



California's Paid Family Leave

Moments matter.

Paid Family Leave Physician/Practitioner 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

Can be used to bond with a new child or to care for an ill family member.

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:

- ▶ 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.

Recipients receive approximately 60 to 70 percent of their salary while using PFL.

Paid Family Leave and Bonding

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

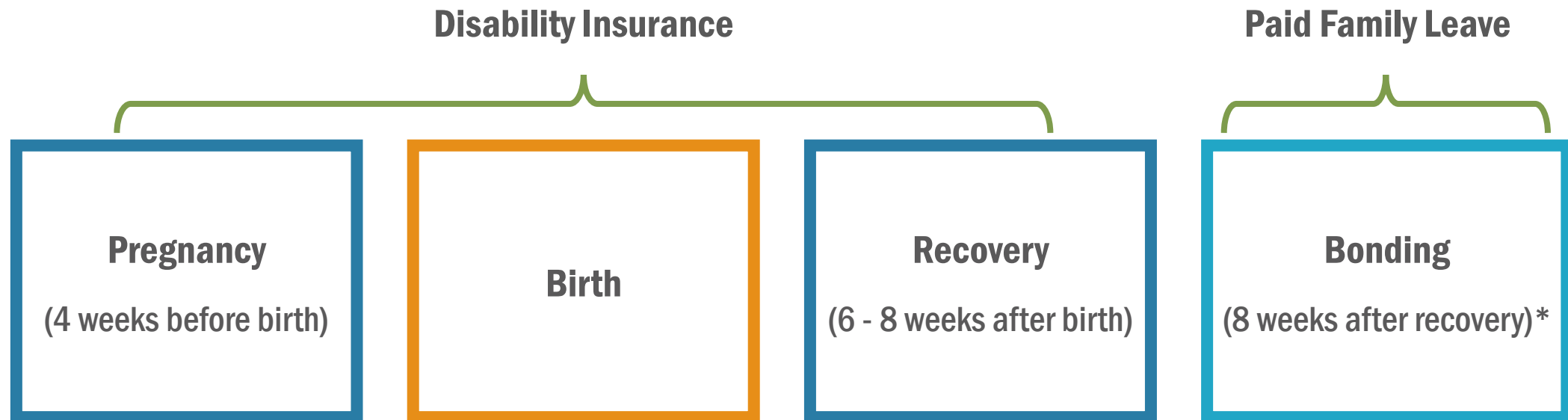
- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

Recipients receive approximately 60 to 70 percent of their 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:



*Individuals using PFL can break up their eight weeks of benefits. They do not have to take it all at once.

Filing a Paid Family Leave Claim

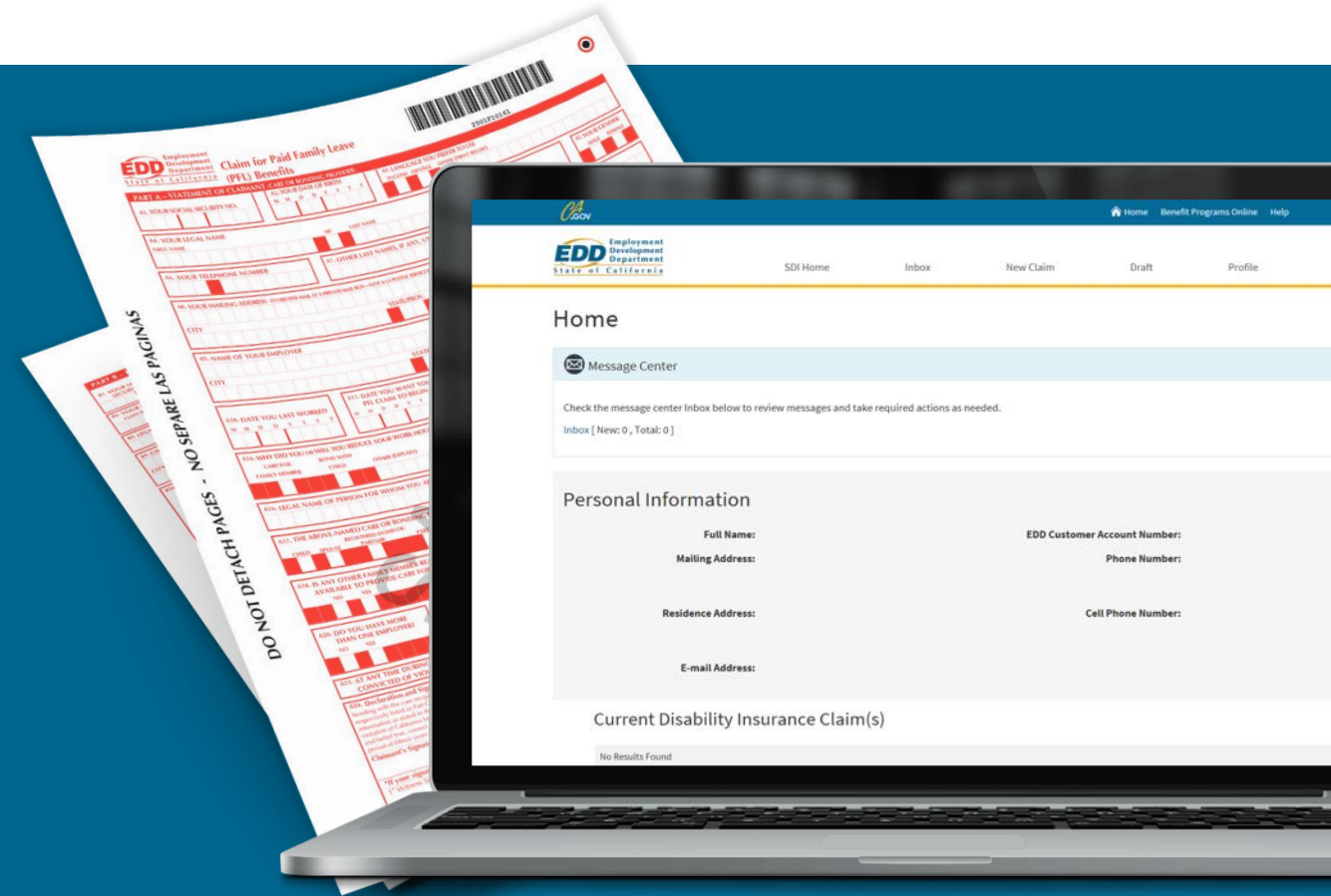
Individuals must complete and submit their PFL claim within 41 days from the date their family leave begins by:



