



CALIFORNIA
PAID FAMILY LEAVE
moments matter.

Paid Family Leave New/Expecting Mother 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.



Disability Insurance and Expecting Mothers

California has two paid leave programs for new and expecting mothers.

Disability Insurance (DI) provides partially paid leave for:

- ▶ Up to **four weeks before birth*** and
- ▶ Up to **eight weeks post birth***
(typically 6 weeks vaginal/8 weeks cesarean).

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

*New/Expecting mothers can receive up to 52 weeks of benefits if there are complications before or after birth.

Paid Family Leave and New/Expecting Mothers

Paid Family Leave (PFL) provides up to **eight weeks** of partially paid leave for parents to bond with a new child within the child's first year.

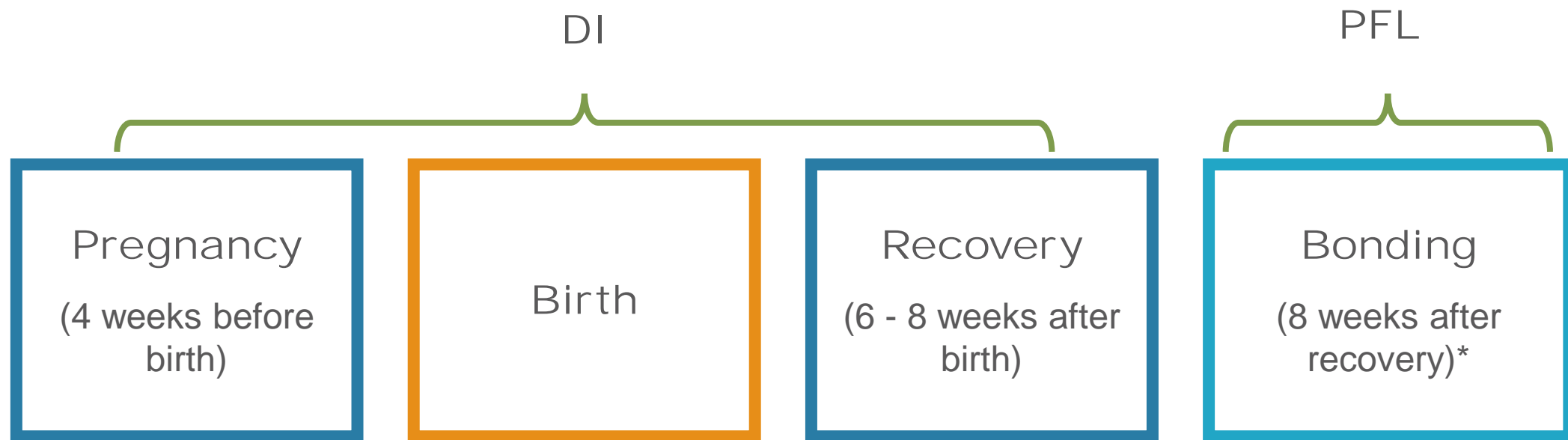
- ▶ Can be used to bond with a biological, foster, or adopted child.
- ▶ New mothers do not need to provide documentation showing proof of relationship if pregnancy-related DI benefits were claimed.

You receive the same weekly benefit amount during your PFL bonding claim as the pregnancy-related DI claim.



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

New mothers file for DI followed by PFL, for example:



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

Filing your Disability Insurance and Paid Family Leave Claims

Each program requires its own claim to be filed.*

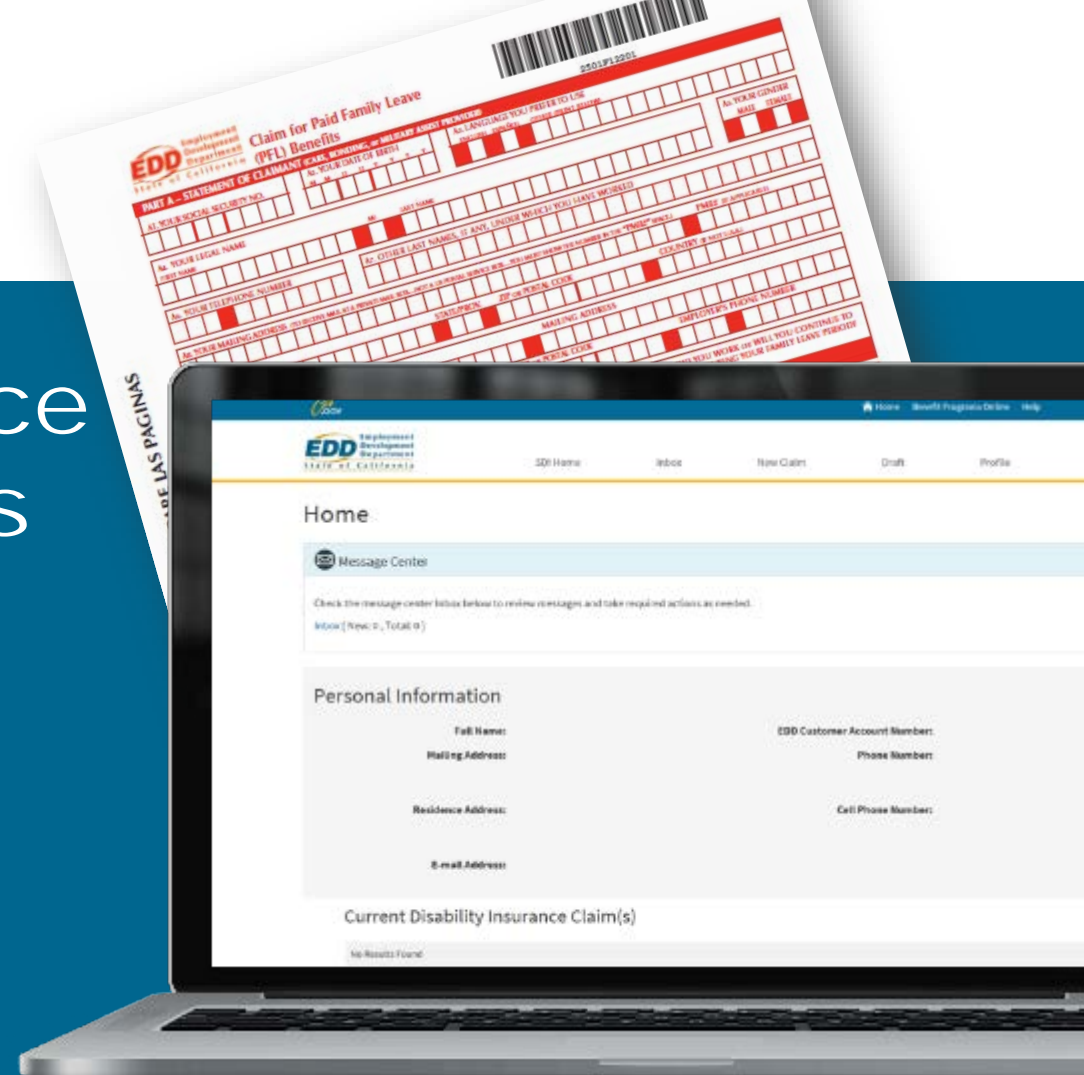
You must complete and submit your DI claim within 49 days and your PFL claim within 41 days from the start date of your claim. You can file in two ways:



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.

