State of California
Office of Administrative Law

In re:
Employment Development Department

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:
Amend sections: 2706-1, 2706-2, 2708(c)-1, and 3267-1
Repeal sections:

NOTICE OF APPROVAL OF REGULATORY ACTION

Government Code Section 11349.3

OAL Matter Number: 2026-0922-07

OAL Matter Type: Regular (S)

In this regular rulemaking action, the Employment Development Department (EDD) amends the requirements that claimants must complete on EDD's Family Temporary Disability Insurance claim form when taking time off to bond with a foster child.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2027.

Date: November 2, 2026

Sam Micon
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Nancy Faris, Director
Copy: Victor Lao

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

STD. 400 (REV. 10/2019)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2026-0312-03	2026-0922-07S	

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW
2026 SEP 22 PM 4:02

ENDORSED - FILED
in the office of the Secretary of State
of the State of California
NOV 02 2026
NG 2:06pm

NOTICE | REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: Employment Development Department

AGENCY FILE NUMBER (If any):

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE

3. NOTICE TYPE	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
☐ Notice re Proposed Regulatory Action ☐ Other			

OAL USE ONLY	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE
	☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn	2026,16-Z	4/17/26

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Foster Child Bonding

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S):

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) **(Including title 26, if toxics related)**

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT:

AMEND: 2706-1, 2706-2, 2708(c)-1, and 3267-1

TITLE(S): 22

REPEAL:

3. TYPE OF FILING

- ☒ Regular Rulemaking (Gov. Code §11346)
- ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- ☐ Emergency (Gov. Code, §11346.1(b))
- ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
- ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
- ☐ Emergency Readopt (Gov. Code, §11346.1(h))
- ☐ File & Print
- ☐ Other (Specify)
- ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
- ☐ Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

- ☒ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- ☐ Effective on filing with Secretary of State
- ☐ §100 Changes Without Regulatory Effect
- ☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☐ Department of Finance (Form STD. 399) (SAM §6660)
- ☐ Fair Political Practices Commission
- ☐ State Fire Marshal
- ☐ Other (Specify)

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Victor Lao	916-654-8410		

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE	DATE
Nancy Farias Digitally signed by Nancy Farias Date: 2026.09.18 09:44:16 -07'00'	9/16/26

TYPED NAME AND TITLE OF SIGNATORY: Nancy Farias, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 02 2026

Office of Administrative Law

EMPLOYMENT DEVELOPMENT DEPARTMENT

Amendment of Sections 2706-1, 2706-2, 2708(c)-1, and 3267-1
Title 22, California Code of Regulations

FOSTER CHILD BONDING

Proposed Regulation Text

NOTE: Language to be repealed is shown in strikeout format; language to be added is shown in underline format.

AMEND SECTION 2706-1 TO READ AS FOLLOWS:

(a) Any person or ~~his or her~~ their authorized representative may file a first claim for disability benefits who has been continuously unemployed and disabled for a period of eight consecutive days, provided that a claimant has been examined by or under the care of a physician or practitioner during some portion of such period.

(b) "First claim" means the claim initially filed on a form prescribed by the department with respect to a period of disability. By filing the first claim, the claimant establishes ~~his or her~~ their disability period and the department computes the weekly benefit amount and maximum benefits potentially payable for the disability period.

(c) Any individual who is unable to work and has a wage loss due to any of the causes specified in Section 2626 of the code for a period of at least eight days, may file a claim for benefits.

(d) A "properly completed first or continued claim" means a claim containing all the required items as prescribed in subdivisions (e) and (f).

(e) The claimant shall file the first or continued claim and shall provide ~~his or her~~ their:

(1) legal name, and any other last name(s) used by the claimant.
(2) social security account number, and/or any other names and social security account numbers by which the claimant is or was known.
(3) date of birth.
(4) gender.
(5) mailing address and residence address if different from mailing address.
(6) driver license number or identification card number, provided that the driver license or identification card was issued by a local, state, or federal agency, or a foreign government.
(7) date disability began.
(8) last day worked at ~~his or her~~ their last job and date returned to work, if any.
(9) reason why ~~he or she is~~ they are no longer working at ~~his or her~~ their last job.
(10) name(s) and address(es) of ~~his or her~~ their most recent employer(s).

