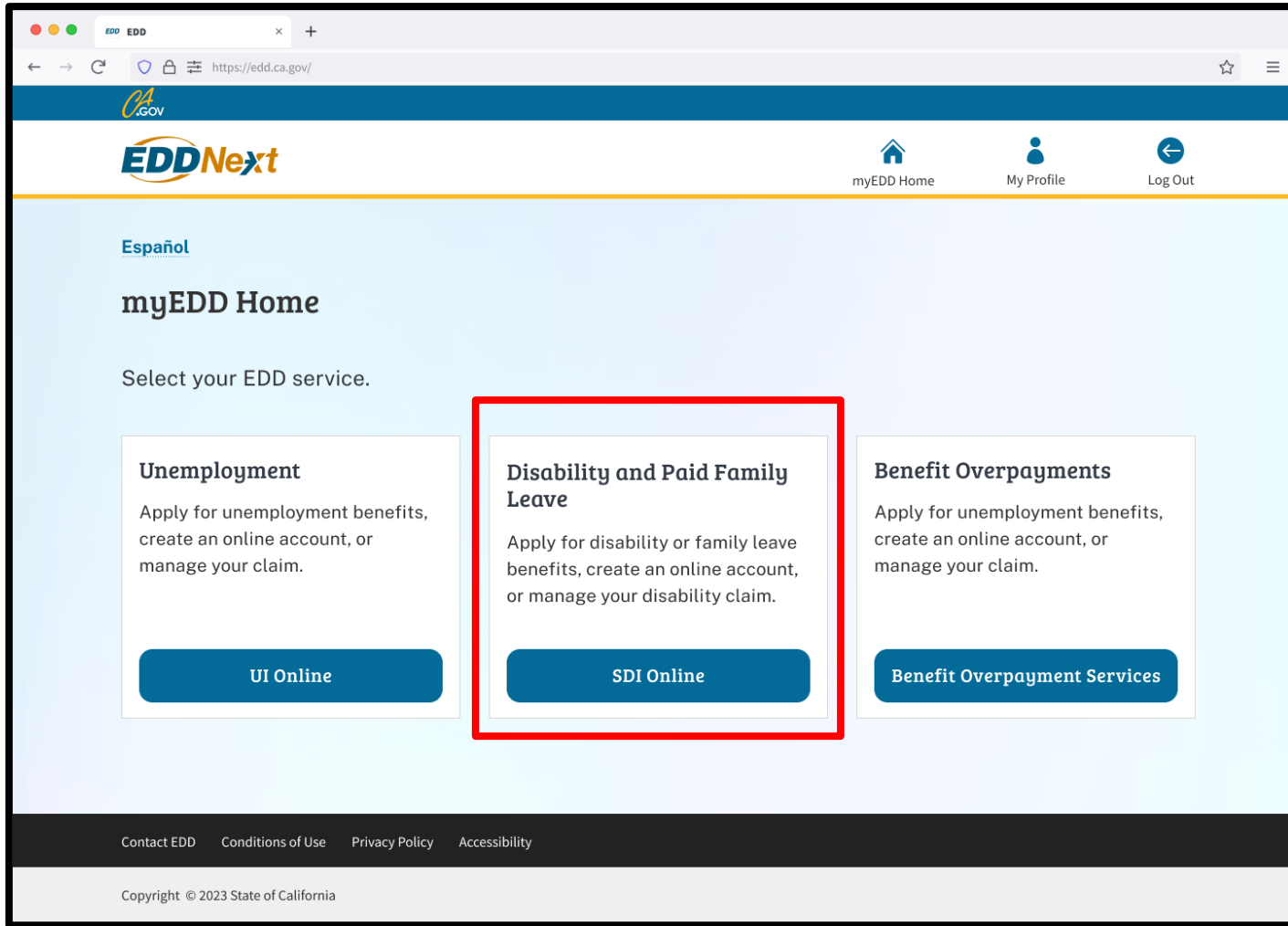
Update your employer's mailing address, phone number, and communication preference through SDI Online:

- Select **myEDD Home**
- Select **SDI Online**
- Select **Profile** from the main menu



A message appears to confirm your changes were made successfully.

Select **myEDD Home** to gain access to SDI Online and other benefit services.



From the myEDD homepage select **SDI Online**.

CA.gov Home Log Out

EDD Employment Development Department State of California

SDI Home Inbox Draft Profile

Home

*Indicates Required Field

Message Center

Inbox [New: 450, Total: 451]

Saved Drafts [Total: 0]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By: Claim ID

*Employee Last Name:

Reset Search

Search Results

On the SDI Online homepage, you may select your next action.

- Select **Profile** from the main menu to update the mailing address, phone number, and preferred communication for SDI Online.

The screenshot shows the EDD State of California website interface. At the top, there is a navigation bar with 'Home' and 'Log Out' links. Below this, a secondary navigation bar contains 'SDI Home', 'Inbox', 'Draft', and 'Profile'. A red arrow points to the 'Inbox' link in this bar. The main content area is titled 'Home' and includes a note: '*Indicates Required Field'. Below this is a 'Message Center' section with a red arrow pointing to the 'Inbox [New: 450, Total: 451]' link. Underneath are links for 'Inbox' and 'Saved Drafts [Total: 0]'. A 'Search' section follows, with instructions: 'To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.' Below the instructions are two search criteria: '*Search By:' with a dropdown menu set to 'Claim ID' and an empty text input field, and '*Employee Last Name:' with an empty text input field. A red arrow points to the '*Search By:' label. At the bottom of the search section are 'Reset' and 'Search' buttons. The 'Search Results' section is partially visible at the bottom.

- Select **Inbox** from the main menu or Message Center to view your messages.
- Submit forms by using the Search By option, enter the Claim ID, and the employee's last name. This information is on the *Notice to Employer of Disability Insurance Claim Filed* (DE 2503). If available, you may also complete forms by selecting **Inbox**.
- To view the forms you've submitted, search by **Receipt Number** and enter the employee's last name.

CA.GOV Home Help Log Out

EDD Employment Development Department State of California

SDI Home **Inbox** Draft Profile

Message Center

Inbox

It is important to read all messages from EDD carefully. Select the subject hyperlink below to view the message.

Note: It may be necessary to send some documents via US Postal Service.

1 2 3 4 5 ... >>

Claimant Name	Date of Birth	Subject	Sent Date	Due Date	Type	Read?	Action
smith james	10-15-1999	DE 2503, Notice to Employer of SDI Claim Filed	09-08-2018	09-11-2018	Requires Attention	No	Delete
smith james	10-15-1999	DE 2503, Notice to Employer of SDI Claim Filed	09-08-2018	09-11-2018	Requires Attention	No	Delete

Select **Inbox** from the main menu or Message Center to review messages in your inbox.

