



Paid Family Leave Overview: New/Expecting Mother

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.



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 and New/Expecting Mothers

Paid Family Leave (PFL) provides up to **eight weeks** of partially paid leave for parents to bond with a new child within the child's first year.

- ▶ Can be used 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.

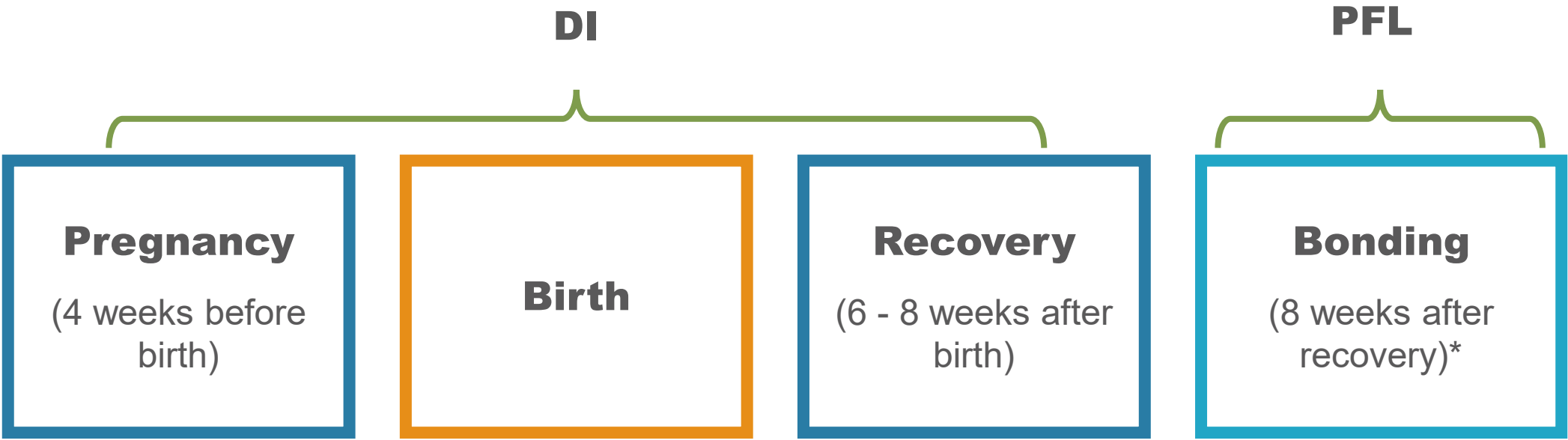
You receive the same weekly benefit amount during your PFL bonding claim as the pregnancy-related DI claim.





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

New mothers file for DI followed by PFL, for example:



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

Filing your Disability Insurance and Paid Family Leave Claims

Each program requires its own claim to be filed.*

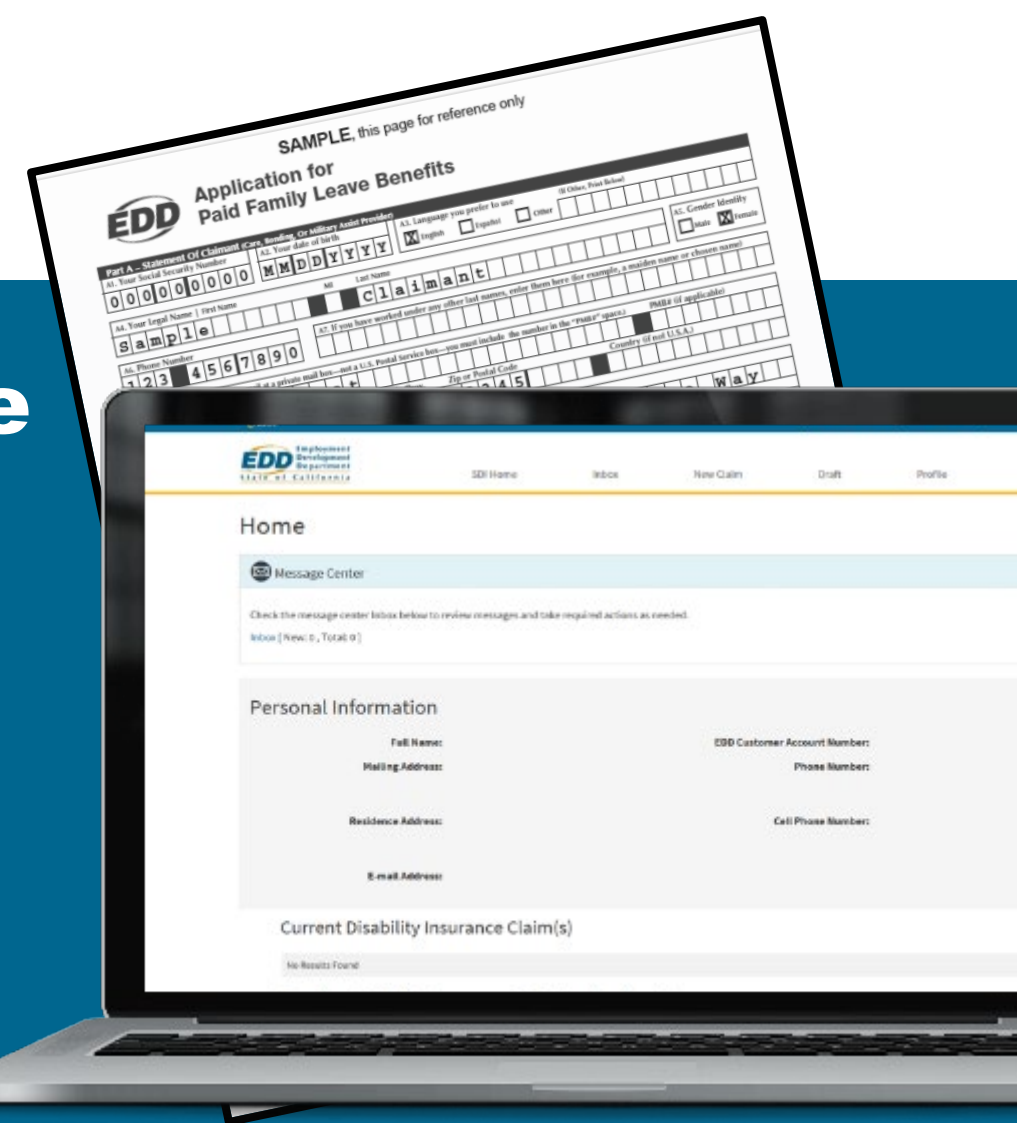
You must complete and submit your DI claim within 49 days and your PFL claim within 41 days from the start date of your claim. You can file in two ways:



SDI Online: Filing 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.

