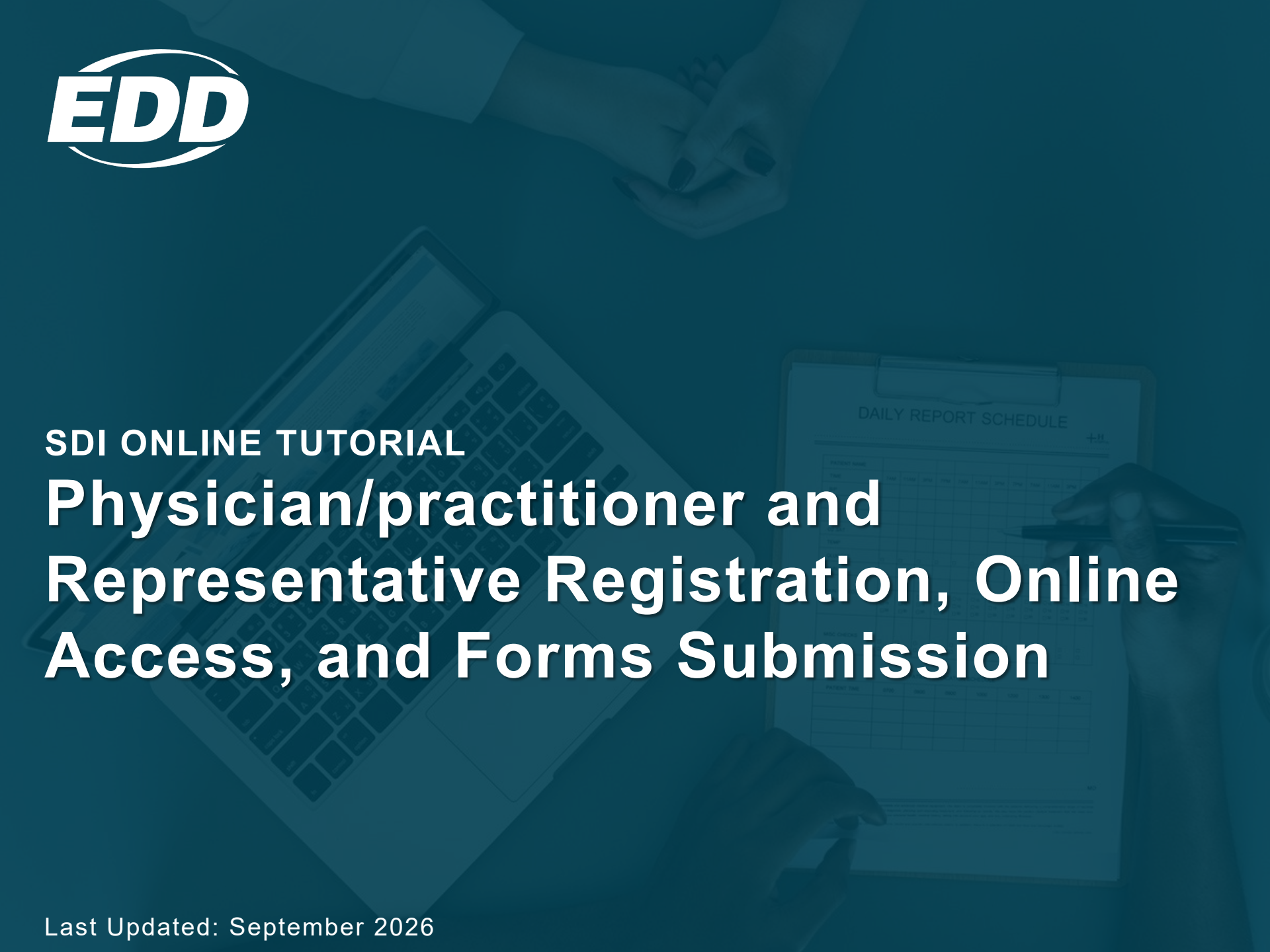


SDI ONLINE TUTORIAL

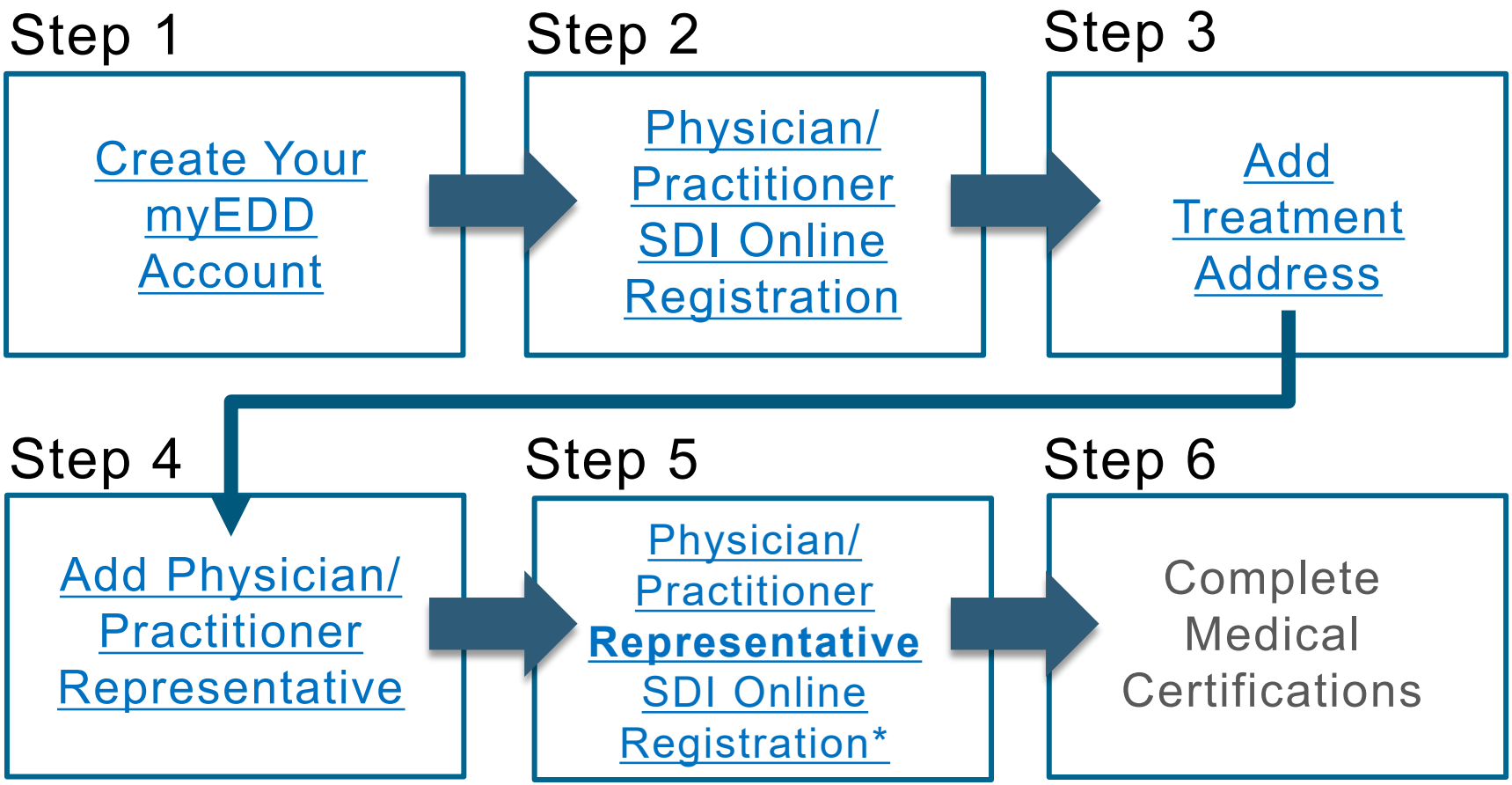
Physician/practitioner and Representative Registration, Online Access, and Forms Submission

Last Updated: September 2026

Physicians/practitioners can use SDI Online to:

- Complete medical certifications for disability and paid family leave benefits.
- Assign medical representatives to complete medical certifications for benefits on behalf of the physician/practitioner.
  - A medical representative can create an account after the physician/practitioner has added them to their SDI Online profile.
  - A physician/practitioner may have an unlimited number of authorized medical representatives.
  - An individual can be an authorized medical representative for an unlimited number of physicians or practitioners.
- Complete our electronic requests for additional medical information.
- Update contact information.

Steps to Register an Authorized Representative:



*The authorized medical **representative** must also complete Step 1.

CONTENTS

Create Your myEDD Account

Learn how to create your myEDD account.

Get Started

What is myEDD?

To access Employment Development Department (EDD) benefits services you must complete a one-time registration in myEDD.

myEDD uses a single login to access:

- Unemployment benefits
- Disability benefits
- Paid Family Leave benefits
- Benefit Overpayments

We offer step-by-step instructions on how to create a new myEDD account.

If you already created a myEDD account, you may skip to:

- Register as a Physician/Practitioner in SDI Online
- Register as a Medical Representative in SDI Online

How to Create Your myEDD Account

1. Visit myEDD to create your account.

2. Select **Create Account**. To view the screens in Spanish, select **Español**.

3. Enter a company email that is used only by you.

4. Set up a password that is 10 or more characters. The password is case sensitive and must contain:

    - Uppercase and lowercase letters
    - Numbers
    - Symbols such as !@#$

5. Select your preferred language, accept our terms and conditions, and select **Submit**.

6. Next, check your email to confirm your account. Select **Confirm Email** within 48 hours or you will need to start over.

7. Login to your myEDD account. When you log in for the first time, we will email you a verification code to verify your identity. Select, **Send Email**.

How to Create Your myEDD Account cont.

8. Enter the verification code and select **Submit**. This code expires in 5 minutes. If you do not receive the verification code email, check your junk or spam folder or **select resend the email**.

9. Next, set up your security question. Select a question, enter the answer, and select **Continue** to save.

10. Now you can select your Login Verification method. You can receive the verification code by text message or phone call. To continue using email, select **Use my email instead**.

11. Enter your phone number then select **Text Code** or **Call My Phone**. Then enter the verification code. This code expires in 5 minutes. A screen will let you know you have successfully set up your login verification method.

12. Select **myEDD Home**, then select **SDI Online**. On the next screen, select the SDI Online registration account type.

Use myEDD to access SDI Online and submit disability or paid family leave medical certifications.

Register as a Physician/Practitioner in SDI Online

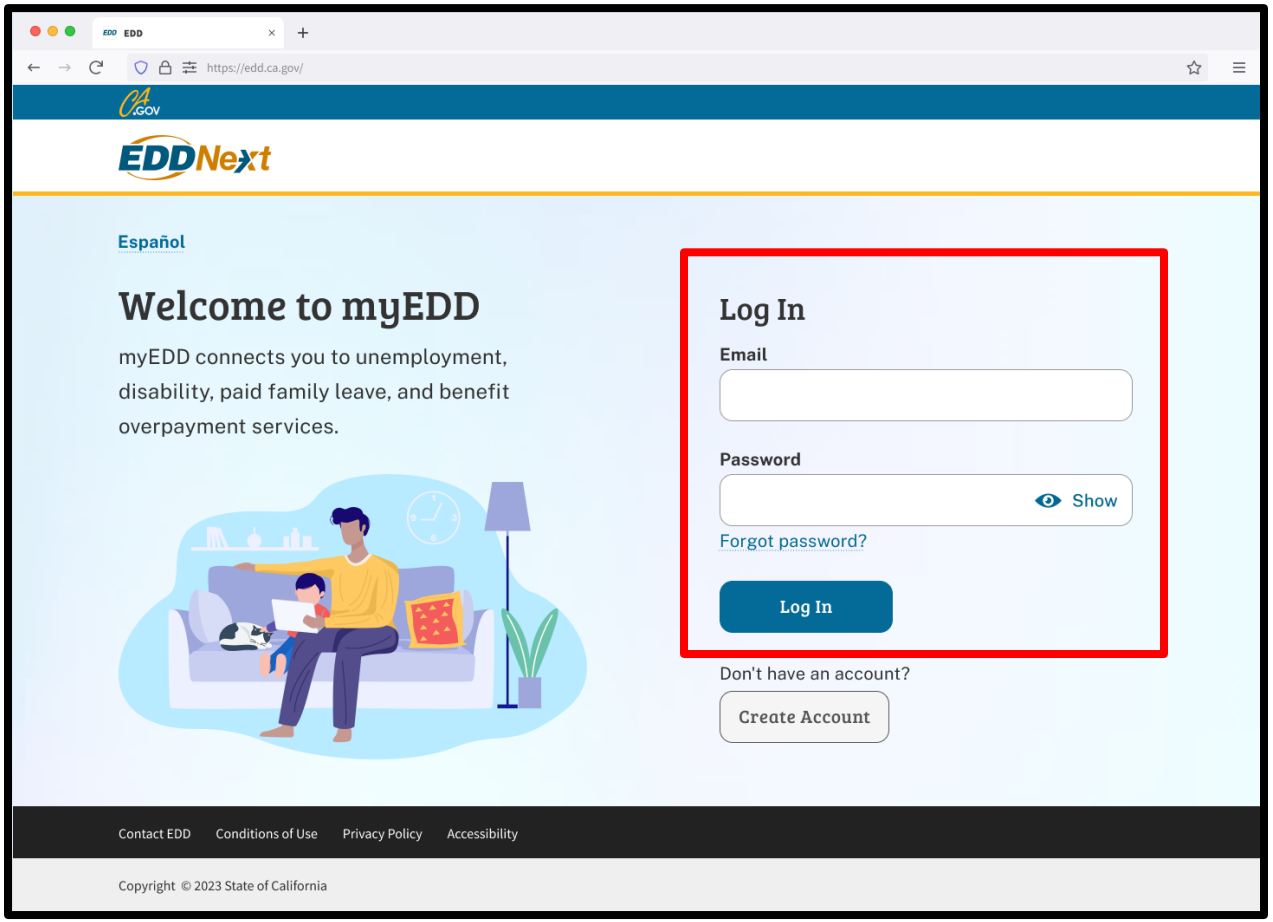
Learn how to register as a physician/practitioner in SDI Online.

Get Started

Step 1: Log in

Log in to myEDD to access SDI Online, update your email, password, security question, or verification option:

1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



Note

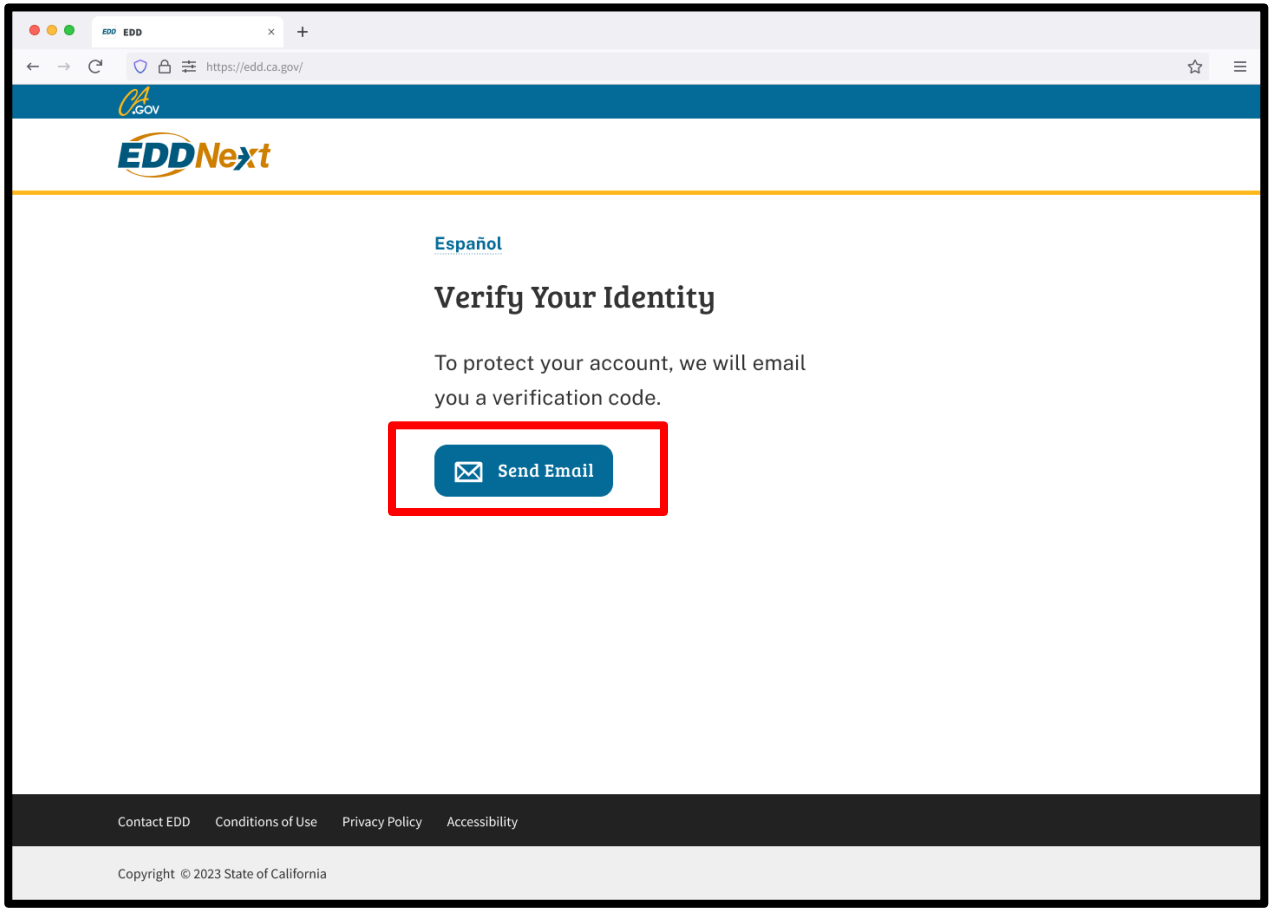
For Spanish, select **Español**.

Step 2: Verify Your Identity

To protect your account, we ask you to verify your identity every time you log in. In this example, the identity verification option is by email.

Select **Send Email.**

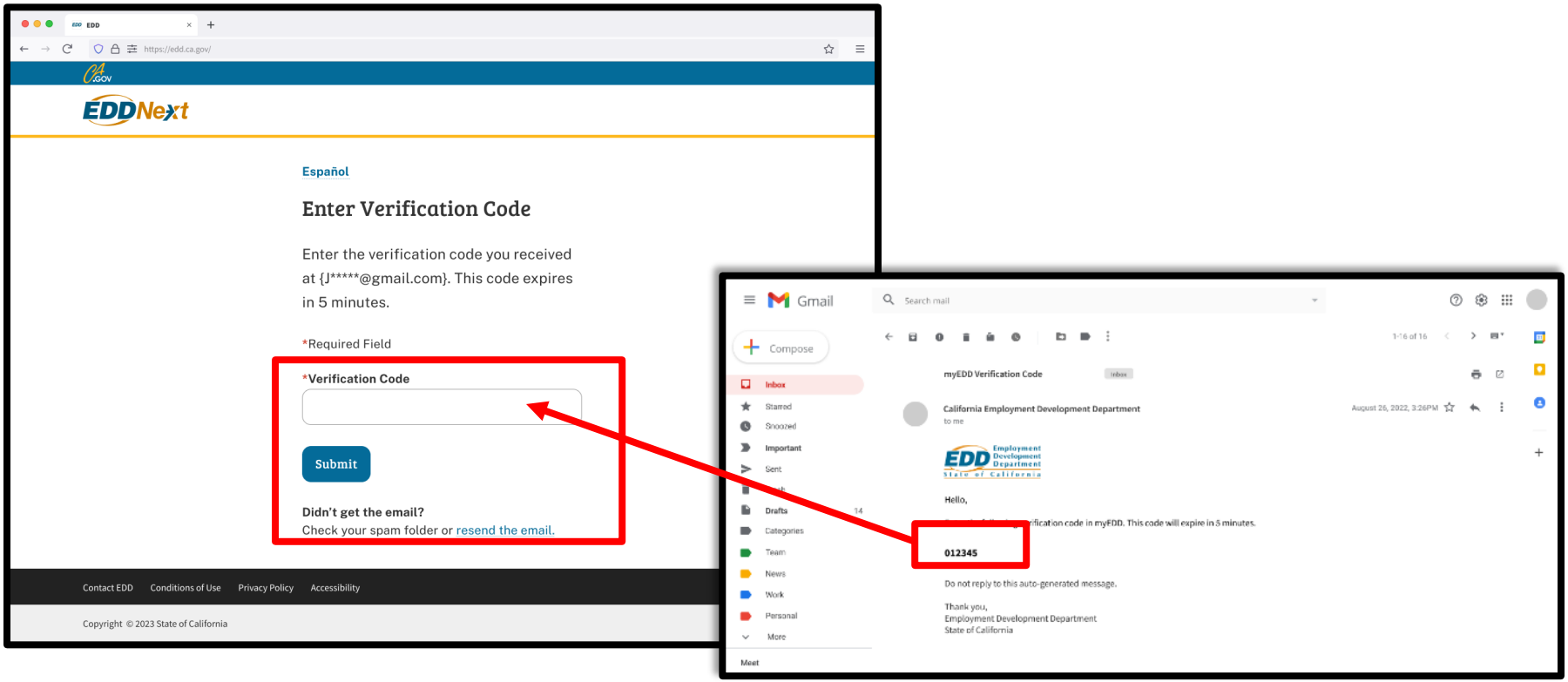
If you set up the login verification option as text message or phone call, follow the instructions based on that option.



Step 3: Enter Verification Code

Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email in your inbox.

- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.

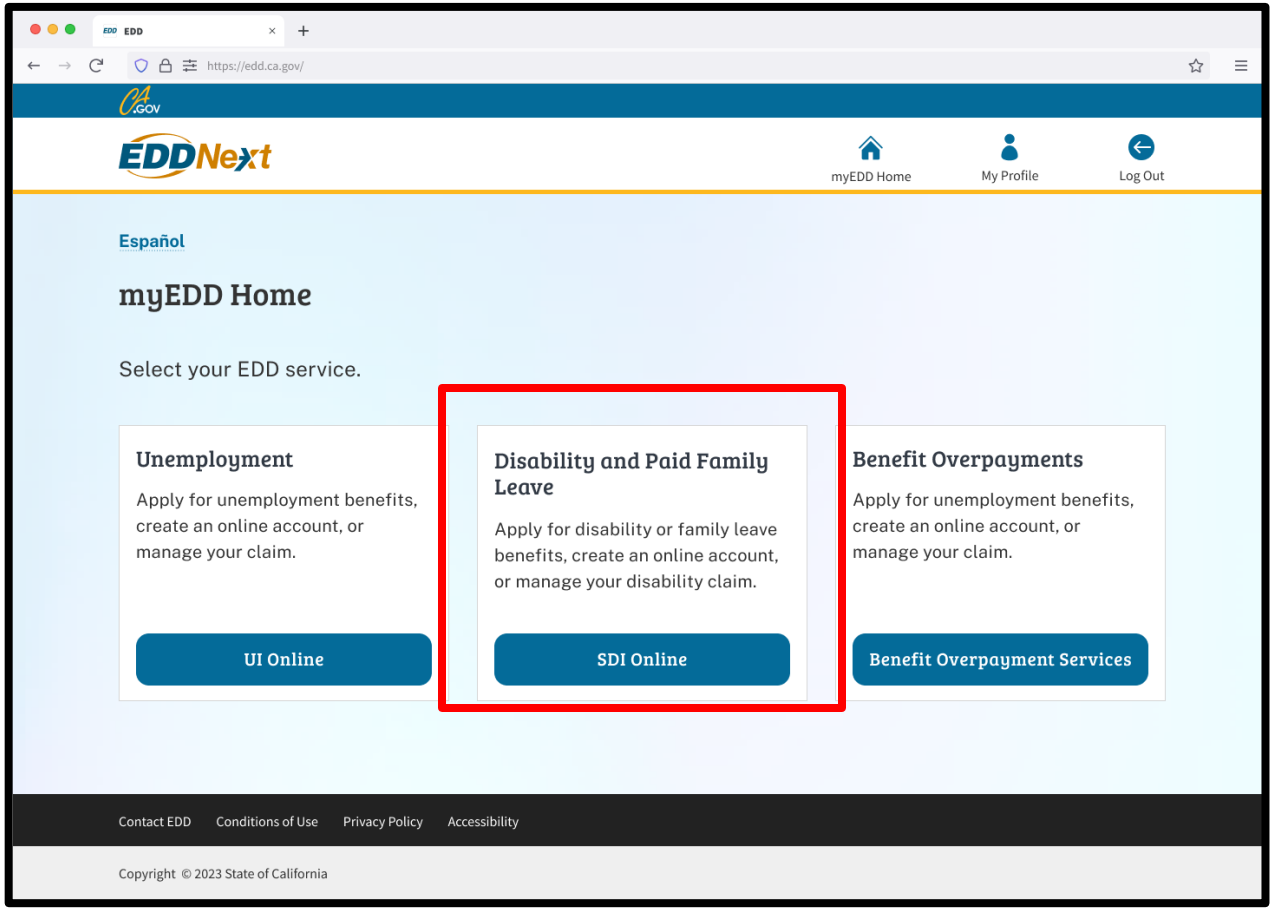


Step 4: Select SDI Online

From the myEDD homepage, select **SDI Online** to begin your SDI Online registration.

Note

Select **Log Out** in the top right corner of any screen to exit your account.