Select the link under the Subject column to view your message. Select **Delete** under the Action column to delete items that you previously reviewed or completed.

Saved Drafts

Saved Drafts

To open and complete a form that you saved, select the Form Name. Saved drafts are stored for a limited number of days and will be automatically deleted on the date indicated. To delete a draft immediately, select the Delete action.

Form Name	Claimant Name	Saved Date	Saved By	Draft will be saved until	Action
2503 Employer Notice of DI Claim	John Doe	09-05-2018	Manning Ryan	10-05-2018	Delete
2503 Employer Notice of DI Claim	Jane Doe	09-05-2018	Manning Ryan	10-05-2018	Delete

Select **Draft** to access saved drafts from the main menu. From the Saved Drafts screen locate the list of incomplete forms.

- Select the link under the Form Name column to complete the form.
- Select **Delete** under the Action column to delete the form.

Note

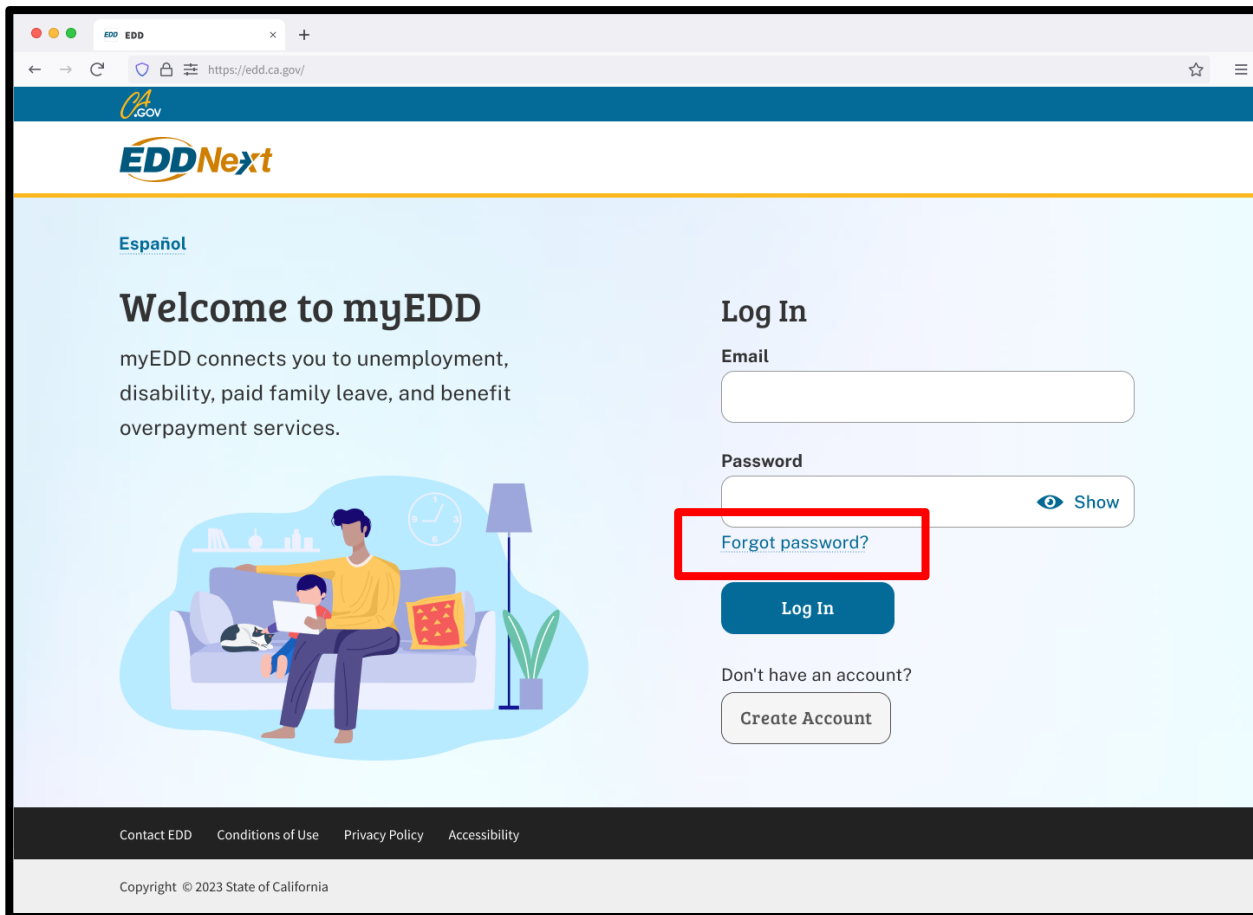
Saved drafts in SDI Online are deleted after 30 days.

Reset your Password

Learn more about how to reset your
password and security question.



[Get Started](#)



Note

For Spanish, select **Español**.

Use myEDD to access unemployment, disability, paid family leave, and benefit overpayment services. You may also update your email, password, security question, or verification option.

If you forgot your password:

1. Visit [myEDD](#).
2. Select the **Forgot Password**.

EDD EDD

CA.GOV

EDDNext

[Español](#)

Forgot Password?

Enter your email, and we will send you instructions to reset your password.

*Required Field

*Email

Cancel Submit

Contact EDD Conditions of Use Privacy Policy Accessibility

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Enter your email and select **Submit**. An email with instructions to reset your password will be sent to you.

The screenshot shows the EDD Next website in a browser window. The URL is https://edd.ca.gov/. The page features the EDD Next logo and a navigation bar. Below the logo, there is a link for 'Español'. The main heading is 'Check Your Email'. The text reads: 'We sent an email to JohnSmith@gmail.com. Check your email for instructions on how to reset your password. The link in the email will expire in 1 hour.' Below this, there is a section titled 'Didn't get the email?' with the text 'Make sure it's the same email address you set up with.' and a link to 'resend the email.' The footer contains links for 'Contact EDD', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2023 State of California'.

The screenshot shows a Gmail inbox. The selected email is titled 'Reset Your Password for myEDD' and is from the 'California Employment Development Department'. The email content includes the EDD logo and the text: 'Hello, You requested to reset your myEDD password. To continue, select **Confirm Your Email**, then verify your identity.' The 'Confirm Your Email' button is highlighted with a red rectangle. The email is dated 'August 26, 2022, 3:26PM'. The Gmail interface shows the 'Compose' button, search bar, and various email management icons.