SDI Online and New/Expecting Mothers

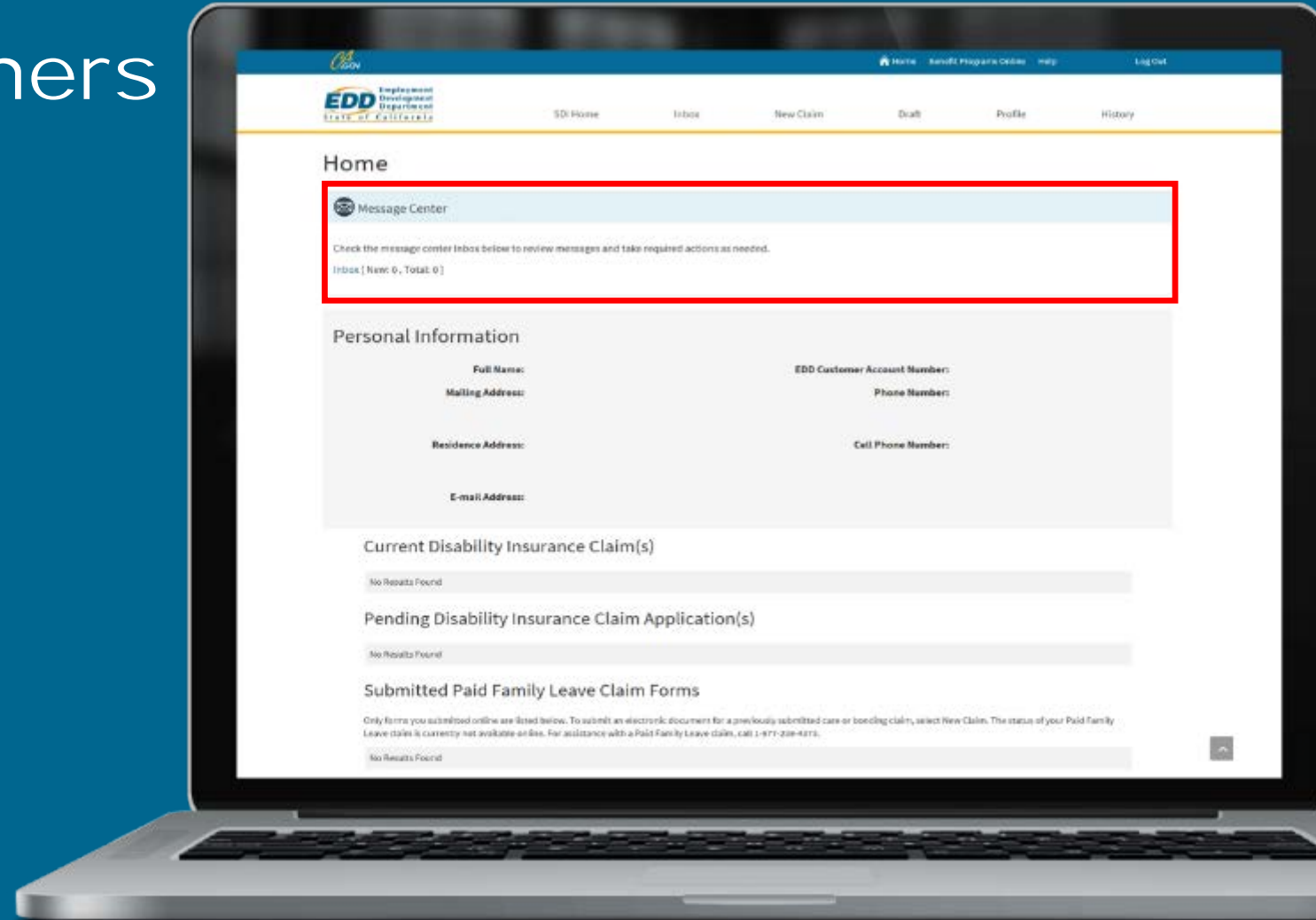


Online

You can file your DI claim using SDI Online by registering for an account and selecting “New Claim” in your account menu. The EDD will notify you by email when it is time to complete your PFL bonding form.

Select the *Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) link in your account inbox to file electronically.

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



SAMPLE, this page for reference only

Claim for Disability Insurance (DI) Benefits

Health Insurance Portability

Claimant Social Security Number

Claimant Name (First)
SAMPLE

I authorize

Geoff Booke

(Person/Organization providing information and to allow information to be used for rehabilitation, and billing that are within their knowledge. Development Department supervisors/managers are not to use this information in order to deny Disability Insurance benefits.)

I understand that EDD is released to EDD may not be released to EDD (45 CFR Section 164.506) the California Unemployment Insurance Act.

I agree that photocopies of this form may be made.

I understand I have the right to stop this authorization at any time by stopping this authorization at CA 94280. The authorization is not valid if the consequences for State Disability Insurance are not followed.

I understand that, unless I notify EDD within 90 days from the date received, I understand that I will prevent EDD's recovery of benefits.

I understand that I am self-employed and I understand the consequences for my claim form that cannot be changed.

I understand I have the right to stop this authorization at any time by stopping this authorization at CA 94280.

Claimant Signature (Do Not Print)
Sample Claimant

DE 2501 Rev. 01 (3-20) (INTRANET)

SAMPLE, this page for reference only

Your disability claim can also be filed online at www.edd.ca.gov

PLEASE PRINT WITH BLACK INK.