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



Mail



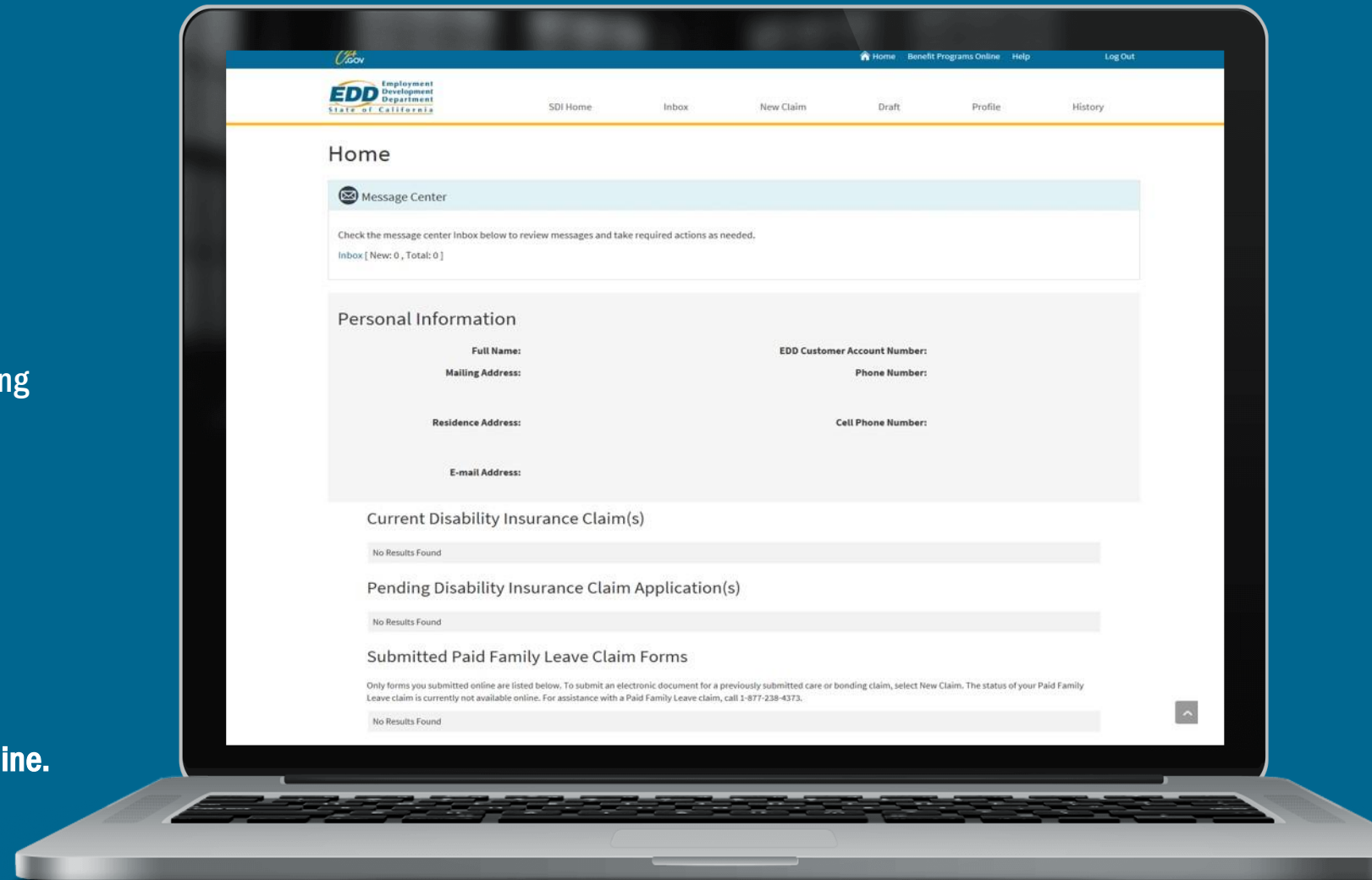
*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