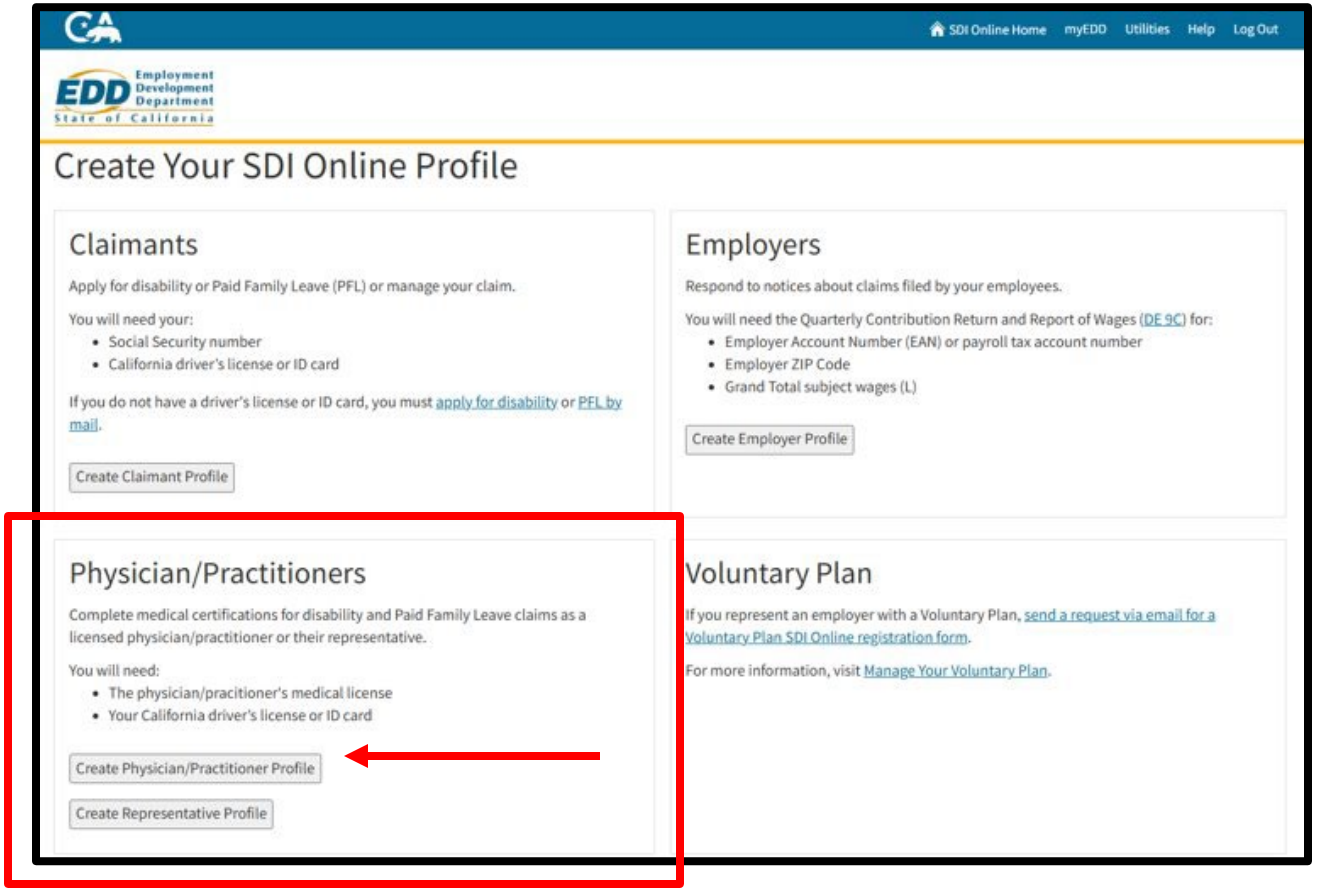


Step 5: Start Registration

You are sent to the Create Your SDI Online Profile screen.

Read the instructions.

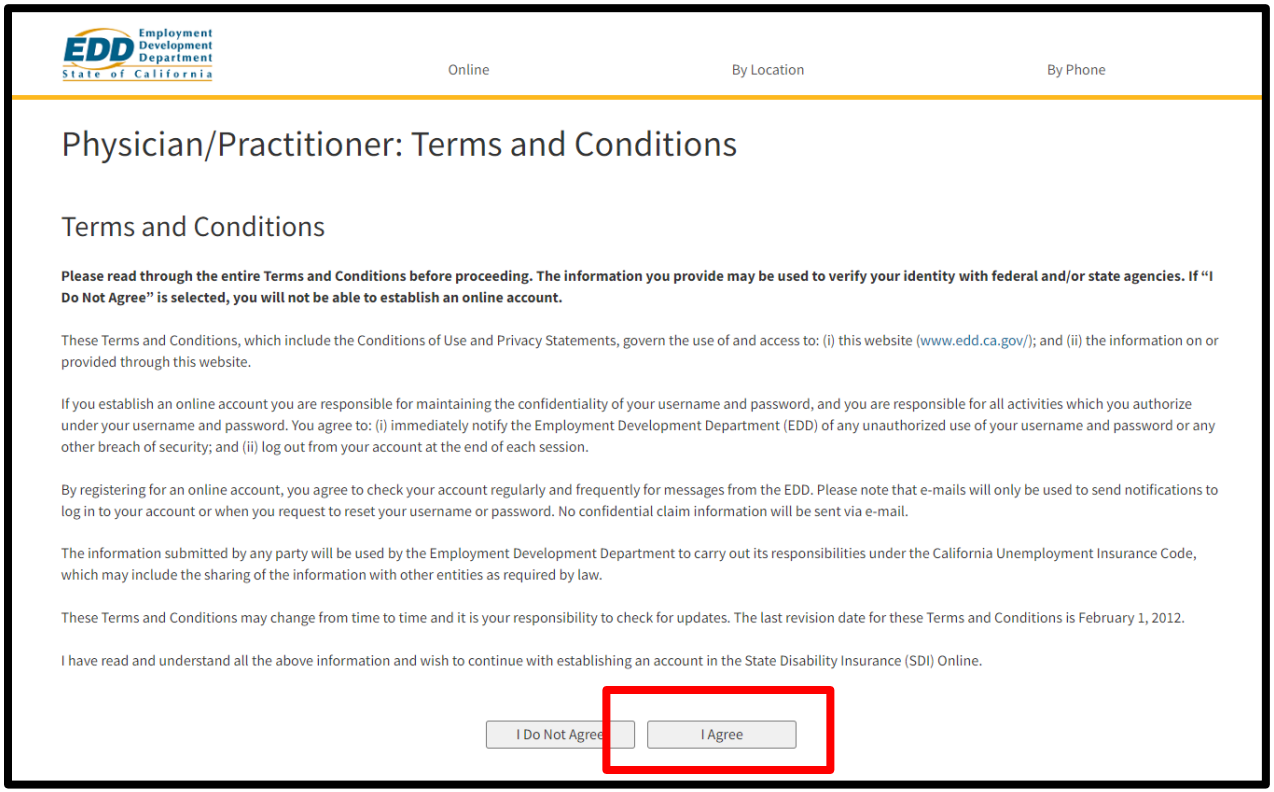
Select **Create Physician/Practitioner Profile** link.



Step 6: Terms and Conditions

Next, review the terms and conditions. Select **I Agree**.

You must agree to these terms and conditions to create an online account.

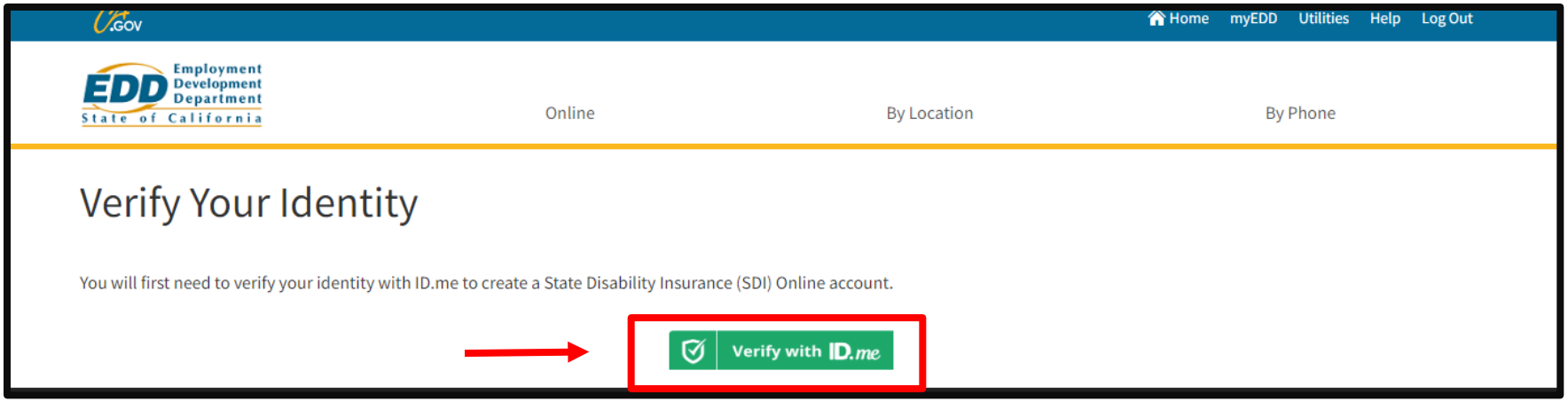


Step 7: ID.*me*

We are partnered with ID.me to verify the identity of the physician/practitioner.

You must verify your identity with ID.me to create an SDI Online account. Select **Verify with ID.me** to start the ID.me registration and verification process.

For help with ID.me, visit California Disability Insurance and ID.me.



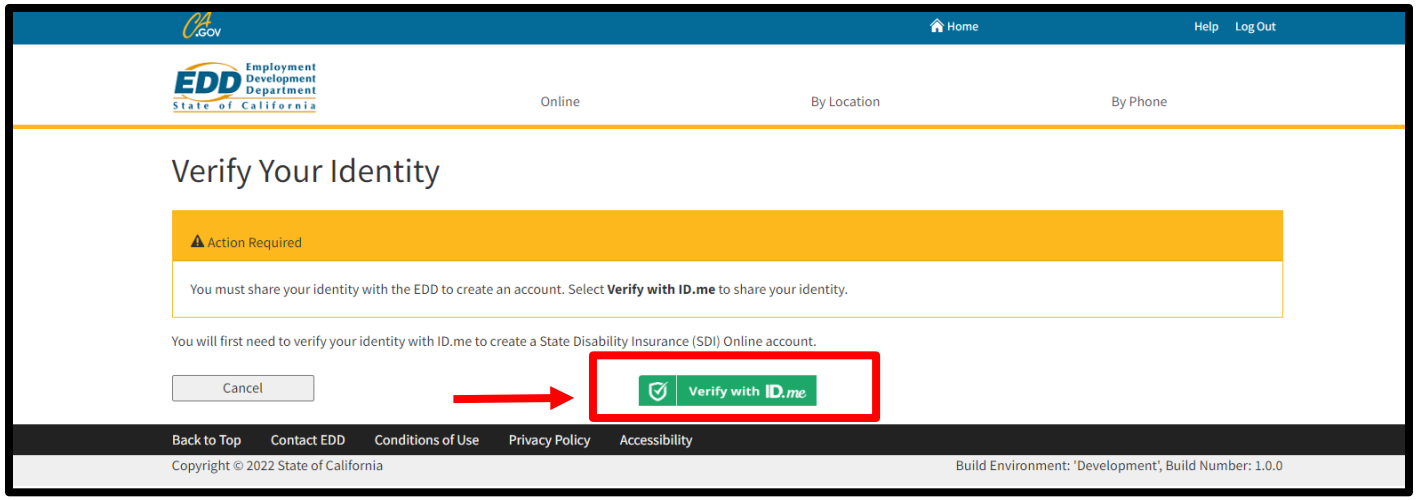
Step 8: Allow Sharing

Once you complete the ID.me verification process, ID.me will have the option to **Allow** or **Deny** sharing your ID.me identity information with us.

If you deny sharing your ID.me information with us, you will be redirected to SDI Online and the following message will display, “You must share your identity with the EDD to create an account.”

If you select deny by mistake, select **Verify with ID.me** to try again.

If you allow sharing your ID.me information with us, you will be redirected to SDI Online to complete the SDI Online registration.



Step 9: Enter Your Information

The system automatically fills certain information from ID.me and are read-only fields:

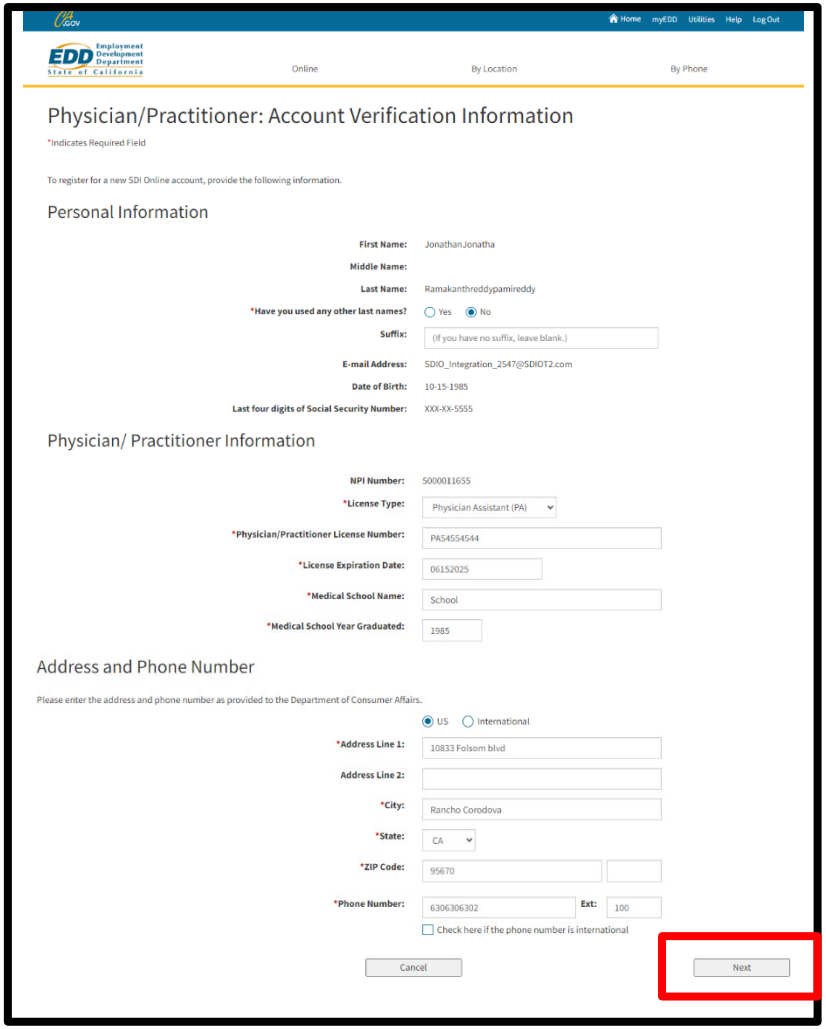
- Your full legal name.
- Date of birth.
- Last four digits of your Social Security number.
- National Provider Identifier or NPI number.

You must enter the following personal and professional information:

- License type, number, and expiration date.
- Medical school name and graduation year.
- Address and phone number as provided to the Department of Consumer Affairs.

You must complete the fields marked with a red asterisk (*).

Select **Next** to proceed.

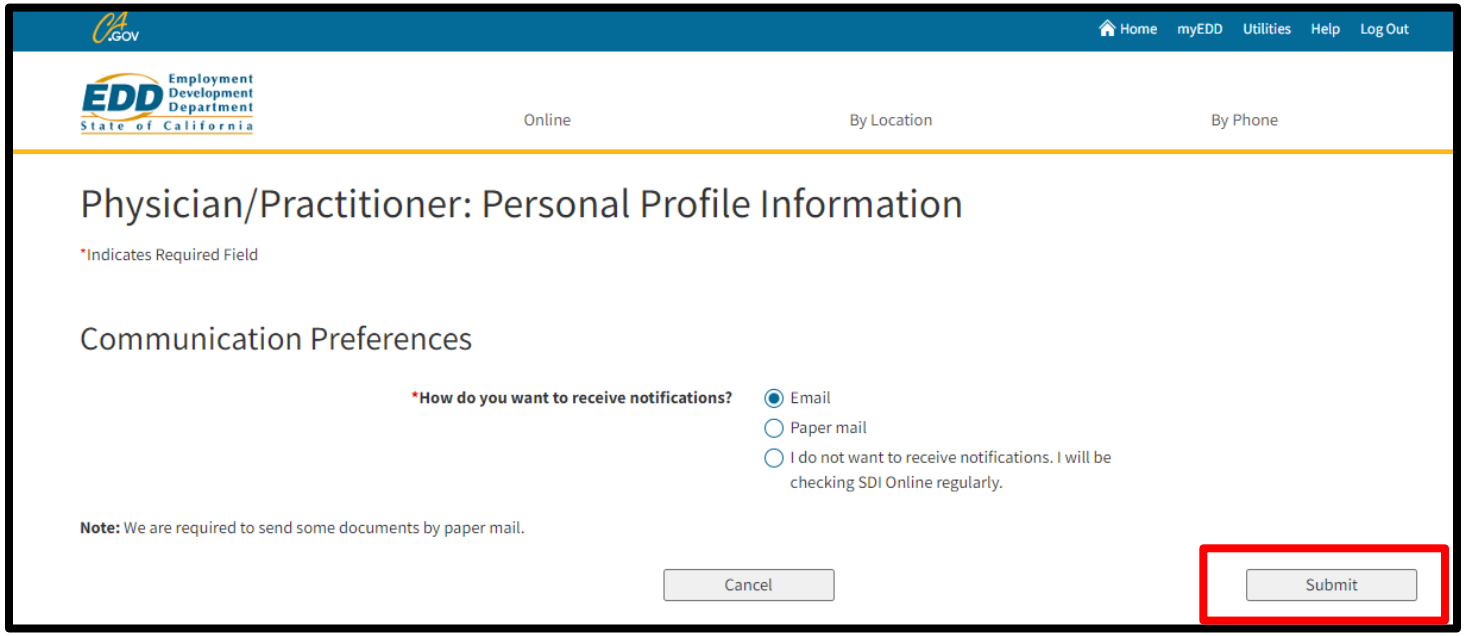


Step 10: Communication Preference

On the Personal Profile Information screen, select how you want to get notifications.

If you select to get notifications by email, you must log in to your account to access your messages.

Some documents are required to be sent by mail.

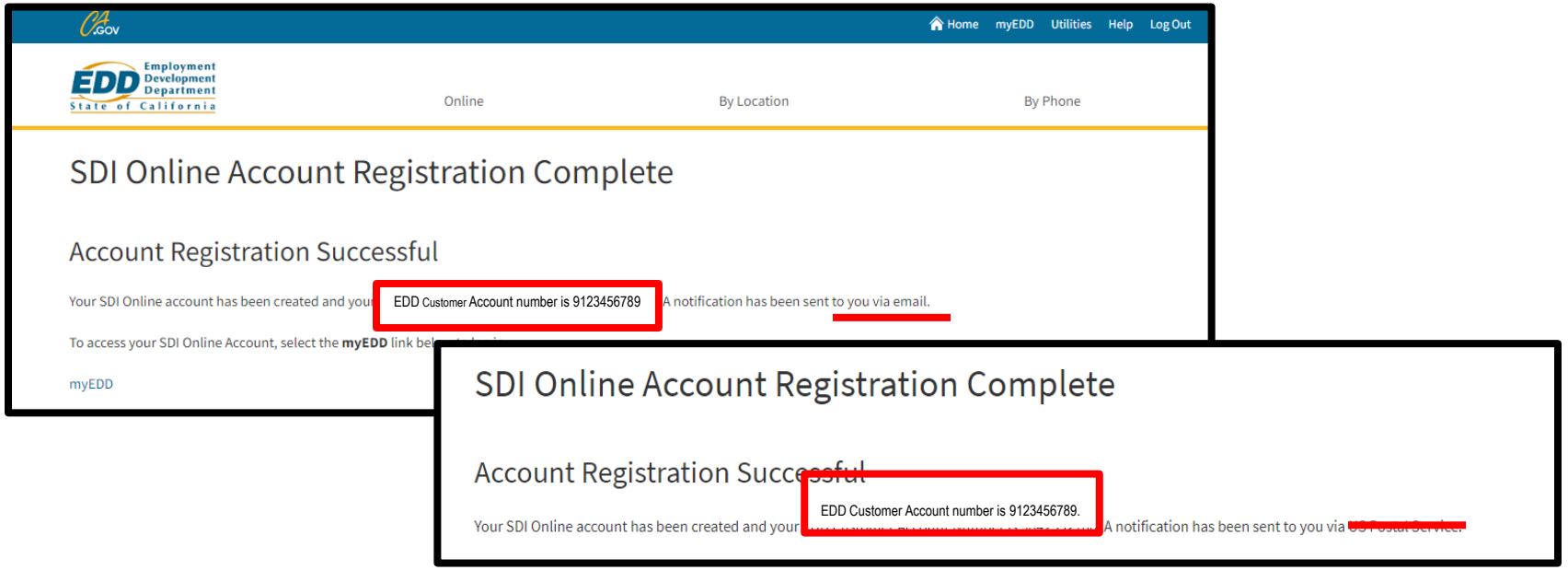


Step 11: Registration Complete

Be sure to save your EDD Customer Account Number (EDDCAN).

- If you selected electronic communication, a notification confirming your new account is sent to your email.
- If you selected paper communication, a letter confirming your new account is mailed to your address.

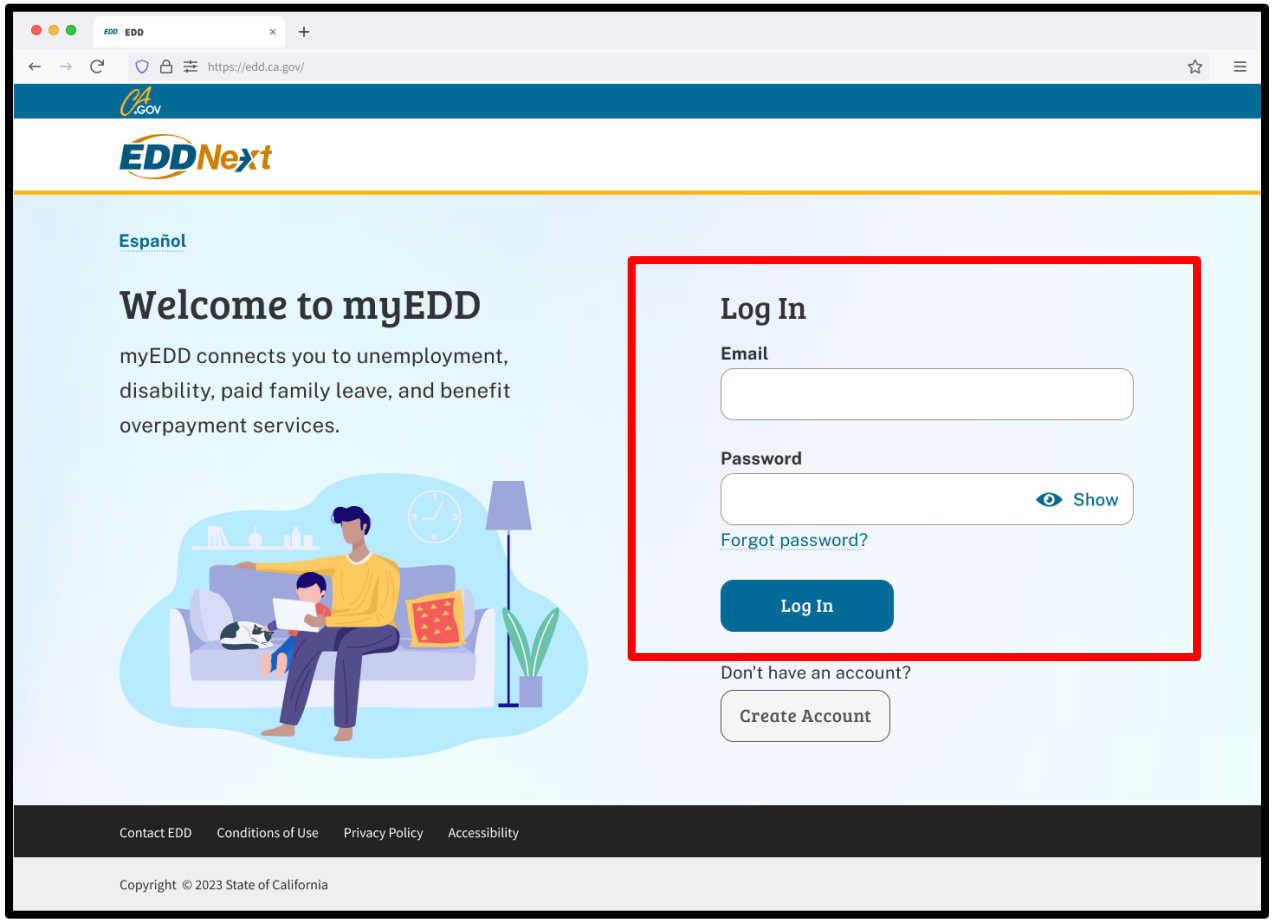
You may now log in to myEDD to access your new SDI Online account.



Access Your SDI Online Account

Learn how to access your online account and update personal information.

Get Started

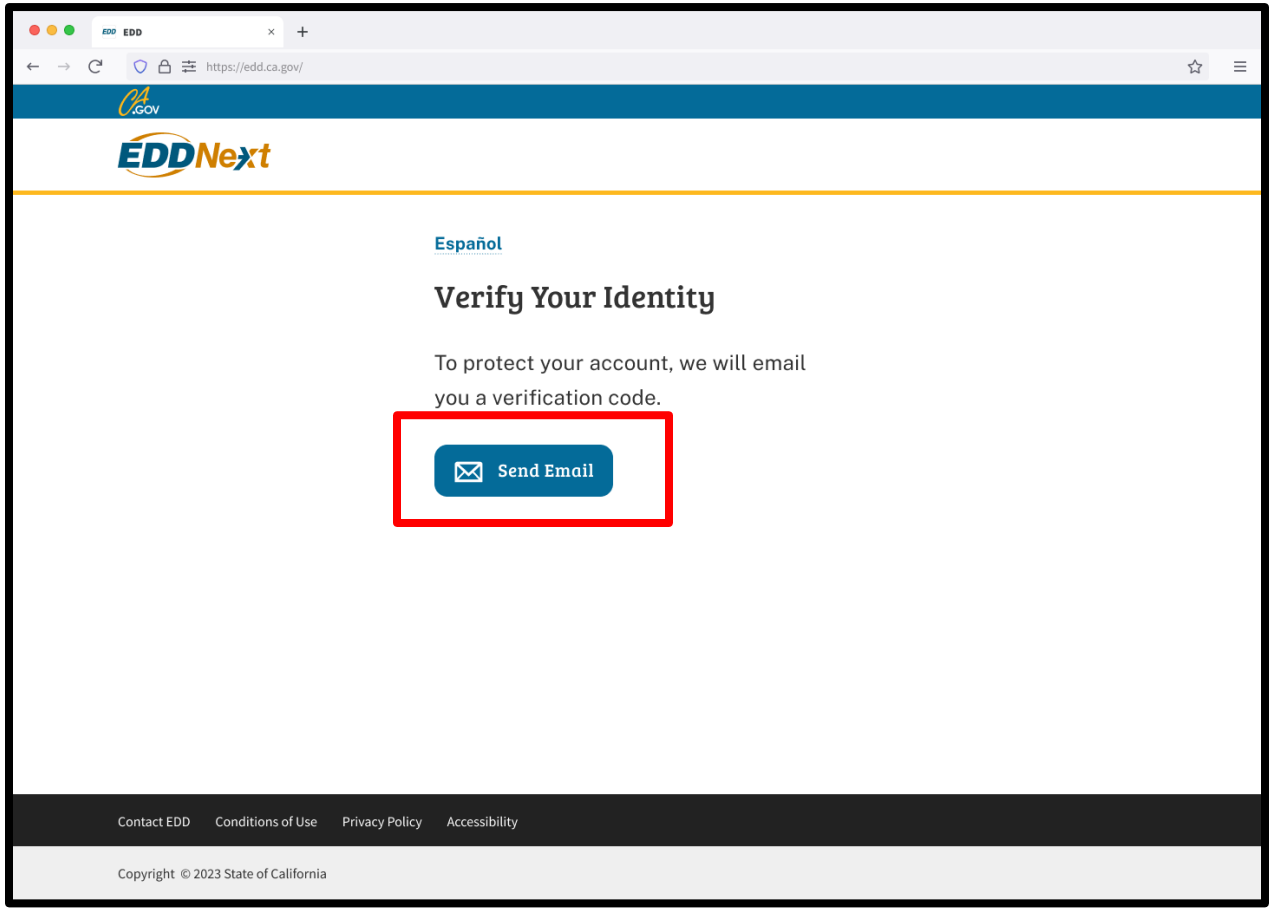


Note

For Spanish, select **Español**.

