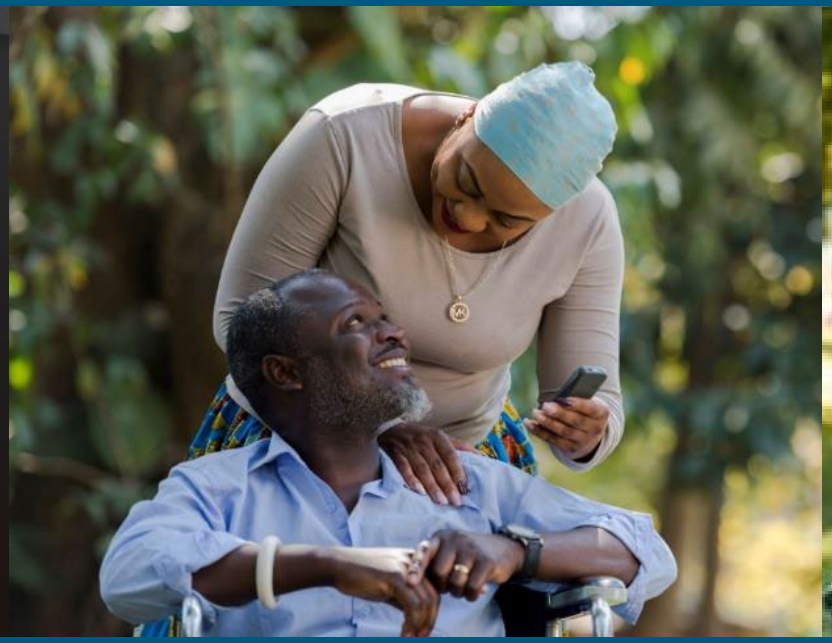




Paid Family Leave Overview – Physician Practitioners

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, 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.

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.

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.

Paid Family Leave Care Claims and Physician Practitioner Responsibilities

As your patient's heath care provider, you determine whether your patient's physical or mental health condition requires care from a family member.

Your medical certification must include:

- Patient's diagnosis and corresponding ICD code
- Your medical license number.
- Estimated date your patient's care is no longer required.
- Estimated duration your patient will need care provided by a family member.
- Your signature.

Serious Health Condition

To qualify for a PFL care claim, the individual must need to care for a seriously ill family member. For PFL purposes, a serious health condition is an illness, injury, impairment, or physical or mental condition that requires:

- At-home care or in-patient care in a hospital, hospice, or residential medical care facility.
- Being unable to work, attend school, or perform daily activities.
- Continuing treatment by a physician or health care practitioner.

Who Can Certify to the Care Recipient's Serious Illness?