Paid Family Leave and SDI Online

Individuals can file a PFL claim electronically using SDI Online.

Health care providers and/or their authorized representative(s) can submit their medical certifications electronically through SDI Online.

Create or access your account by visiting SDI Online.



DO NOT DETACH PAGES - NO SEPARAR LAS PAGINAS

EDD Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501F10161

PART A - STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)

A1. YOUR SOCIAL SECURITY NO. A2. YOUR DATE OF BIRTH A3. LANGUAGE YOU PREFER TO USE
M M D D Y Y Y Y ENGLISH SPANISH OTHER (PRINT BELOW)

A4. YOUR LEGAL NAME FIRST NAME MI LAST NAME A5. YOUR GENDER MALE FEMALE

A6. YOUR TELEPHONE NUMBER A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT A PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMBOX" SPACE) PMBOX (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 TELEPHONE NUMBER

A10. DATE YOU LAST WORKED A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN A12. DATE YOU RETURNED OR WILL RETURN TO WORK A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?
M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y NO YES

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? CARE FOR BOND WITH
FAMILY MEMBER CHILD OTHER (EXPLAIN) A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (CARE RECIPIENT) FIRST MIDDLE INITIAL LAST OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:
CHILD SPOUSE REGISTERED DOMESTIC PARTNER PARENT GRANDPARENT PARENT-IN-LAW GRANDCHILD OTHER (EXPLAIN)

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? NO YES
A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM? NO YES

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? NO YES
A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: SICK VACATION OTHER (EXPLAIN)
A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)? NO YES

A23. 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? NO YES

A24. 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 was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) 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 principles 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.

Claimant's Signature (DO NOT PRINT) If signature is made by mark (X), please place mark here. Date Signed (M M | D D | Y Y Y Y)

*If your signature is made by mark (X), it must be attested by two witnesses with their addresses.
1st Witness Signature and Address 2nd Witness Signature and Address



Filing a Paid Family Leave Care or Bonding Claim



By mail

Individuals filing for PFL care or bonding must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F).

An individual providing care must also have the care recipient's health care provider complete and sign Part D – Physician/Practitioner's Certification of the DE 2501F.

You may order the DE 2501F application by visiting **Online Forms and Publications**, calling 1-877-238-4373, or picking one up at your local SDI office.

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 41 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 employer? <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 was/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 Y



DE 2501FP Rev. 2 (6-20)

USE BLACK INK TO COMPLETE THIS FORM

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Transitioning from Disability Insurance to Paid Family Leave



