Paid Family Leave Overview: Claimants

State Disability Insurance Program

Employment Development Department

August 2026

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.

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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 you are:

- 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.

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

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Paid Family Leave and Bonding

PFL Bonding provides up to eight weeks of partially paid leave for parents 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.

You receive approximately 60 to 70 percent of your 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:

DI

PFL

Pregnancy

(4 weeks before birth)

Birth

Recovery

(6 - 8 weeks after birth)

Bonding

(8 weeks after recovery)*

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

Paid Family Leave and Military Assist

PFL Military Assist pays eligible workers up to eight weeks of benefits to assist a spouse, registered domestic partner, parent, or child in the US Military during a qualifying event.

- A qualifying event is defined as a military event or essential need resulting from the family member's order, call, or notification of deployment to a foreign country.
- Requires supporting military documentation and supporting documentation for the qualifying event.

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

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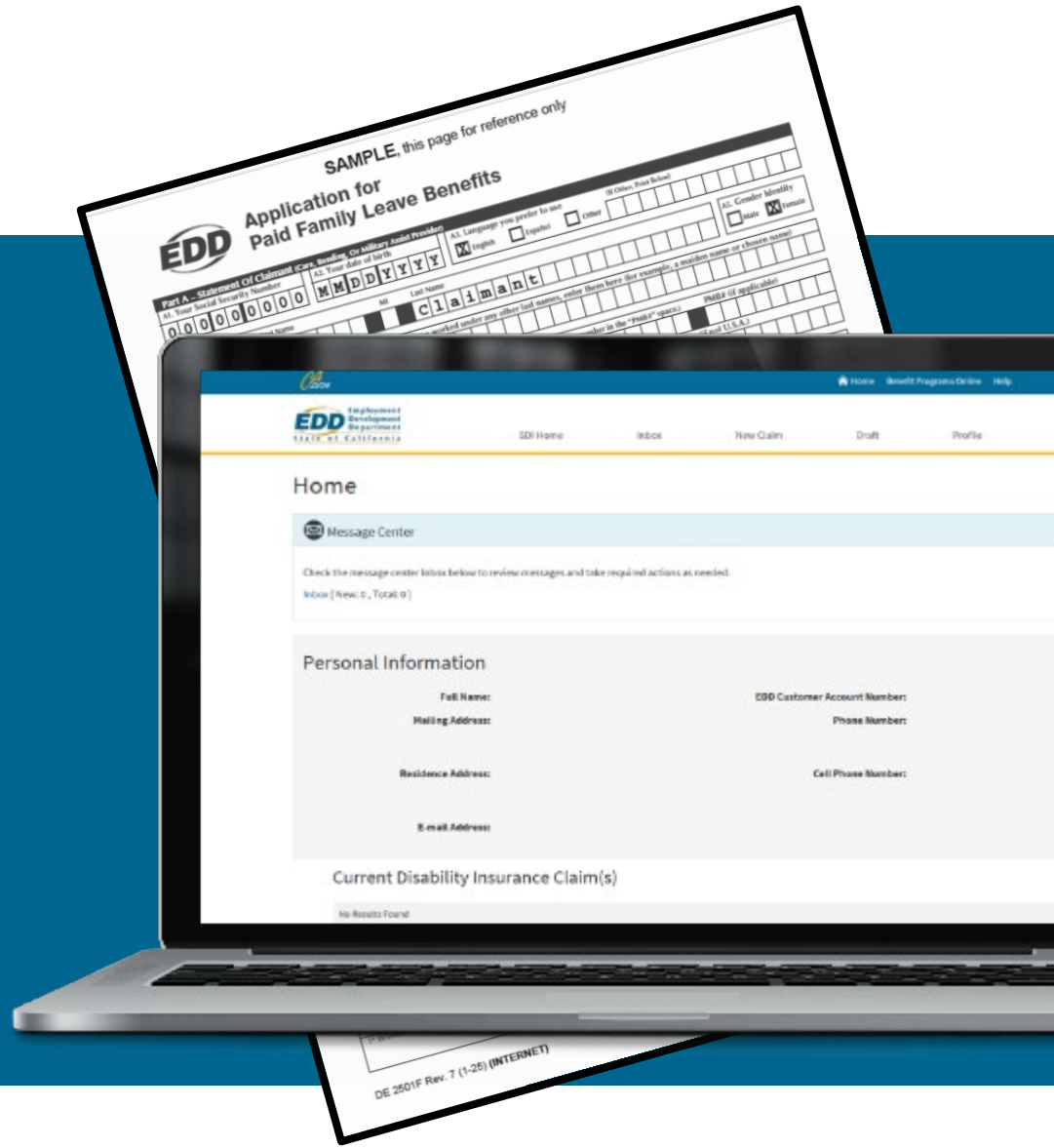
Filing a Paid Family Leave Claim