Check your email and select the **Confirm Your Email**. The link expires after one hour.

EDD EDD

https://edd.ca.gov/

CA.GOV

EDDNext

[Español](#)

Verify Your Identity

Answer the security question to verify your identity.

*Required Field

Security Question
{Security question}

*Answer

Cancel Next

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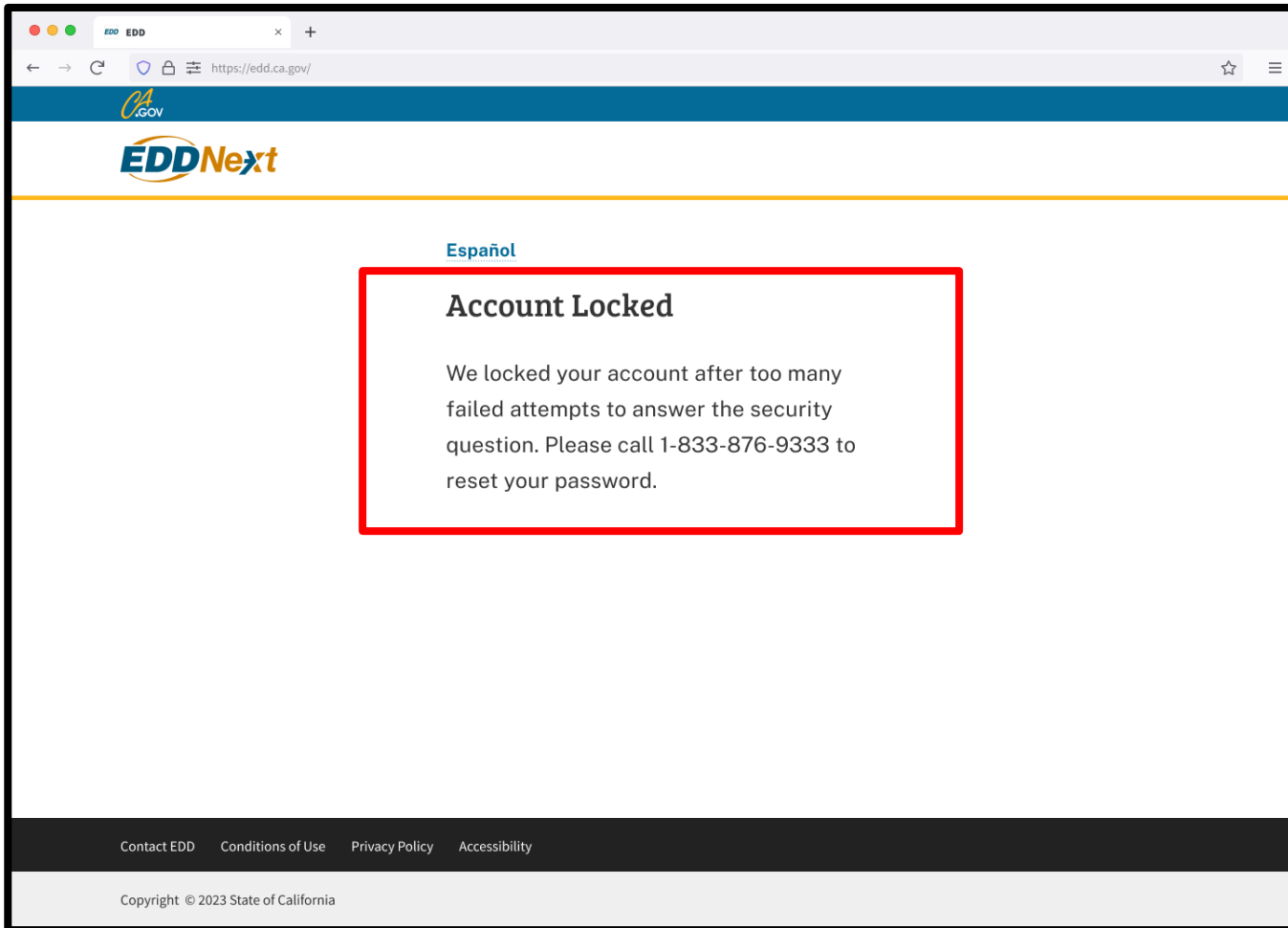
To protect your account, we ask you to verify your identity every time you log in.

Answer your security question and select **Next**.

Note

If you have not set up a security question and you forgot your password, you can be asked to verify your identity using other information. For employers, you need to enter the Employer Account Number (EAN) and ZIP Code.

