



CALIFORNIA
PAID FAMILY LEAVE
moments matter.

Paid Family Leave Claimant Overview
State Disability Insurance Program
Employment Development Department



Five Things To Know About Paid Family Leave

1

Provides up to 8 weeks of partially paid leave in a 12-month period.

2

Three Claim Types:
Care
Bonding
Military Assist

3

Can be used
intermittently over a
12-month period.

4

There is no
waiting period.
Payment begins
the first day of
leave.

5

State Disability
Insurance (SDI) is
employee funded.
It is not government
assistance.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) pays eligible employees up to eight weeks of benefits to be there for the moments that matter most.

PFL Care provides partially paid leave if you are:

- ▶ Caring for a seriously ill or injured child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ▶ Caring for an out-of-state or out-of-country family member.

You receive approximately 60 to 70 percent of your salary while using PFL.

Paid Family Leave and Bonding

PFL Bonding provides up to eight weeks of partially paid leave for parents to bond with a new child within the child's first year.

- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

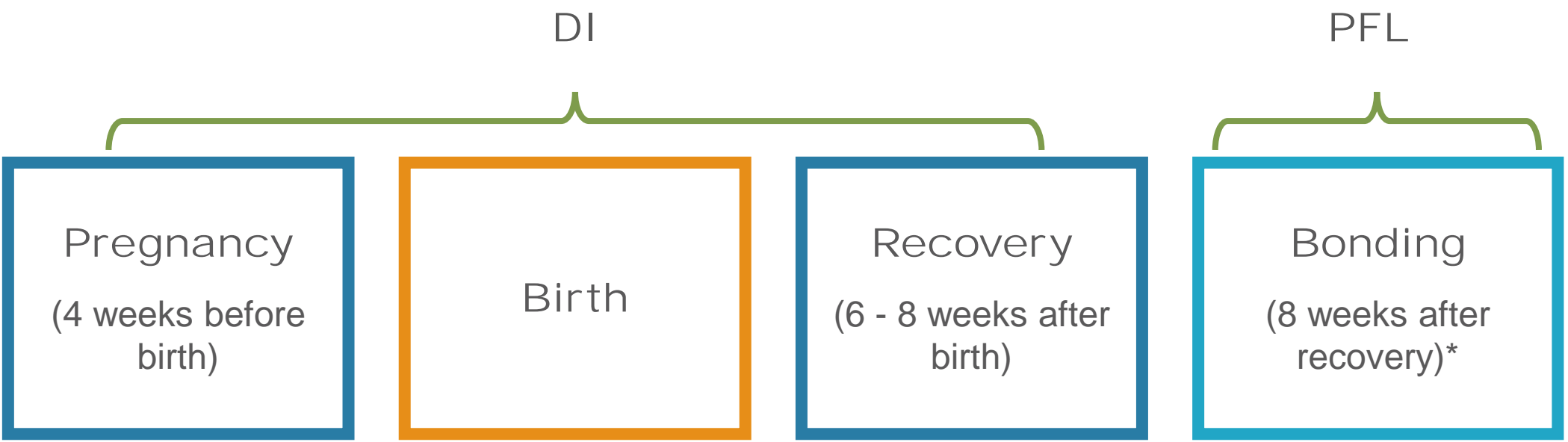
You receive approximately 60 to 70 percent of your salary while using PFL.





Disability Insurance, Paid Family Leave, and New/Expecting Mothers

New mothers file for Disability Insurance (DI) followed by PFL, for example:



*You can break up your eight weeks of PFL. You do not have to use it all at once.

A photograph of a woman in a military camouflage uniform holding a baby. A man is kissing her on the cheek. The background is bright and out of focus.

Paid Family Leave and Military Assist

PFL Military Assist pays eligible workers up to eight weeks of benefits to assist a spouse, registered domestic partner, parent, or child in the US Military during a qualifying event.

- ▶ A qualifying event is defined as a military event or essential need resulting from the family member's order, call, or notification of deployment to a foreign country.
- ▶ Requires supporting military documentation and supporting documentation for the qualifying event.

You receive approximately 60 to 70 percent of your salary while using PFL.

Filing a Paid Family Leave Claim

Individuals must complete and submit their PFL claim within 41 days from the date their family leave begins by:



SDI Online: Filing electronically through SDI Online is strongly recommended because it expedites the review process.