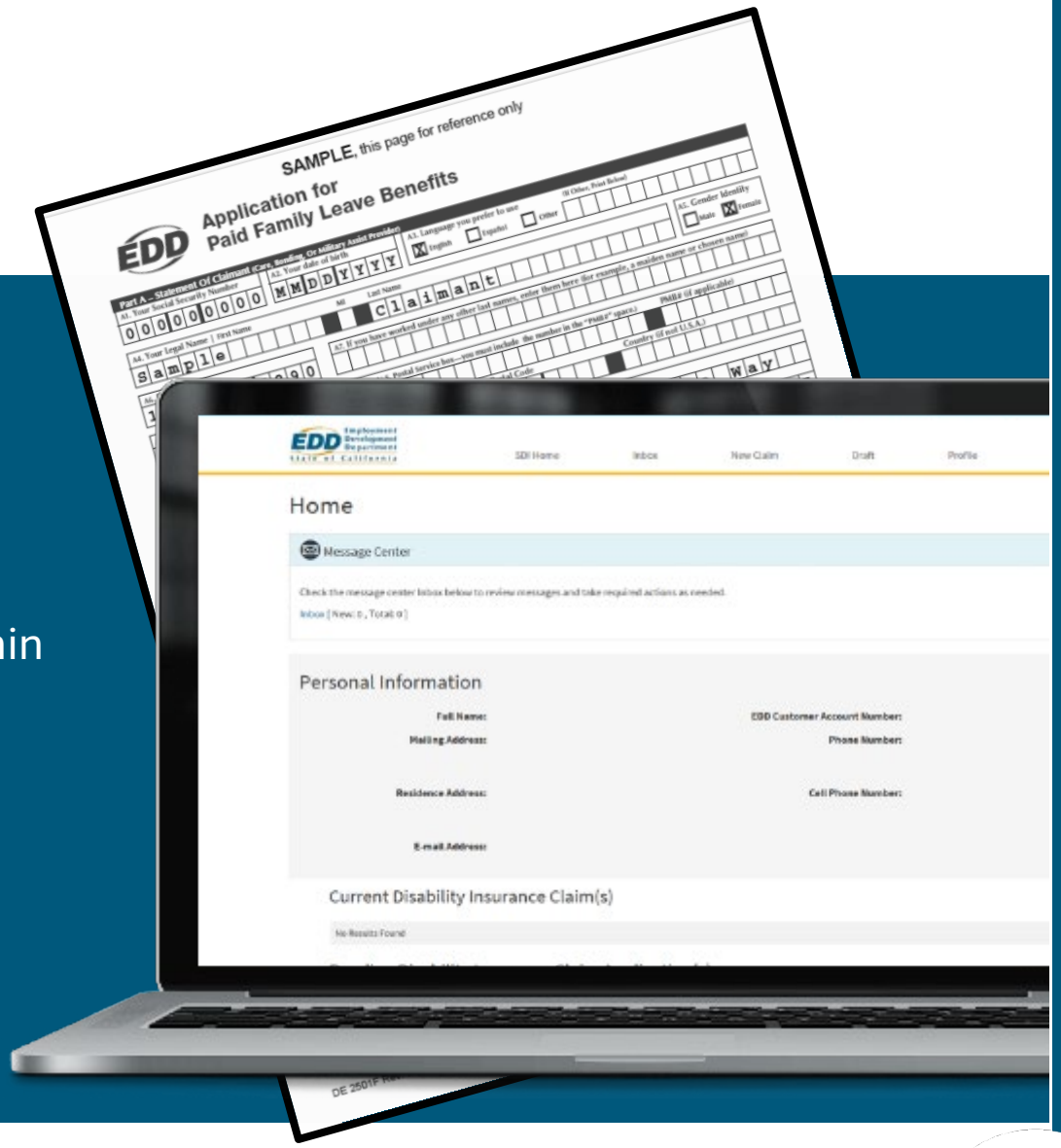
The following Physician Practitioners are authorized to either certify online through SDI Online or sign Part D – Physician/Practitioner's Certificate of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F):

- Licensed medical or osteopathic physician/surgeon
- Medical Officer of a US government facility or registrar of a county hospital in California
- Chiropractor
- Podiatrist
- Optometrist
- Dentist
- Psychologist
- Nurse practitioner or physician assistant after examination and collaboration with a physician or surgeon
- Licensed midwife, nurse-midwife, or nurse practitioner for pregnancy, childbirth, or postpartum conditions. This must be consistent with the scope of their professional licensing.
- Accredited religious practitioner

Filing a Paid Family Leave Claim

Your patients must complete and submit their PFL claim within 41 days from the date their family leave begins by using:

- **SDI Online:** Filing a claim using SDI Oline 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.