SDI Online and New/Expecting Mothers

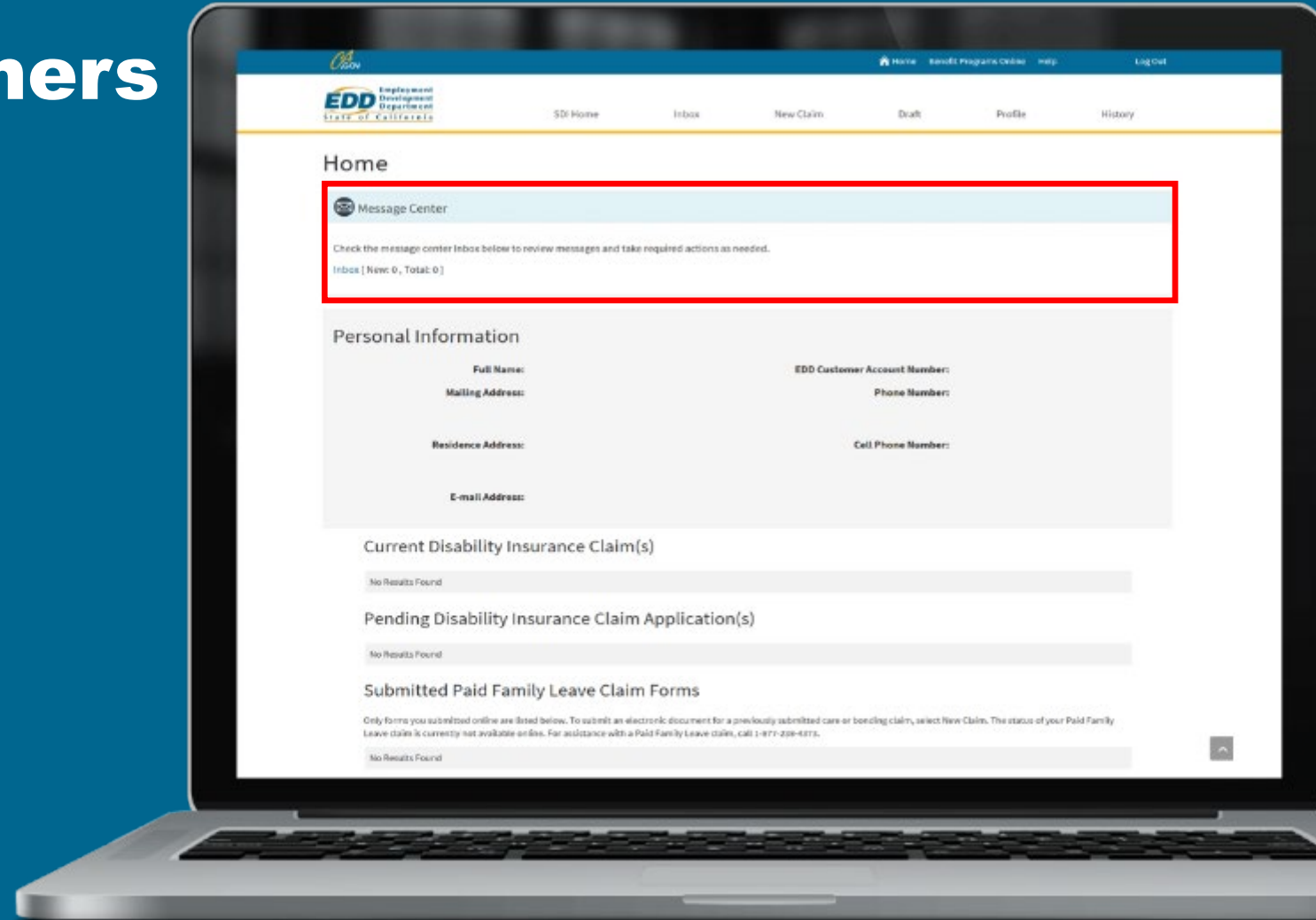


Online

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



SAMPLE, this page for reference only
**Application for Disability
Insurance Benefits**

Health Insurance Portability and Accountability Act (HIPAA) Authorization

Social Security Number

Claimant Name (First)
S a m p l e

I authorize
G e o f f B o o k e r

(Person or Organization providing information and to allow inspection, rehabilitation, and billing records within their knowledge to the following Department (EDD): Disability Insurance managers and any other EDD employee process my claim or determine my eligibility for benefits.)

I understand that the EDD is not releasing this information to the public (45 CFR Section 164.508(c)(2)). California Unemployment Insurance Act.

I agree that photocopies of this authorization may be made.

I understand I have the right to stop this authorization to EDD at any time by stopping this authorization to EDD 94280. The authorization will stop the consequences for my revoking Disability Insurance benefits.

I understand that, unless revoked from the date received by the EDD, I understand that I may not revoke EDD's recovery of monies to which I am entitled.

I understand that I am signing this for my benefits will be affected by my refusal to sign this authorization processed for payment of State Disability Insurance benefits.

I understand I have the right to stop this authorization to EDD at any time by stopping this authorization to EDD 94280. The authorization will stop the consequences for my revoking Disability Insurance benefits.

Claimant Signature (do not print) **S a m p l e**

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 EDD customer account number, enter that number here
N o

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
0 0 0 0 0 0 0 0 0 0

A6. State government employee (if "yes" indicate bargaining unit #)
Yes ☒ No ☐ Unit # **0 1 0 1 1 9 0 0**

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

A8. Your full legal name (First) (MI) (Last)
S a m p l e C l a i m a n t

A9. If you have worked under any other names, enter them here (for example, a maiden name or chosen name)
(First) (MI) (Last)
S a m p l e C l a i m a n t

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 ☐ Cantonese ☐ Vietnamese ☐ Armenian ☐ Punjabi ☐ Tagalog ☐ Other ☐

A13. Your mailing address. Enter a PO Box or the Number, Street, Apartment, Suite, Spaceoff, or RMDR (Private Mail Box)
1 2 3 A n y S t r e e t
City **A n y t o w n** State **C A** Zip or Postal Code **1 2 3 4 5** Country (if not U.S.A.)

A14. Address where you live. Required if different from your mailing address.
Number, Street, Apartment or Spaceoff
1 2 3 A n y S t r e e t
City **A n y t o w n** State **C A** Zip or Postal Code **1 2 3 4 5** Country (if not U.S.A.)

A15. Your last or current employer - If your last or current employment was self-employment, enter "Self" and "N/A" in this space.
Name of your employer (State Government Employees provide the agency name, for example, California)
R o a d r u n n e r P a s t r i e s
Number, Street, Suite* (State Government Employees provide the address of your personal office)
6 4 7 A r m i s t i c e W a y
City **A n y w h e r e** State **C A** Zip or Postal Code **6 6 2 2 2** Country (if not U.S.A.)
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)
0 1 2 5 2 0 2 5

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

A21 A. If you recovered, enter the date you recovered.
0 1 2 5 2 0 2 5

A21 B. If you returned to work, enter the date you started working.
0 1 2 5 2 0 2 5

Paid Family Leave and New/Expecting Mothers



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:

► **Part A – Claimant's Statement**

► **Part B – Physician/Practitioner's Certificate**

Order the DE 2501 application online at [Online Forms and Publications](http://OnlineFormsandPublications(forms.edd.ca.gov/Forms)) (forms.edd.ca.gov/Forms).

PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017



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 as of 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 now? ☐ 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 take paid vacation before beginning family leave? ☐ Yes ☐ No		
6. Will your employer continue to pay you wages during your family leave? ☐ Yes ☐ No		
7. Do you have more than one employee? ☐ 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 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 or the effective date of the claim, whichever is later.

YOUR SIGNATURE

DATE SIGNED
M | M | D | D | Y | Y | Y | Y

DE 2501FP Rev. 2 (6-20)

USE BLACK INK TO COMPLETE THIS FORM

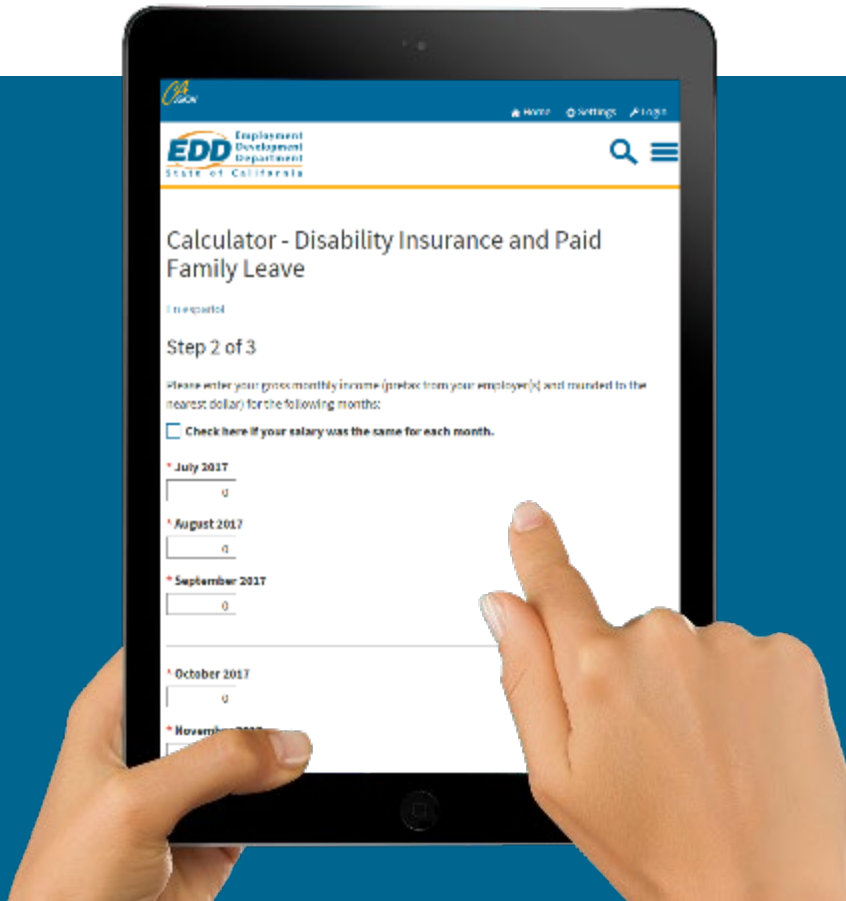
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Paid Family Leave and New/Expecting Mothers

By mail

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) in the mail after the final DI payment.

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 between January 1 and December 31 of the prior year.

Simplify this process by using the [Paid Family Leave Calculator](http://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 EDD.

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.

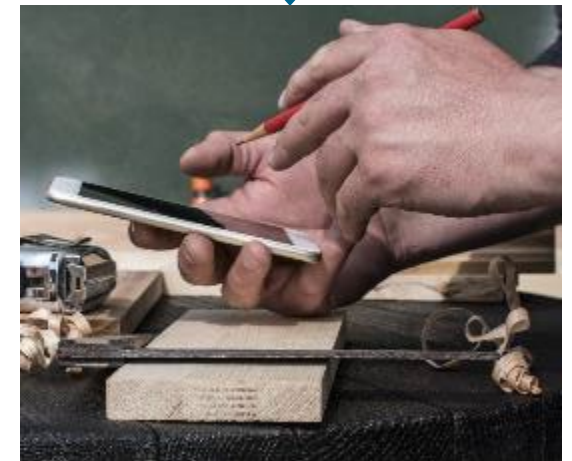


Unemployed Californians must have collected Unemployment Insurance or be actively looking for work to qualify for PFL.

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.



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](http://calcivilrights.ca.gov) (calcivilrights.ca.gov) and the [US Department of Labor](http://dol.gov) (dol.gov) to learn more.



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.

