



California's Paid Family Leave

Moments matter.

Paid Family Leave Claimant 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

Can be used to bond with a new child or to care for an ill family member.

3

Can be used intermittently over a 12-month period.

4

There is no waiting period. Payment begins the first day of leave.

5

You pay into the State Disability Insurance (SDI) program. It is not government assistance.



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 and Bonding

PFL Bonding provides up to eight weeks of partially paid leave for mothers and fathers to bond with a new child within the child's first year.

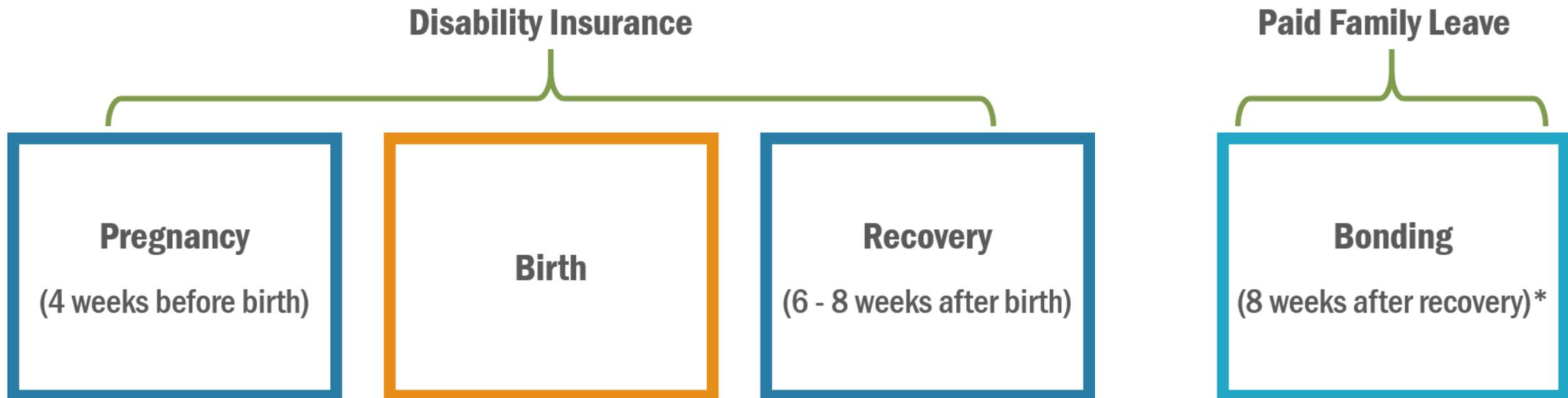
- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

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:



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

Filing a Paid Family Leave Claim

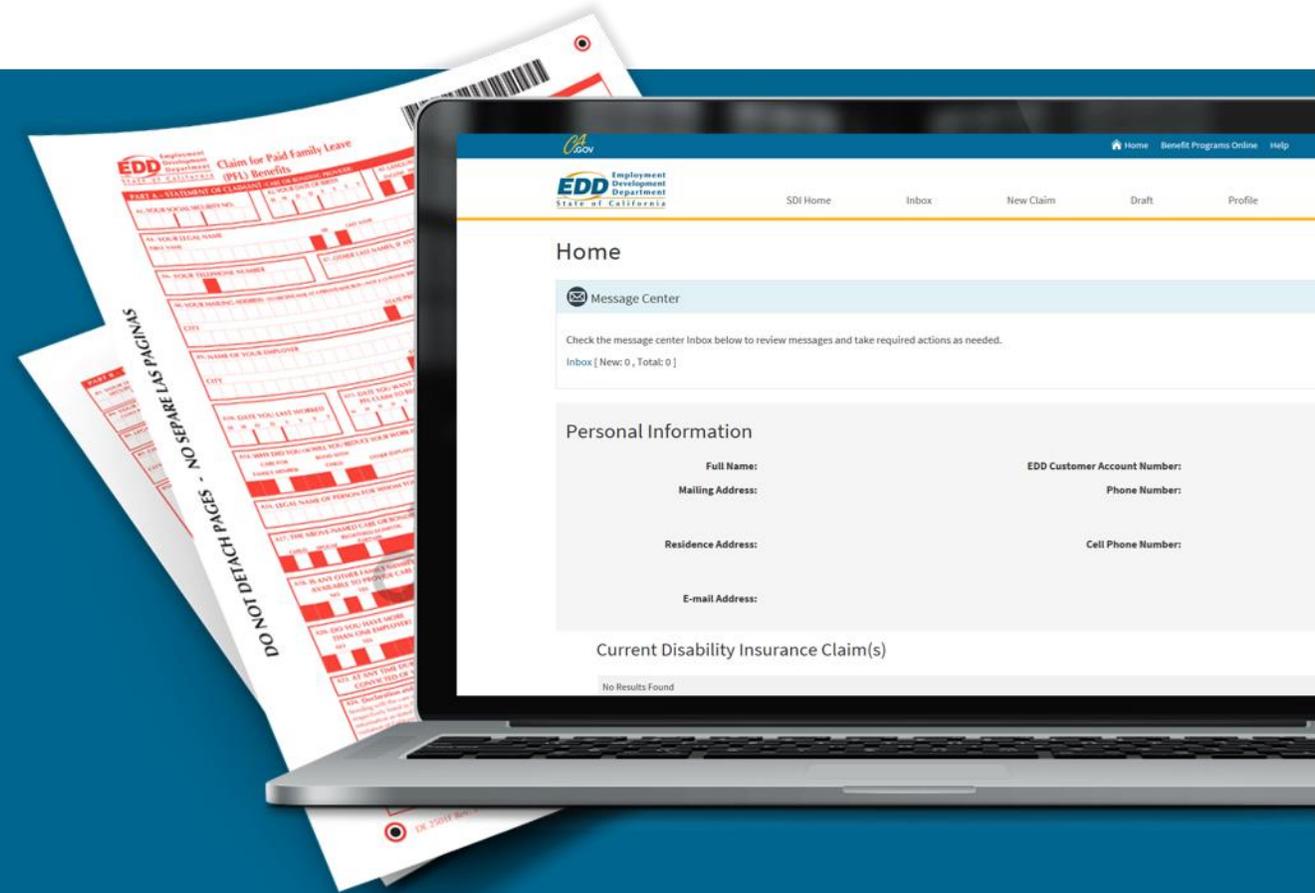
Complete and submit your PFL claim within 41 days from the date your family leave begins by:



SDI Online: Filing electronically through SDI Online is strongly recommended because it expedites the review process.



Mail



*A PFL claim form will automatically be sent to new moms electronically or by mail at the end of their pregnancy-related DI claim.