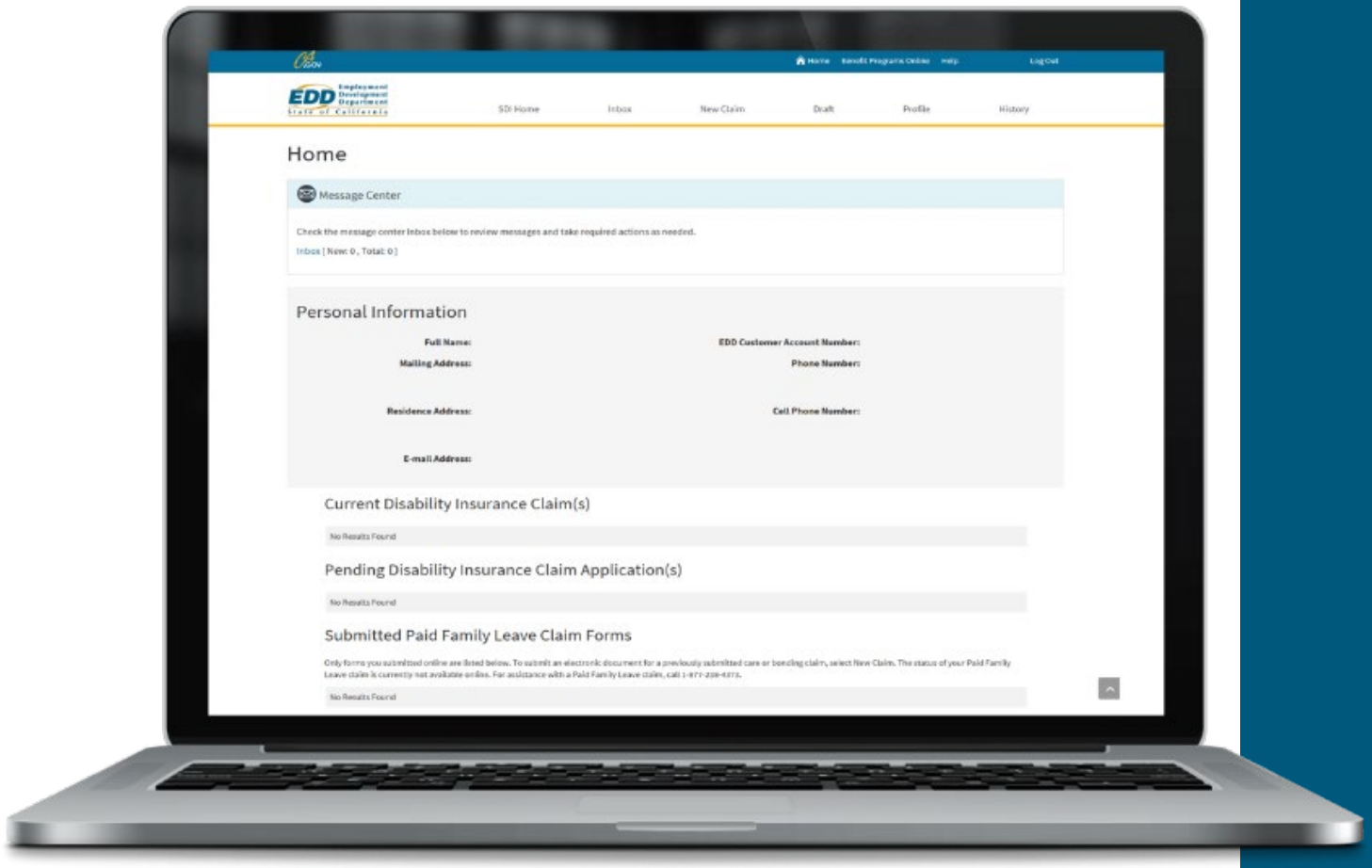
Paid Family Leave and SDI Online

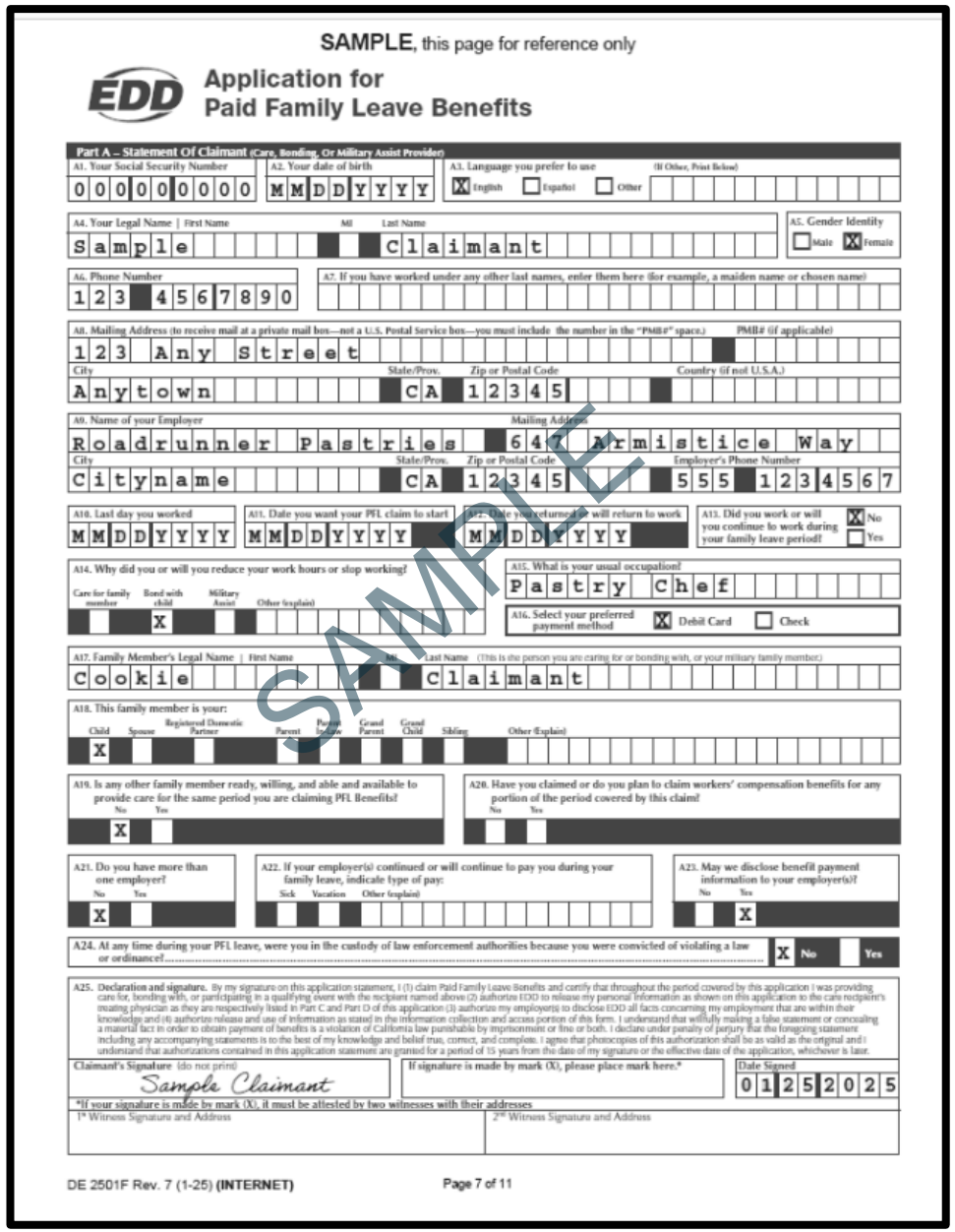
Your patients can file a PFL claim electronically using SDI Online.

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

Physician practitioners or their authorized representatives can submit their medical certifications electronically through SDI Online.

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





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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/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? [X] Care for family member | [ ] Bond with child | [ ] 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: [X] Child | [ ] 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 [X] Yes

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: 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 Claim by Mail

