



Paid Family Leave Overview – New/Expecting Mother

State Disability Insurance Program

September 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:

- Bonding
- Care
- 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.



Disability Insurance and Expecting Mothers

California has two paid leave programs for new and expecting mothers.

Disability Insurance (DI) provides partially paid leave for:

- ▶ Up to four weeks before birth* and
- ▶ Up to eight weeks post birth*
(typically 6 weeks vaginal/8 weeks cesarean).

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

*New/Expecting mothers can receive up to 52 weeks of benefits if there are complications before or after birth.

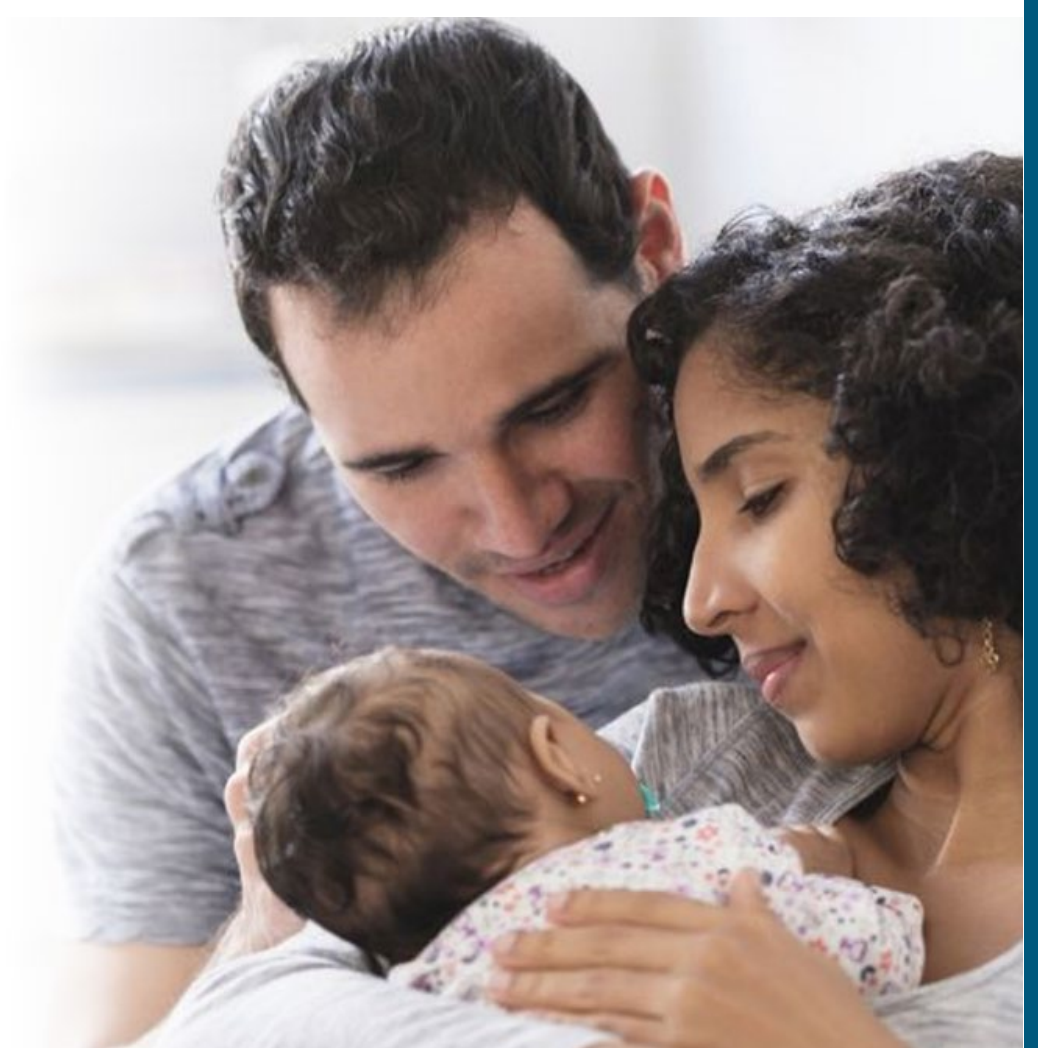


Paid Family Leave (PFL) and Bonding for New Mothers

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.
- ▶ New mothers do not need to provide documentation showing proof of relationship if pregnancy-related DI benefits were claimed.