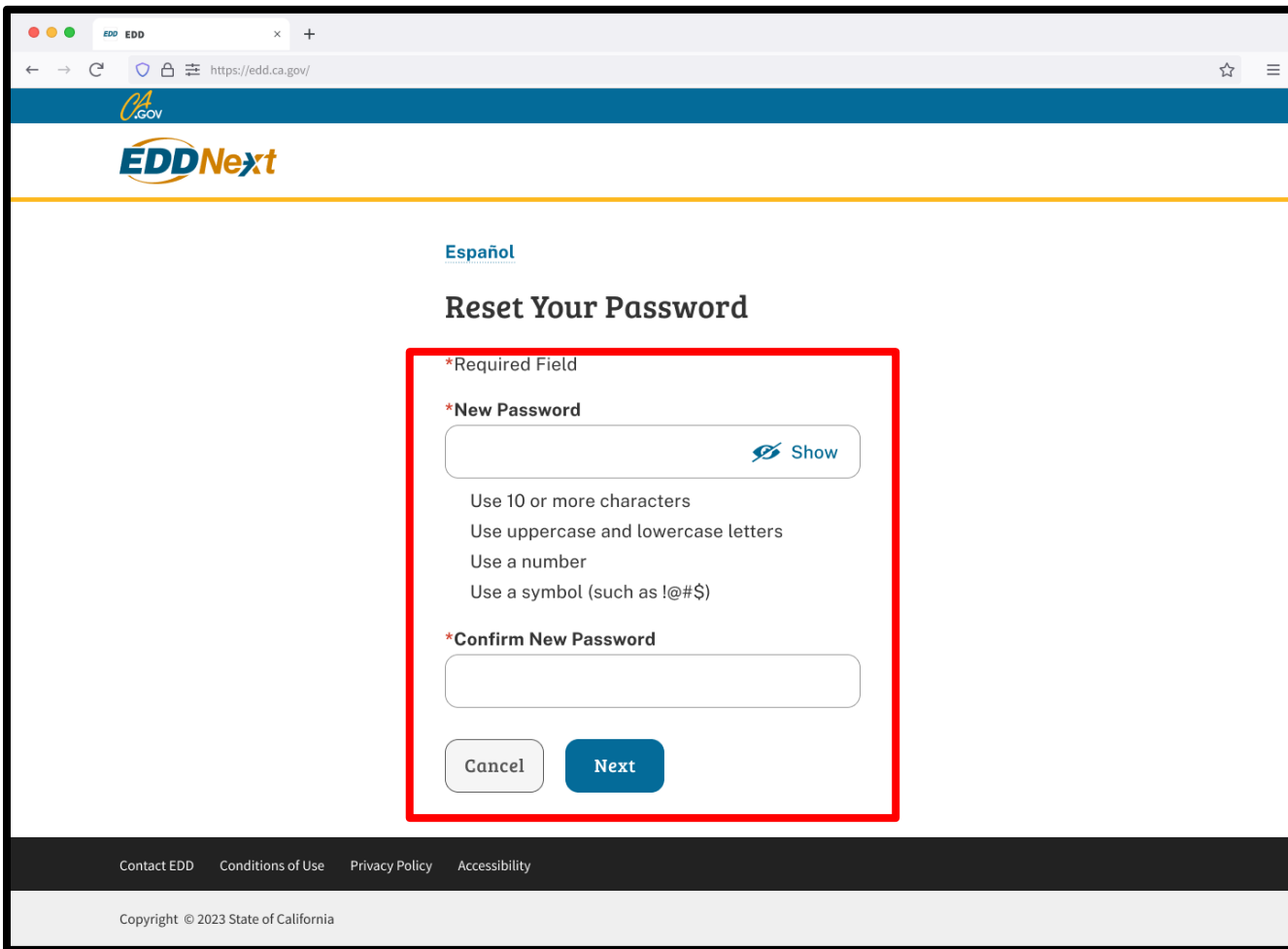
We lock your account after too many failed attempts to verify the EAN and ZIP Code. Contact us at 1-855-342-3645 to reset your password.



Important

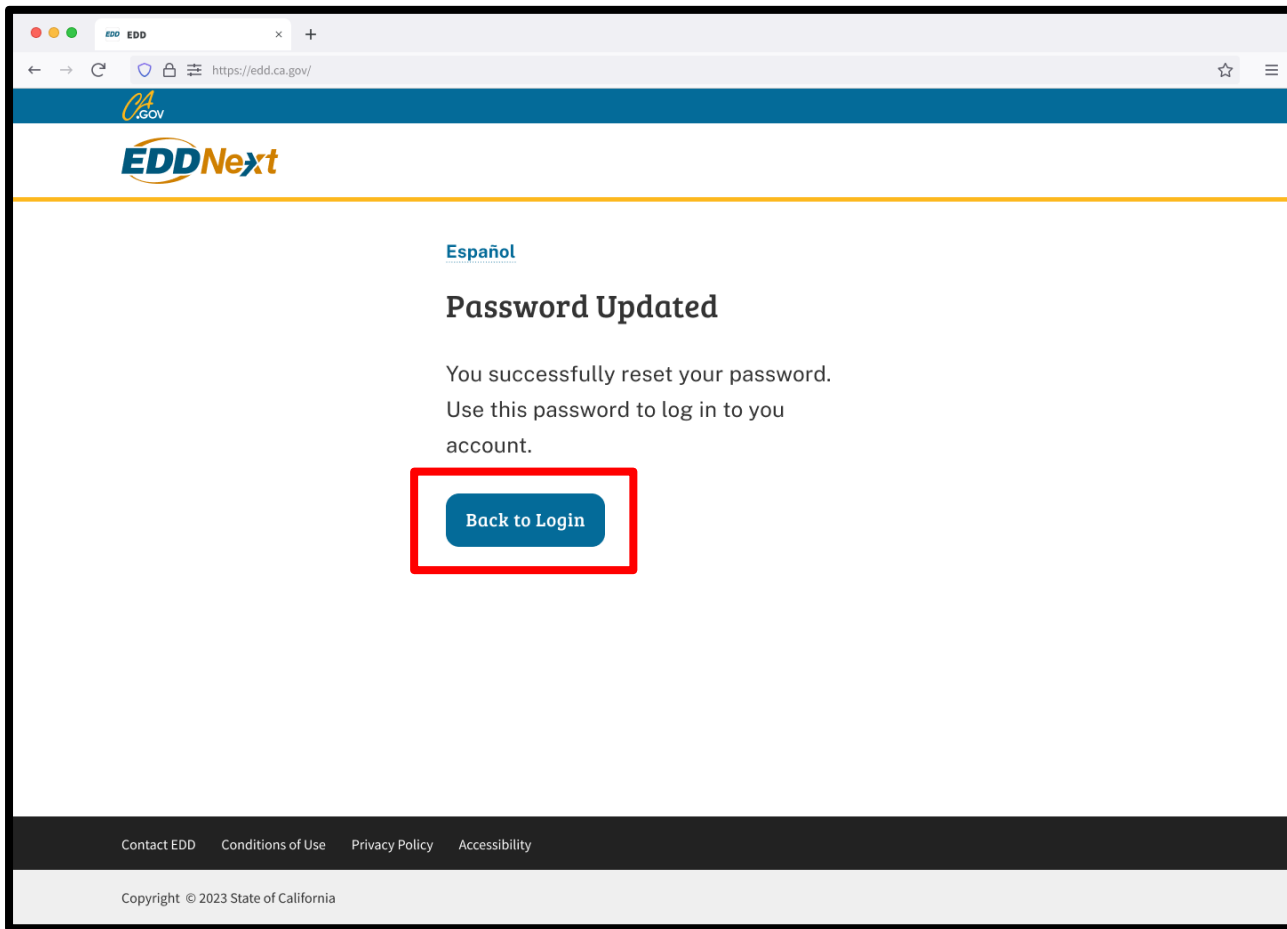
We lock your account after too many failed attempts to answer the security question.

Contact us at 1-855-342-3645 to reset your password. The system requires you to reset your security question automatically after you log in.



After you successfully verify your identity, you can reset your password:

- Enter your new password.
- Confirm your new password.
- Select **Next**.



After you successfully update your password, select **Back to Login** to access your account.

Submit a *Notice to Employer of Disability Insurance Claim Filed (DE 2503)*


Learn more about how to submit a DE 2503 after your employee applies for disability benefits.