Mail



*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

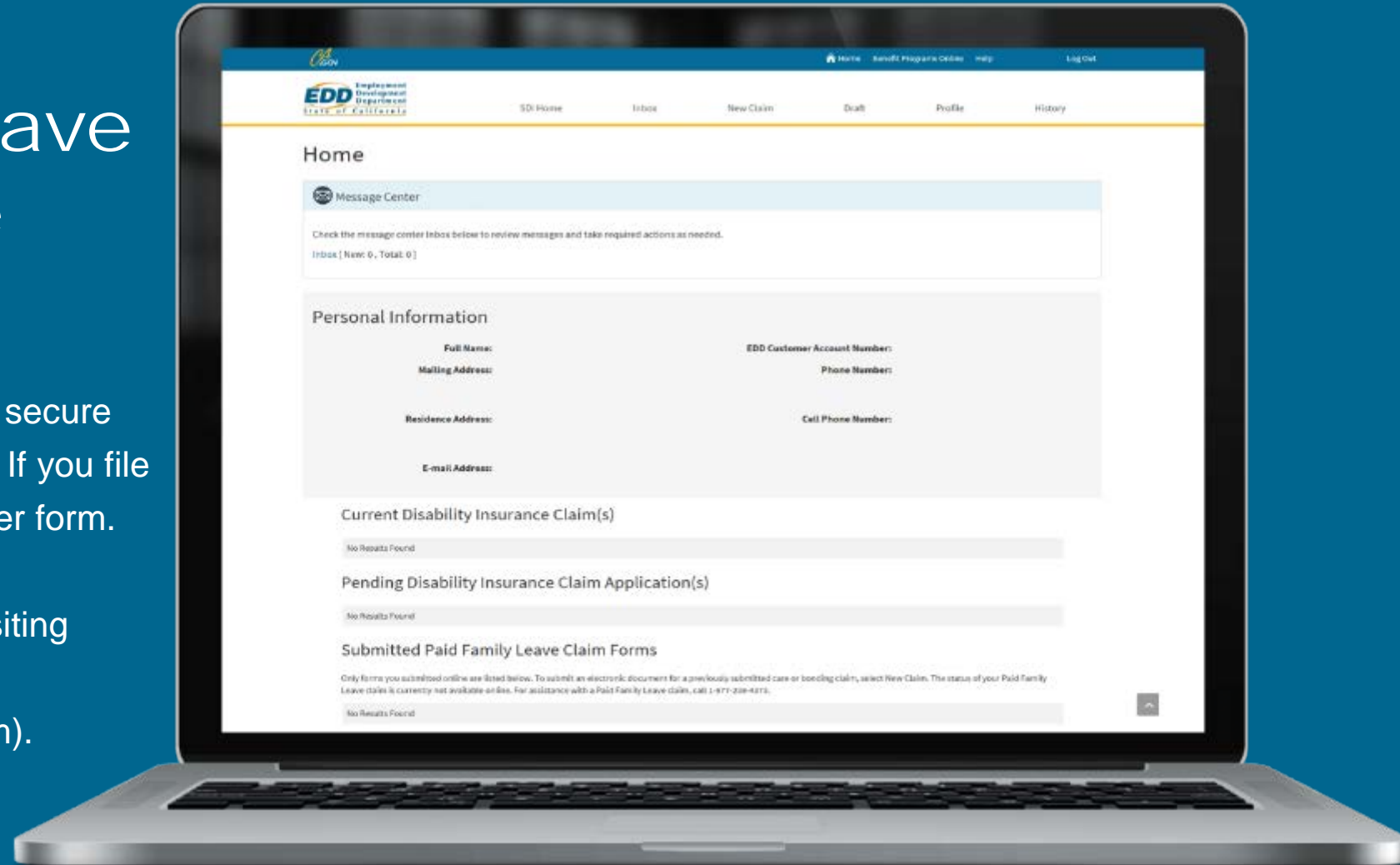
Paid Family Leave and SDI Online





Online

SDI Online is a fast, convenient, and secure way to submit your PFL claim online. If you file electronically, do not send in the paper form.

Create or access your account by visiting
[SDI Online](http://edd.ca.gov/disability/SDI_Online.htm)
(edd.ca.gov/disability/SDI_Online.htm).