By mail

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

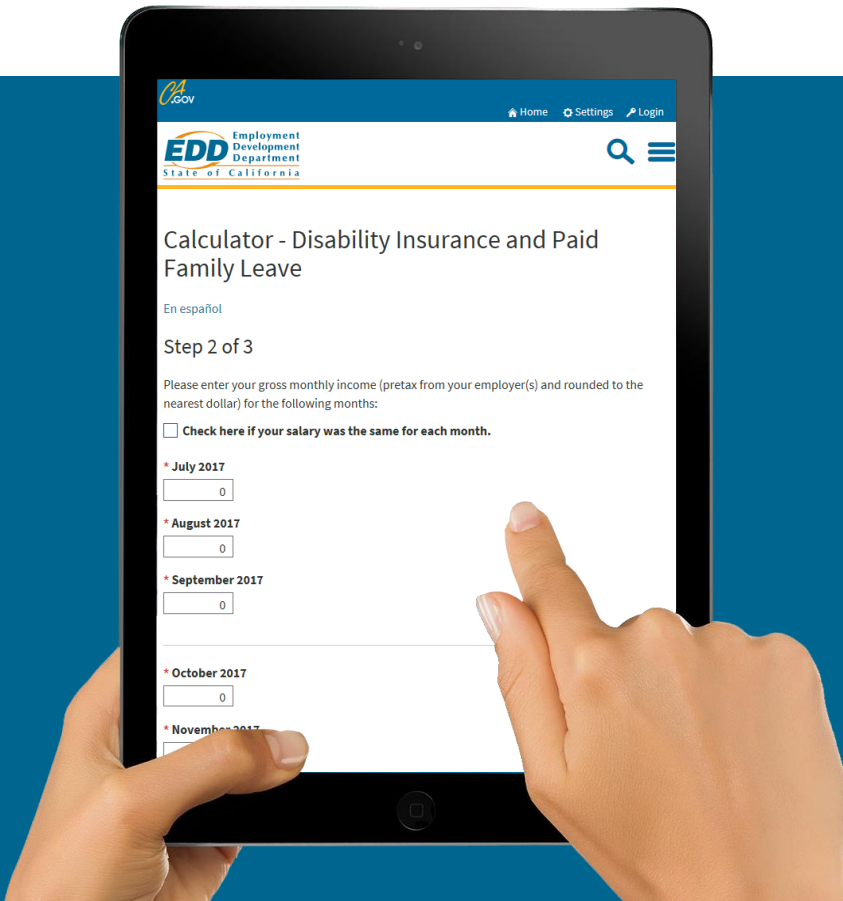
*PFL bonding claims do not require medical certification.

Calculating the Benefit Amount

A claimant's weekly benefit amount is determined by their highest quarter of earnings in their "base period" (wages subject to SDI tax earned 5-18 months prior to the claim start date).

The "base period" covers a 12-month period and is broken into 4 consecutive quarters. For example, if an individual's PFL claim begins in April, May, or June, their weekly benefit amount is calculated from their highest quarter of earnings between January 1 and December 31 of the prior year.

Individuals filing for PFL can simplify this process by using the **Disability Insurance and Paid Family Leave Weekly Benefits Calculator** to estimate their weekly benefit amount.





Paid Family Leave Care Claims and Physician/Practitioner Responsibilities

As your patient's health care provider, **you determine** whether your patient's physical or mental health condition requires care from a family member.

Your medical certification must include:

- ▶ Patient's diagnosis and corresponding ICD code.
- ▶ Your medical license number.
- ▶ Estimated date your patient's care is no longer required.
- ▶ Estimated duration your patient will need care provided by a family member.
- ▶ Your signature.



Serious Health Condition

- To qualify for a PFL care claim, the claimant must care for a seriously ill family member. For PFL purposes, a serious health condition is an illness, injury, impairment, or physical or mental condition that requires:
 - At-home care or in-patient care in a hospital, hospice, or residential medical care facility.
 - Continuing treatment by a physician or health care practitioner.



Who Can Certify to the Care Recipient's Serious Illness?

The following **licensed physicians/practitioners** are authorized to either certify online through SDI Online or sign Part D – Physician/Practitioner's Certificate of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F):

- ▶ Licensed medical or osteopathic physician/surgeon
- ▶ Medical Officer of a U.S. government facility or registrar of a county hospital in California
- ▶ Chiropractor
- ▶ Podiatrist
- ▶ Optometrist
- ▶ Dentist
- ▶ Psychologist
- ▶ Accredited religious practitioner
- ▶ Nurse practitioner or physician assistant after examination and collaboration with a physician and/or surgeon

Determining Paid Family Leave Eligibility

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

- ▶ **“YES”** – They are most likely eligible for benefits.
- ▶ **“NO”** – Not all workers pay into SDI, thus they are not eligible for these programs.

Claimants should review their paystubs before assuming eligibility.

Eligibility is not based on length of service or the number of employees the 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 (EDD).

Only 8 weeks of benefits can be claimed per 12-month period.



Employment Status and Paid Family Leave



Eligibility is determined by whether the claimant has contributed to 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.

Seasonal, part-time, and unemployed individuals may still qualify for PFL.



Self-employed individuals may be eligible if they are contributing to the Disability Insurance Elective Coverage program.



Job Protections



Does the SDI program
provide job protection?

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

However, other state and
federal laws may apply while
your patient is using 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)

Individuals considering DI or PFL must speak to their employer to obtain unpaid job-protected leave. Visit the **California Department of Fair Employment and Housing** and the **U.S. Department of Labor** to learn more.



For more information, visit:

- ▶ edd.ca.gov/paidfamilyleave
- ▶ CaliforniaPaidFamilyLeave.com

Contact EDD

- ▶ English: 1-877-238-4373
- ▶ Spanish: 1-877-379-3819

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.





CALIFORNIA
PAID FAMILY LEAVE
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