[Get Started](#)

Home

*Indicates Required Field

 Message Center

Inbox [New: 450, Total: 451]

Saved Drafts [Total: 8]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By:

*Employee Last Name:

Search Results

Claim ID	Employee Name	Claim Effective Date	Claim Type	Last 4 Digits of SSN
DI1000020353	John Doe	02-15-2018	Disability Insurance	0899

On the homepage, select **Claim ID**, enter the employee's claim ID and last name, then select **Search**.

If the form is available to complete, the employee's information appears under Search Results. Select the **Claim ID** link to access the form.

Claim Summary

Claim Summary

Claimant Name: John Doe

Claim ID: DI-1000-020-353

Claim Effective Date: 02-15-2018



My Message Center Regarding John Doe

Inbox [New: 0 , Total: 0]

Saved Drafts [Total: 1]

My Forms Available to Submit for John Doe

Below is a list of forms available for submission. Please note that not all forms will be available at all times. If a form for the same dates has already been submitted or mailed, do not submit a duplicate form. Please allow 5-7 business days for the form to be processed.

[2503 Employer Notice of DI Claim](#)

My Forms Submitted for John Doe

No Results Found

Under My Forms Available to Submit, select **2503 Employer Notice of DI Claim** to complete the form.

Verify Employee

- 1 Employee Verification
- 2 Employee Questionnaire
- 3 Return to Work and Wage Information
- 4 Workers' Compensation Information
- 5 Signature

You are currently on Step 1 Employee Verification

*Indicates Required Field

Section 1 - Employee Information

Name: John Doe

Social Security Number: XXX-XX-XXXX

Claim ID: DI-1000-020-598

Claim Effective Date: 03-15-2018

Section 2 - Form Information

The California Unemployment Insurance Code, Section 2707.1, requires that you complete and return this form by the due date listed below.

Issue Date: 09-08-2018

Due Date: 09-11-2018

Section 3 - Verify Employment

*Was the employee shown above ever employed by you? Yes No

Cancel

Next

Verify the information in the Employee Information section.

Select **Yes** if the employee works for you now or did in the past. Select **No** if this person **never** worked for you.

Select **Next**.

Employee Questionnaire



Employee Verification

2

Employee Questionnaire

3

Return to Work and
Wage Information

4

Workers' Compensation
Information

5

Signature

You are currently on Step 2 Employee Questionnaire

*Indicates Required Field

Section 4A - Employee Status

Employee's Date of Birth:

(MMDDYYYY)

*Employment Status

Current Employee

Former Employee

If "Former Employee," reason no longer working

Select

If "Other," please explain:

Separation Date:

(MMDDYYYY)

*Hours worked per week (Exclude Overtime Pay):

*Hourly Rate(\$):

Reported Last Day Worked:

03-15-2018

*Do your records show a different ACTUAL last day of work than shown above in 'Reported Last Date worked'?

Yes

No

If "Yes," please provide the correct last day worked:

(MMDDYYYY)

The last day worked was:

Full day

Partial day

If "Partial Day," number of hours worked:

Hourly Rate (\$):

Previous

Cancel

Save as Draft

Next

Complete the Employee Status section and select **Next**.

Note

Select **Draft** at any time to complete the form later.

Return to Work and Wage Information

Employee Verification Employee Questionnaire **3 Return to Work and Wage Information** 4 Workers' Compensation Information 5 Signature

You are currently on Step 3 Return to Work and Wage Information

*Indicates Required Field

Section 4B - Return to Work Information

*Has the employee returned to work? Yes No

If "Yes," date returned to work:

Return to work status:

If "Other/Explain," please explain:

Section 4C - Voluntary Plan Information

*At the time the employee's disability began, did your company have a state-approved voluntary plan for disability insurance benefits instead of the state plan? Yes No

If "Yes," enter the plan number:

Is this employee covered? Yes No

If "No," provide a non-coverage explanation:

Section 4D - Wage Information

*Will the employee's wages be coordinated/integrated with the State Disability Insurance benefits (Less State Disability Insurance)? Yes No

If "No," has or will the employee receive wages in the form of paid sick leave, vacation, personal time off, holiday, bonus, commission, or other type of payment while disabled? Yes No

Important

If you do not coordinate or integrate pay with EDD and the employee will be paid while receiving EDD benefits, you must report all wages to avoid an overpayment.

Learn more about [integrating wages with benefits](#) on our website.

Complete the Return to Work and Wage Information sections.

Under Section 4D – Wage Information, let us know if the employee is going to get wages coordinated with benefits. Then, select **Next**.

Note: If you select **No**, but your employee will continue to get wages, you must complete the Additional Wages Paid to Employee section.

Additional Wages Paid to Employee

✓ Employee Verification ✓ Employee Questionnaire **3** Return to Work and Wage Information 4 Workers' Compensation Information 5 Signature

You are currently on Step 3 Return to Work and Wage Information

*Indicates Required Field

Section 5A - Additional Wages Paid to Employee

Please report all wages paid to the employee and the actual dates for which they were paid. Report each pay type separately.

*Pay Type:

If "Other," please explain:

*From:

*To:

*Amount (\$):

*Do you want to add any other wages? Yes No

Previous

Cancel

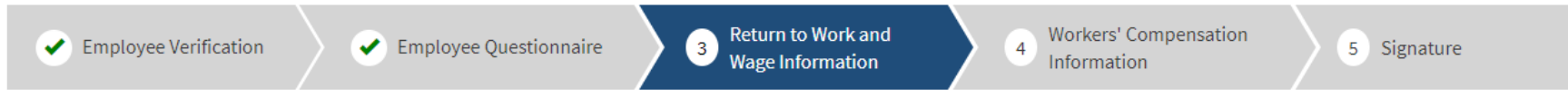
Save as Draft

Next

Select the **Pay Type**, enter the dates, and the amount paid to the employee. If you need to add additional wage information, select **Yes** to the last question. Select **No** if there is no additional wage information. Then, select **Next**.

If your employee's wages will be coordinated with benefits or they will not get any additional wages during their disability period, skip to [page 46](#).

Added Additional Wages Paid to Employee



You are currently on Step 3 Return to Work and Wage Information

Section 5B - Additional Wages Summary

Please select the "Add" button to report wages paid to the employee in the form of sick leave, vacation, personal time off, holiday, bonus, commission, or other payment while disabled. You must add at least one wage.

Pay Type	Amount	From	To	Action
Paid Time Off	\$5,555.00	05-05-2018	06-06-2018	Delete

Previous

Cancel

Add

Save as Draft

Next

Make sure the information you entered under the Additional Wages Summary section is correct.