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



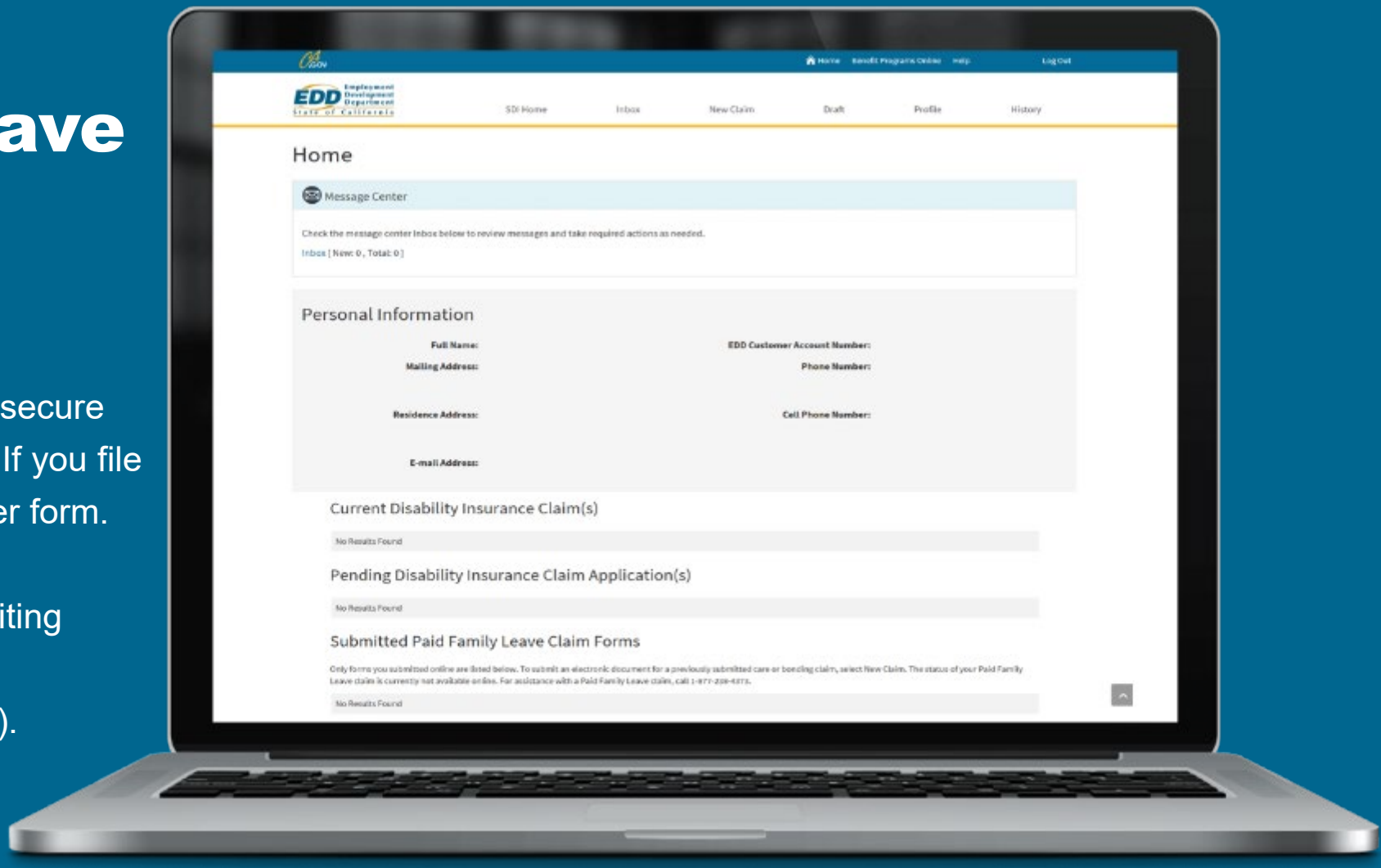
*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