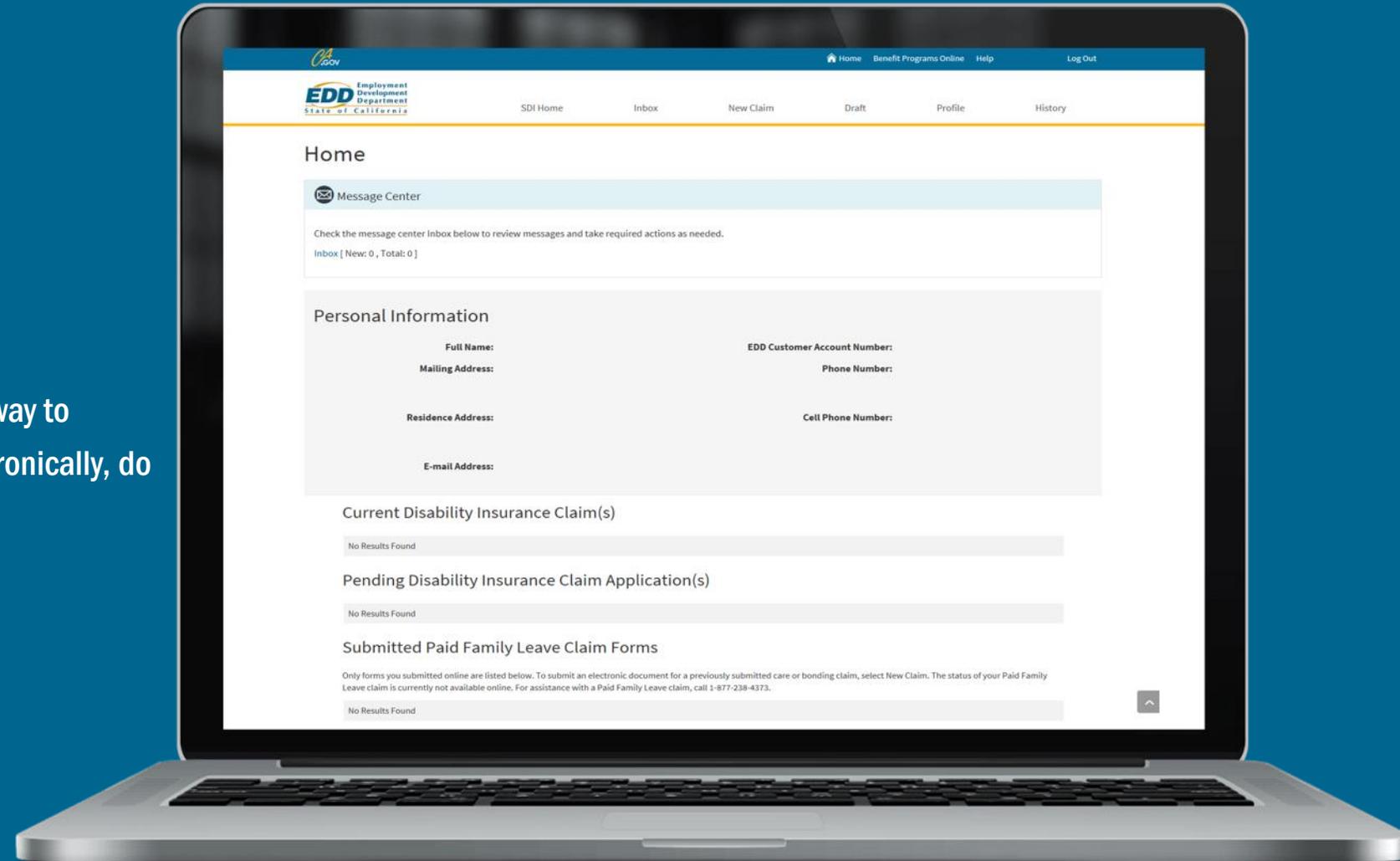
Paid Family Leave and SDI Online



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.





Claim for Paid Family Leave (PFL) Benefits



2501F10161

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

A1. YOUR SOCIAL SECURITY NO. A2. YOUR DATE OF BIRTH (M M D D Y Y Y Y) A3. LANGUAGE YOU PREFER TO USE (ENGLISH SPANISH OTHER (PRINT BELOW))

A4. YOUR LEGAL NAME (FIRST NAME MI LAST NAME) A5. YOUR GENDER (MALE FEMALE)

A6. YOUR TELEPHONE NUMBER A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS (DO NOT CHECK MAIL AT PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMB# (IF APPLICABLE)" CITY STATE/PROV. ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)

A9. NAME OF YOUR EMPLOYER MAILING ADDRESS CITY STATE/PROV. ZIP OR POSTAL CODE EMPLOYER'S TELEPHONE NUMBER

A10. DATE YOU LAST WORKED (M M D D Y Y Y Y) A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN (M M D D Y Y Y Y) A12. DATE YOU RETURNED OR WILL RETURN TO WORK (M M D D Y Y Y Y) A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? (NO YES)

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? (CARE FOR FAMILY MEMBER BOND WITH CHILD OTHER (EXPLAIN)) A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (FIRST MIDDLE INITIAL LAST) OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR: (REGISTERED DOMESTIC PARTNER PARENT GRAND PARENT GRAND CHILD SIBLING OTHER (EXPLAIN))

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? (NO YES) A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM? (NO YES)

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? (NO YES) A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: (SICK VACATION OTHER (EXPLAIN)) A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)? (NO YES)

A23. 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? (NO YES)

A24. 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 providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to 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 statements, 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.