	<h2 style="margin: 0;">Claim for Paid Family Leave (PFL) Benefits</h2>	 2501PFL2001
PART A - STATEMENT OF CLAIMANT (CARE, BONDING, or MILITARY ASSIST PROVIDER)		
A1. YOUR SOCIAL SECURITY NO.	A2. YOUR DATE OF BIRTH	A3. LANGUAGE YOU PREFER TO USE
_____-____-____	MM/DD/YYYY	(English) (Spanish) (Other) (Print Name)
A4. YOUR LEGAL NAME		A5. YOUR GENDER
FIRST NAME _____ LAST NAME _____		MALE FEMALE OTHER
A6. YOUR TELEPHONE NUMBER	A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED	
_____-____-____		
A8. YOUR MAILING ADDRESS (If different mail at a present was being sent by a personal service, give it here.) (Include ZIP code if applicable)		
_____ _____ CITY _____ STATE/PROV. _____ ZIP OR POSTAL CODE _____ COUNTRY (if not U.S.A.) _____		
A9. NAME OF YOUR EMPLOYER		
MAILING ADDRESS _____ CITY _____ STATE/PROV. _____ ZIP OR POSTAL CODE _____ EMPLOYER'S PHONE NUMBER _____		
A1a. DATE YOU LAST WORKED	A1b. DATE YOU WANT YOUR PFL CLAIM TO BEGIN	A1c. DATE YOU RETURNED OR WILL RETURN TO WORK
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
A1d. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?		
YES NO		
A1e. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?		
CARE FOR CHILDREN (Specify child's name and date of birth)	BONDING WITH NEWBORN (Specify newborn's name and date of birth)	MILITARY SERVICE (Specify branch and duty station)
A1f. WHAT IS YOUR OCCUPATION?		
_____ _____		
A1g. SELECT YOUR PREFERRED PAYMENT METHOD		
<input type="checkbox"/> SEND DIRECT CAREPAY <input type="checkbox"/> CHECK		
A1h. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST RECEIPT (IF RECIPIENT INITIALS / LASTS)		
_____ _____		
A1i. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST RECEIPT IS YOUR:		
(Check one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> OTHER PERSON		
A1j. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?		
YES NO		
A1k. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?		
YES NO		
A2. DO YOU HAVE MORE THAN ONE EMPLOYER?	A3. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:	A4. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
YES NO	WEEKLY HOURLY OTHER (Specify)	YES NO
A5. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE?		
YES NO		
<p>A6. Declaration and Signature: By my signature on this claim statement, I certify that family leave benefits and certify that throughout the period covered by this claim I was providing care for, bonding with, or participating in a qualifying event with the employee named above. (I authorize EDD to release my personal information as shown on this claim to the state employer's mailing physician or any other person named in Part C and Part D of this claim for authorization by my employer to disclose EDD all facts concerning my employment that are within their knowledge and to authorize medical and use of information as found in the Information Collection and Access portion of this form.) I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statements, including any accompanying documents, to the best of my knowledge and belief are true and complete. I agree that disclosure of this authorization shall be as valid as the original and I understand that authorizations contained in this claim statement are general for a period of three years from the date of my signature or the effective date of the claim, whichever is later.</p>		
Claimant's Signature	If signature is made by mark (X), please place mark here.*	State Signer (Last, First, Middle Initial)
_____ (DO NOT PRINT)	_____	_____ (Last, First, Middle Initial)
<p>*If your signature is made by mark (X), it must be attested by two witnesses with their addresses.</p>		
1st Witness Signature and Address		2nd Witness Signature and Address
_____ _____ City _____ State/Prov. _____ Zip _____		_____ _____ City _____ State/Prov. _____ Zip _____

Filing a Paid Family Leave Care Claim

A properly completed PFL care claim will include:

[illegible]

Filing a Paid Family Leave Bonding Claim

- A properly completed PFL bonding claim will include:
- ▶ **Part A** – Statement of Claimant.
 - ▶ **Part B** – Bonding Certification.
 - ▶ Supporting documentation verifying the relationship between you and the new child.