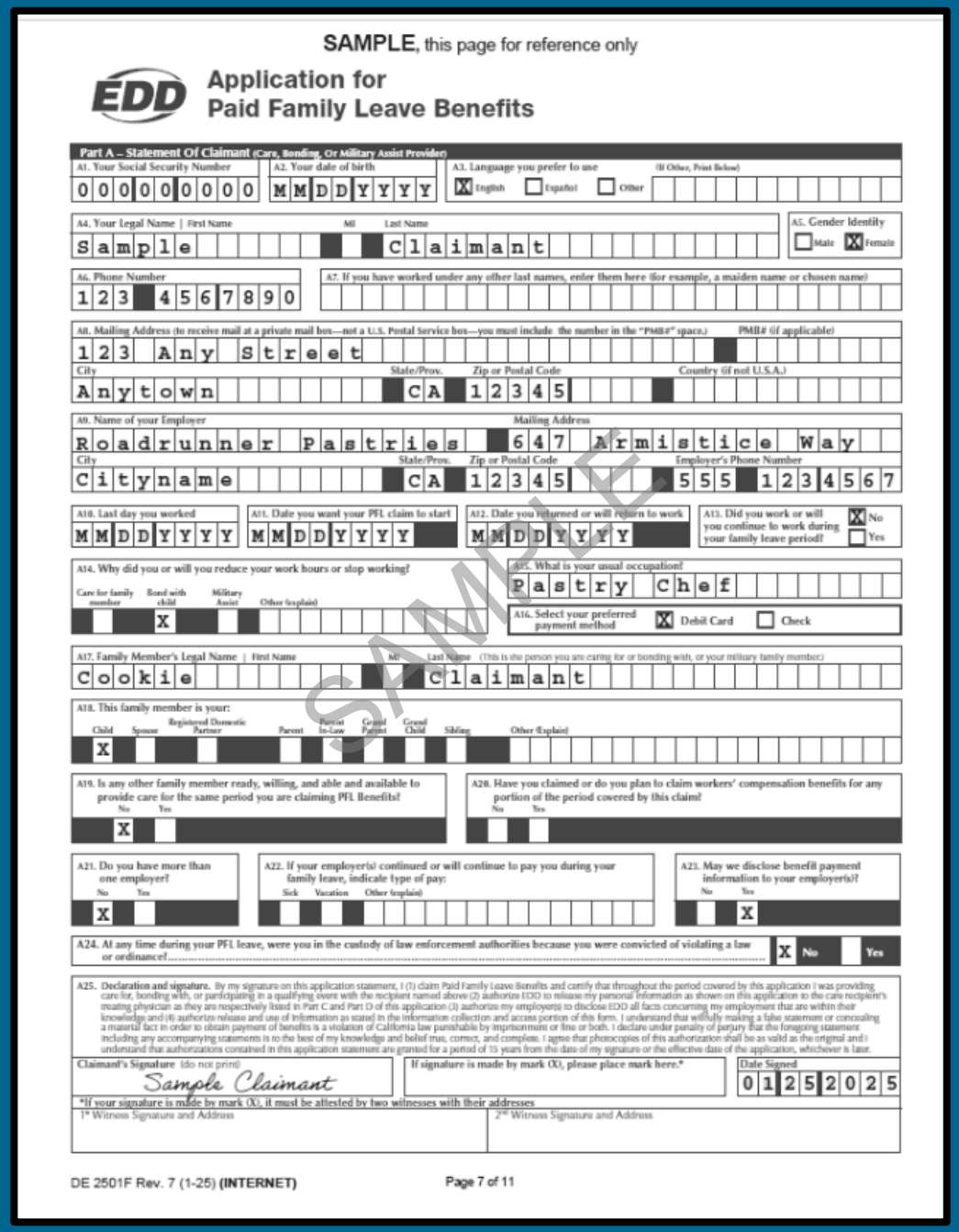
Paid Family Leave and SDI Online

Online

SDI Online is a fast, convenient, and secure way to submit your PFL claim online. If you file electronically, do not send in the paper form.

Create or access your account by visiting SDI Online (edd.ca.gov/en/disability/SDI_Online/).





SAMPLE, this page for reference only

EDD Application for Paid Family Leave Benefits

Part A – Statement Of Claimant (Care, Bonding, Or Military Assist Provider)