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

Filing a Paid Family Leave Care Claim



By mail

A properly completed PFL care claim will include:

- ▶ Part A - Statement of Claimant
- ▶ Page 2 - Care Recipient's Authorization
- ▶ 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**, calling 1-877-238-4373, or picking one up at your local SDI office.



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

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 CHILD SPOUSE PARTNER PARENT IN-LAW PARENT CHILD SIBLING

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NO YES NO YES

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
NO YES SICK VACATION OTHER (EXPLAIN) NO YES

A23. 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? NO YES

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Filing a Paid Family Leave Bonding Claim



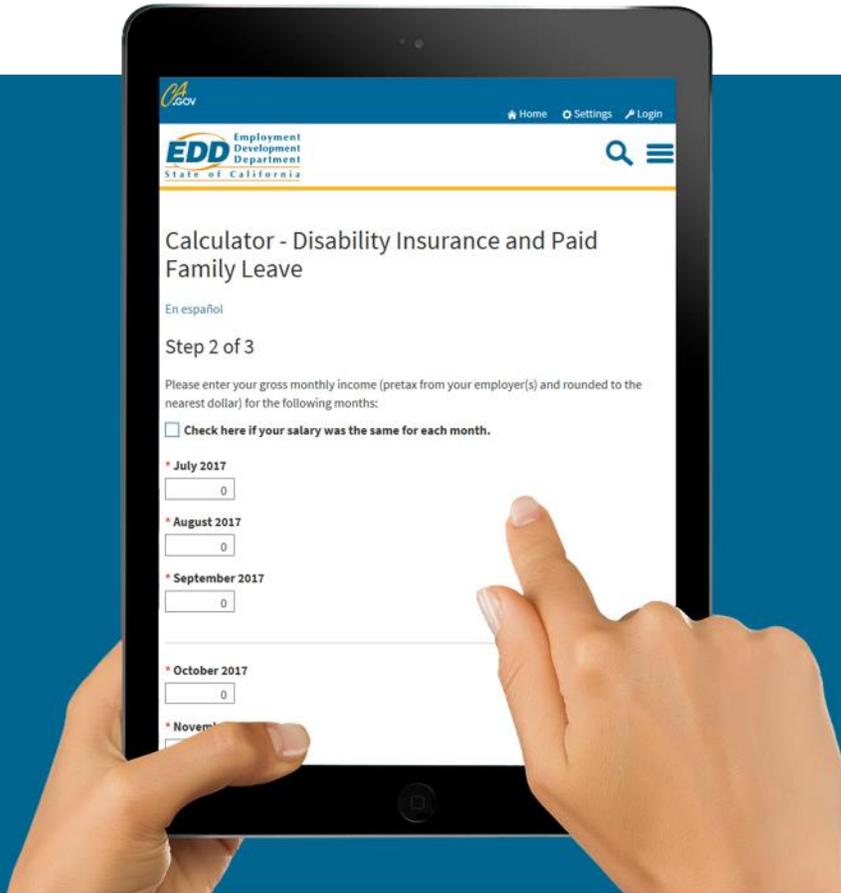
By mail

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, calling 1-877-238-4373, or picking one up at your local SDI office.

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 4 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 **Disability Insurance and Paid Family Leave Weekly Benefits 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, thus you are not eligible for these programs.

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 (EDD).

Only 8 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.



If unemployed, you must have collected Unemployment Insurance and/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 SDI 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)
- ▶ New Parent Leave Act (NPLA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Speak with your employer to obtain unpaid job-protected leave. Visit the **California Department of Fair Employment and Housing** and the **U.S. Department of Labor** to learn more.



For more information, visit:

- ▶ edd.ca.gov/paidfamilyleave
- ▶ CaliforniaPaidFamilyLeave.com

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.



CALIFORNIA
PAID FAMILY LEAVE
moments matter.



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Tell Your Paid Family Leave Story

California PFL allows you to be there for the moments that matter.

Share your PFL story on Instagram

@CA_PFL 

- #MomentsMatter
- #PFL
- #PaidLeave
- #CAPFL
- #CAPaidFamilyLeave