(11) name and location of each facility where ~~he or she has~~ they have been incarcerated or otherwise in custody of law enforcement authorities upon adjudication or conviction at any time during ~~his or her~~ their disability.
(12) facility name, address and phone number if ~~he or she is~~ they are residing in an alcoholic recovery home or a drug-free residential facility.
(13) Workers' Compensation claim information as follows, if ~~he or she has~~ they have filed or intend~~s~~ to file for Workers' Compensation benefits:
(A) dates of injury on the job as shown on ~~his/her~~ their Workers' Compensation claim.
(B) Workers' Compensation carrier name and address.
(C) Workers' Compensation claim number.
(D) adjuster's name and telephone number.
(E) employer's name and telephone number identified on the Workers' Compensation claim.
(F) if the claimant is represented by counsel or other legal representative, provide the name, address and telephone number of such representative; and
(G) Workers' Compensation Appeals Board case number, if applicable.
(14) authorization for the claimant's treating physician, practitioner, hospital, or workers' compensation insurance carrier to furnish and disclose to the department all facts concerning the claimant's disability.
(15) signature certifying to ~~his/her~~ their disability.
(16) authorization for the department to disclose the claimant's information as listed herein from subdivisions (e)(1) to (e)(10) to the claimant's treating physician, practitioner, hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier.
(17) such other information within the scope of eligibility requirements as the department may require.

(f) The claimant's physician or practitioner shall provide the following information on the department's designated form:
(1) claimant's name.
(2) treating doctor's or practitioner's name, address and telephone number.
(3) treating doctor's or practitioner's license number.
(4) date(s) medical care was provided to the claimant.
(5) date the claimant has been incapable of performing ~~his or her~~ their regular or customary work.
(6) date claimant was released or is anticipated to be released to return to claimant's regular or customary work.
(7) diagnosis and diagnostic code(s) or procedure code prescribed in the International Classification of Diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms.
(8) determination regarding whether disclosure of the claimant's disability would be medically or psychologically detrimental to the claimant.

(9) determination regarding whether the completion of the doctor's certification is for the sole purpose of referral/recommendation to an alcoholic recovery home or drug-free residential facility.
(10) the treating doctor's or practitioner's certification and signature.
(11) such other information within the scope of eligibility requirements as the department may require.

Authority cited: Sections 305 and 306, Unemployment Insurance Code.
Reference: Sections 2602, 2608, 2626, 2701.5, and 2706, Unemployment Insurance Code.

AMEND SECTION 2706-2 TO READ AS FOLLOWS:

(a) "First claim" means the claim initially filed on a form prescribed by the department with respect to a 12-month period of family care leave. By filing the first claim, the claimant establishes ~~his or her~~ their 12-month period and the department computes the weekly benefit amount and maximum benefits potentially payable for the 12-month period.

(b) Any individual who has taken time off from ~~his or her~~ their work for purposes of family care leave, as defined in section 3302 of the code, may file a claim for benefits.

(c) A "properly completed first or re-established claim" means a claim containing all the required items as prescribed in subdivisions (d), (e), (f), and (g) of this section.

(d) The claimant shall file the first or re-established claim and shall provide ~~his or her~~ their:
(1) legal name, and any other name(s) used by the claimant.
(2) social security account number, and/or any other names and social security account numbers by which the claimant is or was known.
(3) date of birth.
(4) gender.
(5) mailing address.
(6) driver license number or identification card number, provided that the driver license or identification card was issued by a local, state, or federal agency, or a foreign government.
(7) last day worked at ~~his or her~~ their last job.
(8) reason why ~~he or she is~~ they are no longer working at ~~his or her~~ their last job.
(9) occupation.
(10) name(s) and address(es) of ~~his or her~~ their most recent employer(s).
(11) date on which ~~he or she~~ they request~~s~~ benefits to begin.
(12) care recipient's legal name.
(13) relationship to the care recipient. The claimant may be required to provide evidence of the relationship to the family member to support the claim such as a birth or marriage certificate or proof of a registered domestic partnership.

(14) statement attesting whether any other family member is ready, willing, and able and available to provide care or participate in a qualifying exigency as defined in section 3302.2 of the code for the same period of time in a day.
(15) signature.
(16) where the claimant is applying for benefits to care for a seriously ill child, spouse, parent, grandparent, grandchild, sibling, or domestic partner, authorization for the department to disclose the claimant's information as listed herein from (d)(1) to (d)(15) to the care recipient's treating physician or practitioner and to the care recipient.
(17) such other information within the scope of eligibility requirements as the department may require.