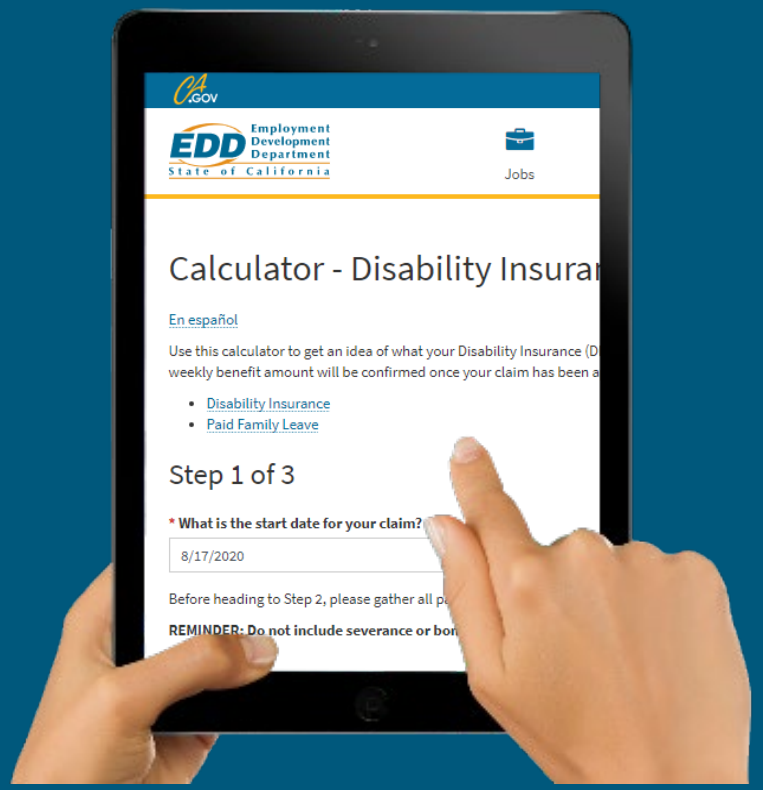
Individuals filing a claim for PFL must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F).

You must complete and sign Part D – Physician/Practitioner's Certification of the DE 2501F for your patient's care provider.

You may order the DE 2501F application by visiting Online Forms and Publications (forms.edd.ca.gov/forms), calling or by 1-877-238-4373.

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

Calculating the Benefit Amount



An individual's weekly benefit amount is determined by the highest quarter of earnings in their "base period" (the wages subject to SDI tax you earned 5-18 months prior to their 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, their weekly benefit amount is calculated from the highest quarter of earnings paid between January 1 and December 31 of the prior year.

Individuals can simplify this process by using the Paid Family Leave Calculator (edd.ca.gov/en/disability/PFL_Calculator/) to estimate their weekly benefit amount.

Determining Paid Family Leave Eligibility

Has the individual paid into California's SDI program (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- **YES** – They are most likely eligible for benefits.
- **NO** – Not all workers pay into SDI, so they may not be eligible for benefits.

Individuals should review their paystubs before assuming eligibility.

Eligibility is not based on length of service or the number of employees the company has on staff.

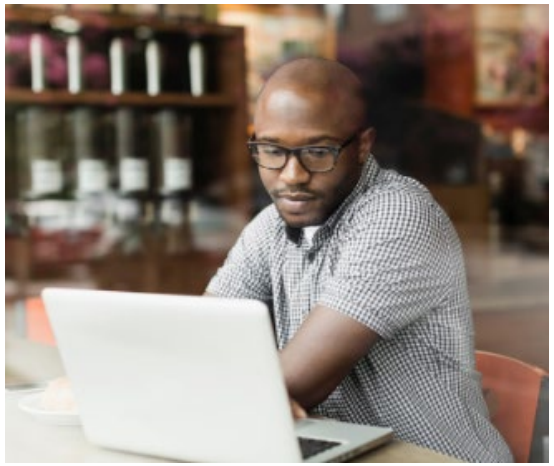
Citizenship and immigration status do not affect eligibility.

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

Eligibility is determined by whether the individual has contributed to California's SDI in the past 5-18 months.