PART A - CLAIMANT'S STATEMENT

A1. YOUR SOCIAL SECURITY NUMBER
0000000000

OR IF YOU HAVE PREVIOUSLY BEEN ASSIGNED AN EDD CUSTOMER ACCOUNT NUMBER, ENTER THAT NUMBER HERE

No

A3. CALIFORNIA DRIVER LICENSE OR ID NUMBER

Z1234567

A4. GENDER

Male

A5. IF YOU EVER USED OTHER SOCIAL SECURITY NUMBERS, ENTER THOSE NUMBERS BELOW

No

A6. STATE GOVERNMENT EMPLOYEE? IF "YES" INDICATE BARGAINING UNIT

Yes

A7. YOUR DATE OF BIRTH

01011900

A8. YOUR LEGAL NAME (FIRST) (MIDDLE) (LAST) SUFFIX
Sample **Claimant**

A9. OTHER NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED (FIRST) (MIDDLE) (LAST) SUFFIX

No

A10. YOUR HOME AREA CODE AND TELEPHONE NUMBER

999 0236789

A11. YOUR CELL AREA CODE AND TELEPHONE NUMBER

111 0020047

A12. LANGUAGE YOU PREFER TO USE

English

A13. YOUR MAILING ADDRESS, PO BOX OR NUMBER/STREET/APARTMENT, SUITE, SPACES, OR PUM (PRIVATE MAIL BOX)

123 Any Street

CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)
Anytown CA 12345

A14. YOUR RESIDENCE ADDRESS, REQUIRED IF DIFFERENT FROM YOUR MAILING ADDRESS, NUMBER/STREET/APARTMENT OR SPACES

No

A15. YOUR LAST OR CURRENT EMPLOYER. IF YOUR LAST OR CURRENT EMPLOYMENT WAS SELF-EMPLOYMENT, ENTER "SELF" AND FILL IN THIS OPTION. ☐ SELF

Roadrunner Pastries

NUMBER/STREET/APARTMENT, SUITE, SPACES, OR PUM (PRIVATE MAIL BOX) CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)
647 Armistice Way

Anywhere CA 66222

EMPLOYER'S TELEPHONE NUMBER
499 3111111

A16. AT ANY TIME DURING YOUR DISABILITY, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? ☐ YES ☒ NO

A17. BEFORE YOUR DISABILITY BEGAN, WHAT WAS THE LAST DAY YOU WORKED?
12012015

A18. WHEN DID YOUR DISABILITY BEGIN?
12162015

A19. DATE YOU WANT YOUR CLAIM TO BEGIN, IF DIFFERENT THAN THE DATE ENTERED IN A18
No

A20. SINCE YOUR DISABILITY BEGAN, HAVE YOU WORKED OR ARE YOU WORKING AND FULL OR PARTIAL DISABILITY? ☐ YES ☒ NO

A21. IF YOU RECOVERED, ENTER DATE:
No

A22. IF YOU RETURNED TO WORK, ENTER DATE:
No

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Paid Family Leave and New/Expecting Mothers



Mail

If filing by mail, you will need to complete the *Claim for Disability Insurance (DI) Benefits* (DE 2501). A properly completed DI claim will include:

- **Part A – Claimant's Statement**
- **Part B – Physician/Practitioner's Certificate**

Order the DE 2501 application online at [Online Forms and Publications](http://OnlineFormsandPublications(forms.edd.ca.gov/Forms)) (forms.edd.ca.gov/Forms).

PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017



2501FP0620

RETURN TO ----->



EDD—PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

Our records indicate you are a new mother receiving State Disability Insurance (SDI) Benefits for a pregnancy-related disability. After your baby is born and you have recovered from your disability, you may be eligible for Paid Family Leave (PFL) benefits if you remain off work to bond with your baby.
NOTE: If you wish to claim additional PFL benefits for reasons other than bonding, please call 1-877-238-4373.

CLAIM FOR PAID FAMILY LEAVE (PFL) BENEFITS – NEW MOTHER

If you wish to claim PFL benefits, please complete the requested items below and return this form to the PFL office within 45 days from date you want your PFL claim to begin. If you had a multiple birth, provide information for one only.