Obtain the DE 2501F application by ordering through [Online Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

EDD Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501PFL2001

PART A - STATEMENT OF CLAIMANT (CARE, BONDING, or MILITARY ASSIST PROVIDER)									
A1. YOUR SOCIAL SECURITY NO.			A2. YOUR DATE OF BIRTH			A3. LANGUAGE YOU PREFER TO USE			
<div></div>			<div></div>			<div></div>			
A4. YOUR LEGAL NAME			A5. YOUR DATE OF BIRTH			A6. YOUR GENDER			
<div></div>			<div></div>			<div></div>			
A7. YOUR TELEPHONE NUMBER			A8. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED						
<div></div>			<div></div>						
A9. YOUR MAILING ADDRESS (IT'S OKAY MAIL AT A PO BOX; MAIL ONLY AT A PERSONAL SERVICE BOX. YOU MUST ENTER THE NUMBER IN THE "TWELF" SPACE) (FILL IN IF APPLICABLE)									
<div></div>									
CITY STATE/PROV ZIP OR POSTAL CODE COUNTRY IF NOT U.S.A.									
<div></div>									
A10. NAME OF YOUR EMPLOYER					MAILING ADDRESS				
<div></div>					<div></div>				
CITY STATE/PROV ZIP OR POSTAL CODE EMPLOYER'S PHONE NUMBER									
<div></div>					<div></div>				
A11. DATE YOU LAST WORKED		A12. DATE YOU WANT YOUR PFL CLAIM TO BEGIN		A13. DATE YOU RETURNED OR WILL RETURN TO WORK		A14. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?			
<div></div>		<div></div>		<div></div>		<div></div>			
A15. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?									
<div> <div>CARE FOR CHILD</div> <div>BOND WITH CHILD</div> <div>BOND WITH ADULT</div> <div>OTHER REASON</div> </div>									
A16. SELECT YOUR PREFERRED PAYMENT METHOD <input type="checkbox"/> SEND DIRECT CAREP <input type="checkbox"/> CHECK									
A17. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST RECEIPT (FIRST / MIDDLE INITIAL / LAST)									
<div></div>									
A18. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST RECEIPT IS YOUR:									
<div> <div>REGISTERED DOMESTIC PARTNER</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> <div>CHILD</div> </div>									
A19. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?									
<div></div>									
A20. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?									
<div></div>					<div></div>				
A21. DO YOU HAVE MORE THAN ONE EMPLOYER?					A22. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:				
<div></div>					<div></div>				
A23. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?									
<div></div>					<div></div>				
A24. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE?									
<div></div>									
<p>A25. Declaration and Signature. By my signature on this claim statement (1) I claim that Family Leave benefits and certify that throughout the period covered by this claim I was providing care for, bonding with, or participating in a qualifying event with the employee named above (2) I authorize EDD to release my personal information as shown on this claim as the case manager's mailing physician or any other employee listed in Part C and Part D of this claim (3) I authorize my employer to disclose EDD all facts concerning my employment that are within my knowledge and to authorize medical and use of information as found in the Information Collection and Access portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statements, including any accompanying statements to the best of my knowledge and belief are true and complete. I agree that the provision of this authorization shall be as valid as the original and I understand that authorizations contained in this claim statement are general for a period of three years from the date of my signature or the effective date of the claim, whichever is later.</p>									
Claimant's Signature (DO NOT PRINT)					If signature is made by mark (X), please place mark here.				
<div></div>					<div></div>				
<p>*If your signature is made by mark (X), it must be attested by two witnesses with their addresses</p>									
1 st Witness Signature and Address					2 nd Witness Signature and Address				
<div></div>					<div></div>				