Log in to myEDD to access your SDI Online account and update your email, password, security question, or verification option:

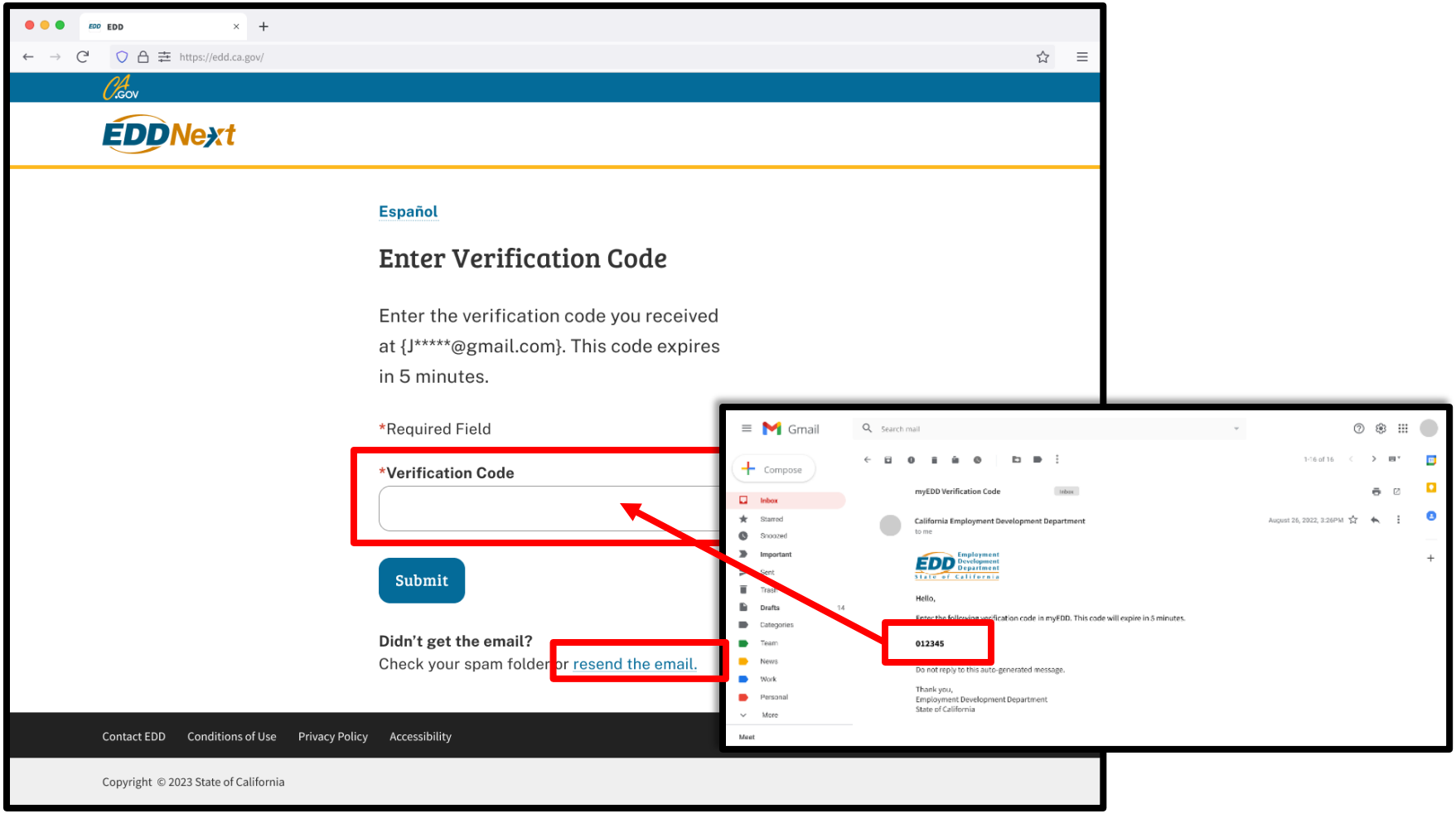
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



To protect your account, we ask you to verify your identity every time you log in. In this example, the identity verification option is by email.

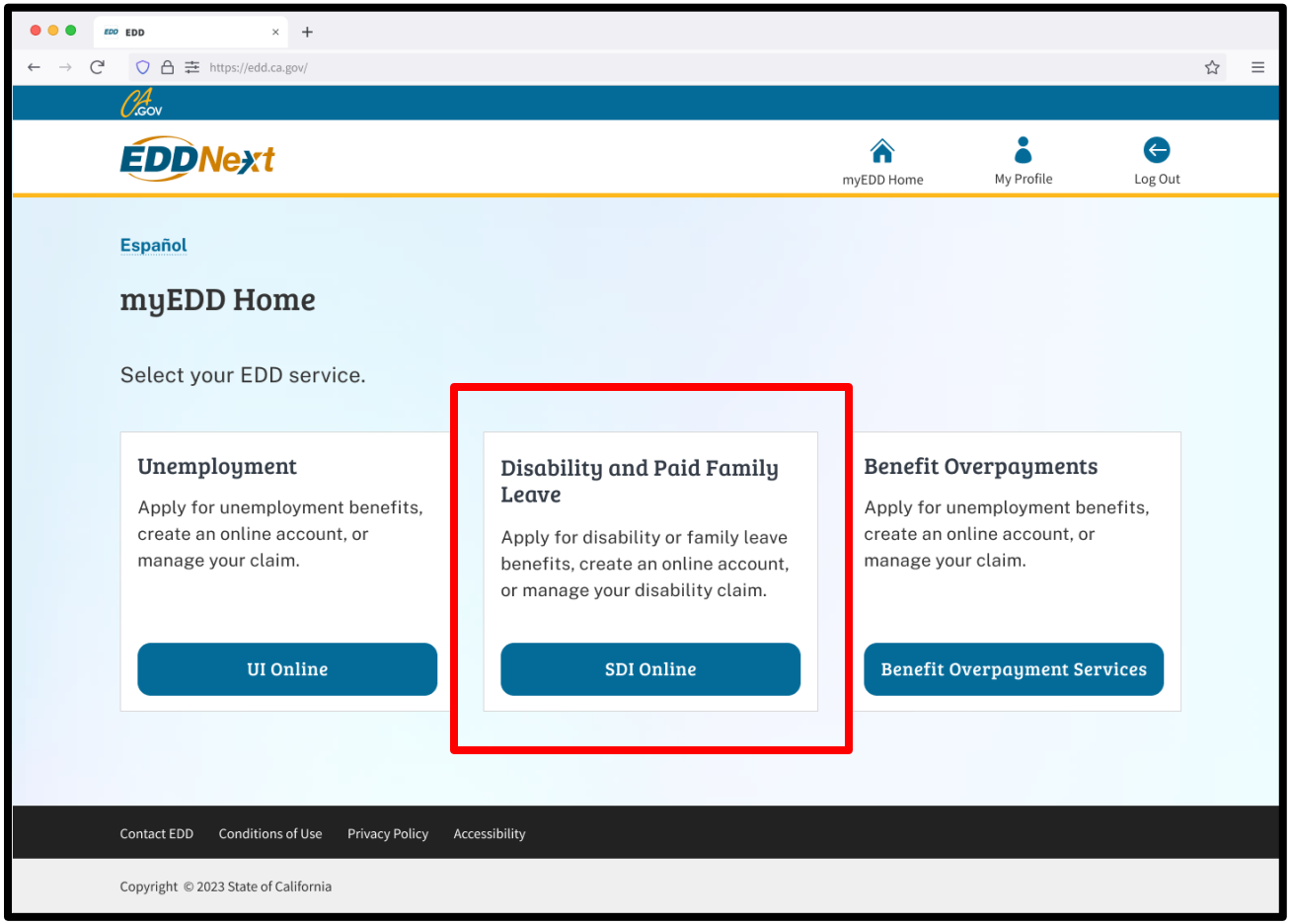
Select **Send Email.**

If you set up the login verification option as text message or phone call, follow the instructions based on that option.



Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email.

- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



Note

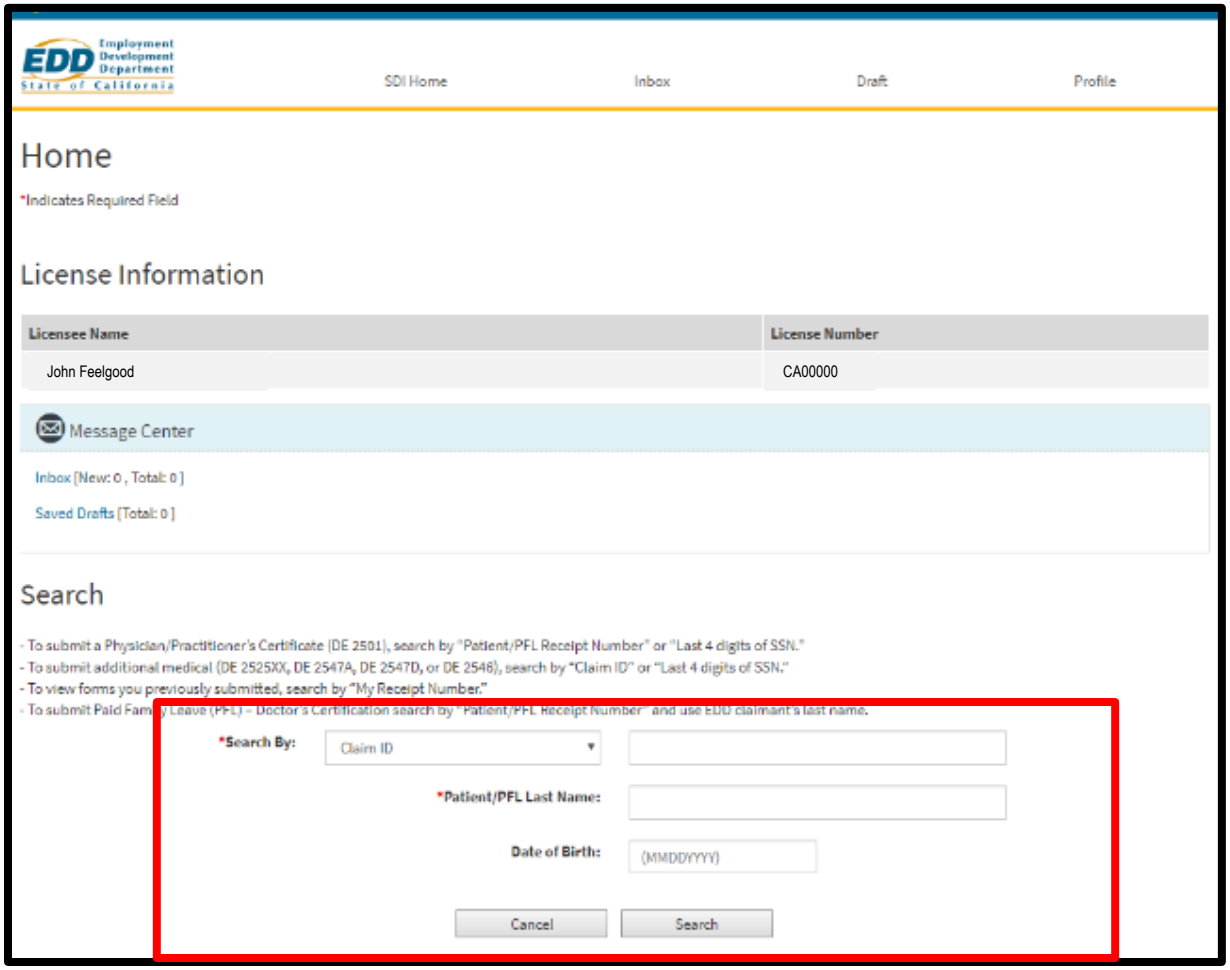
Select **Log Out** in the top right corner of any screen to exit your account.

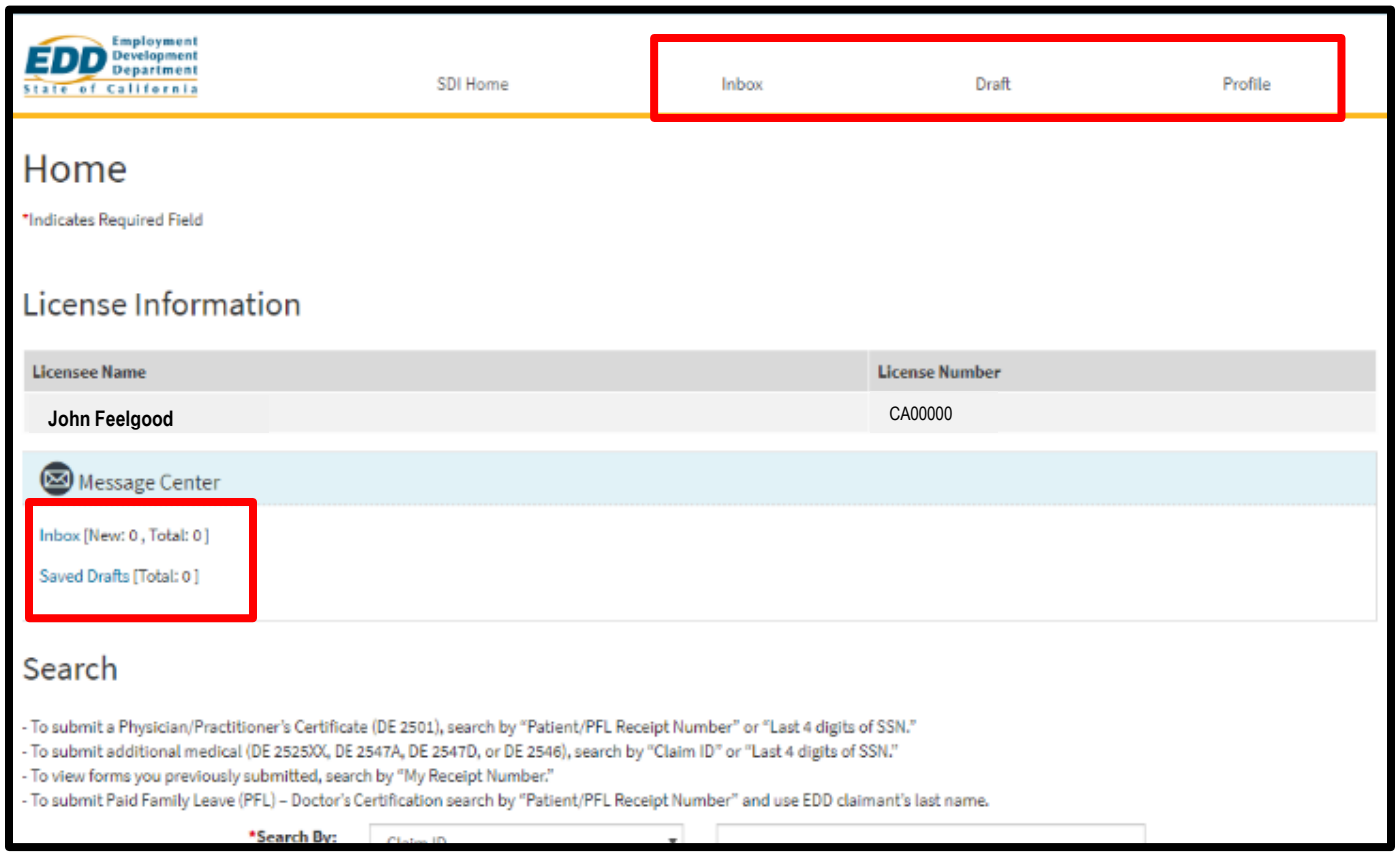
From the myEDD homepage, select **SDI Online** to begin your SDI Online certification.

On your SDI Online homepage, under the Search section, there are four ways to search for forms.

Search by the patient's last name and one of the following:

- The **Last four digits of SSN** or **Patient Receipt Number** and patient's date of birth.
- The **Claim ID** to submit additional medical.
- The **My Receipt Number** to review forms you have submitted.
- The **Patient/PFL Receipt Number** to submit Paid Family Leave forms.





The main menu appears on most screens and has additional options.

- **Inbox:** Access the Message Center for messages from the EDD.
- **Draft:** Locate drafts of forms previously started but not completed. Saved Drafts are deleted after 30 days.
- **Profile:** Update your phone number and communication preferences.

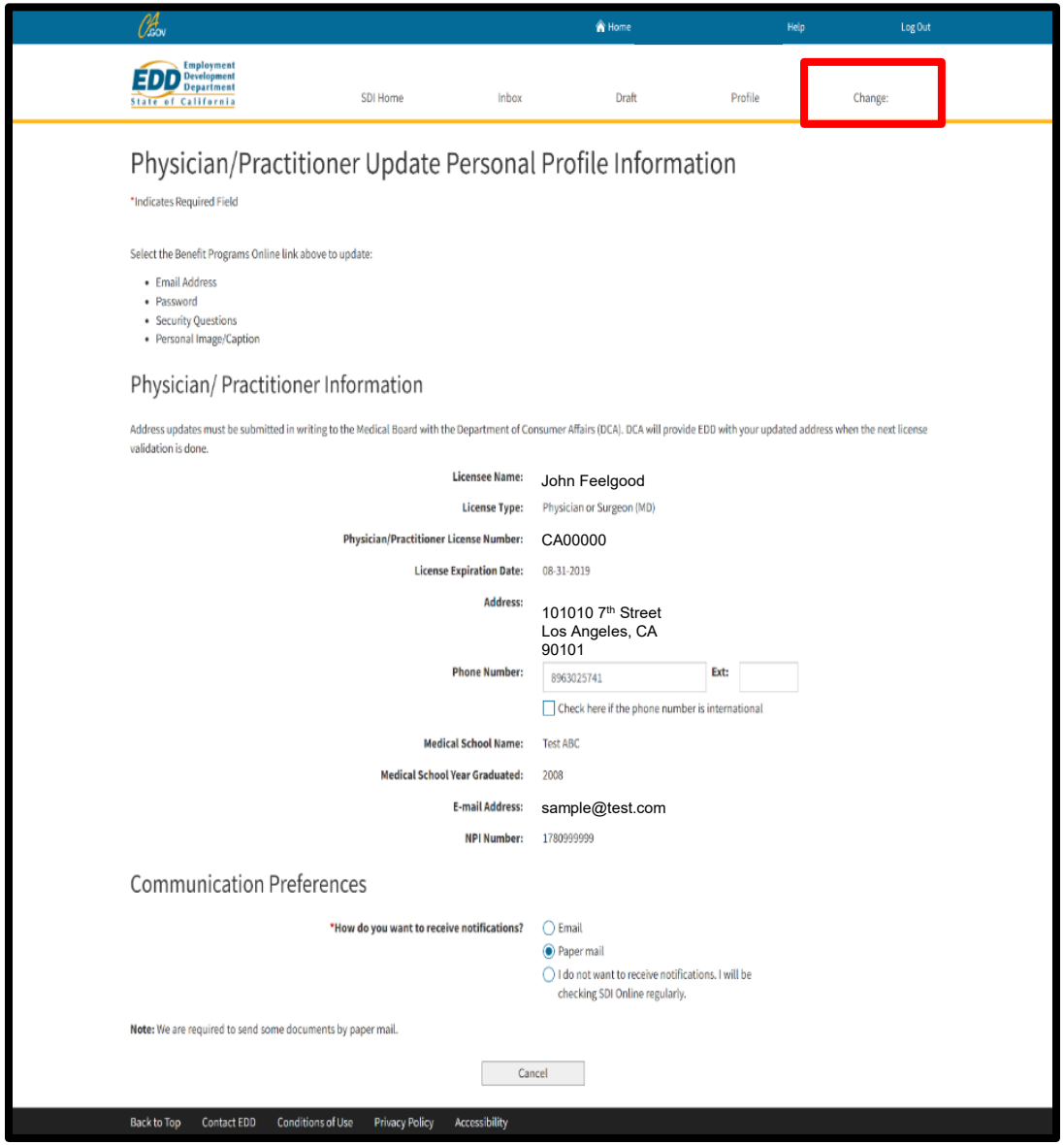
You can only update your phone number and communication preference in your SDI Online profile.

Address updates must be sent to the Medical Board with the Department of Consumer Affairs (DCA). We get this information after the DCA updates your address and we compete a license validation. Contact the DCA if you have trouble updating your address.

Go to your myEDD homepage to update your:

- Email address
- Password
- Security question
- Verification options

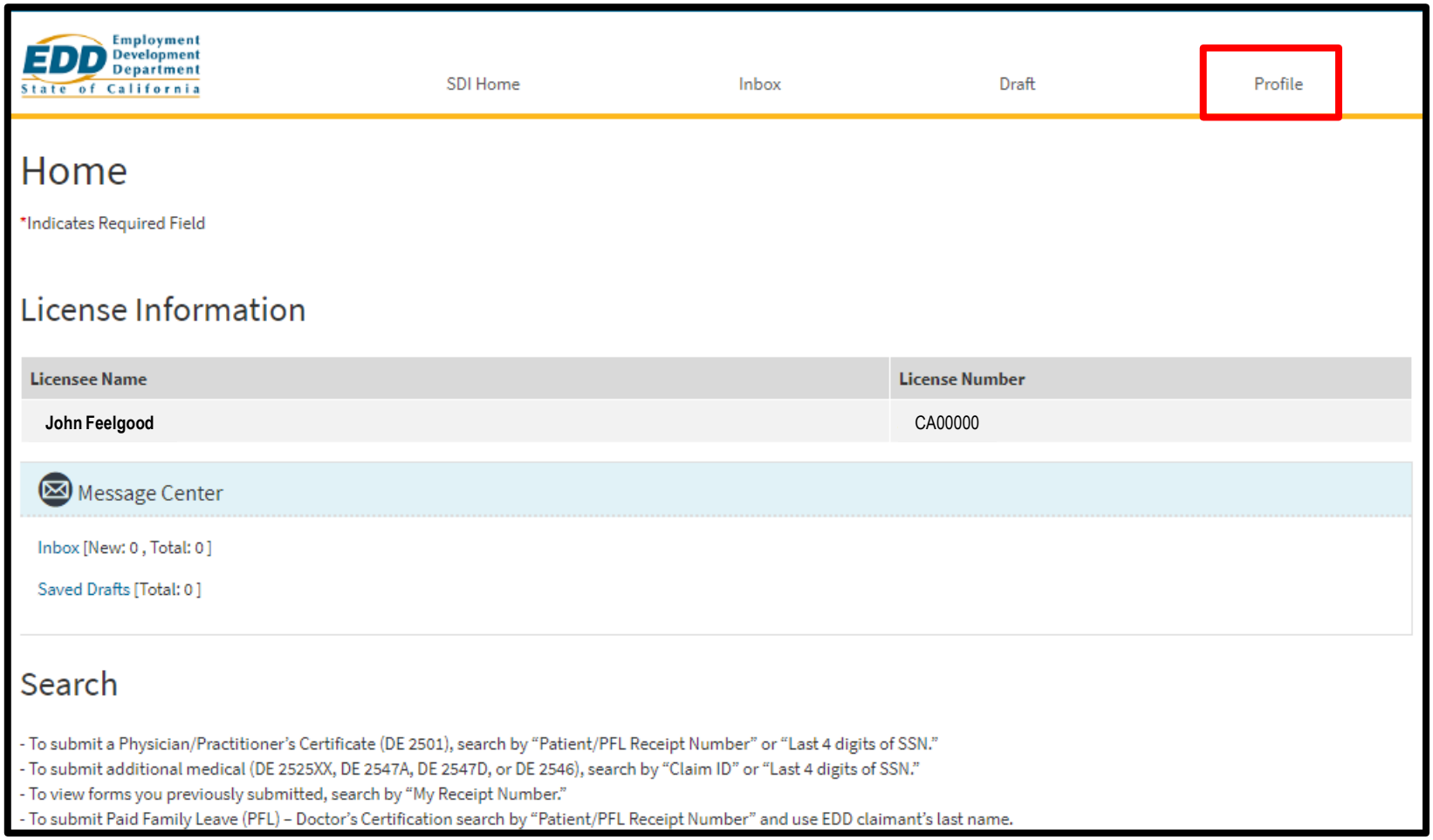
For instructions on adding treatment addresses, continue to the next section.