A1. Your Social Security Number: 000-00-0000
A2. Your date of birth: MM/DD/YYYY
A3. Language you prefer to use: [X] English [ ] Español [ ] Other
A4. Your Legal Name | First Name: Sample | MI: | Last Name: Claimant
A5. Gender Identity: [ ] Male [X] Female
A6. Phone Number: 123-456-7890
A7. If you have worked under any other last names, enter them here (for example, a maiden name or chosen name):
A8. Mailing Address (to receive mail at a private mail box—not a U.S. Postal Service box—you must include the number in the "PMB#" space.): 123 Any Street | PMB# (if applicable):
City: Anytown | State/Prov.: CA | Zip or Postal Code: 12345 | Country (if not U.S.A.):
A9. Name of your Employer: Roadrunner Pastries | Mailing Address: 647 Armistice Way
City: Cityname | State/Prov.: CA | Zip or Postal Code: 12345 | Employer's Phone Number: 555-123-4567
A10. Last day you worked: MM/DD/YYYY
A11. Date you want your PFL claim to start: MM/DD/YYYY
A12. Date you returned or will return to work: MM/DD/YYYY
A13. Did you work or will you continue to work during your family leave period? [X] No [ ] Yes
A14. Why did you or will you reduce your work hours or stop working? Care for family member | Bond with child: X | Military Assist | Other (explain)
A15. What is your usual occupation? Pastry Chef
A16. Select your preferred payment method: [X] Debit Card [ ] Check
A17. Family Member's Legal Name | First Name: Cookie | MI: | Last Name: Claimant (This is the person you are caring for or bonding with, or your military family member)
A18. This family member is your: Child: X | Spouse | Registered Domestic Partner | Parent | Parent-In-Law | Grand Parent | Grand Child | Sibling | Other (Explain)
A19. Is any other family member ready, willing, and able and available to provide care for the same period you are claiming PFL Benefits? No: X | Yes
A20. Have you claimed or do you plan to claim workers' compensation benefits for any portion of the period covered by this claim? No | Yes
A21. Do you have more than one employer? No: X | Yes
A22. If your employer(s) continued or will continue to pay you during your family leave, indicate type of pay: Sick | Vacation | Other (explain)
A23. May we disclose benefit payment information to your employer(s)? No | Yes: X
A24. 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? [X] No [ ] Yes

A25. Declaration and signature. By my signature on this application statement, I (1) claim Paid Family Leave Benefits and certify that throughout the period covered by this application I was providing care for, bonding with, or participating in a qualifying event with the recipient named above (2) authorize EDD to release my personal information as shown on this application to the care recipient's treating physician as they are respectively listed in Part C and Part D of this application (3) authorize my employer(s) to disclose 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 photocopies of this authorization shall be as valid as the original and I understand that authorizations contained in this application statement are granted for a period of 15 years from the date of my signature or the effective date of the application, whichever is later.

Claimant's Signature (do not print): Sample Claimant | If signature is made by mark (X), please place mark here.* | Date Signed: 01/25/2025

*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

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SAMPLE

Filing a Paid Family Leave Care Claim

By mail

A properly completed PFL care claim will include:

- **Part A** – Statement of Claimant
- **Part C** – Statement of Care Recipient
- **Part D** – Physician/Practitioner's Certification

Obtain the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) application by ordering through Online Forms and Publications (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

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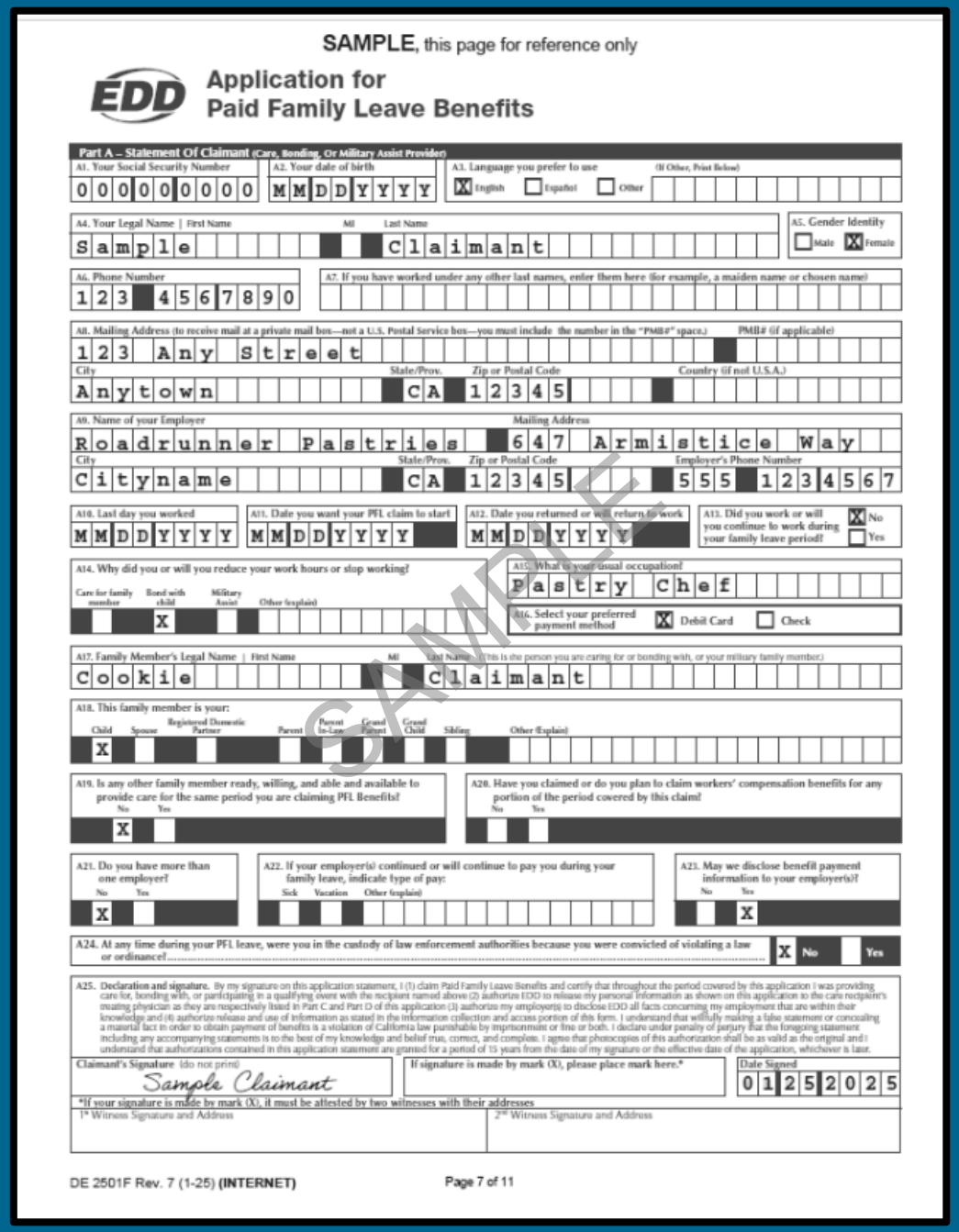