(e) The claimant shall complete the bonding certification if applying for benefits to bond with ~~a new child and shall set forth the new child's~~:

~~(1) social security account number, if issued. Absence of child's social security account number shall not disqualify the claimant.~~
~~(2) relationship to the claimant.~~
~~(3) date of foster care, guardianship, or adoption placement of the new child with the claimant or family member.~~
~~(4) legal name.~~
~~(5) date of birth.~~
~~(6) gender.~~
~~(7) residence address.~~
~~(8) documentary evidence, pursuant to section 2708(c)-1 of these regulations.~~
~~(9) claimant's signature.~~
~~(10) such other information as the department may require.~~

(1) a new child after birth, adoption, or legal guardianship placement, and shall set forth the child's:

(A) social security account number, if issued. Absence of child's social security account number shall not disqualify the claimant.
(B) relationship to the claimant.
(C) date of guardianship or adoption placement of the new child with the claimant or family member.
(D) legal name.
(E) date of birth.
(F) gender.
(G) residence address.
(H) documentary evidence, pursuant to section 2708(c)-1 of these regulations.
(I) claimant's signature.
(J) such other information as the department may require.

(2) a new child after foster care placement, and shall set forth the following:

(A) claimant's (foster parent) name.

(B) date of foster care placement of the new child with the claimant or family member.
(C) documentary evidence, pursuant to section 2708(c)-1 of these regulations.
(D) claimant's signature.
(E) such other information as the department may require.

(f) The claimant shall also provide the information as specified below about the following persons if applying for benefits to care for a seriously ill child, spouse, parent, grandparent, grandchild, sibling, or domestic partner:

(1) for a care recipient, the claimant shall provide the care recipient's:

(A) legal name.
(B) social security account number, if issued. Absence of care recipient's social security account number shall not disqualify the claimant.
(C) date of birth.
(D) gender.
(E) residence address.
(F) signature or authorized representative's signature authorizing the treating physician or practitioner to release the care recipient's protected health information to the department and the claimant.

(2) The claimant shall gather from the treating physician or practitioner on the department's designated form:

(A) the name of the care recipient.
(B) the date of birth of the care recipient.
(C) a diagnosis and diagnostic code(s) prescribed in the International Classification of Diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms.
(D) the date, if known, on which the serious health condition of the care recipient commenced.
(E) the probable duration of the care recipient's serious health condition.
(F) an estimate of the duration of time that the care provider is needed to care for the care recipient.
(G) the number of hours per day that the care provider is needed to care for the care recipient.
(H) a statement that the care recipient's serious health condition warrants the participation of the care provider to provide care for the care recipient.
(I) a statement regarding whether disclosure of the doctor's certification would be medically or psychologically detrimental to the care recipient.
(J) the treating doctor's or practitioner's name and address.
(K) the treating doctor's or practitioner's license number.
(L) the treating doctor's or practitioner's signature.
(M) such other information within the scope of eligibility requirements as the department may require.

(g) If applying for benefits to participate in a qualifying exigency as provided in section 3302.2 of the code, the claimant shall complete the military assist certification, which includes the following information:

(1) social security account number of the claimant.
(2) legal name (first name, middle initial, last name) used by the claimant.
(3) name of the military member on covered active duty or impending call to covered active duty status.
(4) date of birth and gender of the military member.
(5) mailing address of the military member.
(6) the last four digits of the military member's social security account number.
(7) the beginning and ending dates of the military member's covered active duty.
(8) the date on which the military member was notified of the impending call or order to covered active duty.
(9) a copy of the military member's covered active duty order, a copy of the letter notifying the military member of the impending call or order to covered active duty, or documentation of the military leave signed by the approving authority for the military member's rest and recuperation.
(10) the qualifying event for which the claimant is requesting Paid Family Leave benefits.
(11) written documentation supporting the request for leave. If leave is requested to meet with a third party, the claimant must provide written documentation of the meeting that includes the name, address, and contact information of the individual or entity with whom the claimant is meeting.
(12) claimant's signature, date of signature, and attestation to the following statement: "By my signature on this military assist certification, I understand that willfully making a false statement or knowingly failing to disclose 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 or documents, 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."
(13) such other information within the scope of eligibility requirements as the department may require.