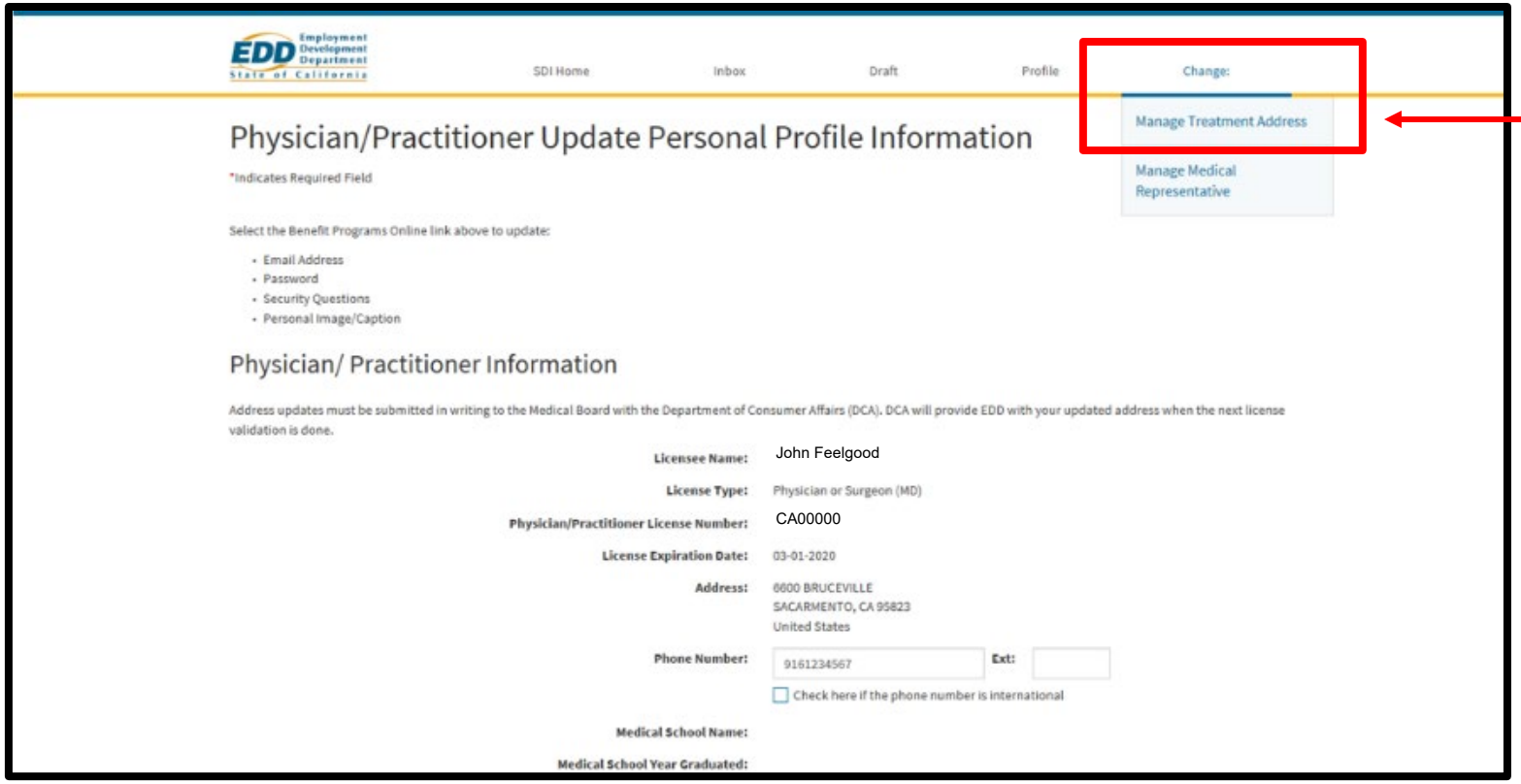
Add a Treatment Address

Learn how to add treatment addresses to your account.

Get Started

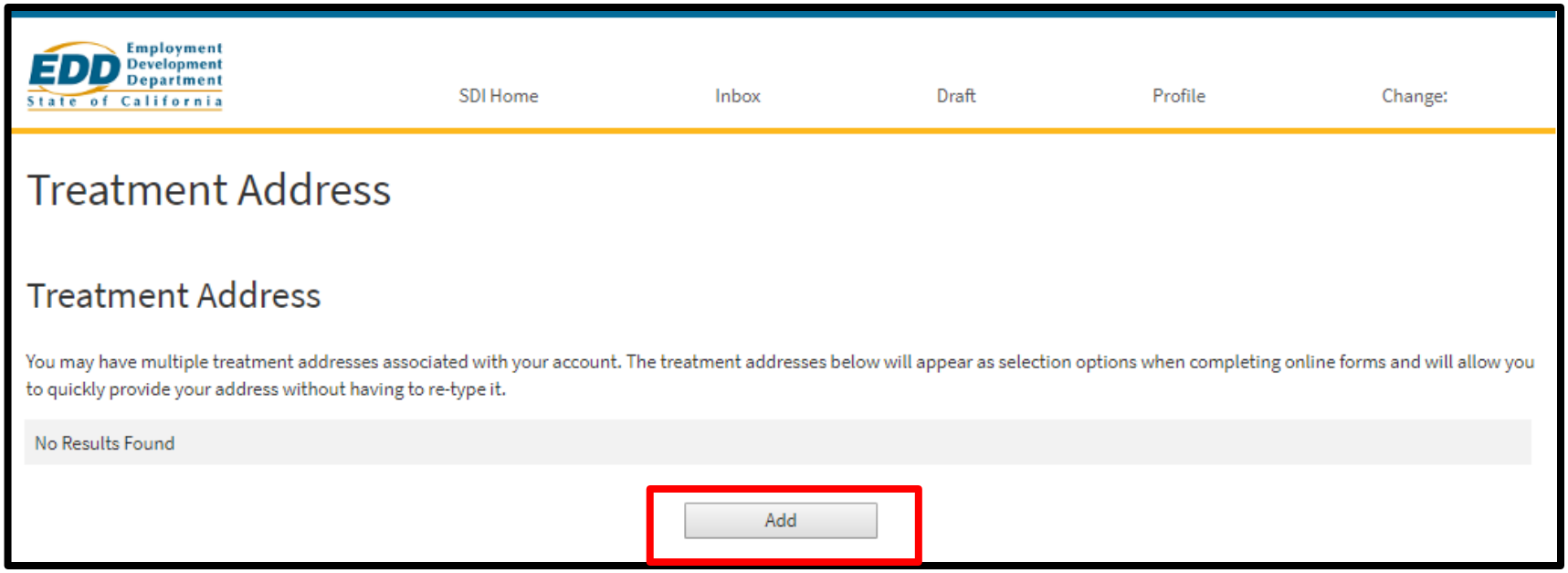


To add a treatment address, select the **Profile** link on your SDI Online homepage.

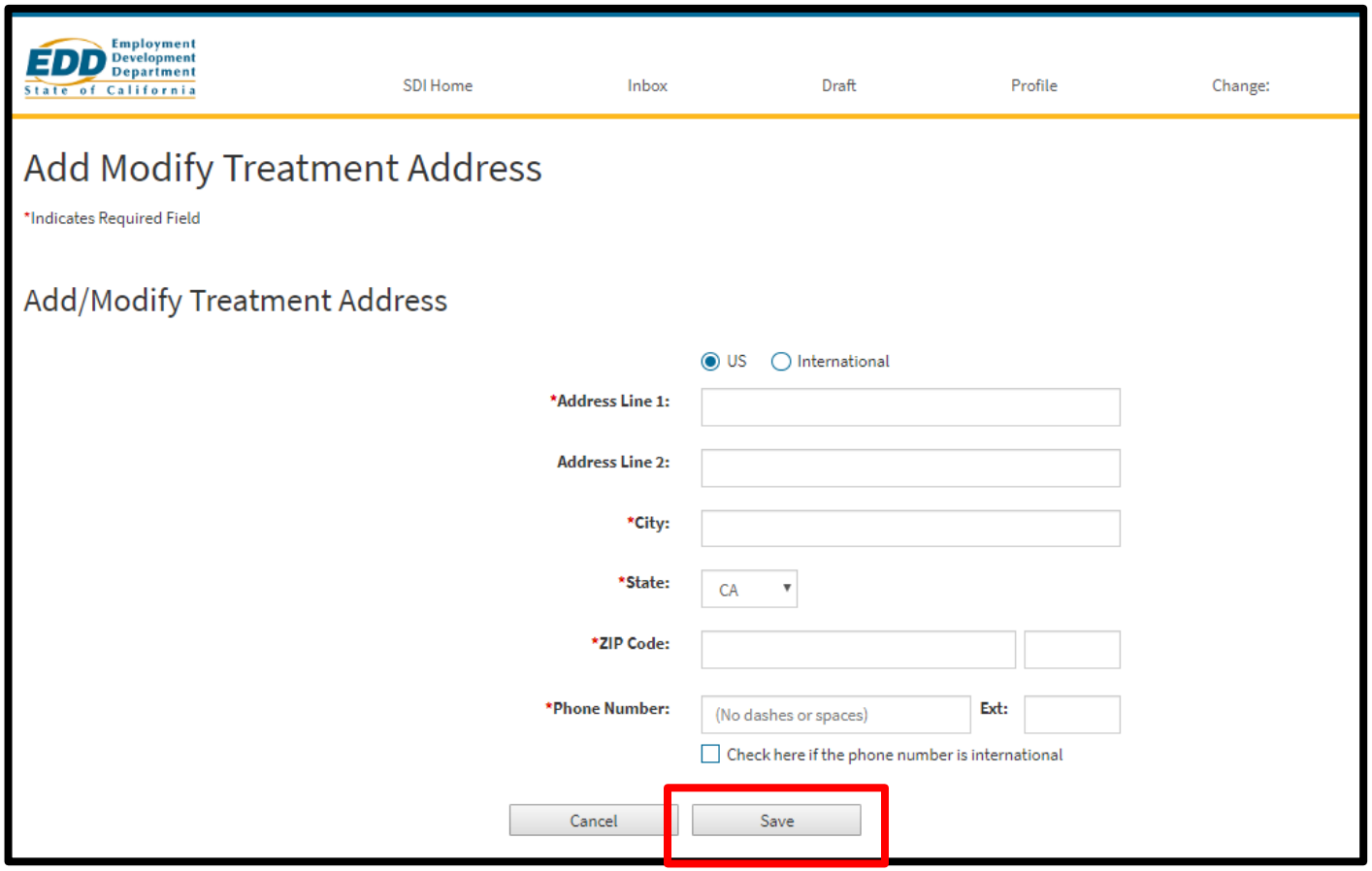


From the menu:

- Hover your cursor over **Change (**this option is only available after selecting **Profile**).
- Select **Manage Treatment Address** from the Physician/Practitioner Update Personal Profile Information screen.
- You will be sent to the Treatment Address screen.



Select the **Add** button to be sent to the Add Modify Treatment Address screen.



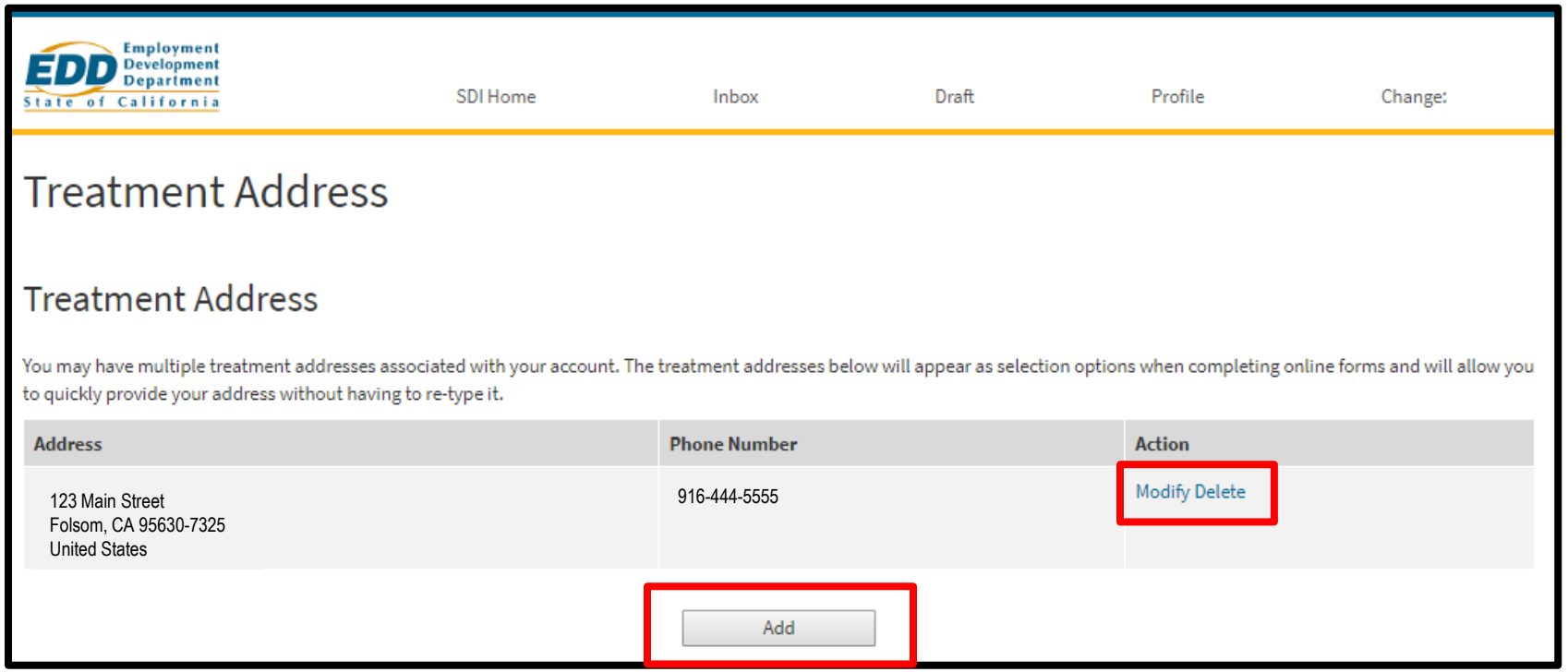
Complete the open fields on the Add Modify Treatment Address screen.

You must complete the fields marked with a red asterisk (*).

Select **Save**.

Note

If you practice at multiple locations, repeat this process to add more treatment addresses.



All treatment addresses you enter are displayed on the Treatment Address screen.

- Select **Modify** or **Delete** to manage each treatment address.
- To add additional treatment addresses, select **Add**.

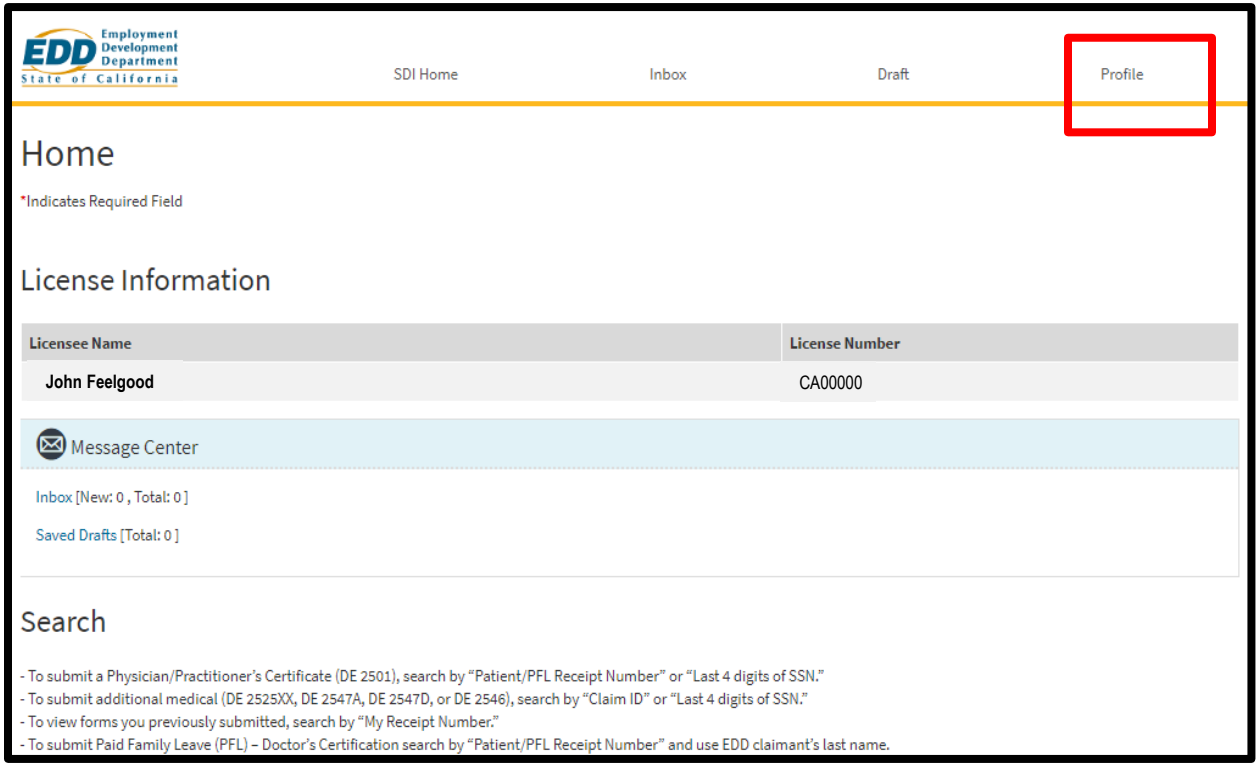
Note

Treatment addresses will appear as selection options when you or your authorized representatives complete online medical forms.

Assign a Medical Representative

Learn how to add your medical representatives to your account.

Get Started

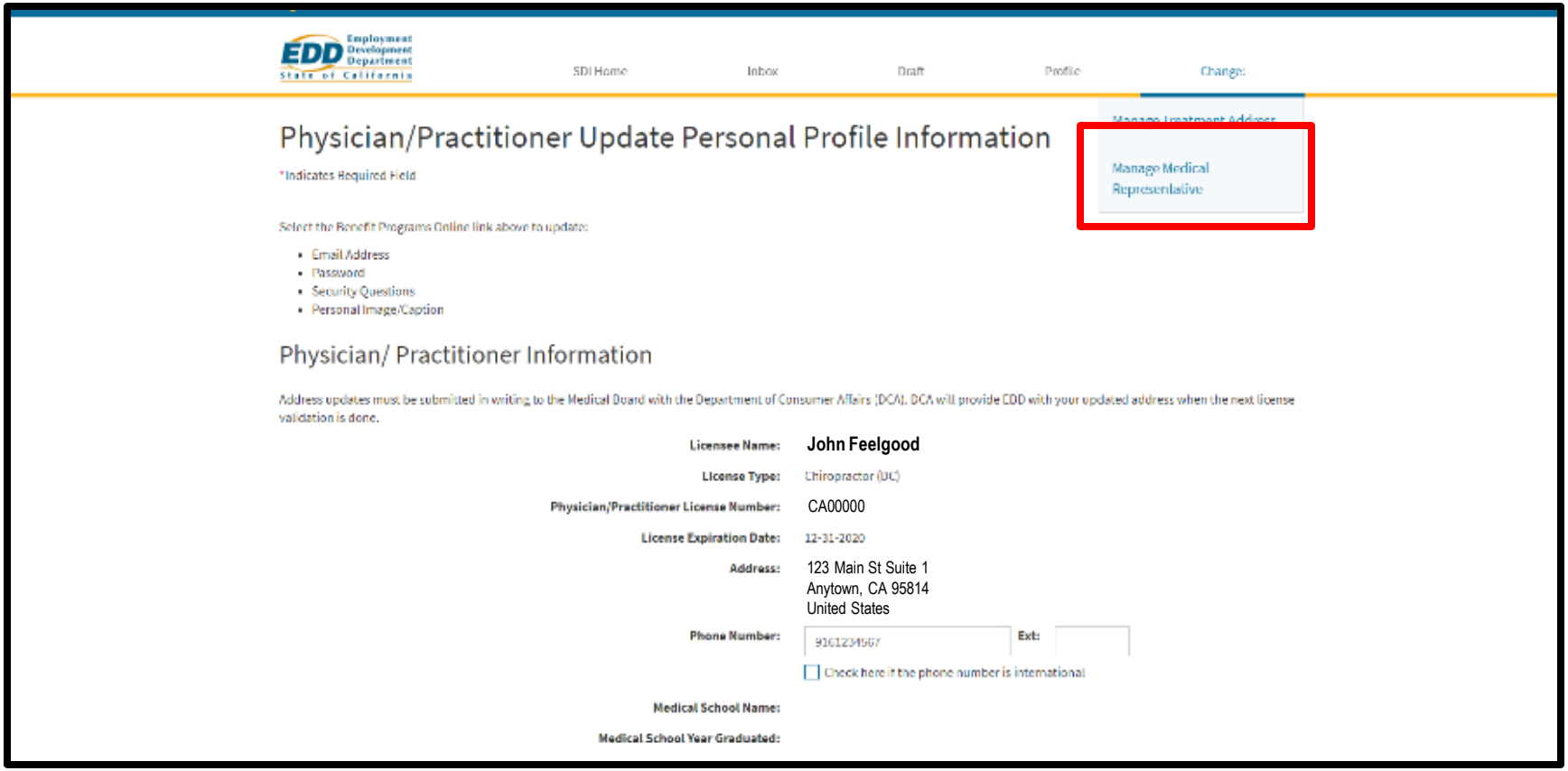


Physicians /practitioners may assign an unlimited number of representatives to complete and submit medical forms on their behalf.

To add a physician/practitioner representative select **Profile** from the main menu.

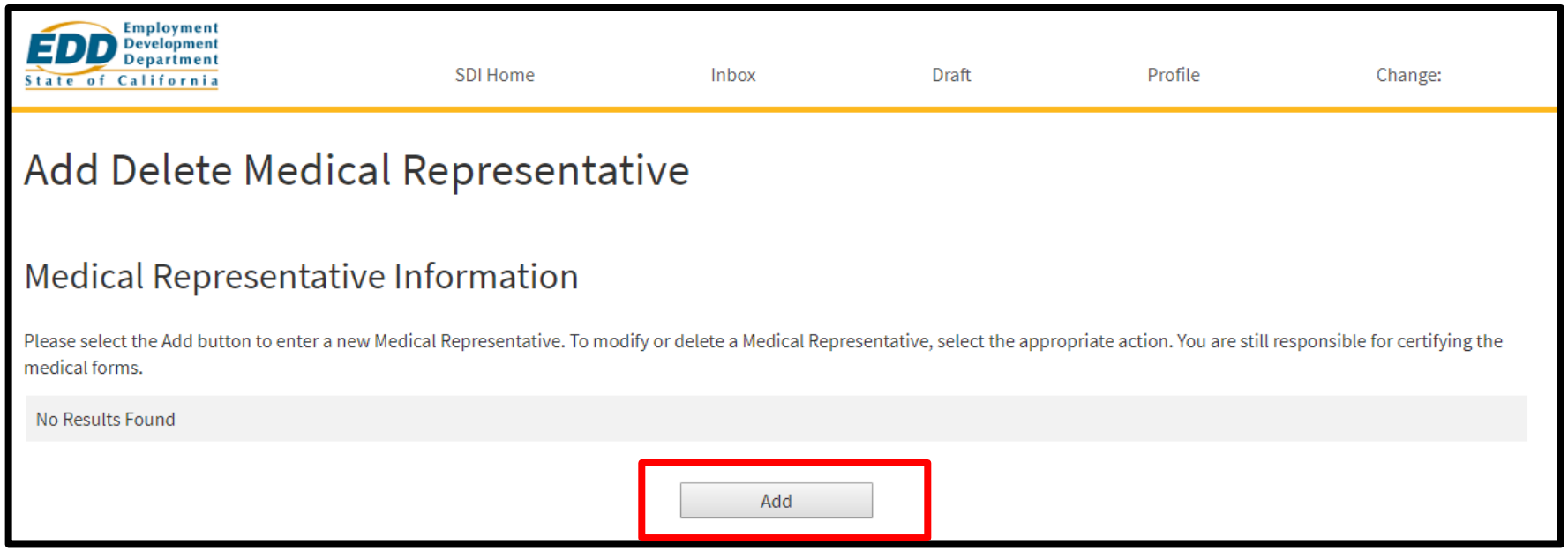
It is the physician/practitioner's responsibility to remove representatives that no longer work in their medical offices.

Before the representative can register for an SDI Online account, the physician/practitioner must add the medical representative's personal information and treatment address in their SDI Online profile.



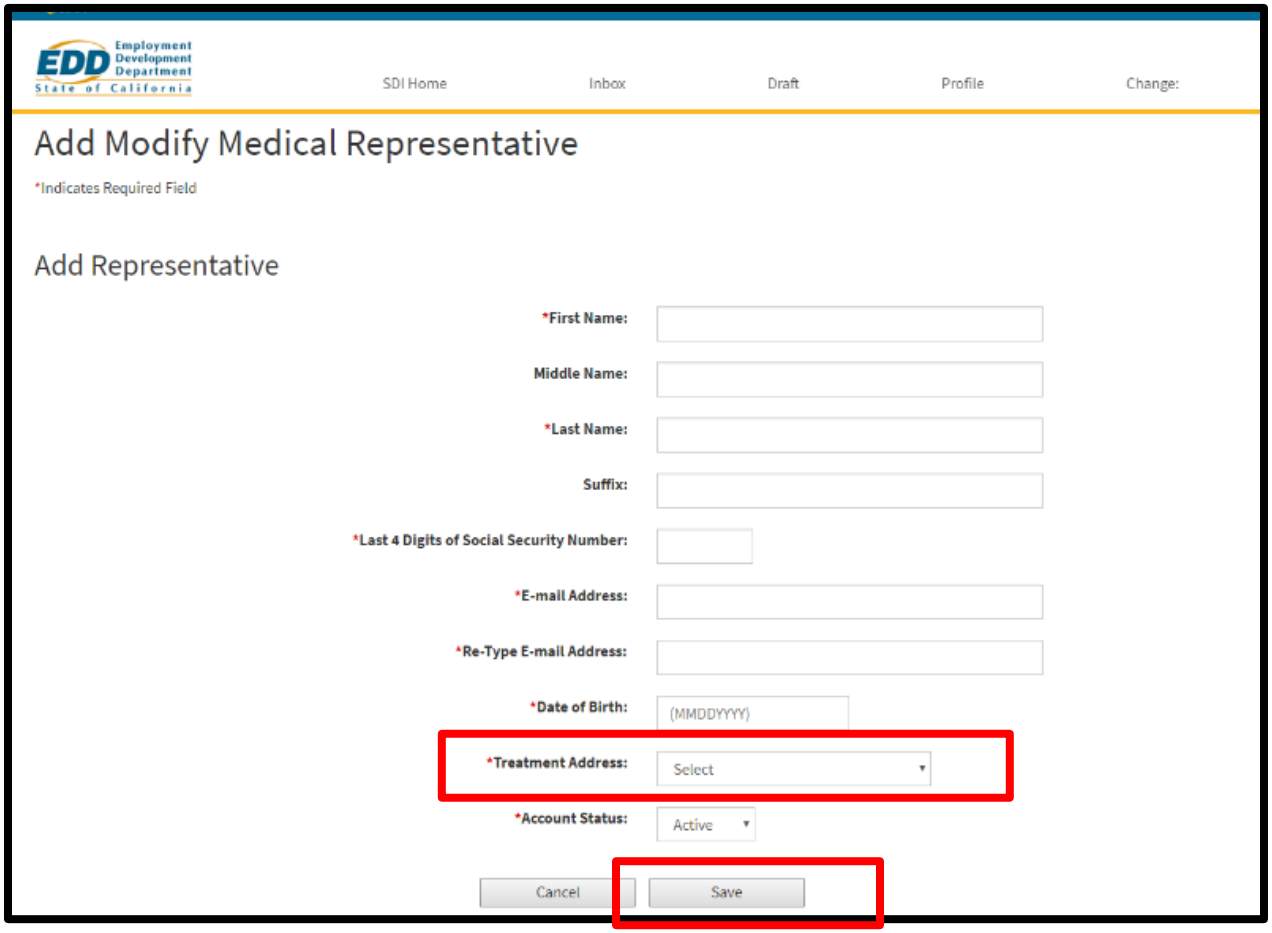
From the Physician/Practitioner Update Personal Profile Information screen:

- Hover over **Change** on the main menu (this option is only available after selecting **Profile**).
- Select **Manage Medical Representative**.