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EDD Application for Paid Family Leave Benefits

Part A – Statement Of Claimant (Care, Bonding, Or Military Assist Provider)

A1. Your Social Security Number: 000-00-0000
A2. Your date of birth: MM/DD/YYYY
A3. Language you prefer to use: [X] English [ ] Español [ ] Other
A4. Your Legal Name | First Name: Sample | MI: | Last Name: Claimant
A5. Gender Identity: [ ] Male [X] Female
A6. Phone Number: 123-456-7890
A7. If you have worked under any other last names, enter them here (for example, a maiden name or chosen name)
A8. Mailing Address (to receive mail at a private mail box—not a U.S. Postal Service box—you must include the number in the "PMB#" space.) PMB# (if applicable): 123 Any Street
City: Anytown | State/Prov.: CA | Zip or Postal Code: 12345 | Country (if not U.S.A.)
A9. Name of your Employer: Roadrunner Pastries | Mailing Address: 647 Armistice Way
City: Cityname | State/Prov.: CA | Zip or Postal Code: 12345 | Employer's Phone Number: 555-123-4567
A10. Last day you worked: MM/DD/YYYY
A11. Date you want your PFL claim to start: MM/DD/YYYY
A12. Date you returned or will return to work: MM/DD/YYYY
A13. Did you work or will you continue to work during your family leave period? [X] No [ ] Yes
A14. Why did you or will you reduce your work hours or stop working? Care for family member | Bond with child: X | Military Assist | Other (explain)
A15. What is your usual occupation? Pastry Chef
A16. Select your preferred payment method: [X] Debit Card [ ] Check
A17. Family Member's Legal Name | First Name: Cookie | MI: | Last Name: Claimant (This is the person you are caring for or bonding with, or your military family member.)
A18. This family member is your: Child: X | Spouse | Registered Domestic Partner | Parent | Parent In-Law | Grandparent | Grandchild | Sibling | Other (Explain)
A19. Is any other family member ready, willing, and able and available to provide care for the same period you are claiming PFL Benefits? No: X | Yes
A20. Have you claimed or do you plan to claim workers' compensation benefits for any portion of the period covered by this claim? No | Yes
A21. Do you have more than one employer? No: X | Yes
A22. If your employer(s) continued or will continue to pay you during your family leave, indicate type of pay: Sick | Vacation | Other (explain)
A23. May we disclose benefit payment information to your employer(s)? No | Yes: X
A24. 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? [X] No [ ] Yes

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SAMPLE

Filing a Paid Family Leave Bonding Claim

By mail

A properly completed PFL bonding claim will include:

- **Part A** – Statement of Claimant.
- **Part B** – Bonding Certification.
- Supporting documentation verifying the relationship between you and the new child.