- Select **Add** to enter additional wages paid.
- Select **Delete** under the Action column to remove incorrect information.

When complete, select **Next**.

Workers' Compensation Information



Employee Verification



Employee Questionnaire



Return to Work and
Wage Information

4

Workers' Compensation
Information

5

Signature

You are currently on Step 4 Workers' Compensation Information

*Indicates Required Field

Section 6 - Work-related Injury

*Has the employee reported a work-related or occupational illness?

Yes

No

Previous

Cancel

Save as Draft

Next

Complete the Work-related Injury section and select **Next**.

If you select **Yes**, you must enter additional information on the Worker's Compensation Information screen.

Workers' Compensation Information

- Employee Verification
- Employee Questionnaire
- Return to Work and Wage Information
- 4 Workers' Compensation Information**
- 5 Signature

You are currently on Step 4 Workers' Compensation Information

*Indicates Required Field

Section 7 - Workers' Compensation Carrier Information

Please enter Workers' Compensation Carrier information below. If you do not have a Workers' Compensation Carrier, enter the employer's name and address.

*Workers' Compensation Insurance Company Name:

US International

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP Code:

Section 8 - Workers' Compensation Claim Information

Enter the date(s) of injury as shown on the Workers' Compensation claim. If it was a cumulative trauma injury, enter the date the injury began.

Date of Injury:

Date of Injury:

Date of Injury:

Date of Injury:

Claim Number:

Adjuster's Name:

Adjuster's Phone Number: Ext:

WC Status:

Additional Comments:

Previous

Cancel

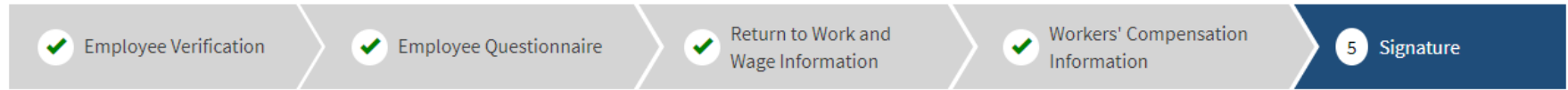
Save as Draft

Next

Enter relevant workers' compensation information and select **Next**.

If you selected **No** to the work-related injury question, skip to the next page.

Submit Form



You are currently on Step 5 Signature

*Indicates Required Field

Section 9 - Signature

Submitted by: North Jason

*By checking this box, I am indicating my signature for submission.

Previous

Cancel

Save as Draft

Submit

To send the form, select the box to authorize an electronic signature and select **Submit**.

Confirmation

Form Successfully Submitted

Please print this page for your records. If a printer is unavailable at this time, please record the Form Receipt Number below. You will not be able to access your confirmation page and Form Receipt Number after this window is closed. To retrieve this form in the future, you will need the Form Receipt Number. You may retrieve forms submitted using the claimant search on your home page.

Form Receipt Number: [R100000000123456](#)

We assign your submission a Form Receipt Number on the Confirmation screen.

Save this number for future reference.

Select the **Form Receipt Number** link to review the information submitted.

Submit a *Disability Insurance Eligibility – Workers' Compensation* (DE 2578A)


Learn more about how to submit a DE 2578A
when requested by the EDD.



[Get Started](#)

Home

*Indicates Required Field

 Message Center

Inbox [New: 0, Total: 0]

Saved Drafts [Total: 0]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By:

*Employee Last Name:

Search Results

Claim ID	Employee Name	Claim Effective Date	Claim Type	Last 4 Digits of SSN
D11000020460	Jane Doe	10-04-2018	Disability Insurance	1496

On the homepage, select **Claim ID** and enter the employee's last name. Select **Search**.

Under Search Results select the **Claim ID** link.


Claim Summary

Claim Summary

Claimant Name: Jane Doe

Claim ID: DI-1000-020-460

Claim Effective Date: 10-04-2018

 My Message Center Regarding Jane Doe

[Inbox](#) [New: 1, Total: 1]

[Saved Drafts](#) [Total: 0]

My Forms Available to Submit for Jane Doe

Below is a list of forms available for submission. Please note that not all forms will be available at all times. If a form for the same dates has already been submitted or mailed, do not submit a duplicate form. Please allow 5-7 business days for the form to be processed.

[2503 Employer Notice of DI Claim](#)

[2578A Employer Work Comp Form](#)

Under My Forms Available to Submit select **2578A Employer Work Comp Form**.

Notice of Potential Industrial Injury

1 Industrial Injury

2 WC Information

3 Attorney Information

4 Certification

You are currently on Step 1 Industrial Injury

*Indicates Required Field

Employee Information

Name: Jane Doe
Claim ID: DI-1000-020-357

Social Security Number: 444-44-4444
Claim Effective Date: 02-15-2018

Form Due Date

Please complete and submit this form by the due date listed below.

Form Due Date: 09-06-2018

Establish Potential Industrial Injury

*Has a workers' compensation claim been filed? Yes No

Cancel

Save as Draft

Next

Verify the information on the Notice of Potential Industrial Injury screen. Answer **Yes** or **No** to the workers' compensation question and select **Next**.

Workers' Compensation Information

Progress bar with four steps: 1 Industrial Injury (checked), 2 WC Information (active), 3 Attorney Information, 4 Certification.

You are currently on Step 2 WC Information

*Indicates Required Field

Workers' Compensation Insurance Information

What was the date of injury?

Workers' Compensation Claim Number:

Workers' Compensation Carrier Information

*Name:

Policy Number:

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP Code:

*Phone Number: Ext:

Any additional information that you can give us regarding the denial or granting of workers' compensation benefits or information as to why a claim was not filed will be greatly appreciated:

Previous

Cancel

Save as Draft

Next

Complete the Workers' Compensation Insurance Information and the Workers' Compensation Carrier Information then select **Next**.

Attorney Information

- Industrial Injury
- WC Information
- 3 Attorney Information**
- 4 Certification

You are currently on Step 3 Attorney Information

*Indicates Required Field

Attorney Contact Information

*If an application for adjudication is or has been filed with the workers' compensation appeals board, will you be represented by legal counsel? Yes No

Name of Attorney:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

Phone Number: Ext:

Previous

Cancel

Save as Draft

Next

Complete the Attorney Contact Information section, if applicable, and select **Next**.

Certify Form for Submittal



You are currently on Step 4 Certification

*Indicates Required Field

Certification

By checking this box, I declare under penalty of perjury that the foregoing responses are, to the best of my knowledge and belief, true, correct, and complete.