You receive the same weekly benefit amount during your PFL bonding claim as the pregnancy-related claim.



Disability Insurance, Paid Family Leave, and New/Expecting Mothers

New mothers file for Disability Insurance (DI) followed by PFL, for example:



DI Pregnancy
4 weeks
before
due date



DI Birth
After
Delivery



DI Recovery
6-8 weeks of
recovery



PFL Bonding
8 weeks of
bonding*



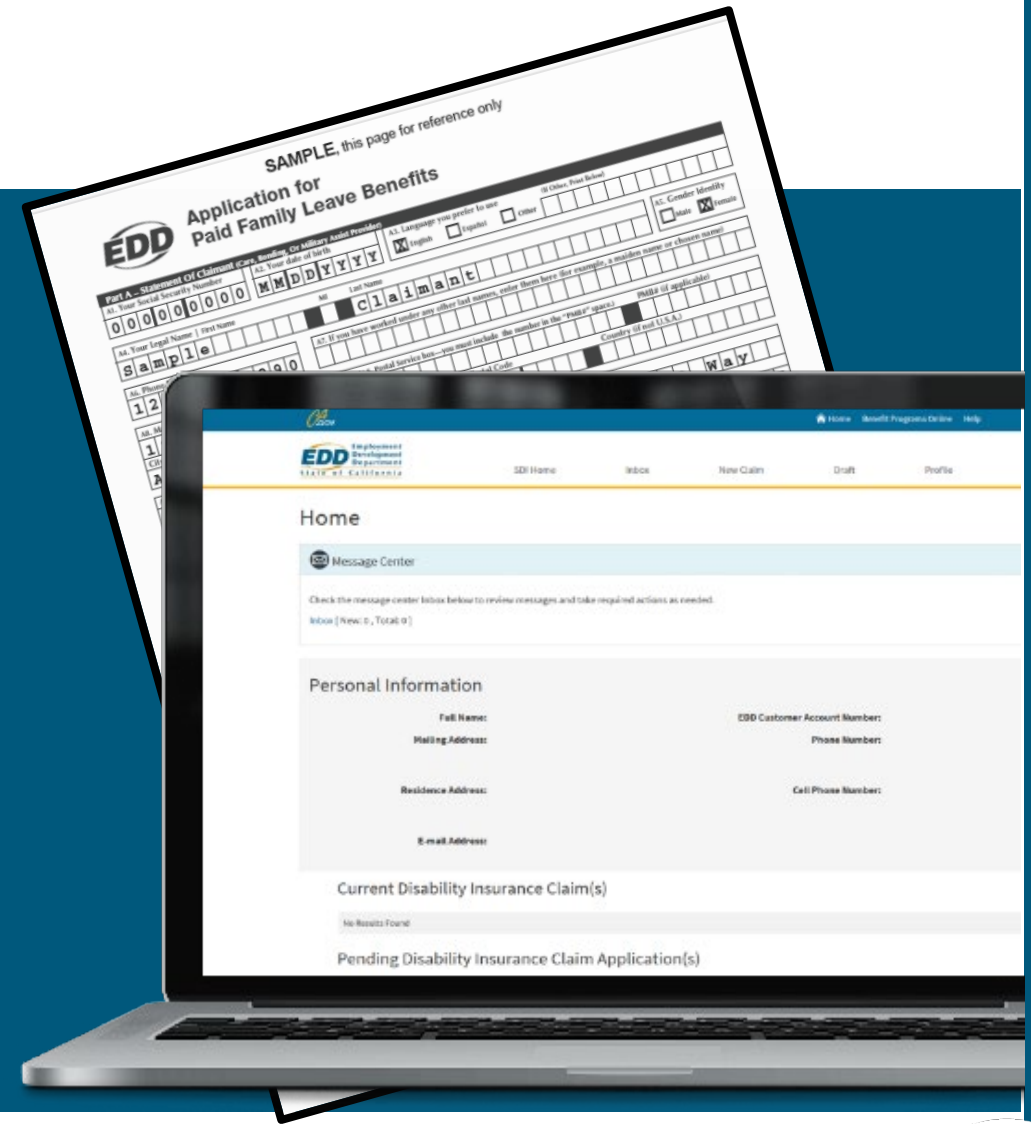
*You can break up your eight weeks of PFL. You do not have to use it all at once.