Obtain the DE 2501F application by ordering through Online Forms and Publications (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

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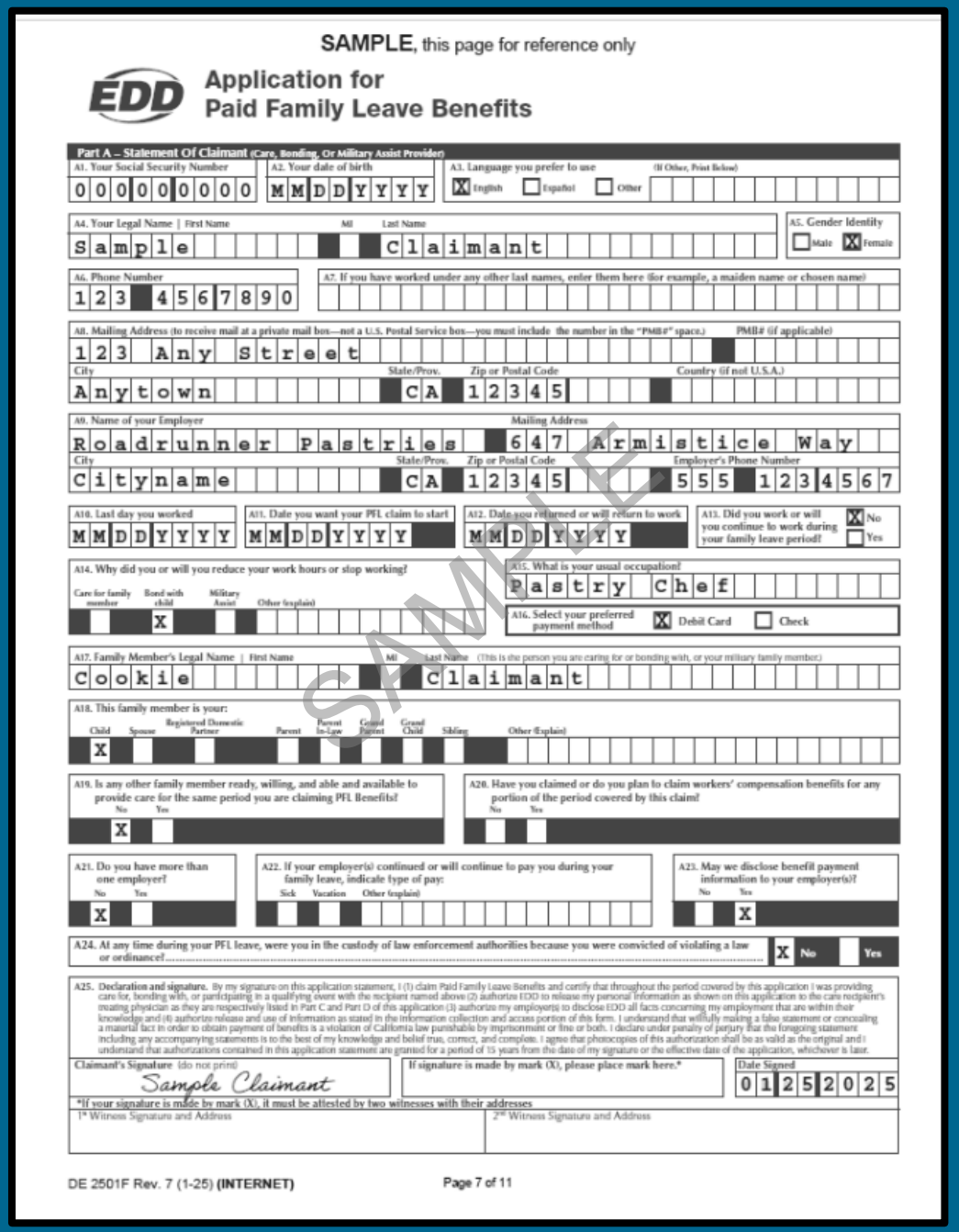

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EDD Application for Paid Family Leave Benefits

Part A – Statement Of Claimant (Care, Bonding, Or Military Assist Provider)

