



Paid Family Leave Licensed Health Professional Overview

State Disability Insurance Program
Employment Development Department



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.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) pays eligible individuals 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.
- ▶ Requires medical certification completed by you, the care recipient's licensed health professional.

Individuals receive approximately 70 to 90 percent of your salary while using PFL.

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.

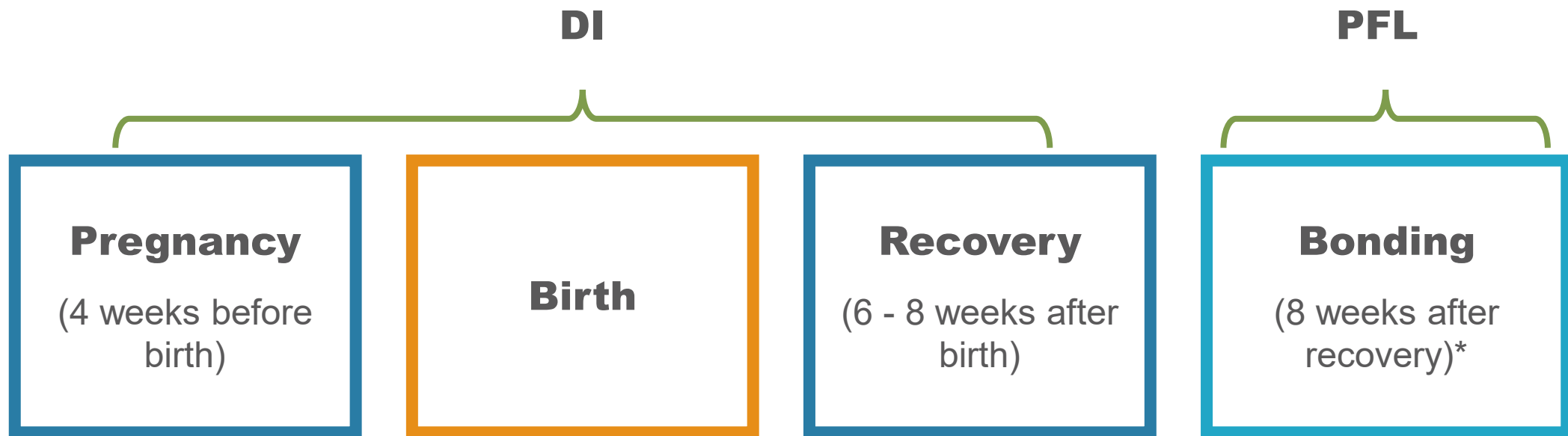
Individuals receive approximately 70 to 90 percent of their salary while using PFL.

*PFL bonding claims do not require a medical certificate.



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

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



*Individuals can break up their eight weeks of PFL. They 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 70 to 90 percent of your salary while using PFL.

*PFL military assist claims do not require a medical certificate.

