



If you are a business owner or self-employed, then Disability Insurance Elective Coverage may be for you!



STATE OF CALIFORNIA

**LABOR AND WORKFORCE
DEVELOPMENT AGENCY**

**EMPLOYMENT DEVELOPMENT
DEPARTMENT**

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. TTY users, please call the California Relay Service at 711.

This pamphlet is for general information only and does not have the force and effect of law, rule, and regulation.

DISABILITY INSURANCE ELECTIVE COVERAGE

A SAFETY NET FOR THE BUSINESS OWNER OR SELF-EMPLOYED

A Financial Safety Net

Disability Insurance Elective Coverage (DIEC) offers a safety net to business owners or self-employed individuals by providing Disability Insurance (DI) and Paid Family Leave (PFL) benefits. Anyone who receives a major part of their income from their self-employment or business may elect to be covered by DIEC.

DIEC Benefits Include:

- Protection against loss of income due to injury, pregnancy, or illness whether or not it is work-related.
- Up to 39 weeks of benefits for your own disability.
- Automatic coverage in PFL, which provides up to eight weeks of benefits to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

Premiums are based on net profits as declared on the Internal Revenue Service Form 1040 (Schedule SE) or (Schedule C). For more information regarding benefit amounts paid, view the *Disability Insurance and Paid Family Leave Weekly Benefit Amounts in Dollar Increments* (DE 2589) by visiting [Forms and Publications](http://edd.ca.gov/forms) (edd.ca.gov/forms).

For more information about DI, call 1-800-480-3287. For information about PFL, call 1-877-238-4373.

Major Requirements

- You must own your own business or be self-employed.
- You must have a minimum annual income of \$4,600.
- You must be normally and continuously engaged in a regular trade, business, or occupation.
- You must possess a valid active license, if required by your occupation.
- You must derive the major portion of your income from your trade, business, or occupation.
- You must be able to perform your normal duties on a full-time basis at the time you submit your application.
- Your business cannot be seasonal.
- You must stay in the program for two complete calendar years unless you discontinue your business or move out of California.

Benefit Eligibility

Generally, you must have this insurance coverage for at least six months before you are eligible to file a claim.

If you have any questions regarding your eligibility, call a DIEC Customer Service Representative at 1-916-654-6288. If you would like an application, you can complete and mail the attached form, download or order it through [Forms and Publications](http://edd.ca.gov/forms) (edd.ca.gov/forms), or call 1-916-554-7104.

Please send me more information and an application for DIEC.

Name _____

Address _____

City _____

State _____ ZIP Code _____

Email Address _____

Please have someone call me at _____

Detach this portion and mail to the following address:

State of California
Employment Development Department
DIEC Unit
PO Box 826880, MIC 5
Sacramento, CA 94280-0001