FOR OFFICE USE ONLY	SDI CLAIM EFFECTIVE DATE	FINAL DATE OF SDI BENEFITS
1. Has your address or telephone number changed since you received this form? (If "Yes," correct below.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have you completely recovered from your pregnancy-related disability as of the "FINAL DATE OF SDI BENEFITS" shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Do you want your PFL claim to begin on the day after the "FINAL DATE OF SDI BENEFITS" shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," enter below the date you want your PFL claim to begin (MM DD YYYY):		
If you need more information regarding when to begin your PFL claim, call 1-877-238-4373.		
4. Do you want to claim the full maximum benefit weeks now? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No," enter the date you want to end your PFL bonding claim (MM DD YYYY):		
5. Will your employer require you to take paid vacation before beginning family leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Will your employer continue to pay you wages during your family leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Do you have more than one employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Your baby's name: FIRST MIDDLE INITIAL LAST		
9. Your baby's date of birth (MM DD YYYY):		
10. Your baby's gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
11. Have you claimed – or do you plan to claim – workers' compensation benefits for any portion of the period covered by this PFL claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Select your preferred payment method: <input type="checkbox"/> EDD Debit Card <input type="checkbox"/> Check		
For Office Use Only		

Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I will be bonding with my new infant; (2) authorize my employer(s) to disclose to State Disability Insurance all facts concerning my employment that are within their knowledge; and (3) authorize release and use of information as stated 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 statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

YOUR SIGNATURE

DATE SIGNED
M | M | D | D | Y | Y | Y

DE 2501FP Rev. 2 (6-20)

USE BLACK INK TO COMPLETE THIS FORM

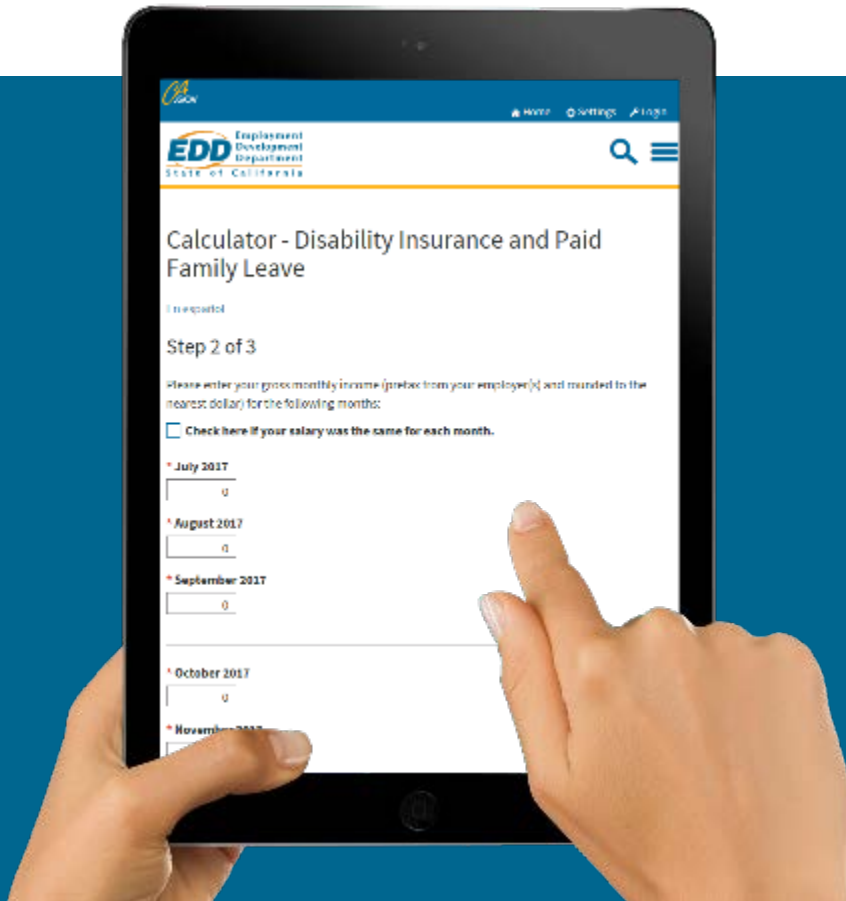
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Paid Family Leave and New/Expecting Mothers

By mail

New mothers transitioning from a pregnancy-related DI claim to PFL bonding will automatically receive a *Claim for Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) in the mail after the final DI payment.

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 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](http://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 EDD.

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](#) and the [US Department of Labor](#) 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





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moments matter.



Tell Your Paid Family Leave Story

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

Share your PFL story on Instagram
@CA_PFL



#MomentsMatter
#PFL
#PaidLeave
#CAPFL
#CAPaidFamilyLeave



CALIFORNIA
PAID FAMILY LEAVE
moments matter.



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.