Filing a Paid Family Leave Military Assist Claim

 By mail

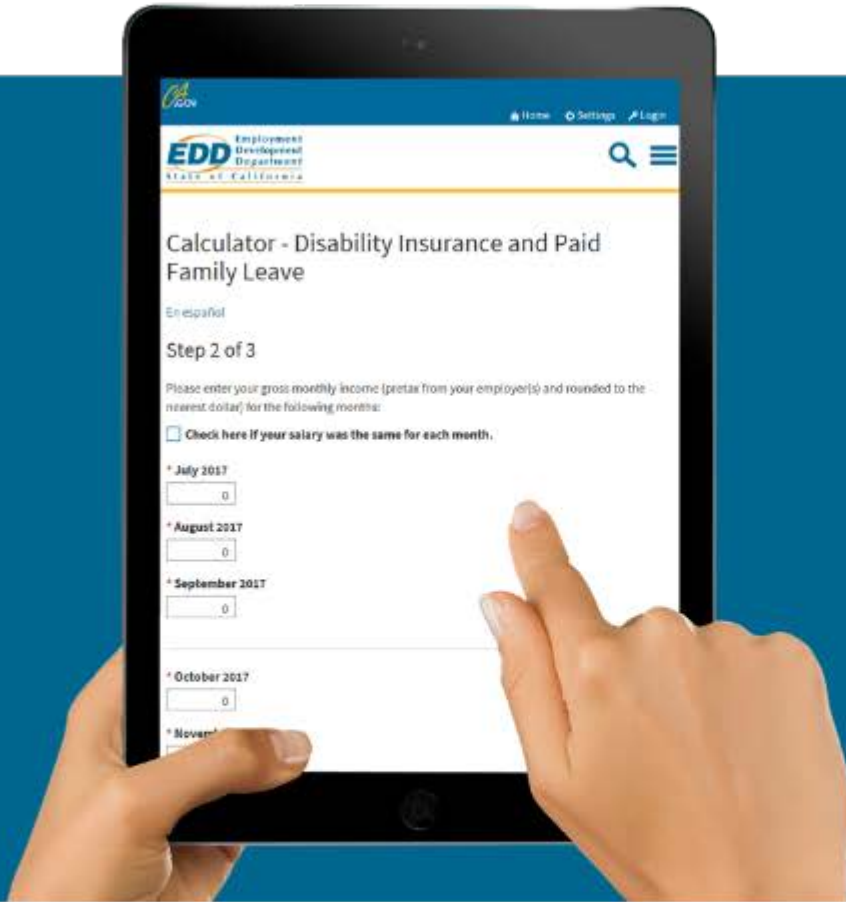
A properly completed PFL military assist claim will include:

- ▶ **Part A** – Statement of Claimant.
- ▶ **Part E** – Military Assist Certification.
- ▶ Supporting military documentation and supporting documentation for the qualifying event.

Obtain the DE 2501F application by ordering through [Online Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

Calculating the Benefit Amount



Your weekly benefit amount is determined by your highest quarter of earnings in your “base period” (wages subject to SDI tax earned 5-18 months prior to your claim start date).

The “base period” covers a 12-month period and is broken into four consecutive quarters. For example, if your PFL claim begins in April, May, or June, your weekly benefit amount is calculated from your highest quarter of earnings paid to you between January 1 and December 31 of the prior year.

Simplify this process by using the [Disability Insurance and Paid Family Leave Weekly Benefits Calculator](https://edd.ca.gov/disability/PFL_calculator.htm) (edd.ca.gov/disability/PFL_calculator.htm) to estimate your weekly benefit amount.

Determining Paid Family Leave Eligibility

Have you paid into California's SDI program (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ▶ **“YES”** – You are most likely eligible for benefits.
- ▶ **“NO”** – Not all employees pay into SDI, so you may not be eligible for benefits.

Review paystubs before assuming eligibility.

Eligibility is **not** based on length of service or the number of employees your company has on staff.

Citizenship and immigration status do **not** affect eligibility.

Payment is not guaranteed until the claim has been approved by the Employment Development Department.

Only eight weeks of benefits can be claimed per 12-month period.



Employment Status and Paid Family Leave



Your eligibility is determined by whether you have paid into California's SDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance and/or be actively looking for work to qualify for PFL.

You may still qualify for PFL if you are seasonal, part-time, or unemployed.



If self-employed, you may be eligible if you are contributing to the Disability Insurance Elective Coverage program.



Job Protections



Does the SDI program provide job protection?

No, the program does not provide job protection, just paid benefits.

However, other state and federal laws may apply while you are using your leave.

Job Protections (Cont.)

Laws that may apply while receiving DI or PFL benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ New Parent Leave Act (NPLA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Speak with your employer to obtain unpaid job-protected leave. Visit the [California Department of Fair Employment and Housing \(dfeh.ca.gov\)](https://dfeh.ca.gov) and the [US Department of Labor \(dol.gov\)](https://dol.gov) to learn more.



For more information, visit:

► Paid Family Leave
(CaliforniaPaidFamilyLeave.com)

Contact EDD

- English: 1-877-238-4373
- Spanish: 1-877-379-3819
- Cantonese: 1-866-692-5595
- Vietnamese: 1-866-692-5596
- Armenian: 1-866-627-1567
- Punjabi: 1-866-627-1568
- Tagalog: 1-866-627-1569
- TTY: 1-800-445-1312





CALIFORNIA
PAID FAMILY LEAVE
moments matter.



Tell Your Paid Family Leave Story

California's PFL allows you to be there for the moments that matter.

Share your PFL story by tagging
@CA_PFL on Instagram.



#MomentsMatter
#PFL
#PaidLeave
#CAPFL
#CAPaidFamilyLeave



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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/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.