

State Disability Insurance Request for Information Form

The State Disability Insurance program is committed to providing quality service and timely delivery of information requested. To better serve you, please complete this form to help collect important information needed to process your request. A monetary charge may be applied based on the time and complexity associated with delivering the request.

Instructions: Complete each applicable section to submit an inquiry for data or program information. If the inquiry contains multiple components, use only one form and the general program email address.

Depending on the type of inquiry, send the form to the appropriate email address:

- Data: **DIDataReq@edd.ca.gov**
- General Program: **DIBOutreach@edd.ca.gov**

SECTION 1 – Requestor’s Contact Information

Date:	Due Date:
Requestor’s Name:	Title:
Organization Name:	
Phone Number:	Email:

SECTION 2 – Request Type

Check applicable box(es)

- Program Data (data and statistics only)
- General Program Information (e.g. history, department policies, eligibility, etc.)

SECTION 3 – Benefit Program Type

Check applicable box(es).

- Disability Insurance Voluntary Plan Nonindustrial Disability Insurance
 Paid Family Leave Elective Coverage

SECTION 4 – Inquiry

1. Check applicable box(es) and provide specific year(s).

Quarter(s): _____

Month(s): _____

Fiscal Year(s): _____

Calendar Year(s): _____

Other: _____

Format Deliverable: Table Chart

2. Provide a detailed and succinct description of the information requested. Describe how the information will be used. Attach a separate document, if necessary.

3. Who is your target audience (e.g. general public, publication, etc.)?

4. Will this data be released to the public?

Yes No

If yes, provide the individual or group name(s), phone number(s), and address(es), and how the information will be shared.