Previous

Cancel

Save as Draft

Submit

To send the form, select the box to authorize an electronic signature and select **Submit**.

Confirmation

Form Successfully Submitted

Please print this page for your records. If a printer is unavailable at this time, please record the Form Receipt Number below. You will not be able to access your confirmation page and Form Receipt Number after this window is closed.

To retrieve this form in the future, you will need the Form Receipt Number. You may retrieve forms submitted using the claimant search on your home page.

Form Receipt Number: R10000000040979

We assign your submission a Form Receipt Number on the Confirmation screen.

Save this number for future reference.

Select the **Form Receipt Number** link to review the information submitted.

Submit an *Employer's Statement of Job Duties* (DE 2546PE)

Learn more about how to submit the DE 2546PE
when requested by the EDD.



[Get Started](#)

Home

*Indicates Required Field

Message Center

Inbox [New: 132, Total: 132]

Saved Drafts [Total: 0]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By:

*Employee Last Name: Doe

Search Results

Claim ID	Employee Name	Claim Effective Date	Claim Type	Last 4 Digits of SSN
DI1000020355	Jane Doe	02-15-2018	Disability Insurance	2346

On the homepage, select **Claim ID** and enter the claim ID number and the employee's last name. Select **Search**.


Under Search Results select the **Claim ID** link.

Claim Summary

Claim Summary

Claimant Name: Jane Doe
Claim Effective Date: 02-15-2018

Claim ID: DI-1000-020-355

 My Message Center Regarding Jane Doe

Inbox [New: 0, Total: 0]

Saved Drafts [Total: 0]

My Forms Available to Submit for Jane Doe

Below is a list of forms available for submission. Please note that not all forms will be available at all times. If a form for the same dates has already been submitted or mailed, do not submit a duplicate form. Please allow 5-7 business days for the form to be processed.

[2503 Employer Notice of DI Claim](#)

[2546PE Employee's Job Duties](#)

My Forms Submitted for Jane Doe

No Results Found

Select **2546PE Employee's Job Duties**.

Employer's Statement of Job Duties

*Indicates Required Field

Section 1 - Employee Information

Name: Jane Doe **Social Security Number:** XXX-XX-XXXX
Claim ID: DI-1000-020-355 **Claim Effective Date:** 02-15-2018

Section 2 - Form Information

Please complete and submit this form by the due date listed below.

Issue Date: 09-04-2018 **Due Date:** 09-11-2018

Section 3 - Job Information

The information you submit will provide the EDD with a description of the employee's regular and customary work duties.

***Job Title:**

***Number of hours worked per day:**

***Number of days worked per week:**

***Has the above-named employee returned to work?** Yes No

If "Yes," return to work date

Return to Work Status Full Time Part Time

Verify the employee's information and enter their job information.
Select **Next**.

Employee's Job Duties: Part 1 of 3

*Indicates Required Field

Section 4 - Motion

Indicate frequency and number of hours a day the employee is required to do the following specific types of activities.

Activity	Frequency	Number of Hours Per Day
Sitting	None ▾	<input type="text"/>
Walking	None ▾	<input type="text"/>
Standing	None ▾	<input type="text"/>
Bending	None ▾	<input type="text"/>
Squatting	None ▾	<input type="text"/>
Climbing	None ▾	<input type="text"/>
Kneeling	None ▾	<input type="text"/>
Twisting	None ▾	<input type="text"/>

Section 5 - Reaching

Activity	Frequency
Reaching or working above shoulder level?	None ▾
Reaching or working below shoulder level?	None ▾

Section 6 - Hands

Activity	Right Hand	Left Hand	Not Required
Simple grasping required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power grasping required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and/or pulling required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine manipulation required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7 - Feet

*Does the job require the employee to use his/her feet to operate foot controls or for repetitive movement? Yes No

Previous

Cancel

Save as Draft

Next

Complete **Part 1** of the Employee's Job Duties.

Select **Next**.

Employee's Job Duties: Part 2 of 3

*Indicates Required Field

Section 8 - Vision

*Is the employee required to have good vision? Yes No

If "yes", state the reason:

Section 9 - Hearing

*Is the employee required to have good hearing? Yes No

If "yes", state the reason:

Section 10 - Lifting and Carrying

Please check all the boxes that apply and indicate the frequency per day the employee is required to lift and/or carry any of the following weights.

Weight	Lift	Frequency	Carry	Frequency
10 lbs. or less	<input type="checkbox"/>	None ▼	<input type="checkbox"/>	None ▼
11 to 25 lbs.	<input type="checkbox"/>	None ▼	<input type="checkbox"/>	None ▼
26 to 50 lbs.	<input type="checkbox"/>	None ▼	<input type="checkbox"/>	None ▼
51 to 75 lbs.	<input type="checkbox"/>	None ▼	<input type="checkbox"/>	None ▼
76 to 100 lbs.	<input type="checkbox"/>	None ▼	<input type="checkbox"/>	None ▼
More than 100 lbs.	<input type="checkbox"/>	None ▼	<input type="checkbox"/>	None ▼

Longest distance employee must carry weight: feet

Heaviest weight employee must carry: lbs for feet

Section 11 - Equipment Operation

*Is the employee required to drive cars, trucks, forklifts, or other moving equipment? Yes No

If "Yes", describe or explain:

Previous

Cancel

Save as Draft

Next

Complete **Part 2** of the Employee's Job Duties.

Select **Next**.

Employee's Job Duties: Part 3 of 3

*Indicates Required Field

Section 12 - Working Conditions

Check the box next to the working condition(s) that apply to this employee and provide a description.

Working near hazardous equipment and/or machinery

Walking on uneven ground

Exposure to dust, gas, or fumes

Exposure to extremes in temperature or humidity

Working at heights

*Is this job still available to the employee when he/she is able to return to work? Yes No

*Can the requirements of this job be modified if necessary to accommodate the employee's disability? Yes No

If "No," please explain:

Additional Comments:

Previous

Cancel

Save as Draft

Next

Complete **Part 3** of the Employee's Job Duties.

Select **Next**.

Submit Form

*Indicates Required Field

Section 13 - Signature

Submitted by: John Doe

*Title:

By checking this box, I declare under penalty of perjury that the foregoing are, to the best of my knowledge and belief, true, correct, and complete.

Previous

Cancel

Save as Draft

Submit

On the Submit Form screen, enter your job title in the Title field. Next, select the check box to declare the information you entered is to the best of your knowledge, true, and complete. To send the form, select **Submit**.