A1. Your Social Security Number: 000000000
A2. Your date of birth: MMDDYYYY
A3. Language you prefer to use: [X] English [ ] Español [ ] Other
A4. Your Legal Name | First Name: Sample | MI: | Last Name: Claimant
A5. Gender Identity: [ ] Male [X] Female
A6. Phone Number: 1234567890
A7. If you have worked under any other last names, enter them here (for example, a maiden name or chosen name)
A8. Mailing Address (to receive mail at a private mail box—not a U.S. Postal Service box—you must include the number in the "PMB#" space.) PMB# (if applicable): 123 Any Street
City: Anytown | State/Prov.: CA | Zip or Postal Code: 12345 | Country (if not U.S.A.)
A9. Name of your Employer: Roadrunner Pastries | Mailing Address: 647 Armistice Way
City: Cityname | State/Prov.: CA | Zip or Postal Code: 12345 | Employer's Phone Number: 5551234567
A10. Last day you worked: MMDDYYYY
A11. Date you want your PFL claim to start: MMDDYYYY
A12. Date you returned or will return to work: MMDDYYYY
A13. Did you work or will you continue to work during your family leave period? [X] No [ ] Yes
A14. Why did you or will you reduce your work hours or stop working? Care for family member | Bond with child | Military Assist | Other (explain): X
A15. What is your usual occupation? Pastry Chef
A16. Select your preferred payment method: [X] Debit Card [ ] Check
A17. Family Member's Legal Name | First Name: Cookie | MI: | Last Name: Claimant (This is the person you are caring for or bonding with, or your military family member.)
A18. This family member is your: Child: X | Spouse | Registered Domestic Partner | Parent | Parent In-Law | Grand Parent | Grand Child | Sibling | Other (Explain)
A19. Is any other family member ready, willing, and able and available to provide care for the same period you are claiming PFL Benefits? No: X | Yes
A20. Have you claimed or do you plan to claim workers' compensation benefits for any portion of the period covered by this claim? No | Yes
A21. Do you have more than one employer? No: X | Yes
A22. If your employer(s) continued or will continue to pay you during your family leave, indicate type of pay: Sick | Vacation | Other (explain)
A23. May we disclose benefit payment information to your employer(s)? No | Yes: X
A24. 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? [X] No [ ] Yes

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Claimant's Signature (do not print): Sample Claimant
If signature is made by mark (X), please place mark here.*
Date Signed: 01252025
*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

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SAMPLE

Filing a Paid Family Leave Military Assist Claim

By mail

A properly completed PFL military assist claim will include:

- **Part A** – Statement of Claimant.
- **Part E** – Military Assist Certification.
- Supporting military documentation and supporting documentation for the qualifying event.

Obtain the DE 2501F application by ordering through Online Forms and Publications (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

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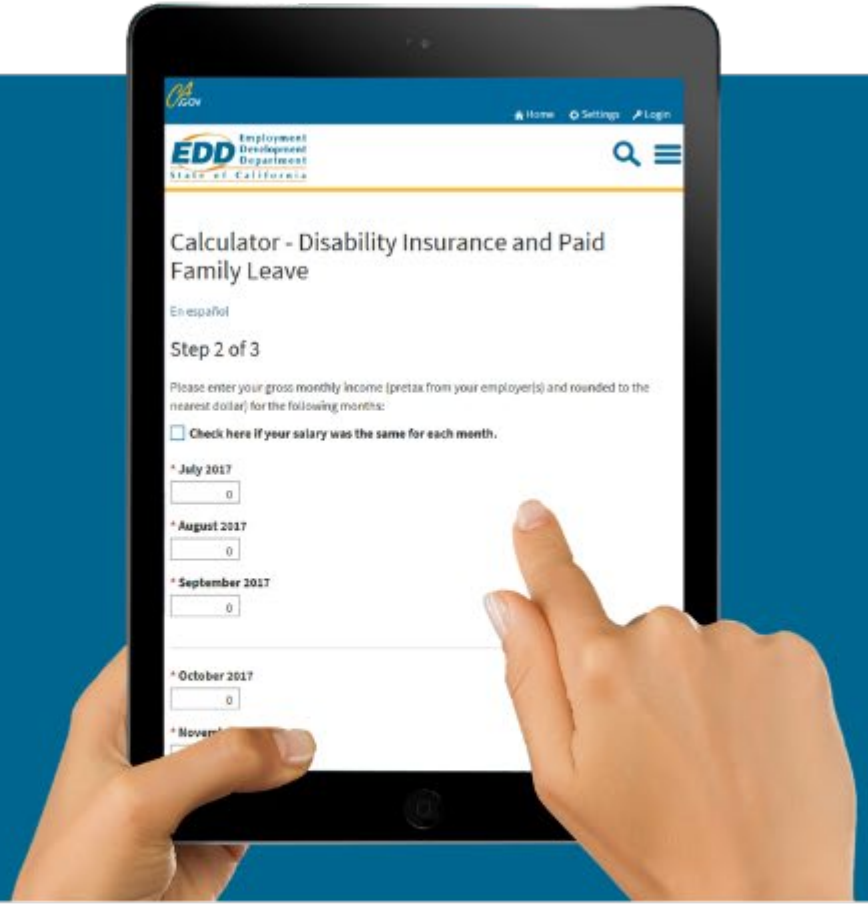
Calculating the Benefit Amount



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 paid to you between January 1 and December 31 of the prior year.

Simplify this process by using the Paid Family Leave Calculator (edd.ca.gov/en/disability/PFL_Calculator/) 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.