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



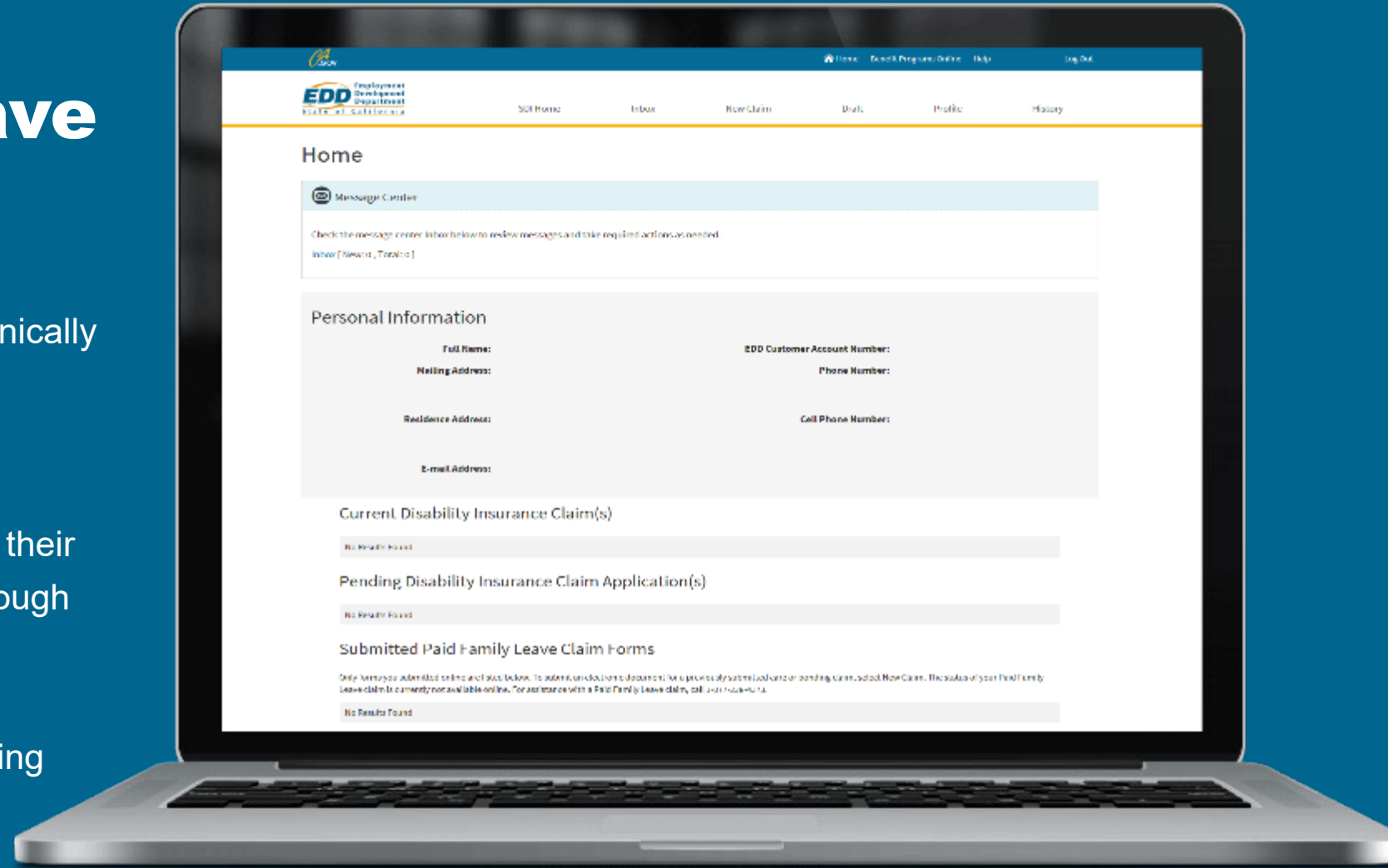
*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

Paid Family Leave and SDI Online

Individuals can file a PFL claim electronically using SDI Online.

Licensed health professionals or their authorized representatives can submit their medical certifications electronically through SDI Online.

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





Claim for Paid Family Leave (PFL) Benefits



2501F1201

PART A - STATEMENT OF CLAIMANT (CARE, BONDING, OR MILITARY ASSIST PROVIDER)

A1. YOUR SOCIAL SECURITY NO. A1a. YOUR DATE OF BIRTH A1b. LANGUAGE YOU PREFER TO USE

A2. YOUR LEGAL NAME A2a. YOUR GENDER

A3. YOUR TELEPHONE NUMBER A3a. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A4. YOUR MAILING ADDRESS A4a. CITY A4b. STATE/COUNTY A4c. ZIP OR POSTAL CODE A4d. COUNTRY, IF NOT USA

A5. NAME OF YOUR EMPLOYER A5a. MAILING ADDRESS A5b. CITY A5c. STATE/COUNTY A5d. ZIP OR POSTAL CODE A5e. EMPLOYER'S PHONE NUMBER

A6a. DATE YOU LAST WORKED A6b. DATE YOU WANT YOUR PFL CLAIM TO BEGIN A6c. DATE YOU RETURNED TO WORK A6d. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?

A7a. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? A7b. WHAT IS YOUR OCCUPATION?

A8. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST PROVIDER

A9. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST PROVIDER IS YOUR:

A10. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?

A11. DO YOU HAVE MORE THAN ONE EMPLOYER?

A12. IF YOUR EMPLOYER CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:

A13. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER?

A14. 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?

A15. Declaration and Signatures. By my signature on this claim scenario I (I) claim that Family Leave benefits and certify that throughout the period covered by this claim I have provided care for, bonding with, or participating in a qualifying event with the employee named above (to include (1) to receive my personal information as shown on the claim so the care recipient's treating physician as they are specifically listed in Part C, and the (2) of this claim so as to allow my employer to disclose EDD all facts concerning my employment that are within their knowledge and full discretion related 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 following scenarios, including any accompanying statements to the best of my knowledge and belief are correct and complete. I agree that photographs of this authorization shall be available on the original and I understand that authorizations contained in this claim scenario are good for a period of eleven years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature (DO NOT PRINT) If signature is made by mark (X), please place mark here. * Date Signed (M o D Y Y Y)