Authority cited: Sections 305 and 306, Unemployment Insurance Code.
Reference: Sections 2701.5, 2706, and 3303.1, Unemployment Insurance Code.

AMEND SECTION 2708(c)-1 TO READ AS FOLLOWS:

(a) When filing a claim to bond with a new child after birth, adoption, foster care placement, or legal guardianship placement, the claimant shall include an original or copy of a supporting document that provides sufficient information to establish the

relationship between the claimant and the new child. The department may, at its discretion, accept a supporting document that does not contain all of the information prescribed under this section provided that the department can readily obtain the information through reasonable means or ascertain that there is no intent to defraud.

(1) A supporting document, excluding supporting documents for foster care placements, shall include the child's:

(A) name.

(B) date of birth.

(C) gender.

(D) social security account number, if available. Absence of child's social security account number shall not disqualify claimant.

(2) If applicable, a supporting document shall also include:

(A) the date(s) of placement.

(B) names of the parent(s), custodial parent(s), and/or registered domestic partner.

(C) a dated signature of the social worker, director or authorized designate.

(b) To verify the birth of a child, supporting documentation shall be provided as follows:

(1) For maternal, paternal, and registered domestic partner bonding claims, an original or copy of any of the following documents is acceptable:

(A) the child's certified birth certificate listing the claimant as a parent.

(B) the completed hospital or birthing center documents attesting to the birth of the child listing the claimant as a parent.

(C) a letter from the birthing center's or hospital's Director of Medical Records or their designate containing all of the following information:

(I) child's full name.

(ii) child's gender.

(iii) child's date of birth.

(iv) full name of mother.

(v) full name of father, if known, or registered domestic partner.

(vi) dated signature of the treating physician or midwife, or Director of Medical Records, or their designate as appropriate.

(2) For paternal non-spouse bonding claims where the claimant is not named on a document listed under paragraph (1) of this subdivision, proof of paternity is required. In California, the acceptable supporting document is a photocopy of California Department of Child Support Services form *Declaration of Paternity*, CS-909 revision 5/02, or its subsequent revision. For proof of paternity outside of California, an equivalent supporting document issued by an authorized county, state or equivalent government entity may be accepted by the department.

EXAMPLE 1. Claimant A, a biological ~~father~~ parent, submits ~~his~~ their ~~wife's~~ spouse's post partum hospital discharge orders with ~~his~~ their claim to bond with ~~his~~ their new child. The discharge orders list the ~~mother's~~ birthing parent's name, the child's name, gender, and date of birth.

This document alone is not sufficient to establish ~~the father's~~ Claimant A's eligibility for benefits to bond because it does not name ~~the father~~ Claimant A as a parent. Additional documentation that identifies Claimant A as a parent of the child is required to determine eligibility for Family Temporary Disability Insurance benefits.

(c) To verify adoption, an original or copy of any of the following documents, or their subsequent revisions, is acceptable:

(1) Department of Social Services form *Notice of Placement*, AD-907 revision 6/01.

(2) Department of Social Services form *Independent Adoption Placement Agreement*, AD-924 revision 7/02.

(3) a conformed copy of a court order of placement for adoption issued within the United States.

(4) a statement on letterhead from a county, state or equivalent government or private entity that provides adoption placement, stating all of the following:

(A) child's full name.

(B) child's gender.

(C) child's date of birth.

(D) child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant.

(E) residence address where the child is placed.

(F) full name(s) of the adoptive parent(s), including such person's:

(a) social security account number(s). Absence of social security account number of the adoptive parent(s) shall not disqualify claimant.

(ii) residence address.

(iii) date of birth.

(G) the signature block for the social worker, director or designate making the placement shall include all of the following:

(is) a dated signature.

(ii) a ~~typewritten~~ printed name.

(iii) a ~~direct~~ telephone number.

(iv) an agency/work email address.

(H) an official certification, seal or stamp of approval may be accepted by the department, in lieu of the requirements under (4)(G) of this subdivision.

(5) child's adoption certificate from a foreign country's competent local authority with a notarized English translation.

EXAMPLE 2. Claimant B submits a "Pre-Adoptive Agreement" obtained from a private adoption agency with the Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the child's name and date of birth, date of placement, the adoptive parents' names and address, the social worker's name and dated signature.