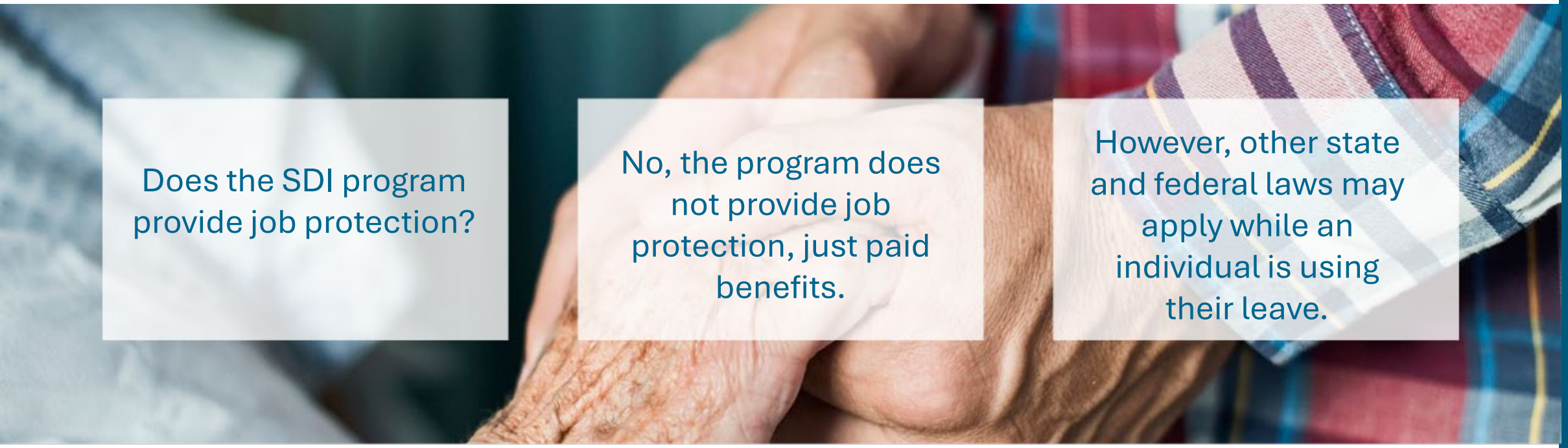


Unemployed Californians must have collected Unemployment Insurance or be actively looking for work to qualify for PFL.

Seasonal and part-time workers, and unemployed individuals may still qualify for PFL.

Self-employed individuals may be eligible if they 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 an individual is using their 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)

Individuals considering DI or PFL should speak to their employer to obtain unpaid job-protected leave. To learn more, visit the:

- California Civil Rights Department (calcivilrights.ca.gov)
- US Department of Labor (dol.gov).

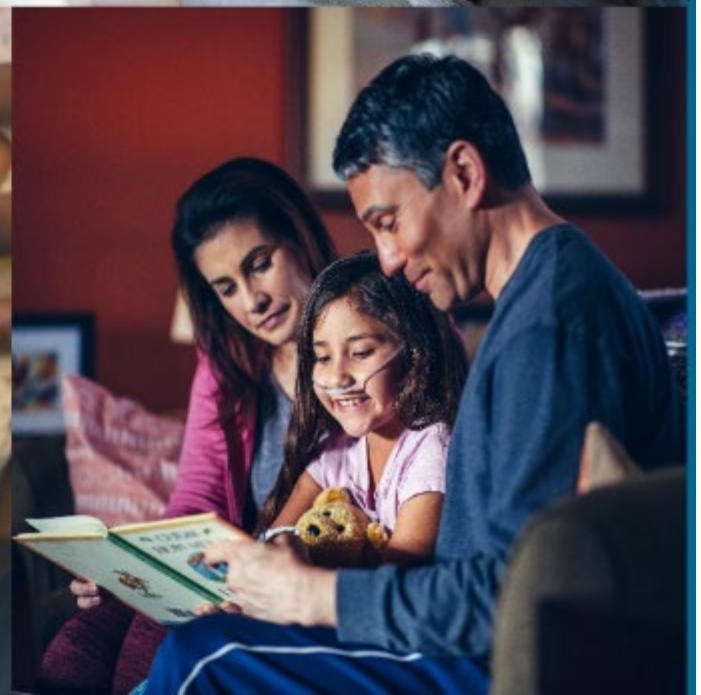
For more information, visit:

- Paid Family Leave (edd.ca.gov/PaidFamilyLeave)

Contact EDD

- **Physician practitioners only**: 1-855-342-3645
- English: 1-877-238-4373
- Spanish: 1-877-379-3819
- All other languages: 1-877-238-4373
- TTY: 1-800-445-1312
- California Relay Service: Call 711

(Provide the number 1-877-238-4373 to the operator.)



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.