Filing your Disability and Paid Family Leave Claims

Each program requires its own application to be filed.

You must complete and submit your DI claim within 49 days and your PFL claim within 41 days from the start date of your claim. You can file in two ways:

- **SDI Online:** Filing your claim using SDI Online is strongly recommended. It expedites the claim review process.
- **Mail:** Order a paper claim form to complete.



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



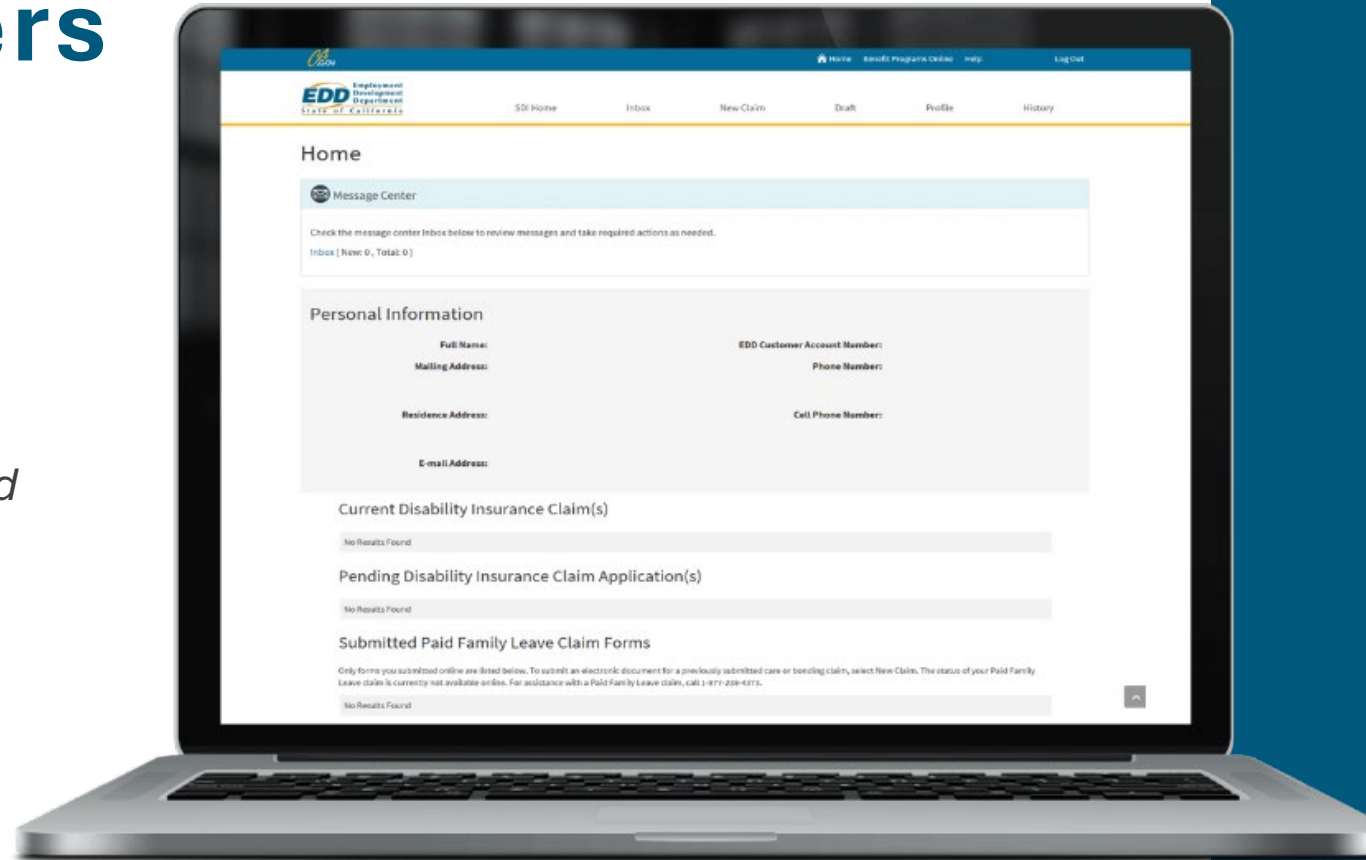
SDI Online and New/Expecting Mothers

You can file your DI claim using SDI Online by registering for an account and selecting “New Claim” in your account menu.