Subdivision (c) of Section 2708 of the code does not specify that the adoption be final prior to establishing eligibility for benefits; it refers to placement of the child in connection with foster care or adoption. Claimant B may receive Family Temporary Disability Insurance benefits, if otherwise eligible, because the document submitted is acceptable in that it contains the critical elements, i.e., child's name and date of birth, adoptive parents' names and addresses, date of placement and the required adoption agency information.

(d) An original or copy of any of the following documents is acceptable to verify foster care placement:

(1) ~~Department of Social Services form *Approval of Family Caregiver Home*, SOC-815 revision 11/02, or its subsequent revision~~. California Department of Social Services form *Foster Parents Agreement*, (SOC 156) revision 05/25, or its subsequent revision.

(2) a statement on letterhead from a county, state, or equivalent government or private entity that ~~provides~~ confirms foster care placement, stating all the following:

~~(A) child's full name.~~

~~(B) child's gender.~~

~~(C) child's date of birth.~~

~~(D) child's social security account number if issued. Absence of child's social security account number shall not disqualify claimant.~~

~~(E) residence address where the child is placed.~~

~~(F)~~(A) date of foster care placement including the length of time of the placement if a duration has been established.

~~(G)~~(B) full name(s) of the person(s) with whom the foster care placement is made, including such person's:

(i) social security account number(s). Absence of social security account number of person(s) with whom the foster care placement is made shall not disqualify claimant.

(ii) residence address.

(iii) date of birth.

~~(H)~~(C) the signature block for the social worker, director or designate making the foster care placement shall include all of the following:

(i) a dated signature.

(ii) a ~~typewritten~~ printed name.

(iii) a ~~direct~~ telephone number.

(iv) an agency/work email address.

~~(I)~~ (D) an official certification, seal or stamp of approval may be accepted by the department, in lieu of, the requirements under (2)~~(H)~~(C) of this subdivision.

EXAMPLE 3. Claimant C submits a "Placement Agreement" obtained from a private foster care agency with ~~her~~ their Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the ~~child's name and date of birth,~~

date of placement, the foster parents' names and address, the social worker's name, telephone number, email address and dated signature.

The document submitted is acceptable in that it contains the critical elements, i.e. ~~child's name and date of birth~~, date of placement, foster parents' names and address, social worker's name, telephone number, email address and dated signature. The ~~child's gender,~~ foster parents' dates of birth~~, and the social worker's telephone number~~ can be readily obtained, if necessary, via ~~claimant contact~~ other means if not listed on the Family Temporary Disability Insurance claim form. This claim is payable, if Claimant C is otherwise eligible.

EXAMPLE 4. Claimant D submits a "Placement Agreement" obtained from a private foster care agency with ~~his~~ their Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the State of California license number. The document provides ~~the child's name and date of birth~~, the date of placement, foster parents' names and address, social worker's name, email address and contact numbers, and the agency director's dated signature, ~~and~~ telephone number, and email address.

The document submitted is acceptable in that it contains the critical elements, i.e. ~~child's name and date of birth,~~ date of placement, foster parents' names and address, and the social worker's name ~~and~~, telephone number and email address. The ~~child's gender and~~ foster parents' dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. In lieu of the social worker's dated signature, the agency director's dated signature is acceptable. This claim is payable, if the claimant is otherwise eligible.

EXAMPLE 5. Claimant E submits a "Placement Letter" obtained from an out-of-state Human Services Department with ~~her~~ their Family Temporary Disability Insurance claim. The document is on the agency's letterhead and provides the ~~child's name, gender,~~ foster parents' names, date of placement, dated signature of the social worker, and the social worker's telephone number and email address.

The ~~child's date of birth,~~ foster parents' address and dates of birth can be readily obtained, if necessary, via claimant contact if not listed on the Family Temporary Disability Insurance claim form. Although the social worker's ~~typewritten~~ printed name cannot be obtained via telephone contact, ~~her~~ their dated signature, ~~and~~ telephone number and email address are sufficient for the department to determine eligibility for benefits. This claim is payable, if the claimant is otherwise eligible.

(e) An original or copy of any of the following documents is acceptable proof of legal guardianship placement:

(1) *Letter of Guardianship*, JV-330 revision 7/06, or its subsequent revision, issued by a court of competent jurisdiction.

(2) an official document issued by a court of competent jurisdiction that establishes legal guardianship and states all of the following:

(A) child's full name.
(B) child's gender.
(C) child's date of birth.
(D) child's social security account number if issued. Absence of child's social security account number shall not disqualify the claimant.