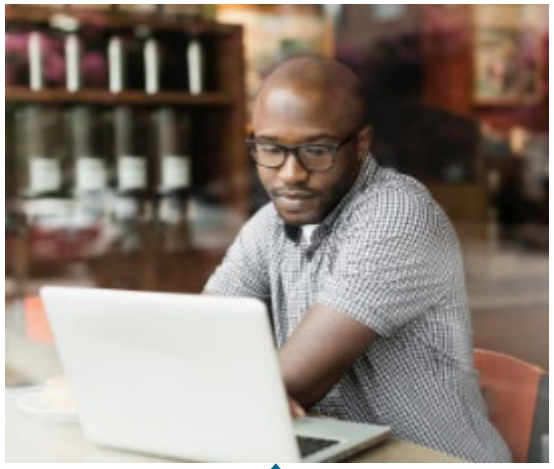
Citizenship and immigration status do **not** affect eligibility.

Payment is not guaranteed until the claim has been approved by the Employment Development Department.

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

Employment Status and Paid Family Leave

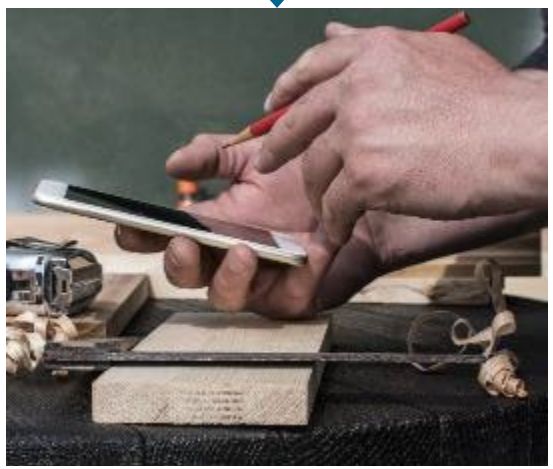
Your eligibility is determined by whether you have paid into California's SDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance 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.



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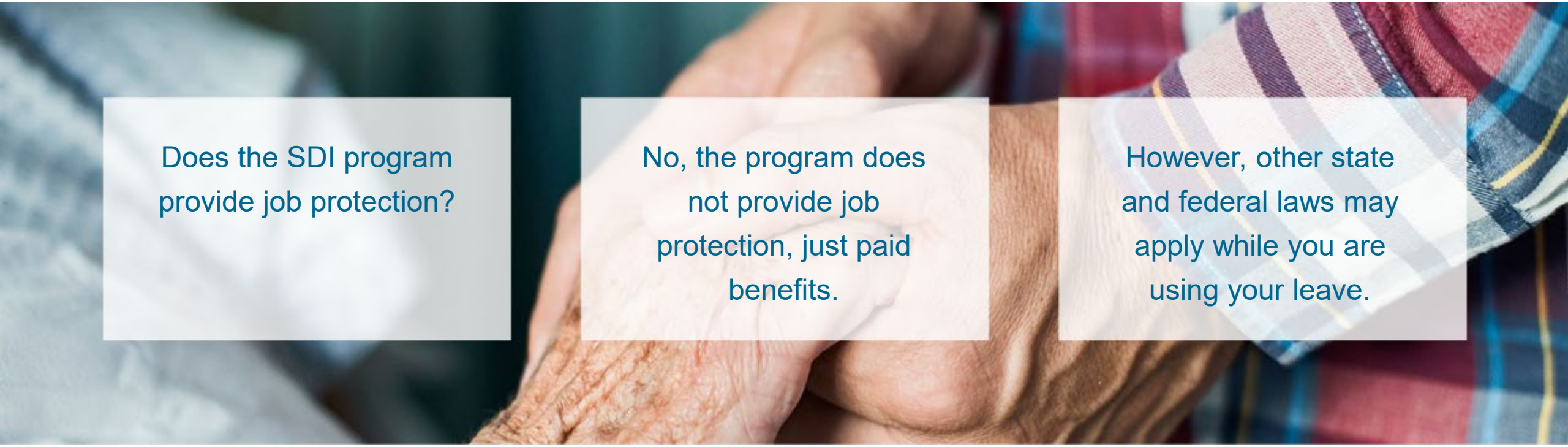
Job Protections



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)
- Fair Employment and Housing Act (FEHA)
- Pregnancy Disability Leave (PDL)

Speak with your employer to obtain unpaid job-protected leave. Visit the California Civil Rights Department (calcivilrights.ca.gov) and the US Department of Labor (dol.gov) to learn more.

Employment Development Department
State of California

For more information, visit:

- Paid Family Leave

(edd.ca.gov/PaidFamilyLeave)

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

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.

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State of California