We will notify you by email when it is time to complete your PFL bonding form. Select the *Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) link in your account inbox to file electronically.

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

If you file electronically, do not send in the paper form.



Health Insurance Portability and Accountability Act (HIPAA) Authorization

Social Security Number	0	0	0	0	0	0	0	0	
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Claimant		
S	a	m

SAMPLE, this page for reference only

Your disability application can also be filed online at edd.ca.gov

Print with black ink.

Part A - Claimant's statement

A1. Your Social Security Number
 0 0 0 0 0 0 0 0 0 0

A2. If you have previously been assigned an EDO number account number, enter that number here
 No

A3. California Driver License or ID number
 Z 1 2 3 4 5 6 7

A4. Gender
 Male ☒ Female ☐

A5. If you ever used other Social Security Numbers, enter those numbers below

A6. State government employee (If "yes" indicate bargaining unit):
 Yes ☒ No ☐ Unit #

A7. Your date of birth
 0 1 0 1 1 9 0 0

A8. Your full legal name (First) (MI) (Last) Suffix
 Sample claimant

A9. If you have worked under any other names, enter them here (for example, a maiden name or chosen name)
 (First) (MI) (Last) Suffix
 (First) (MI) (Last) Suffix

A10. Your home phone number and area code
 9 9 9 0 2 3 6 7 8 9

A11. Your cell phone number and area code
 1 1 1 0 0 2 0 0 4 7

A12. Language you prefer to use
 English ☒ Spanish ☐ Cambodian ☐ Vietnamese ☐ Armenian ☐ Punjabi ☐ Tagalog ☐ Other ☐

A13. Your mailing address. Enter a PO Box or the Number, Street, Apartment, Suite, P.O. Box, or PMB (Private Mail Box)
 1 2 3 Any Street
 City State Zip or Postal Code Country (if not U.S.A.)
 Anytown CA 1 2 3 4 5

A14. Address where you live. Required if different from your mailing address.
 Number, Street, Apartment or P.O. Box
 City State Zip or Postal Code Country (if not U.S.A.)

A15. Your last or current employer - if your last or current employment was self-employment, enter "Self" and fill in this option.
 Name of your employer (State Government Employees provide the agency name, for example, California) ☐ Self
 Roadrunner Pastries
 Number, Street, Suite# (State Government Employees provide the address of your department office)
 6 4 7 Armistice Way
 City State Zip or Postal Code Country (if not U.S.A.)
 Anywhere CA 6 6 2 2 2
 Employer's phone number
 4 9 9 3 1 1 1 1 1 1

A16. At any time during your disability, were you in the custody of law enforcement authorities because you were convicted of violating a law or ordinance?
 Yes ☐ No ☒

A17. Before your disability began, what was the last day you worked?
 0 1 2 5 2 0 2 5

A18. When did your disability begin?
 0 1 2 5 2 0 2 5

A19. Date you want your claim to begin if different than the date entered in A18

A20. Since your disability began, have you worked or are you working any full or part-time days?
 Yes ☐ No ☒

A21A. If you recovered, enter the date you recovered.

A21B. If you returned to work, enter the date you started working.

Filing a Pregnancy Disability application by Mail

If filing by mail, you will need to complete the *Claim for Disability Insurance (DI) Benefits* (DE 2501). A properly completed DI claim will include:

A properly completed PFL bonding claim will include:

- ▶ **Part A** – Claimant’s Statement.
- ▶ **Part B** – Physician/Practitioner’s Certificate.

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

*Spanish applications are also available through Online Forms and Publications.



Filing a Paid Family Leave Bonding Claim for New/Expecting Mothers

New mothers transitioning from a pregnancy-related DI claim to PFL bonding will automatically receive a *Claim for Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) online (if you have an SDI Online account) or in the mail after your final DI payment.