On the Add Delete Medical Representative screen:

- Select **Add.**



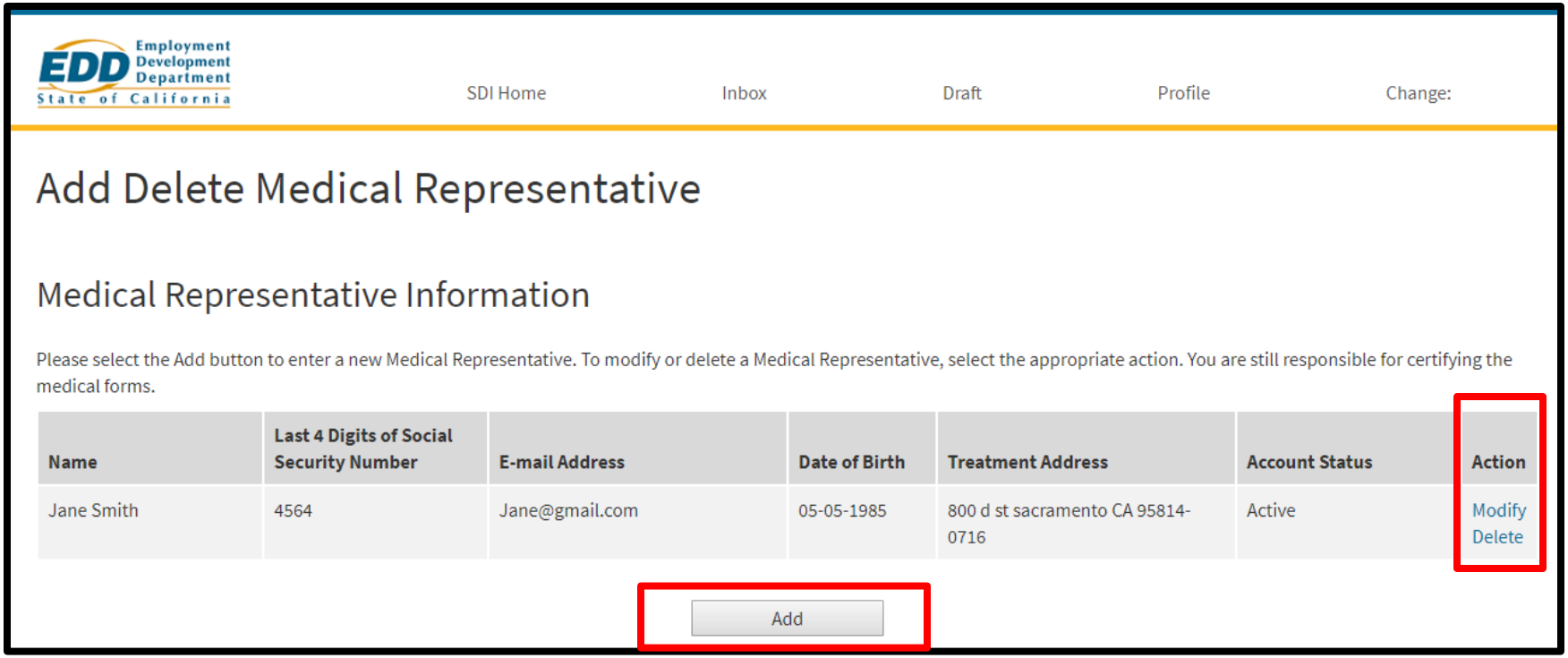
On the Add Modify Medical Representative screen:

- Complete all open fields. You must complete the fields marked with a red asterisk (*).
- Select a treatment address.
- Select **Save** to add your representative.

Note

If the treatment address for your medical representative is not listed, you must select **Cancel** and add the treatment address to your profile.

Your medical representative must enter the same personal information you enter here when registering for their representative SDI Online account or they will get an error.



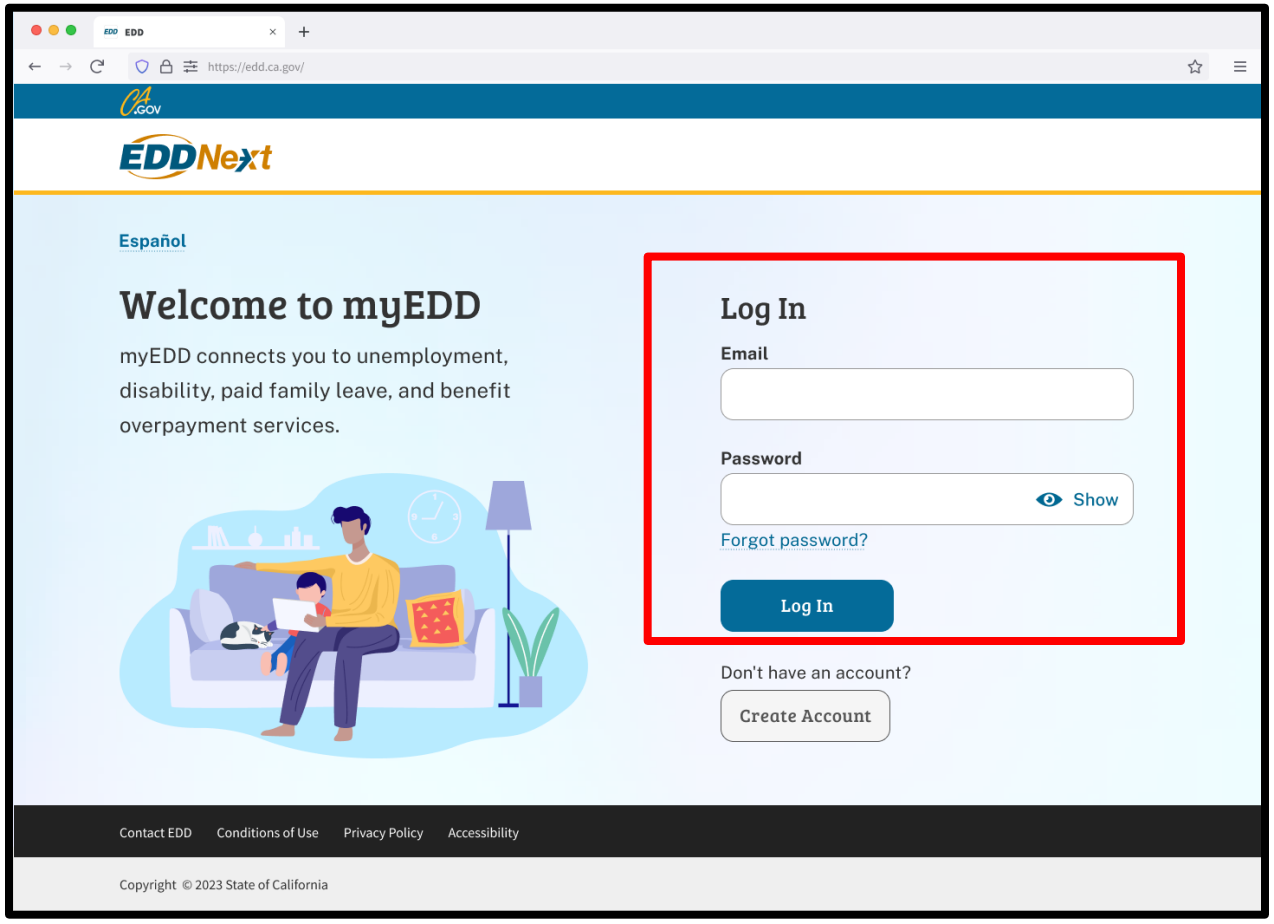
Added medical representatives are displayed on the Add Delete Medical Representative screen.

- Select **Modify** to update information for a specific medical representative.
- Select **Delete** to delete a specific medical representative.
- Select **Add** to add additional representatives.

Register as a Medical Representative in SDI Online

Learn how to register as a representative of your physicians/practitioners in SDI Online.

Get Started



To register for a new SDI Online account type (Claimant, employer, physician, representative, etc.) you must first complete a one-time registration in myEDD.

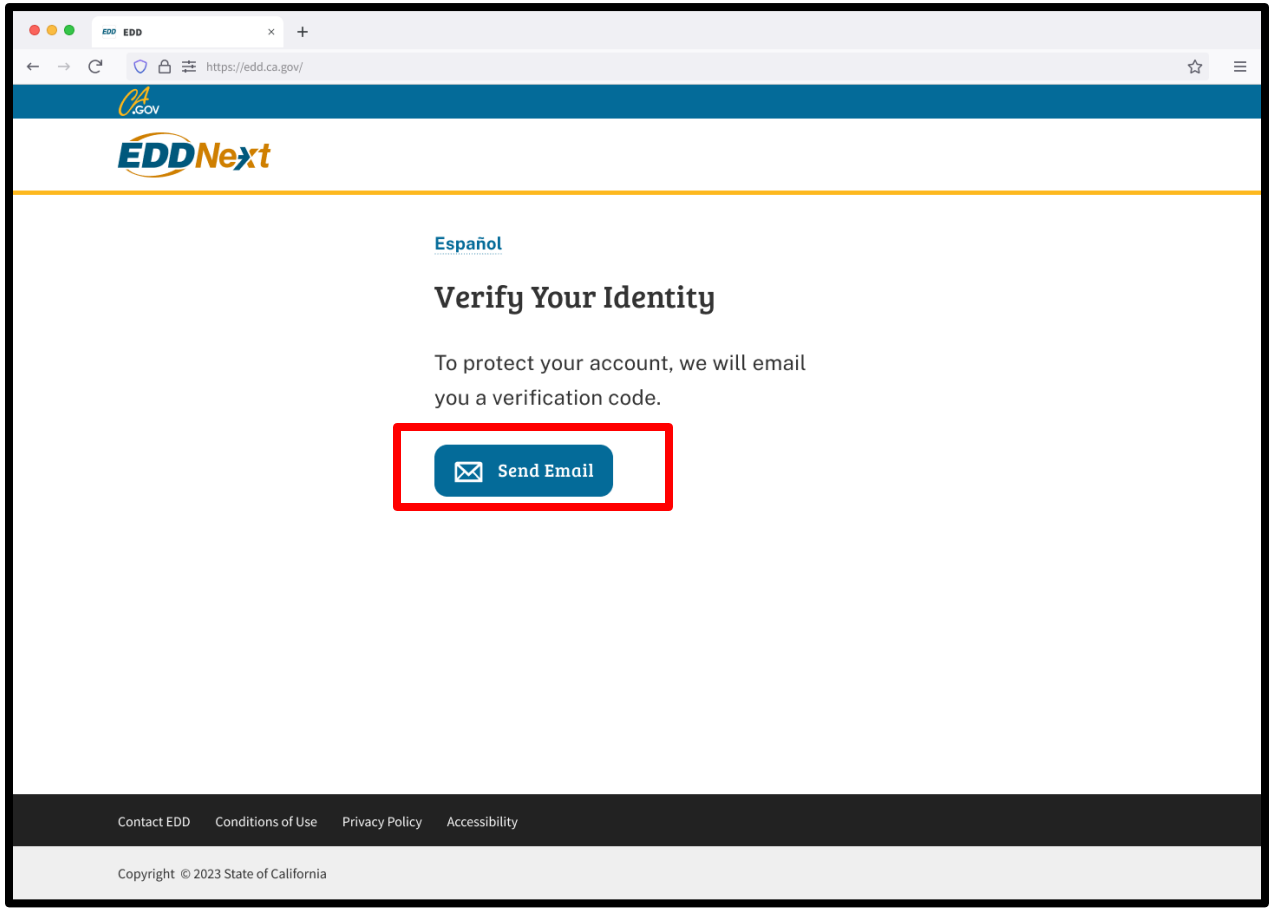
Use the Create Your myEDD Account section of this tutorial for instructions.

Note

For Spanish, select **Español**.

Log in to myEDD to register as a physician/practitioner representative in SDI Online:

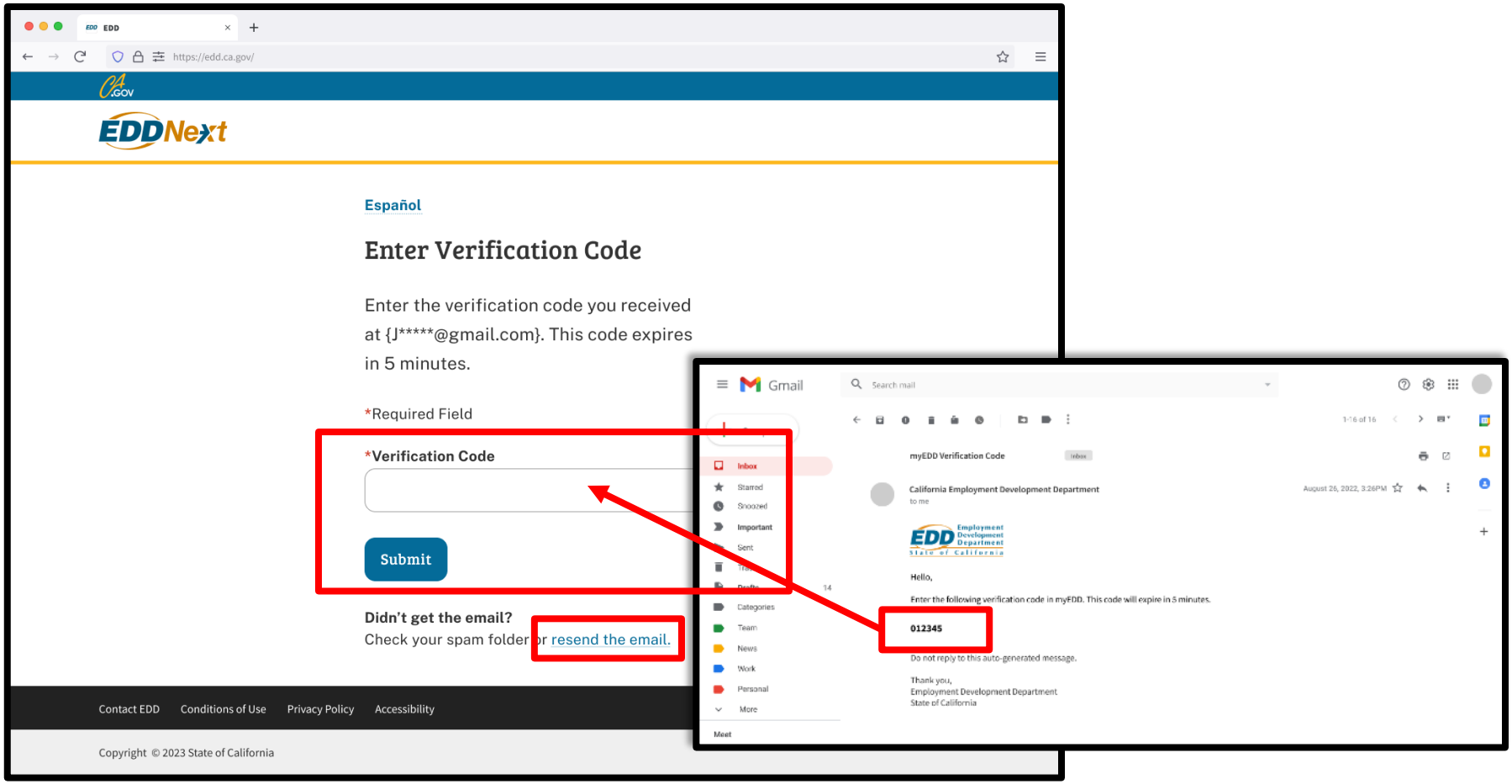
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



To protect your account, we ask you to verify your identity every time you log in. In this example, the identity verification option is by email.

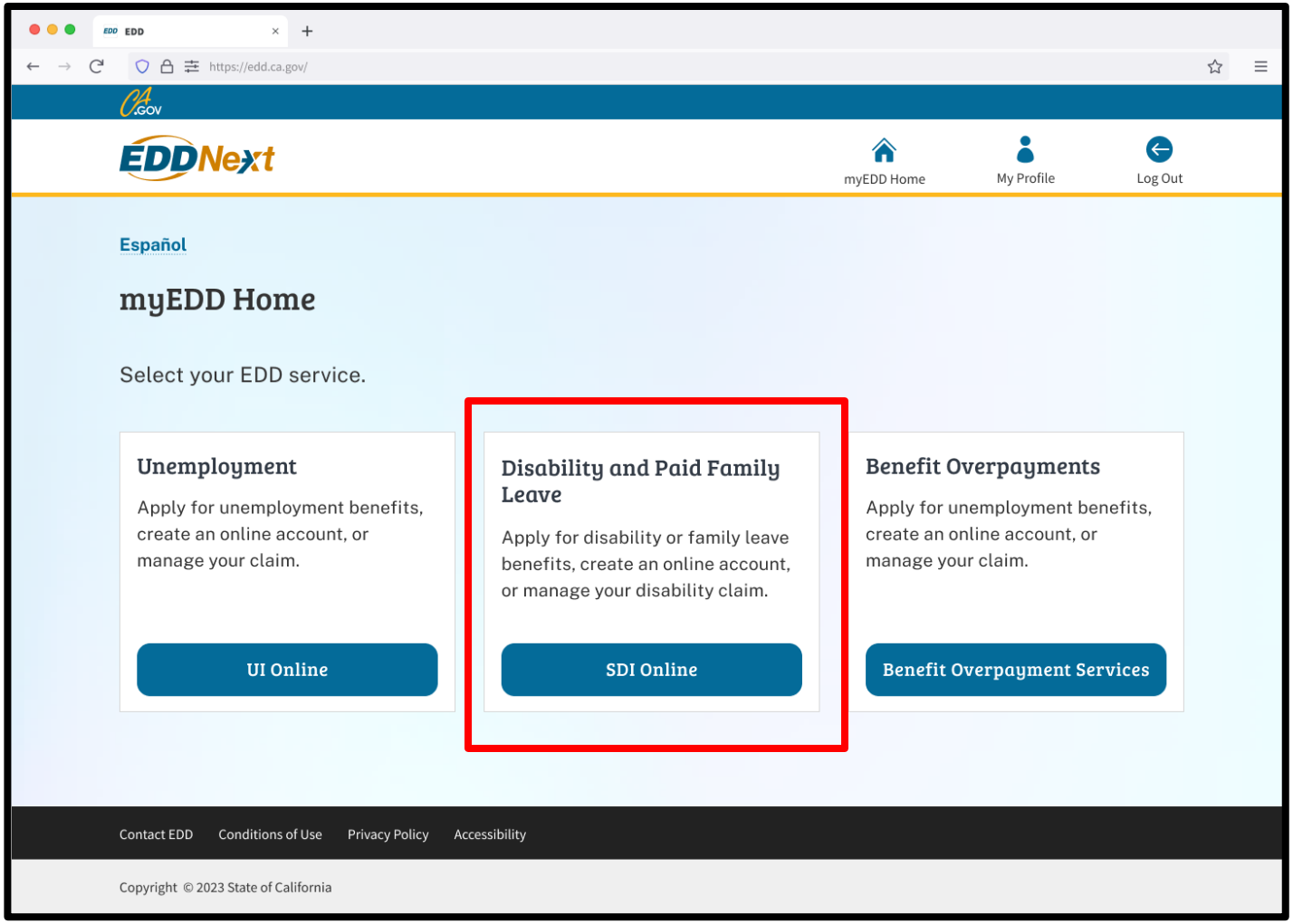
Select **Send Email.**

If you set up the login verification option as text message or phone call, follow the instructions based on that option.



Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email in your inbox.

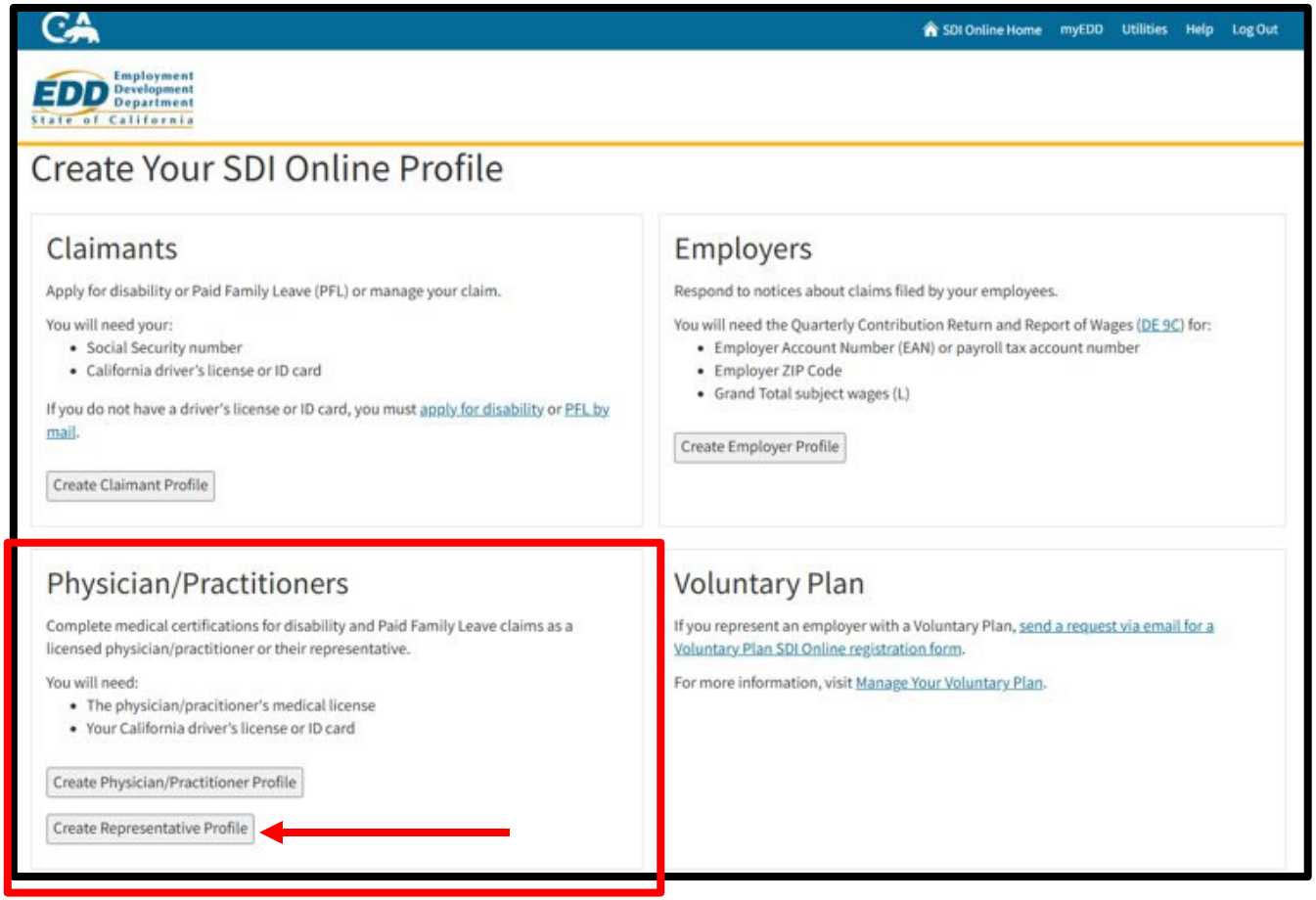
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



Note

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **SDI Online** to begin your SDI Online registration.