Confirmation

Form Successfully Submitted

Please print this page for your records. If a printer is unavailable at this time, please record the Form Receipt Number below. You will not be able to access your confirmation page and Form Receipt Number after this window is closed. To retrieve this form in the future, you will need the Form Receipt Number. You may retrieve forms submitted using the claimant search on your home page.

Form Receipt Number: [R100000000040955](#)

We assign your submission a Form Receipt Number on the Confirmation screen.

- Save this number for future reference.
- Select the **Form Receipt Number** link to review the information submitted.

SDI Online Employer Account FAQs

Learn more about your SDI Online
employer account.



[Get Started](#)

How many representatives can create an employer account?

There is no limit to the number of representatives that can complete and submit claim information on behalf of the employer. Each designated person can create their own separate account using their own company email as a unique login.

Note

To help employers manage employer representative accounts, the employer can use a shared mailbox email so multiple representatives can access this account over time.

Employers should keep the SDI Online login information in a secure place, to be used only to reset a password or inactivate representative accounts when employees leave.

Call our Employer Help Line at 1-855-342-3645 for help with an employer representative account.

Can I manage multiple employers within one SDI Online account and login?

No. Each employer must create a separate account with a different company email as a unique login.

Will I be notified when a claim is filed?

Yes. You can continue to receive paper notices even if you have an SDI Online account. Once you get the paper notice, log in to your account and enter the employee's Claim ID and last name to complete the notice.

If your company has multiple locations with 50 or more employees and you would like all disability communications for your employees sent to a centralized location, contact us at 1-855-342-3645 and provide the following information:

- Employer Name
- EDD Employer Account Number (EAN)
- Contact Name
- Direct Phone Number
- Mailing Address

Is payment information available in SDI Online?

No. You can only complete disability notices through SDI Online.

We recommend you work with your employees to get their payment information. There are two documents we send your employees that they can share with you to prevent a benefit overpayment:

- The *Notice of Computation* (DE 429D or DE 429DF) informs the employee that the claim was received and gives their estimated weekly and maximum benefit amounts.
- The *Electronic Benefit Payment (EBP) Notification* (DE 2500E) is mailed to your employee after each payment.

You can also request payment information by calling our Employer Help Line at 1-855-342-3645. However, the employee must indicate on their application that we can release payment information to you. All other claim information is confidential.

What can I do in my employer account?

You can use SDI Online to:

- Submit a *Notice to Employer of Disability Insurance Claim Filed* (DE 2503).
- Submit a *Disability Insurance Eligibility – Workers' Compensation* (DE 2578A).
- Submit an *Employer's Statement of Job Duties* (DE 2546PE).
- Update contact information.

CONTACT US

1-855-342-3645

This number is for employers only.

– Helpful Links –



[Order Forms](#)



[Schedule a Webinar](#)



[Help Fight Fraud](#)



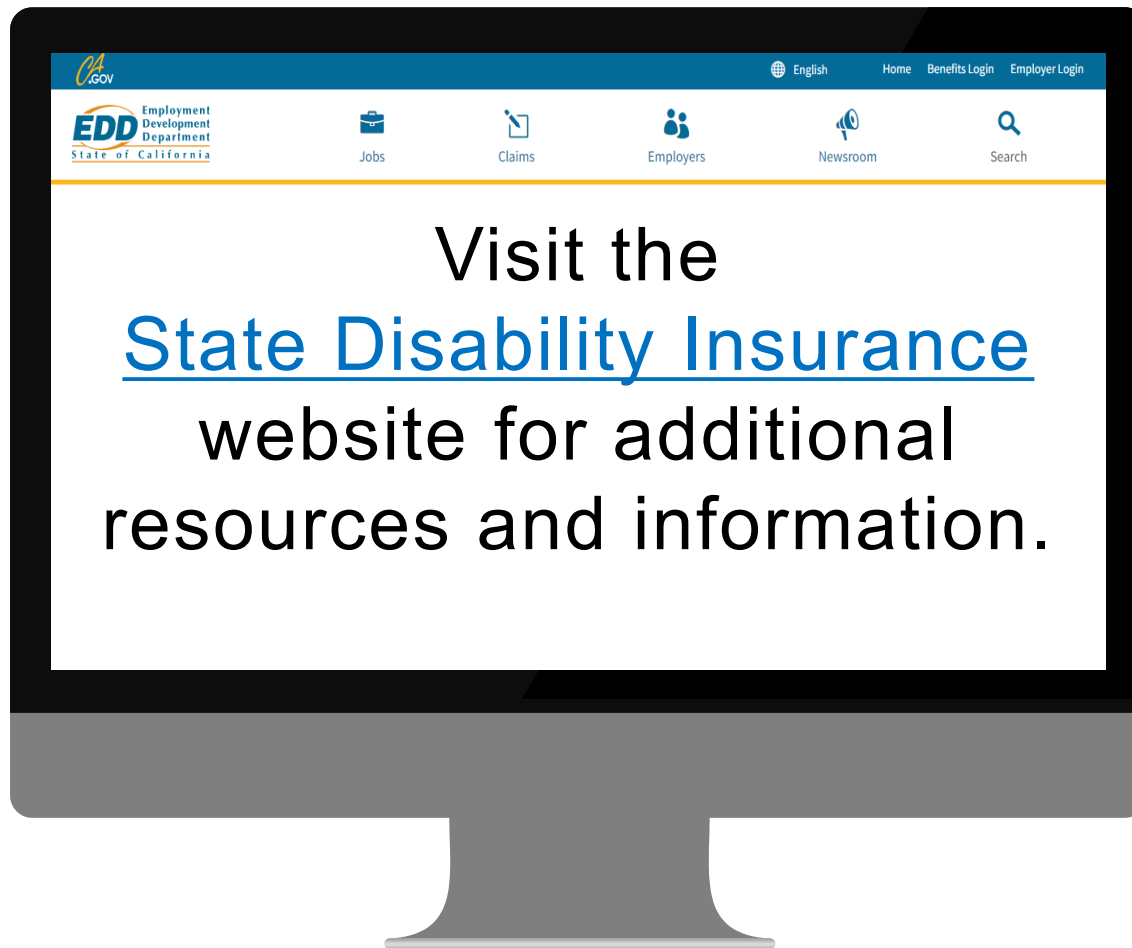
[Contact Us](#)

[Accessibility](#)

[Language Resources](#)

– Follow us –





The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and alternate formats need to be made by calling 1-866-490-8879 (voice), or through the California Relay Service at 711.