*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

DO NOT DETACH PAGES - NO SEPARAR LAS PAGINAS

Filing a Paid Family Leave Care, Bonding, or Military Assist Claim



By mail

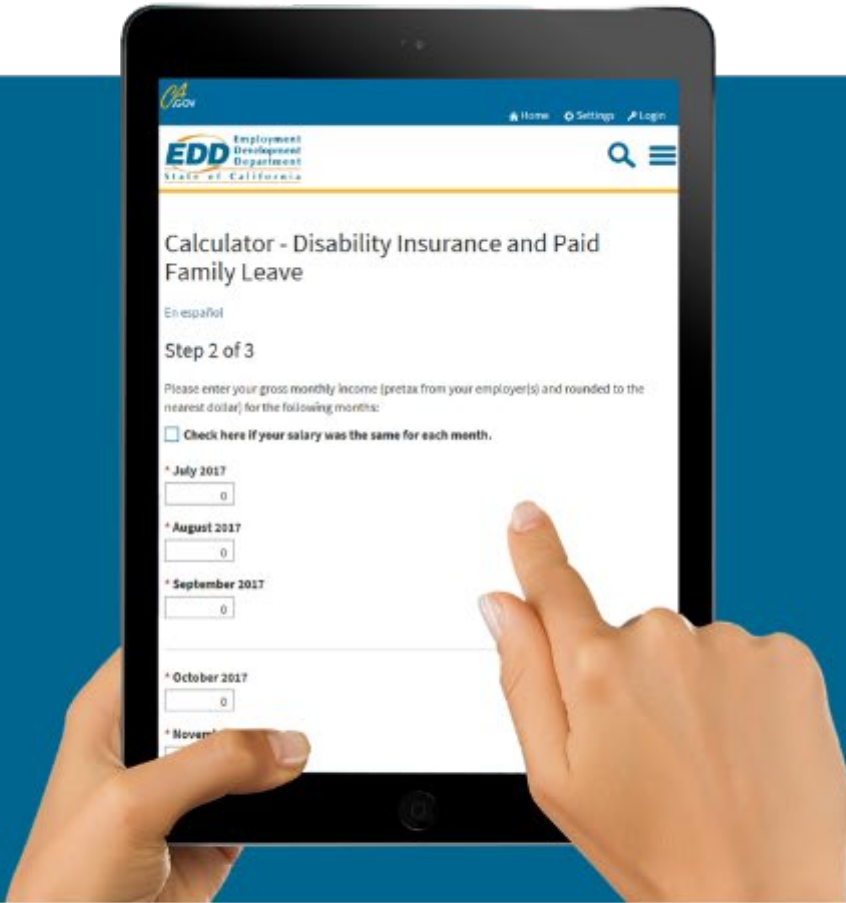
Individuals filing a claim for PFL must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits (DE 2501F)*.

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 \(forms.edd.ca.gov/forms\)](https://forms.edd.ca.gov/forms), calling or by 1-877-238-4373.

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

Calculating the Benefit Amount



An individual's weekly benefit amount is determined by the highest quarter of earnings in their "base period" (wages subject to SDI tax 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 the PFL claim begins in April, May, or June, the weekly benefit amount is calculated from the highest quarter of earnings between January 1 and December 31 of the prior year.

Individuals can 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 their weekly benefit amount.

Paid Family Leave Care Claims and Licensed Health Professional Responsibilities

As your patient's health 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 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.
- Continuing treatment by a physician or health care practitioner.



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

The following **licensed health professionals** 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
- ▶ Accredited religious practitioner
- ▶ Nurse practitioner or physician assistant after examination and collaboration with a physician or surgeon

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 individuals 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.

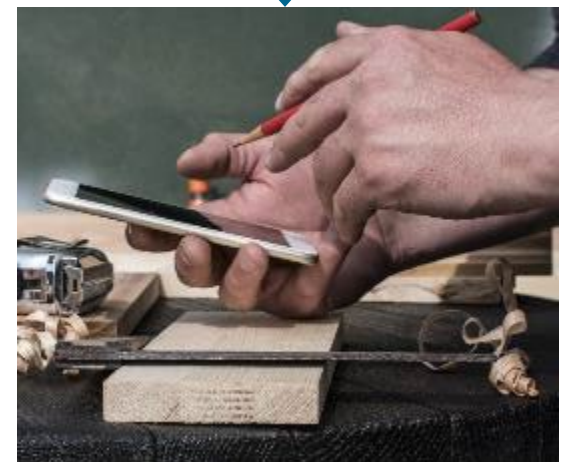


Unemployed Californians must have collected Unemployment Insurance or be actively looking for work to qualify for PFL.

Seasonal and part-time employees 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 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 must speak to their 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





Paid Family Leave Stories

PFL allows Californians to be there for the moments that matter.

Share PFL stories by tagging @CA_EDD on Instagram.



#MomentsMatter
#PFL
#PaidLeave
#CAPFL
#CAPaidFamilyLeave



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.