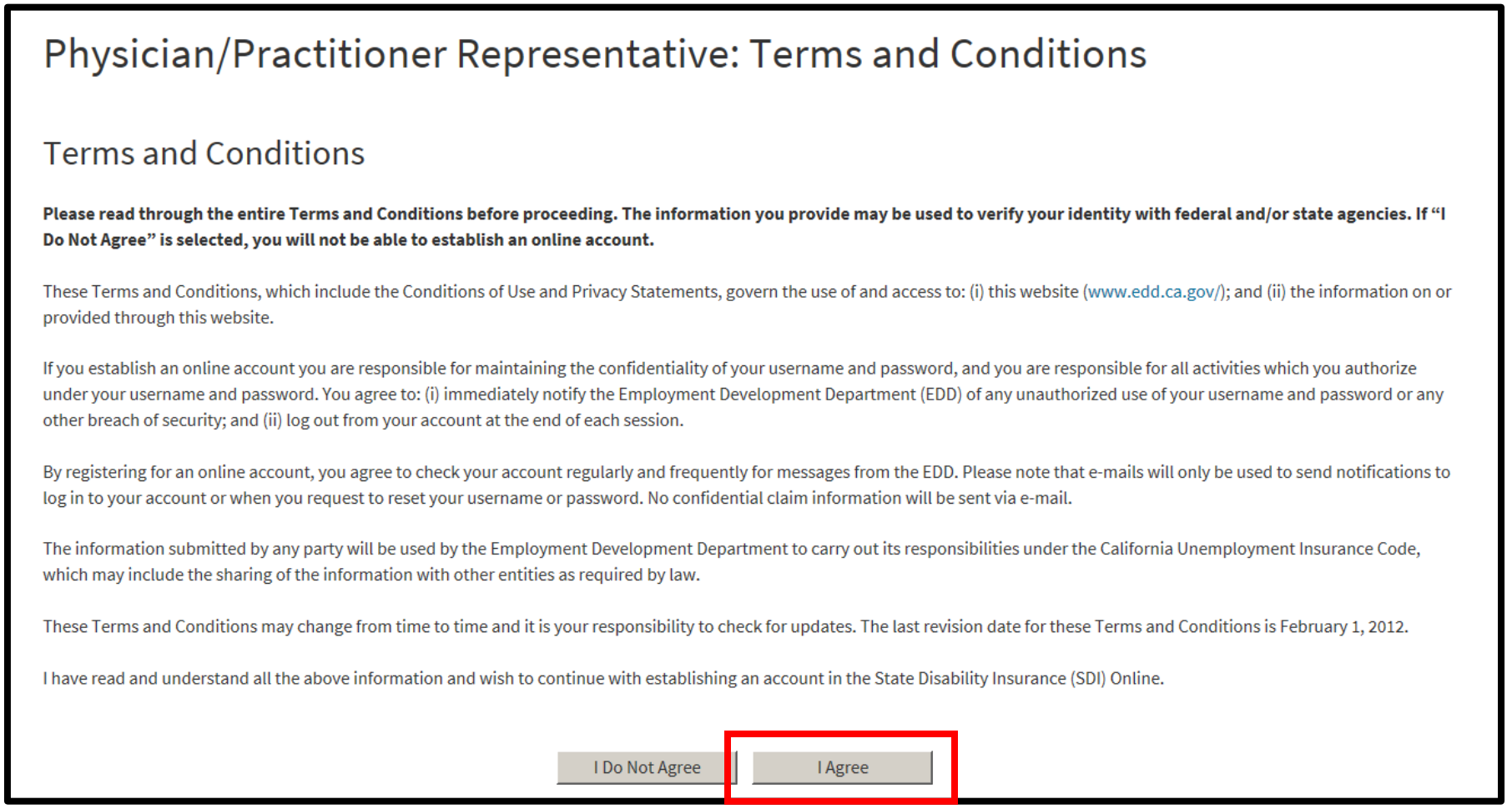


You will be sent to the Create Your SDI Online Profile screen.

Select the **Create Representative Profile** link.

Important

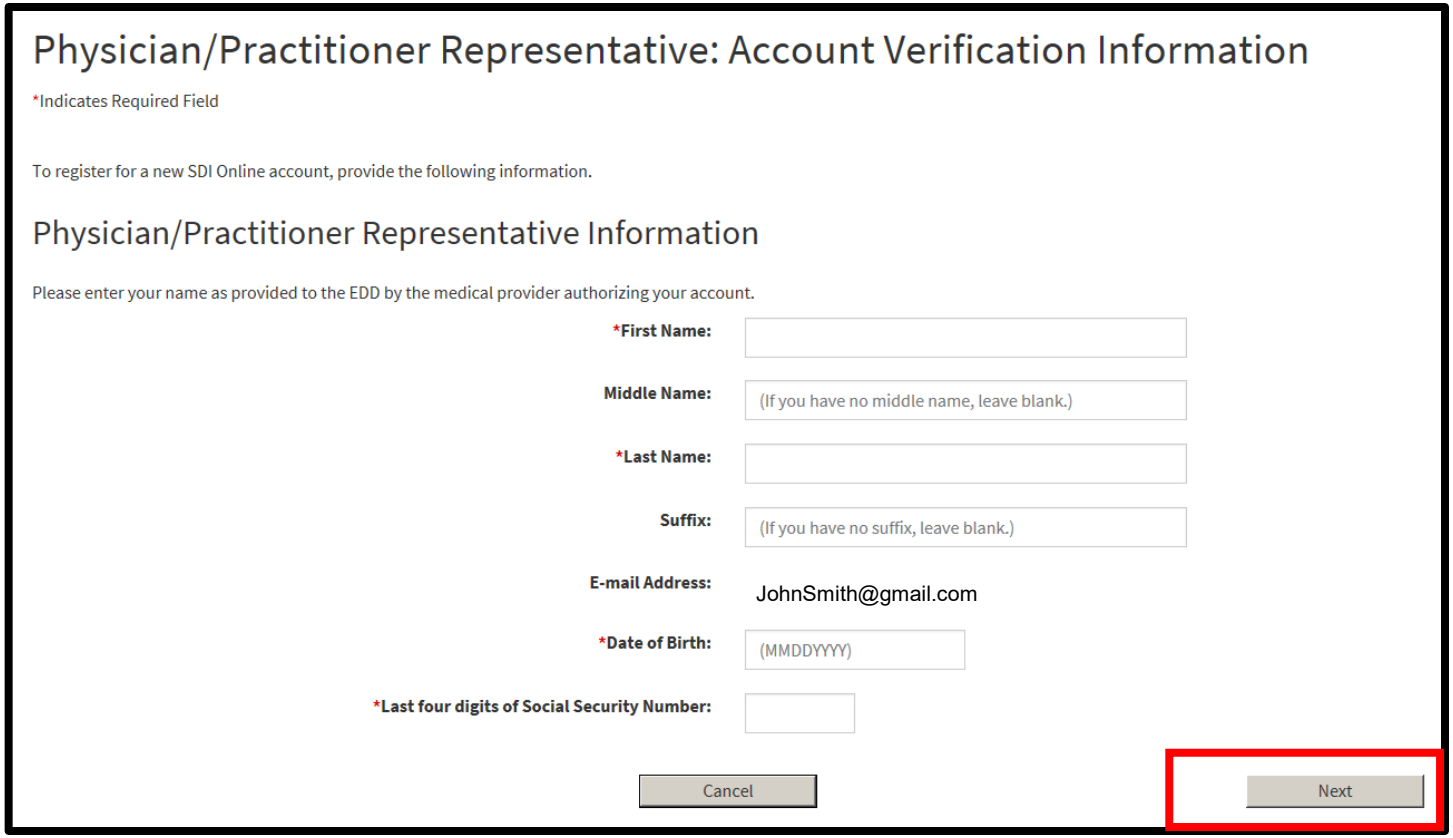
You will not be able to register as a representative until the licensed health professional authorizing your account has added your information to their SDI Online profile.



Next, review our terms and conditions.

Select **I Agree**.

You must agree to these terms and conditions to create an account.

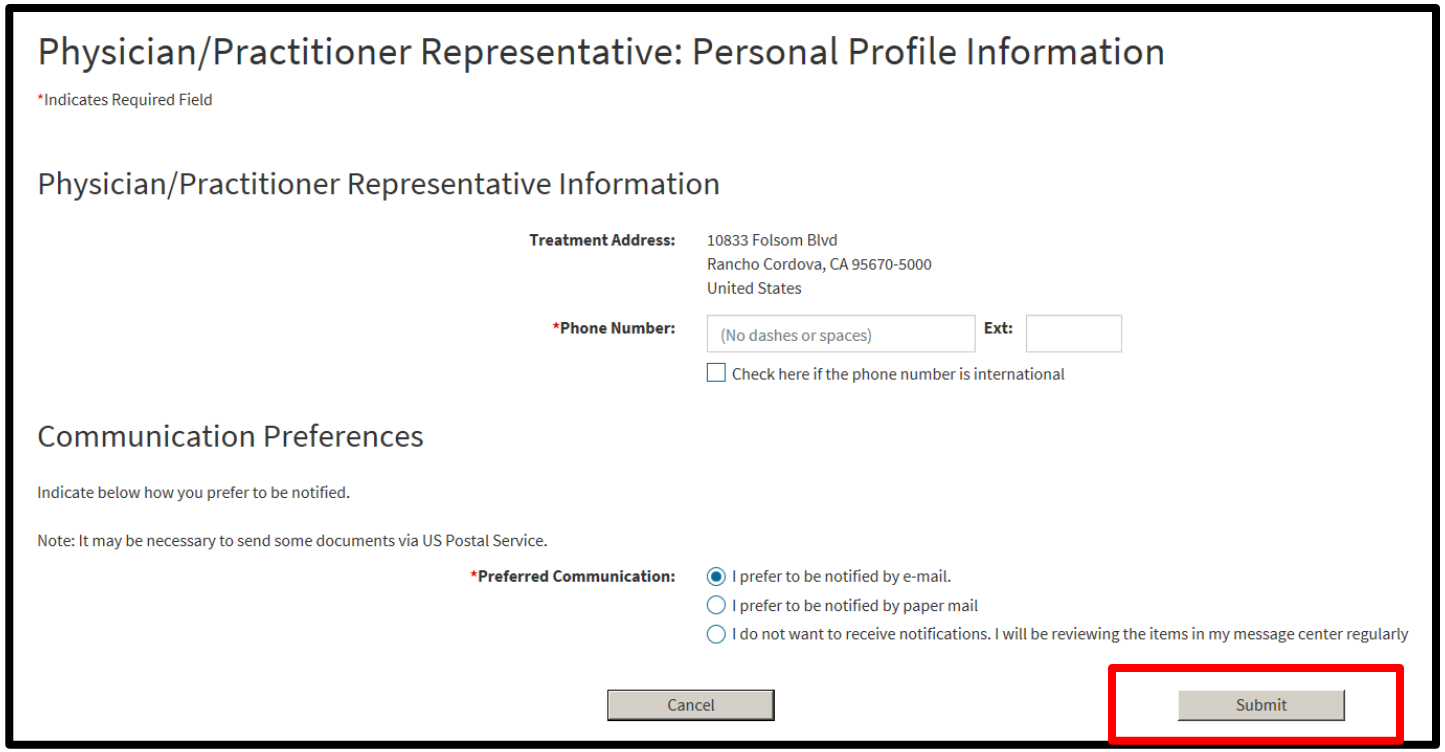


Enter the following personal information. You must complete the fields marked with a red asterisk (*).

- Your full legal name.
- Date of birth.
- Last four digits of your Social Security number.

If you get an error after entering your information, contact the physician/practitioner authorizing your account to make sure your entries match.

Select **Next**.



Note

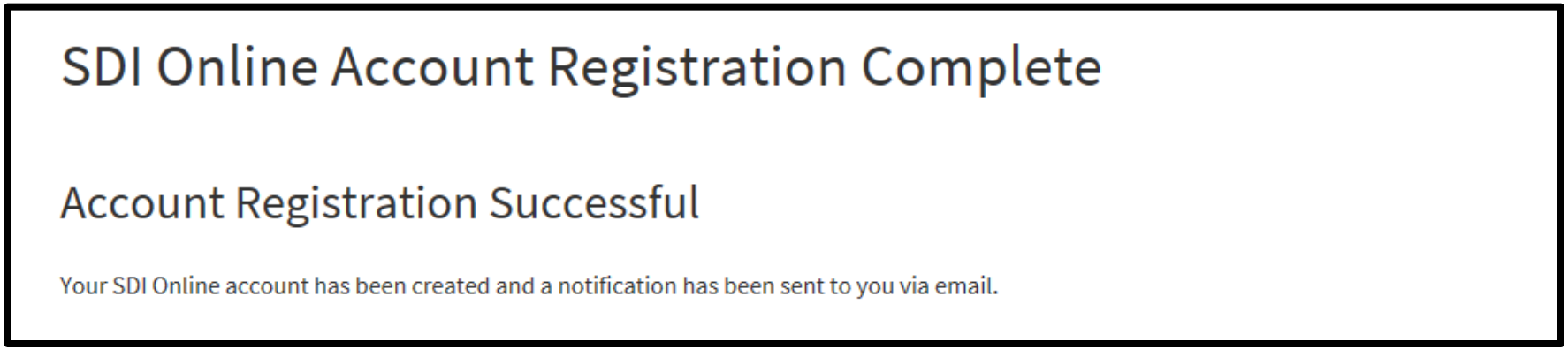
If you select to get notifications by email, we send you emails to notify you that messages are available in your account. However, it may be necessary to send some documents by mail.

On the Personal Profile Information screen:

- Verify the treatment address.

  If an incorrect treatment address is listed, the physician/practitioner authorizing your account must update the address from their SDI Online account profile.

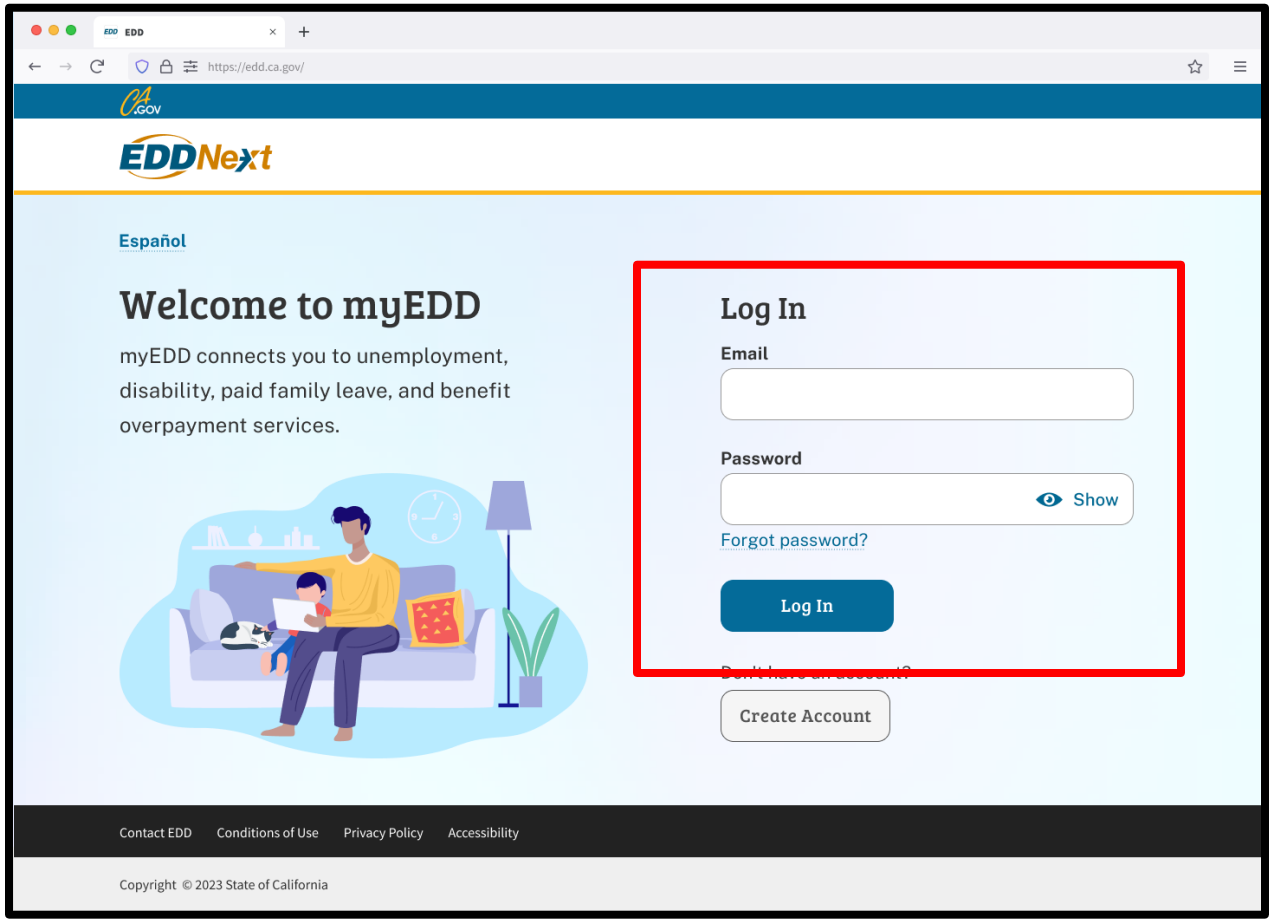
- Enter a phone number so we can contact you during business hours, if needed.
- Select your communication preference.
- Select **Submit.**



Your registration is now complete.

- If you selected electronic communication, a notification confirming your new account is sent to your email.
- If you selected paper communication, a letter confirming your new account is mailed to your address.

You may now log in to myEDD to access your new SDI Online account.

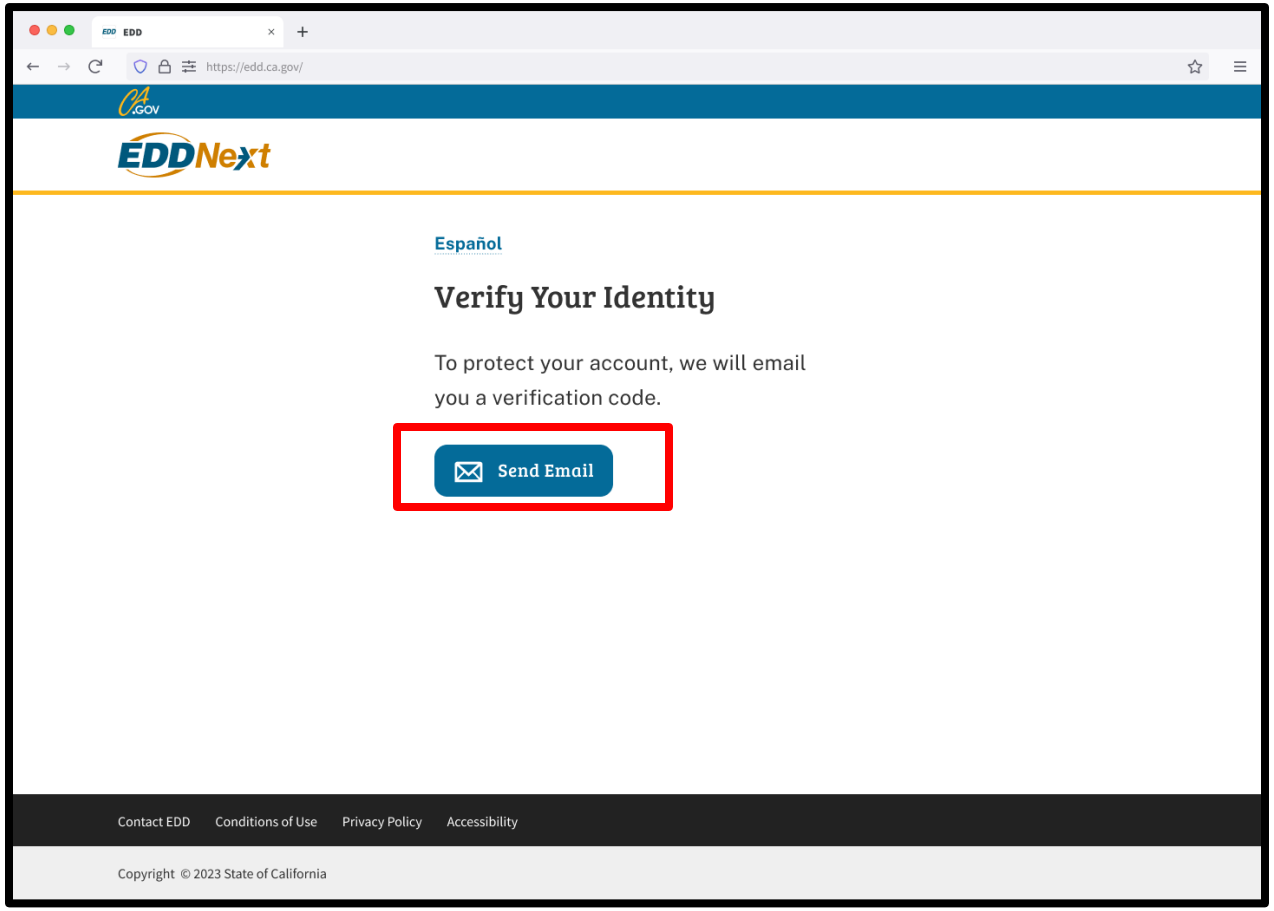


Note

For Spanish, select **Español**.

Log in to myEDD to access SDI Online:

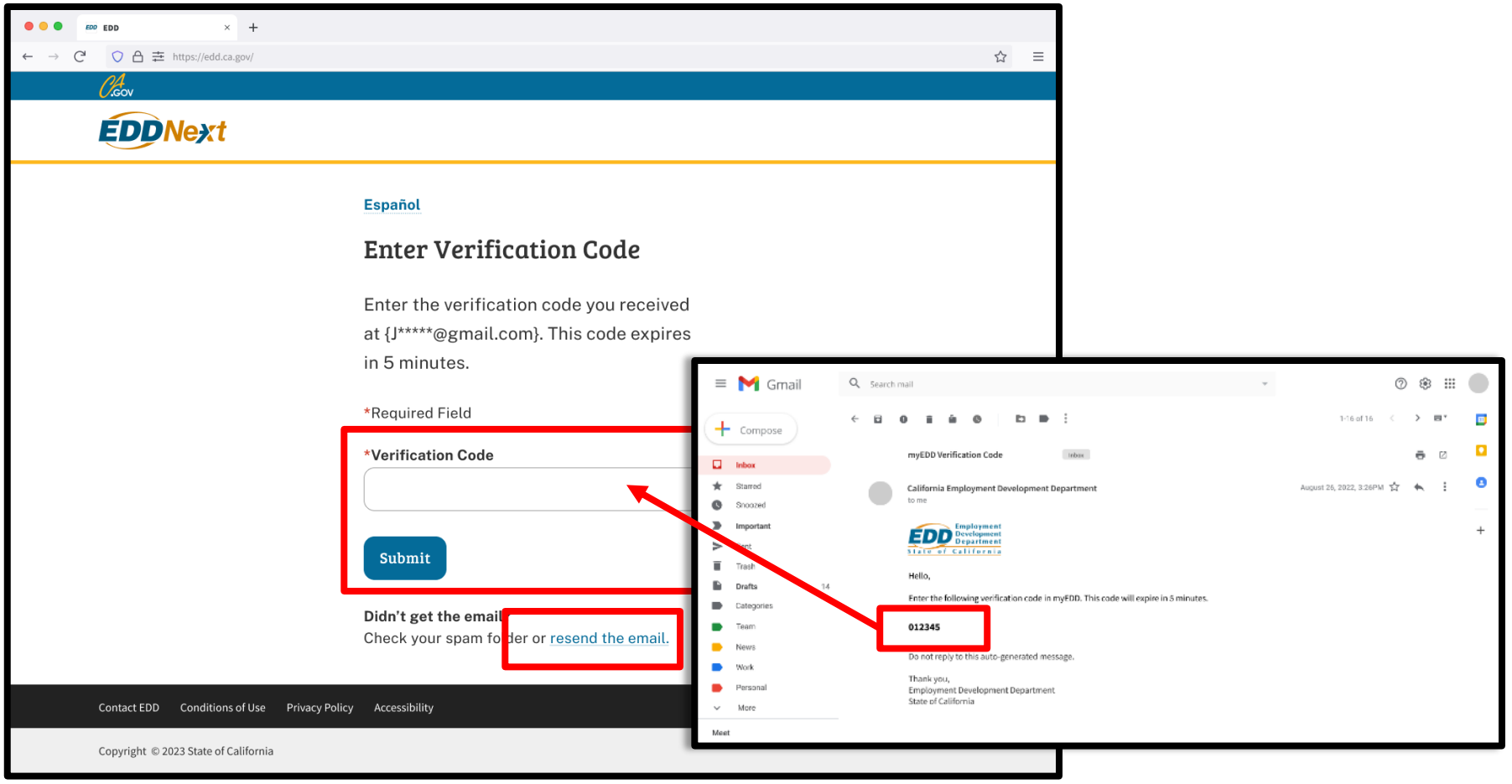
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



To protect your account, we ask you to verify your identity ever time you log in. In this example, the identity verification option is by email.

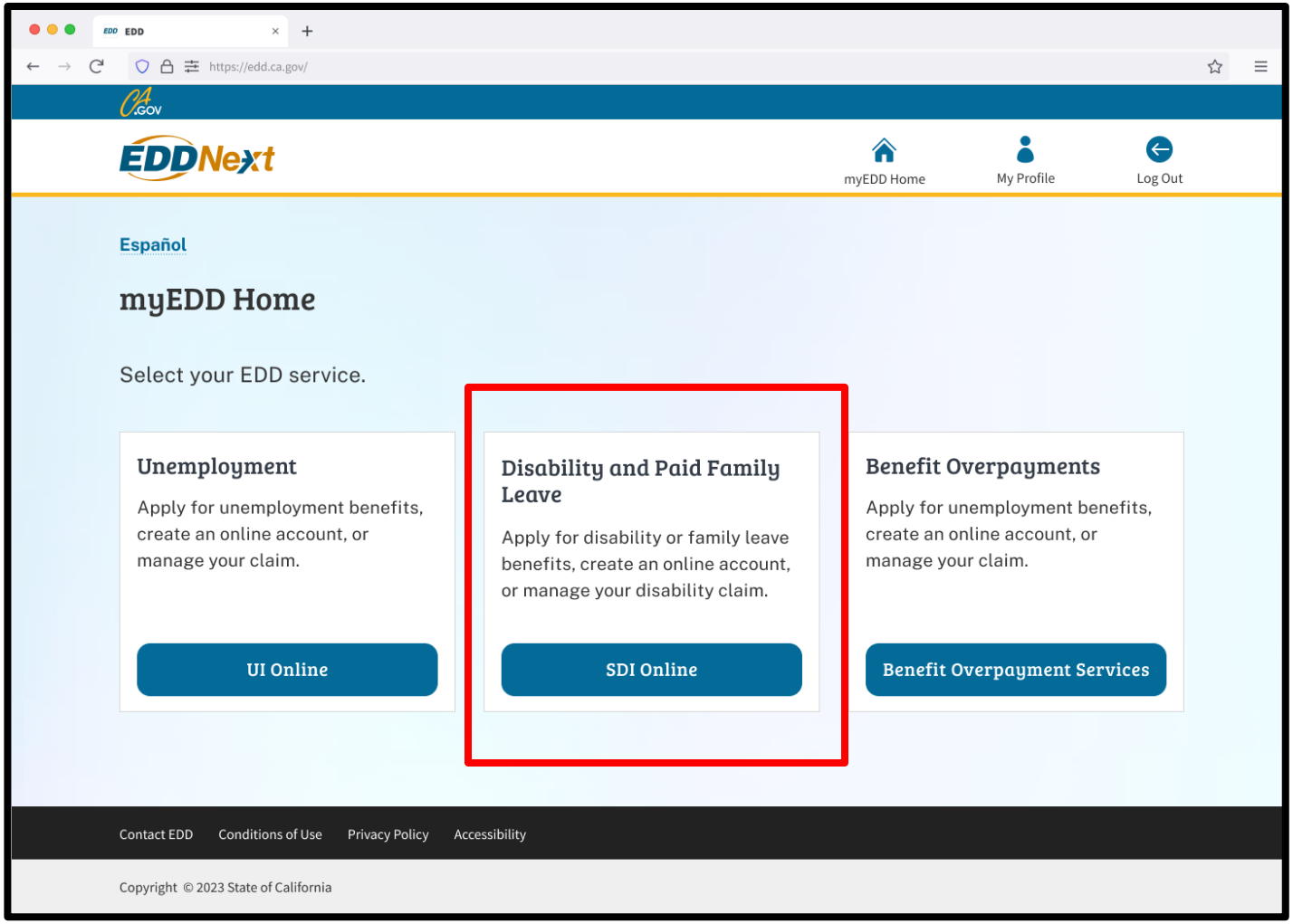
Select **Send Email.**

If you set up the login verification option as text message or phone call, follow the instructions based on that option.



Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email.

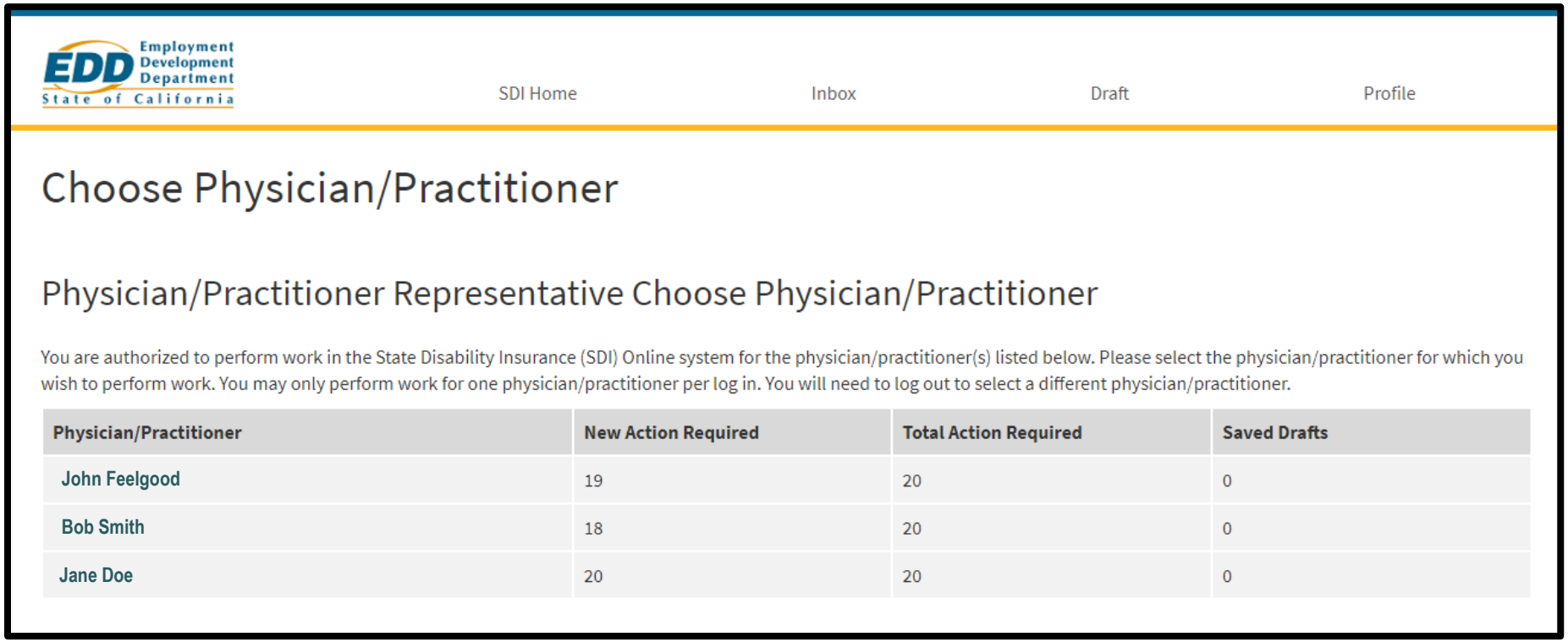
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



Note

Select **Log Out** in the top right corner of any screen to exit your account.

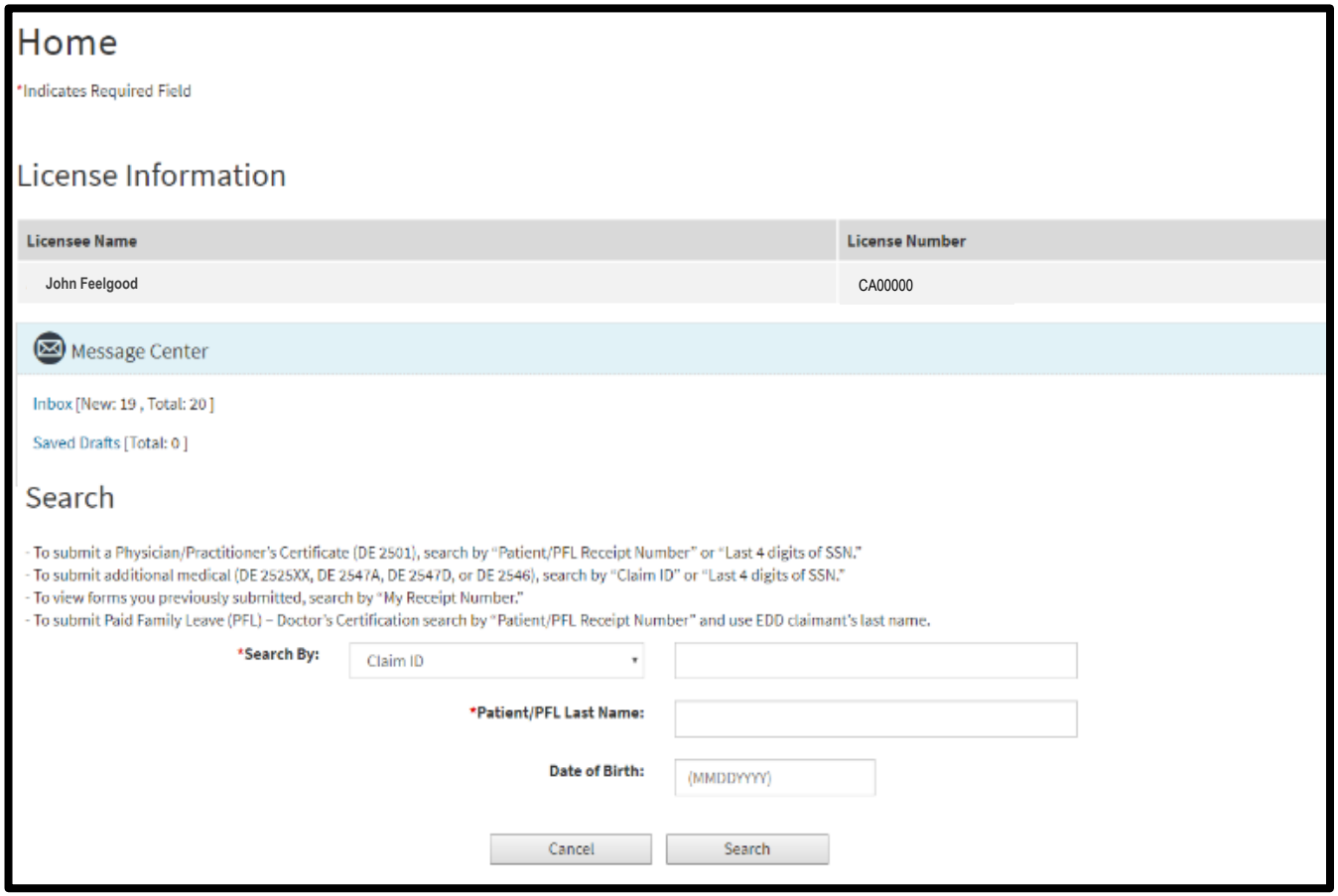
From the myEDD homepage, select **SDI Online.**



If you are an authorized medical representative for multiple physicians/practitioners, you have the option to choose from a list of physicians/practitioners.

Select the licensed health professional's name under the Physician/Practitioner column to complete medical certifications on behalf of that licensed health professional.

You can only complete medical certifications for one physician/practitioner per log in. You must log out to select a different physician/practitioner.



You will be sent to the Physician/Practitioner homepage.

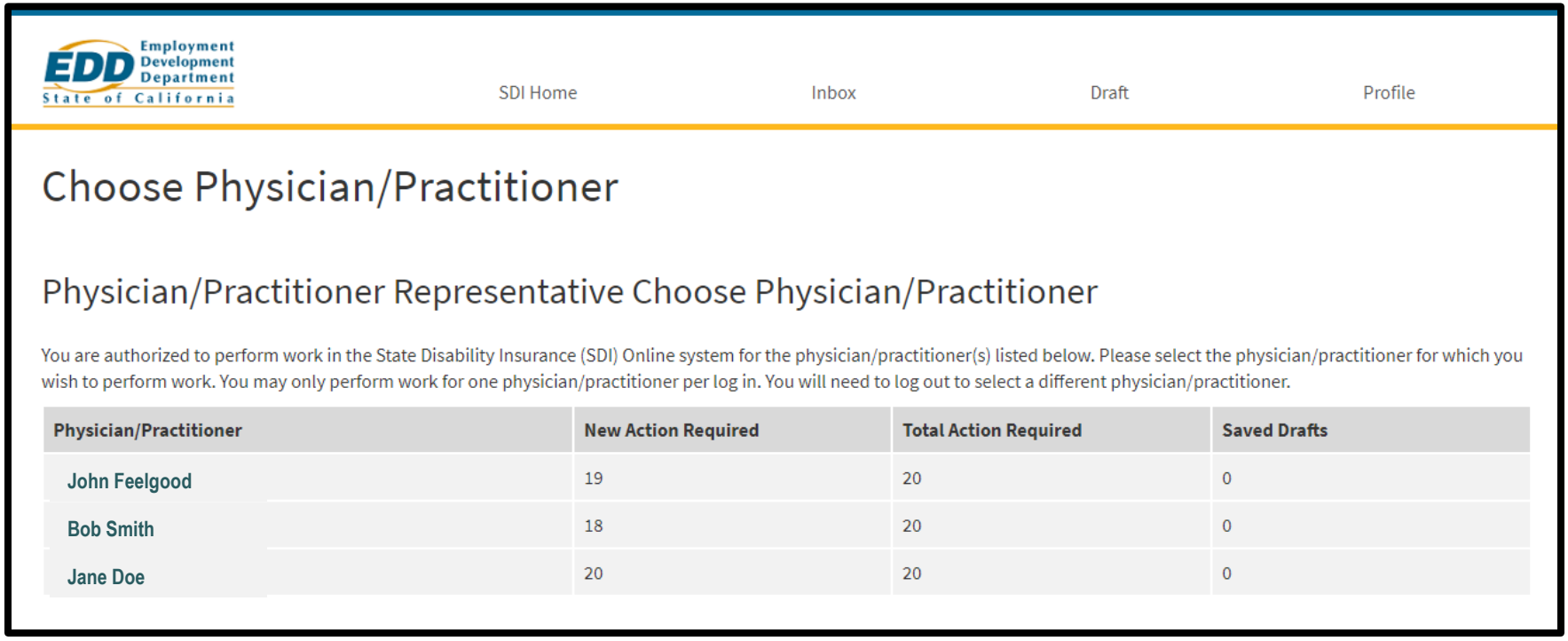
Review the following sections of this tutorial for instructions on submitting medical forms:

- Submit a *Claim for Disability Insurance (DI) Benefits* (DE 2501) Part B
- Submit a *Physician/Practitioner's Supplementary Certificate* (DE 2525XX)
- Submit a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) Part D

Submit the *Application for Disability Insurance Benefits* (DE 2501) – Part B

Learn how to submit the DE 2501 Part B – Physician/Practitioner's Certificate

Get Started



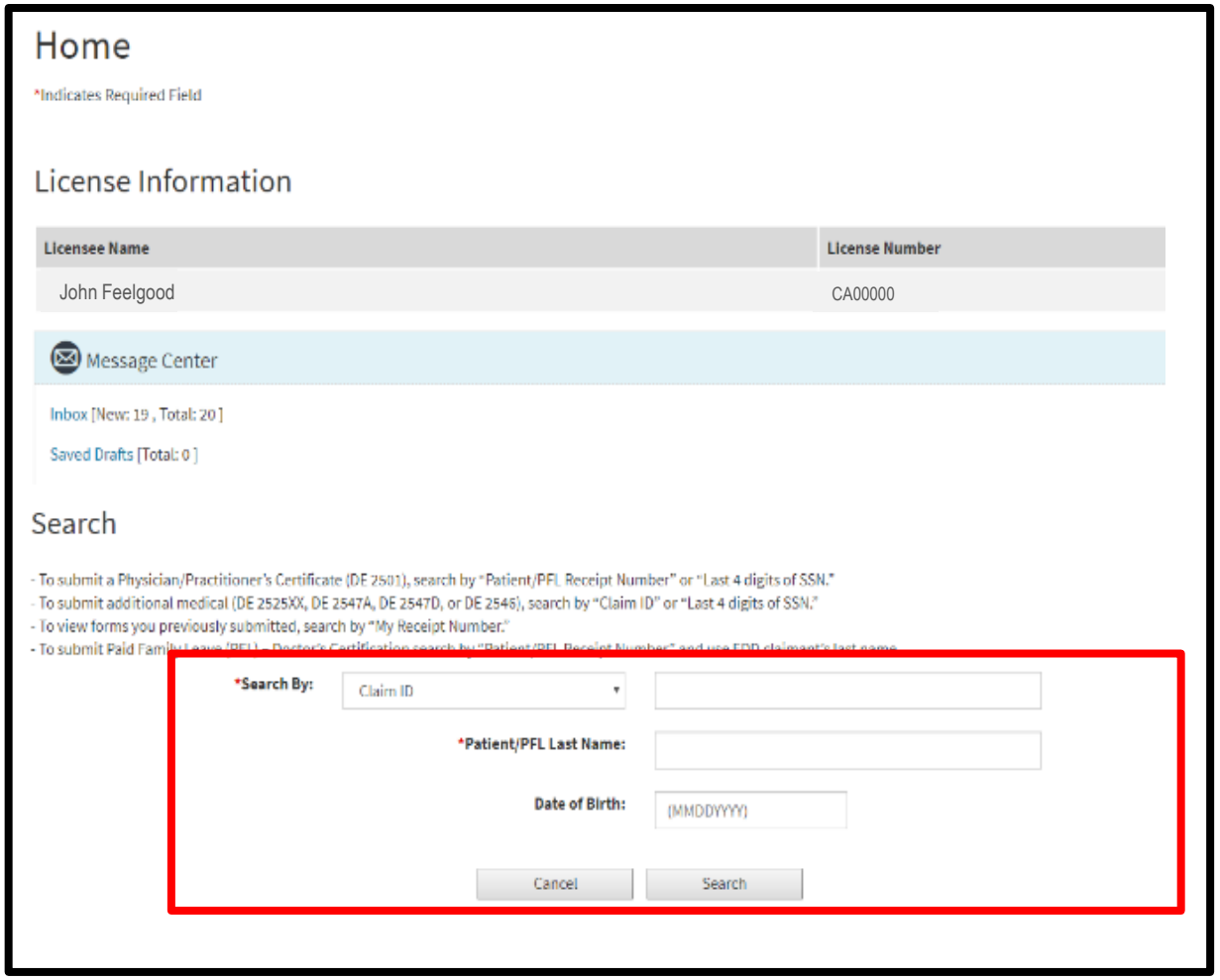
The Choose Physician/Practitioner screen only displays for medical representatives completing medical certifications on behalf of a licensed health professional. Physicians/practitioners should skip to the next page.

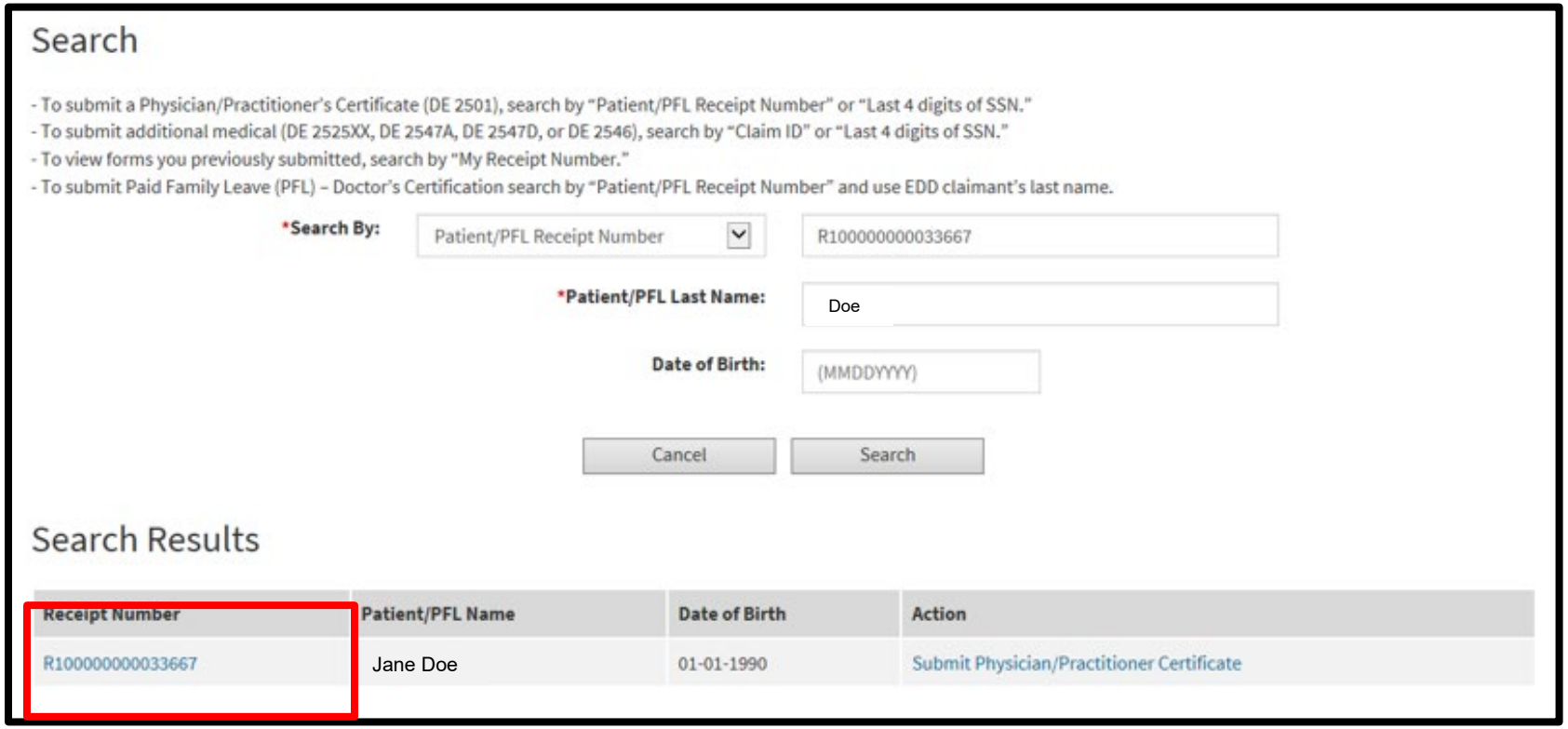
- On this screen, select the physician/practitioner which you are submitting the *Claim for Disability Insurance (DI) Benefits* (DE 2501), Part B on behalf.
- You can only select one physician/practitioner at a time.
- You can switch to a different physician/practitioner account by selecting **Log Out** and logging back into myEDD.

On the homepage, under the Search section, there are two ways to search for your patient's claim. Search by the patient's last name and one of the following:

- The patient's Receipt Number.
- The last four digits of the patient's Social Security number and date of birth.

To submit the Physician/Practitioner Certificate of the DE 2501 online, your patient must have already submitted Part A – Claimant's Statement of the DE 2501.



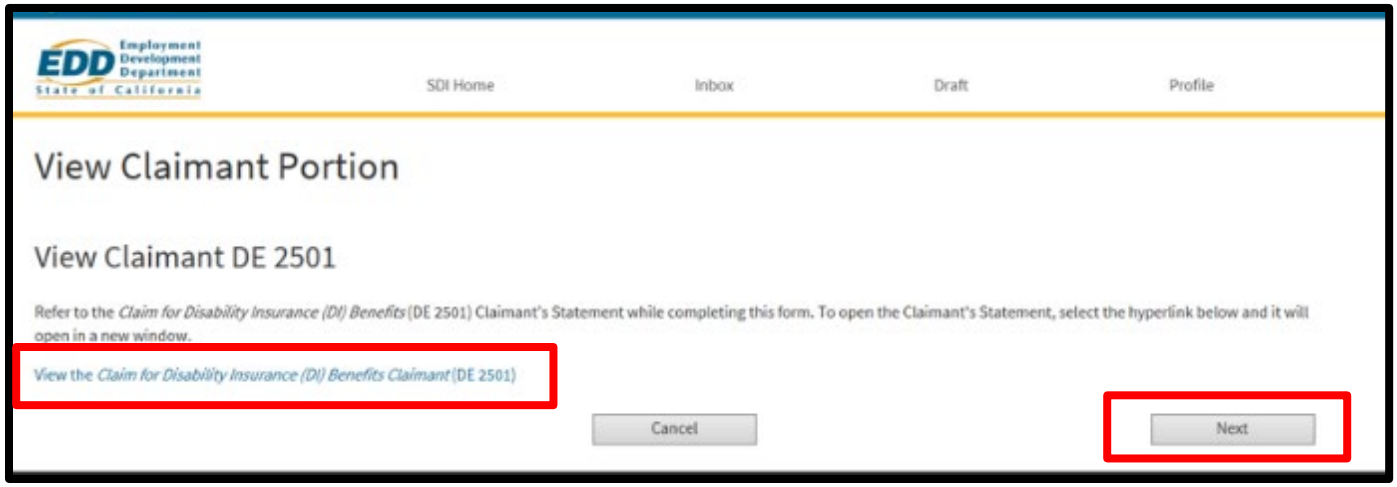


Verify the information in the Search Results section matches the patient's records.

- The **Receipt Number** link allows you to review the information your patient submitted on the DE 2501, Part A – Claimant's Statement.
- Select **Submit Physician/Practitioner Certificate** under the Action column to proceed.

Note

The Submit Physician/Practitioner Certificate link is not available if the certificate was submitted by another user (e.g., your representative or another doctor). Review the Submit a Physician/Practitioner's Supplementary Certificate (DE 2525XX) section to extend a disability period for your patient.

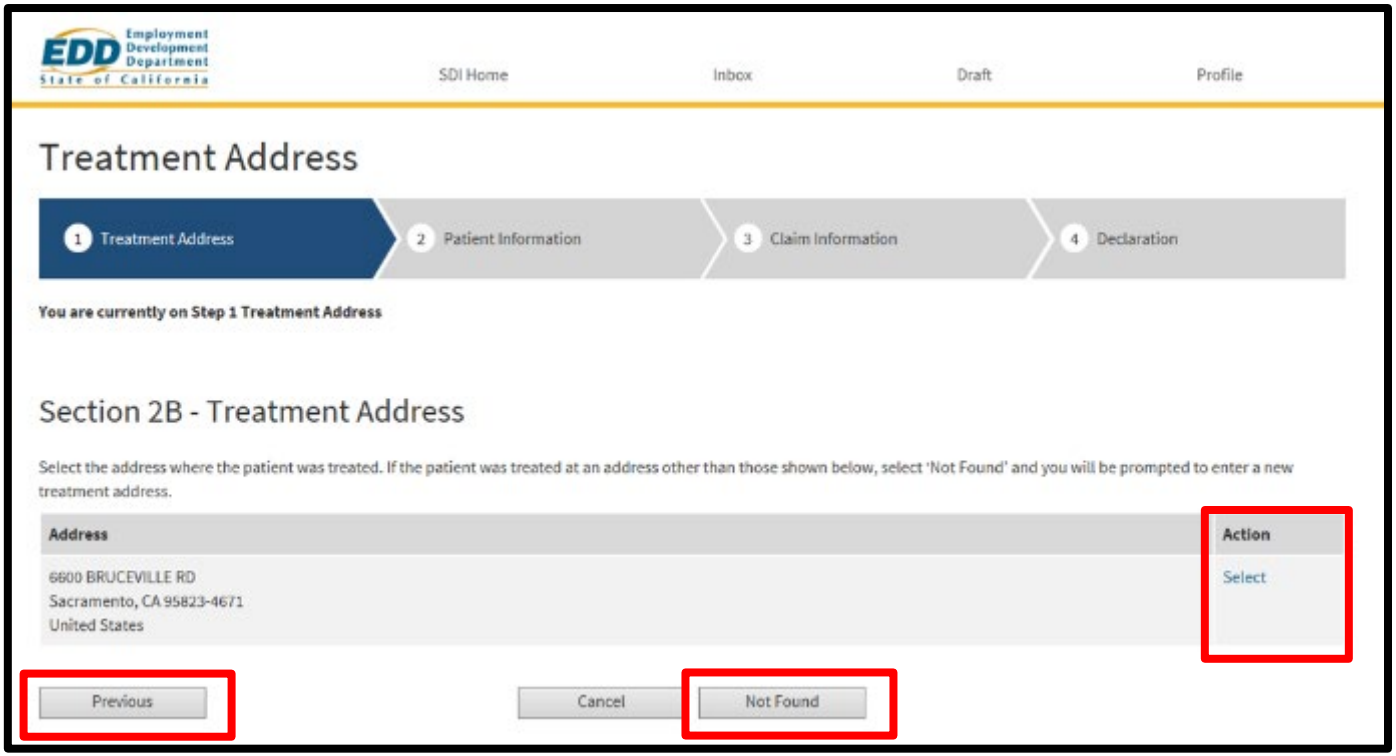


On the View Claimant Portion screen, you can select the link to review the information your patient submitted to us.

Select **Next** to complete the medical certificate.

Note

Selecting **Cancel** at any time cancels the medical certificate and returns you to your homepage.