*Spanish applications are also available through [Online Forms and Publications](https://forms.edd.ca.gov/forms). (forms.edd.ca.gov/forms)

PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

EDD Employment
Development
Department
State of California

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 45 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: ☐ Yes ☐ No

2. Have you completely recovered from your pregnancy-related disability? The "FINAL DATE OF SDI BENEFITS" shown above: ☐ Yes ☐ No

3. Do you want your PFL claim to begin on the day after the "FINAL DATE OF SDI BENEFITS" shown above: ☐ Yes ☐ 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? ☐ Yes ☐ 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 be on paid vacation before beginning family leave? ☐ Yes ☐ No

6. Will your employer continue to pay you during your family leave? ☐ Yes ☐ No

7. Do you have more than one employer? ☐ Yes ☐ 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: ☐ Female ☐ 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? ☐ Yes ☐ No

12. Select your preferred payment method: ☐ EDD Debit Card ☐ Check For Office Use Only

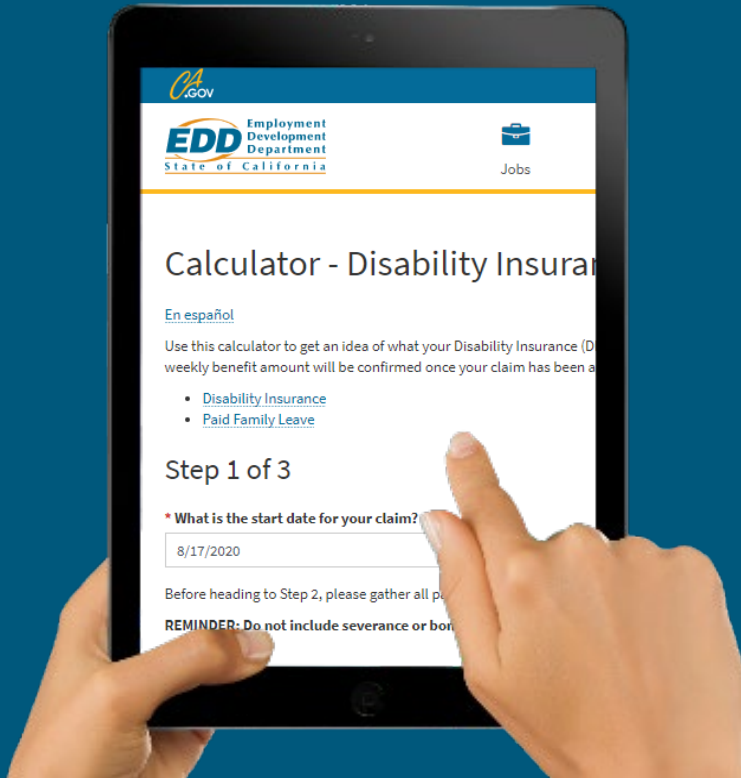
Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was/will be bonding with my new infant; (2) authorize my employer(s) to disclose to State Disability Insurance all facts concerning 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 on the effective date of the claim, whichever is later.

YOUR SIGNATURE DATE (MM | DD | YYYY)

DE 2501FP Rev. 2 (6-20) USE BLACK INK TO COMPLETE THIS FORM CLJ



Calculating the Benefit Amount



Your weekly benefit amount is determined by your highest quarter of earnings in your “base period” (the wages subject to SDI tax you 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](https://edd.ca.gov/en/disability/PFL_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 a seasonal, part-time, or unemployed worker.



If self-employed, you may be eligible if you are contributing to the Disability Insurance Elective Coverage Program.



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. To learn more, visit the:

- [California Civil Rights Department](https://www.dir.ca.gov/civilrights.htm)
([calcivilrights.ca.gov](https://www.dir.ca.gov/civilrights.htm))
- [US Department of Labor](https://www.dol.gov) (dol.gov)



For more information, visit:

- ▶ [Disability Insurance](https://edd.ca.gov/en/disability/disability_insurance)

(edd.ca.gov/en/disability/disability_insurance)

- ▶ [Paid Family Leave](https://edd.ca.gov/PaidFamilyLeave)

(edd.ca.gov/PaidFamilyLeave)

Contact EDD

DI

- ▶ English: 1-800-480-3287
- ▶ Spanish: 1-866-658-8846
- ▶ Teletypewriter (TTY): 1-800-563-2441
- ▶ California Relay Service: Call 711

PFL

- ▶ PFL English: 1-877-238-4373
- ▶ PFL Spanish: 1-877-379-3819
- ▶ All other languages: 1-877-238-4373
- ▶ TTY: 1-800-445-1312
- ▶ California Relay Service: Call 711



The logo for the Employment Development Department (EDD) of California. It features the letters "EDD" in a bold, blue, sans-serif font, with a yellow swoosh underneath the letters.



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.