EXAMPLE 6. Claimant F submits a "Letter of Guardianship" obtained from a court of competent jurisdiction with ~~his~~ their Family Temporary Disability Insurance claim. The "Letter of Guardianship" is acceptable proof of the relationship even though it does not contain all of the information listed in Section 2708(c)-1(a)(1) of these regulations. The Department may grant benefits as the child's gender, social security number, and date of birth may be obtained from the Family Temporary Disability Insurance claim form or by contacting the claimant. The Letter of Guardianship together with information submitted with the claim form is acceptable documentation. The claim is payable if Claimant F is otherwise eligible.

Authority cited: Sections 305 and 306, Unemployment Insurance Code.
Reference: Sections 2706 ~~and~~, 2708, and 3303, Unemployment Insurance Code.

AMEND SECTION 3267-1 TO READ AS FOLLOWS:

(a) Employers whose employees are participating in approved voluntary plans or the insurer under an approved voluntary plan shall, within 15 days after the receipt of a first claim for disability or Family Temporary Disability Insurance benefits, report to the department on a form prescribed by the department of such claim, except where a claim has been made under an approved self-insured plan and the uninterrupted period of disability or family care leave of such claim does not exceed the waiting period prescribed for benefits from the Disability Fund under subdivision (b) of Section 2627 and subdivision (b) of Section 3303 of the code. The initial report shall include information specified in paragraphs (1) through (10) of this subdivision. The employer or insurer under an approved voluntary plan shall, within 35 days after final payment for each period of disability or family care leave, give to the department a final report of the claim on a form prescribed by the department. The final report shall include, but not limited to, the information specified in paragraphs (1) through (15) of this subdivision. If the uninterrupted period of disability or family care leave does not exceed two weeks, the notice of a first claim and the final report may be combined in a single report. The information applicable to the initial report and final report is as follows:

(1) The claimant's name;
(2) The claimant's social security account number;
(3) The claimant's mailing address;
(4) The claimant's sex;
(5) The claimant's date of birth;
(6) The date upon which the claimant's disability or family care leave began;
(7) The diagnosis by the claimant's physician or practitioner only when the claim is for the claimant's disability;

PER AGENCY REQUEST SAM

(8) When the claim is for family care leave, whether the claim is to:
(A) Provide care for a seriously ill family member; or
(B) Bond with a new child; or
(C) Participate in a qualifying exigency as defined in section 3302.2 of the code.
(9) The care recipient's name and date of birth when the claim is for family care leave;
(10) The name and telephone number of the person completing the report.
(11) The period compensated for days of disability or family care leave benefits;
(12) The total amount of basic and additional benefits paid for the disability or family care leave;
(13) The last day for which payment was made;
(14) The reason for ceasing payments; and
(15) Such other information as the department may require for establishing appropriate benefit amounts for each claim for disability or family care leave benefits.

(b) Each insurer of one or more voluntary plans shall, not later than the thirty-first day of May of each year, file with the department a statement on a form prescribed by the department showing, separately from other business, premiums, losses, and expenses pertaining to its voluntary plan insurance for the preceding calendar year. The requirement of this subdivision shall be satisfied by furnishing the department, within the required time, a copy of the report filed with the Insurance Commissioner which contains such information, separately from other business, pertaining to such voluntary plan insurance.

(c) Each insurer of one or more voluntary plans shall furnish to the department a notice of each premium dividend paid to a policyholder under an approved voluntary plan in every case in which employees covered by the plan are required to contribute any amount of the cost of the plan. The notices shall be filed with the department either within 30 days after the premium dividend is paid, or on or before the fifteenth day of the month next succeeding the month in which any such dividends are paid, whichever date is later. As used in this subdivision, "premium dividend" means any cash payment or credit to an employer or other policyholder under a voluntary plan which represents a premium refund and includes any experience refund, experience rate credit, retrospective rate adjustment based on experience, or other factor.

(d) Employers with approved voluntary plans in filing their quarterly contribution returns and wage reports shall, on such wage reports, list separately (1) employees covered by the voluntary plan, (2) employees not covered by the voluntary plan whose wages continue to be subject to contributions to the Disability Fund, with separate totals of the amount of wages of each group.

Authority cited: Sections 305, 306 and 3267, Unemployment Insurance Code.
Reference: Sections 140.5, 2627 and 3267, Unemployment Insurance Code.