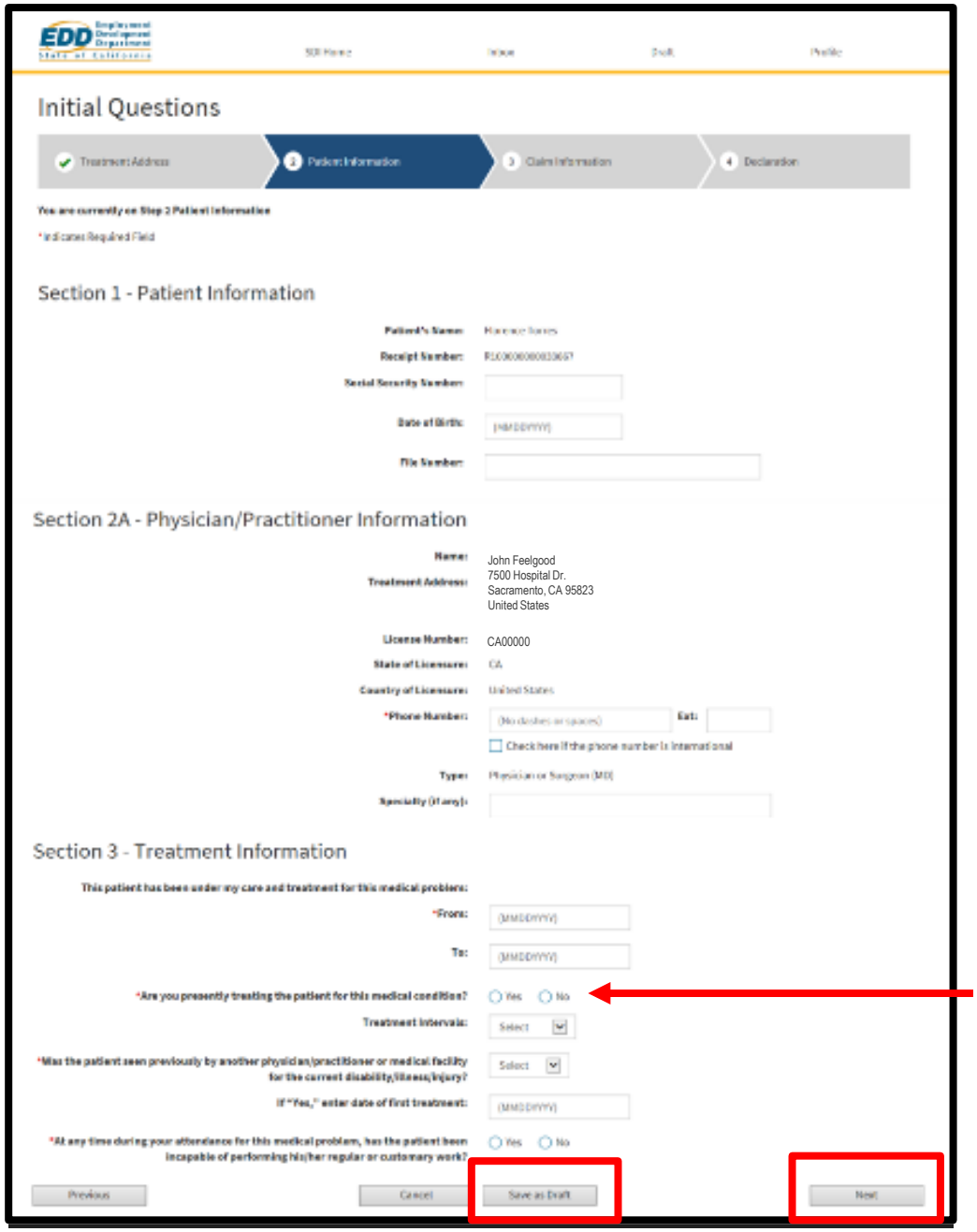
On the Treatment Address screen, select the address where the patient is being treated.

Note

If the patient was treated at an address other than those shown, select **Not Found.**

Important

Do not use the Back button on your browser. If you need to go to a previous screen, select **Previous**.



Complete the following sections:

- Section 1 - Patient Information
- Section 2A – Physician/Practitioner Information
- Section 3 – Treatment Information

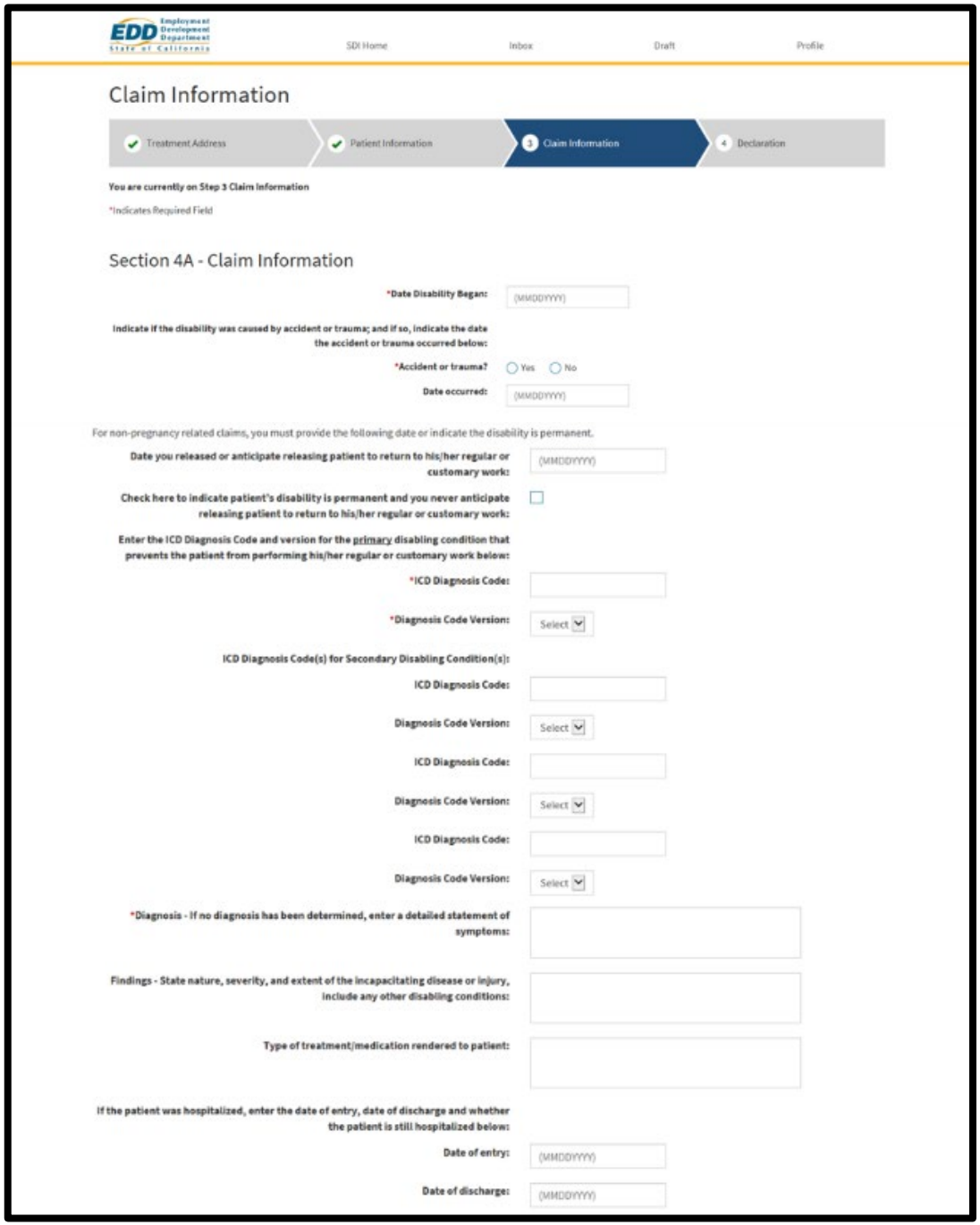
You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.

Note

Select **Save as Draft** at any time to complete the form later.

Tip: Selecting **No** to "Are you presently treating the patient for this medical certificate?" ends your submission and makes your patient ineligible for benefits.

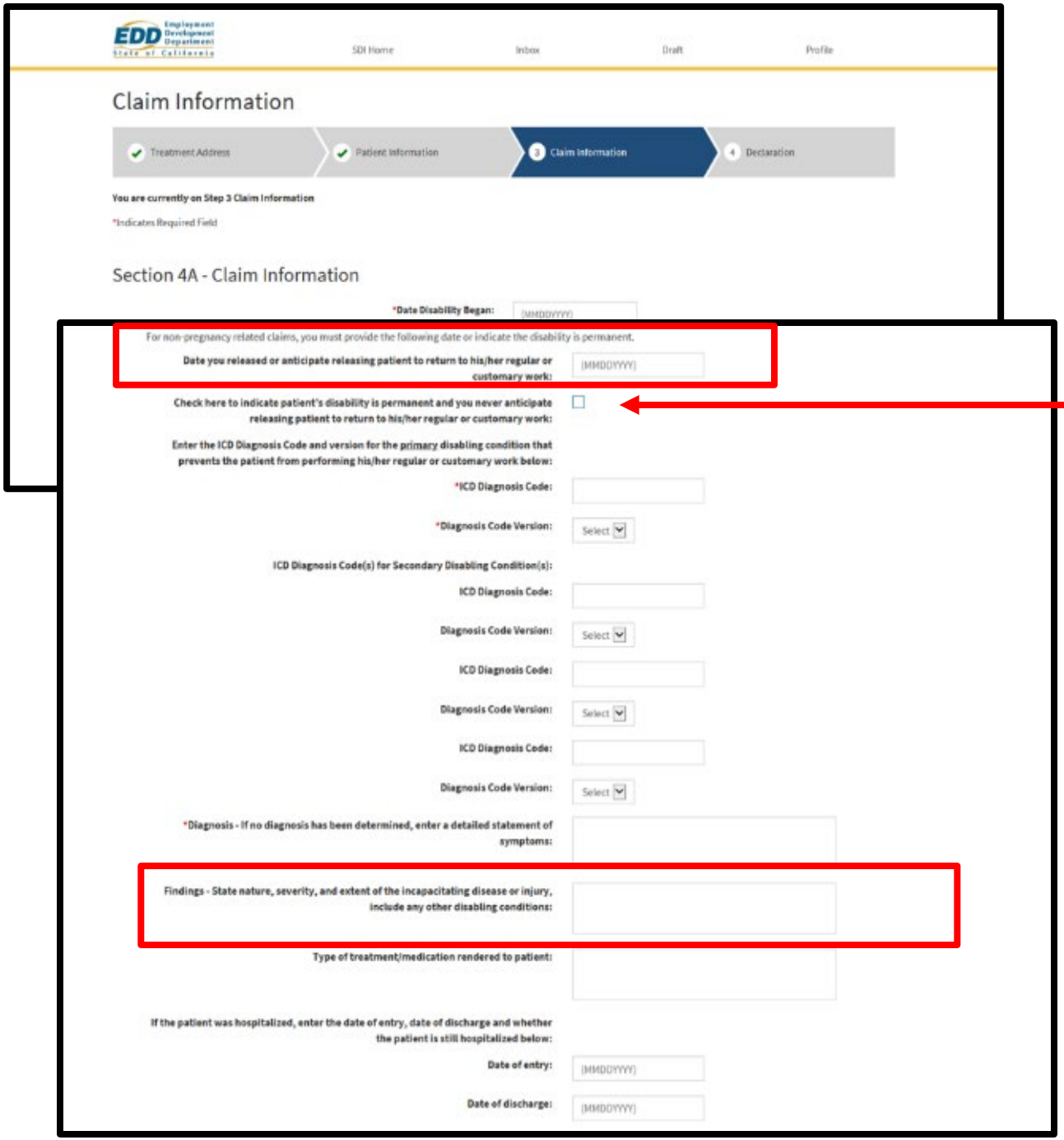


Complete Section 4A - Claim Information.

You must complete the fields marked with a red asterisk (*).

You must provide the following information:

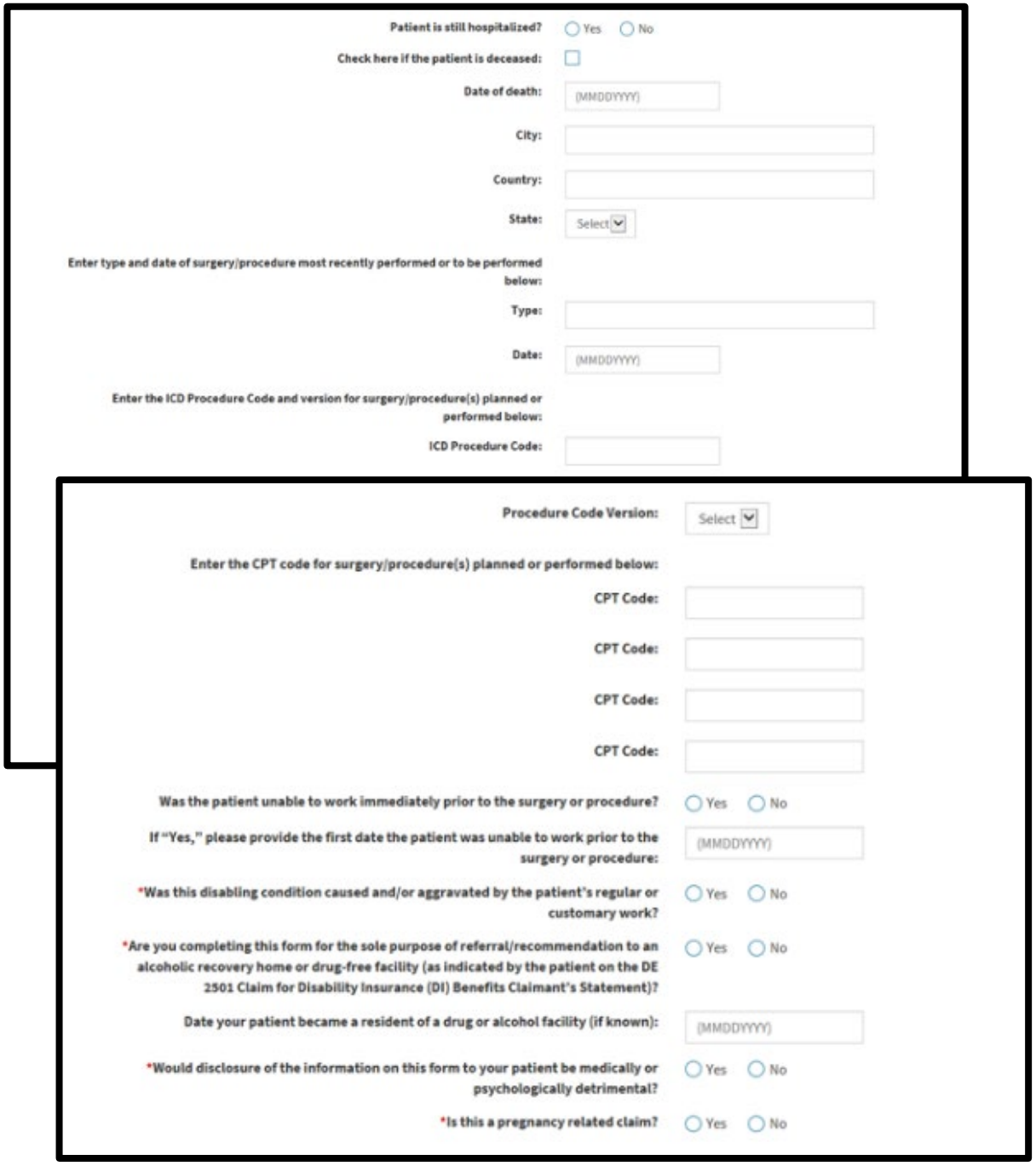
- Date disability began.
- Estimated return to work date (this may not be required for pregnancy or permanent disabilities).
- ICD codes and version.
- Diagnosis or detailed list of symptoms.



Section 4A Tip: Permanent Disability

If the patient's disability is diagnosed as permanent and you have selected the **permanent disability** box, you do **not** need to provide an estimated return to work date.

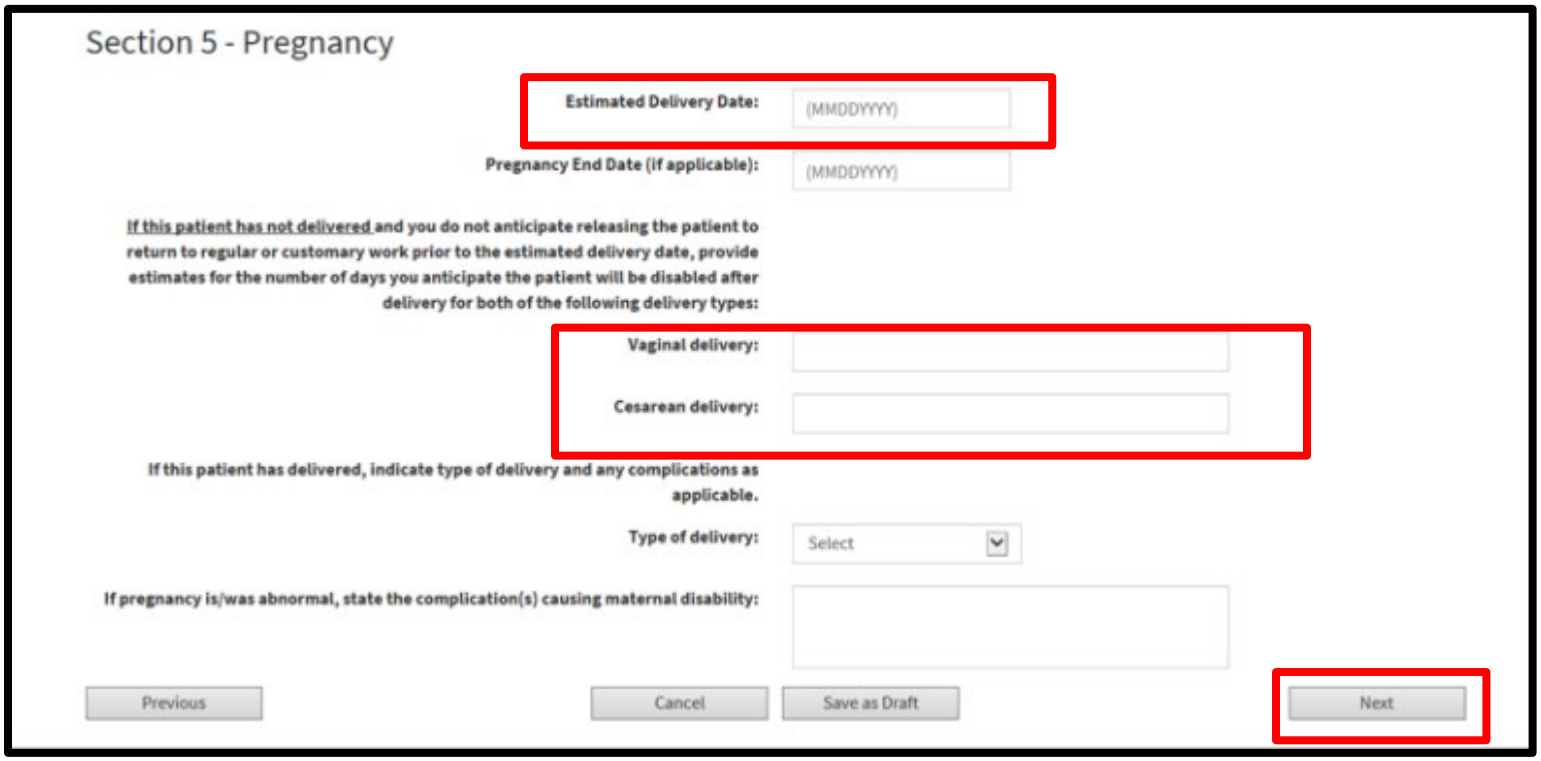
In the Findings field, enter a detailed description of why you consider the disability to be permanent.



Continue completing Section 4A - Claim Information.

You must complete the fields marked with a red asterisk (*).

Tip: Providing as much information as possible prevents claim processing delays and the need for us to reach out to you for additional details.



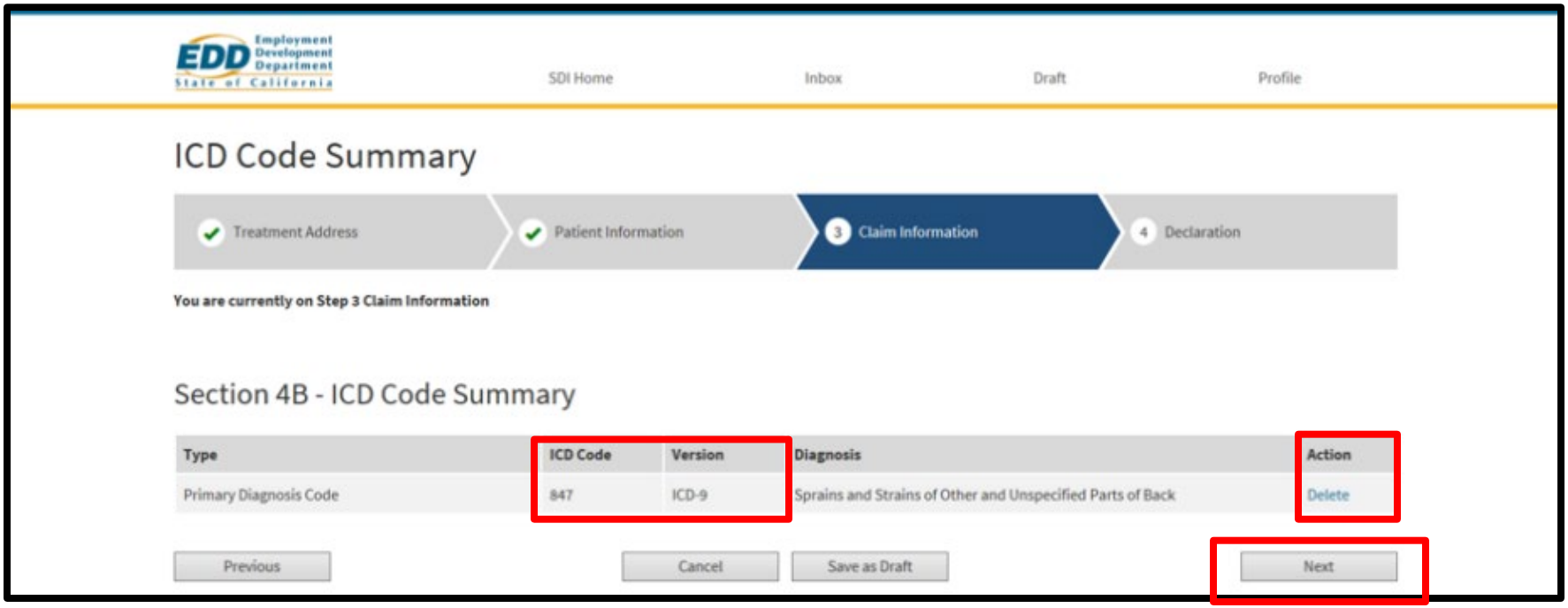
Complete Section 5 – Pregnancy, if applicable.

Tip: Pregnancy-related disability claims

If the patient has not delivered, enter the number of days you expect the patient to be disabled postpartum for each delivery type (six weeks for vaginal delivery and eight weeks for cesarean delivery), instead of entering an estimated return to work date.

- Enter the Estimated Delivery Date.
- Enter the number 42 in the Vaginal Delivery field.
- Enter the number 56 in the Cesarean Delivery field.

Select **Next**.

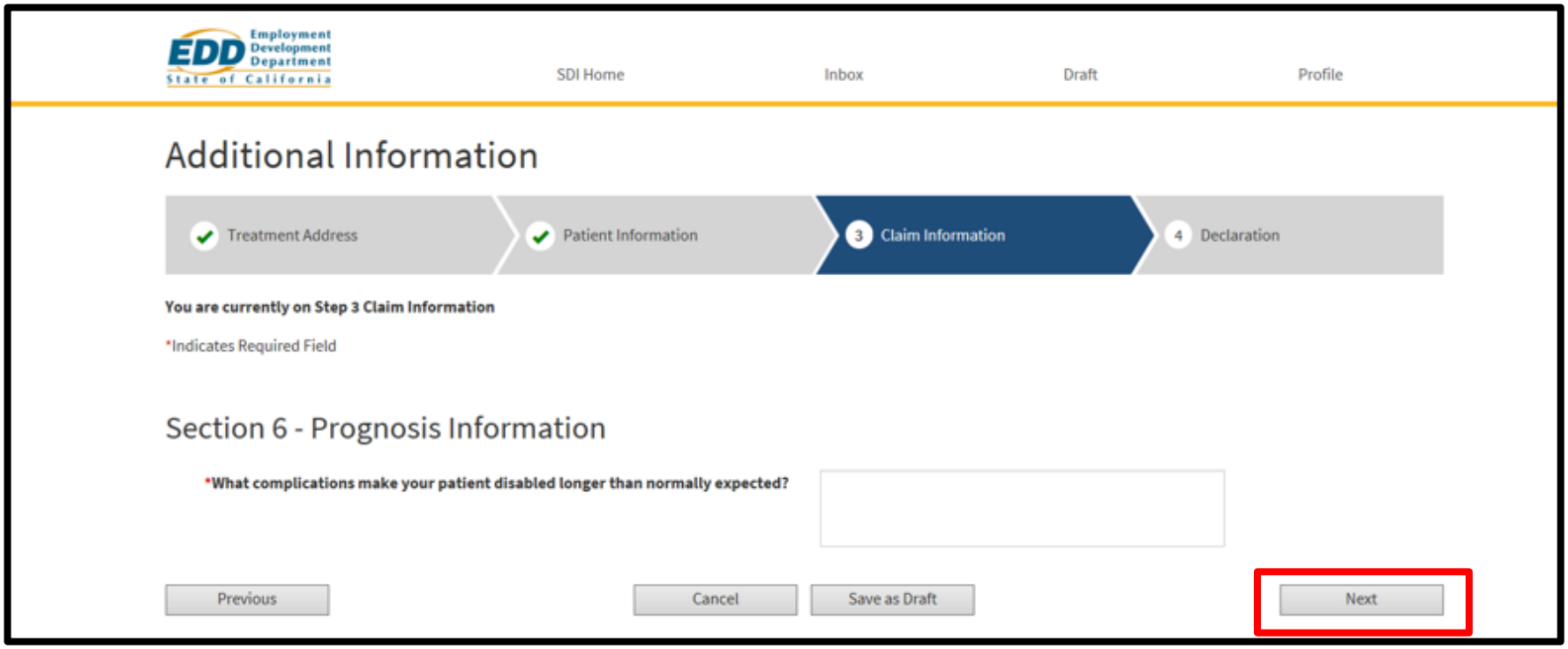


Verify the ICD codes are correct.

If an ICD code is incorrect:

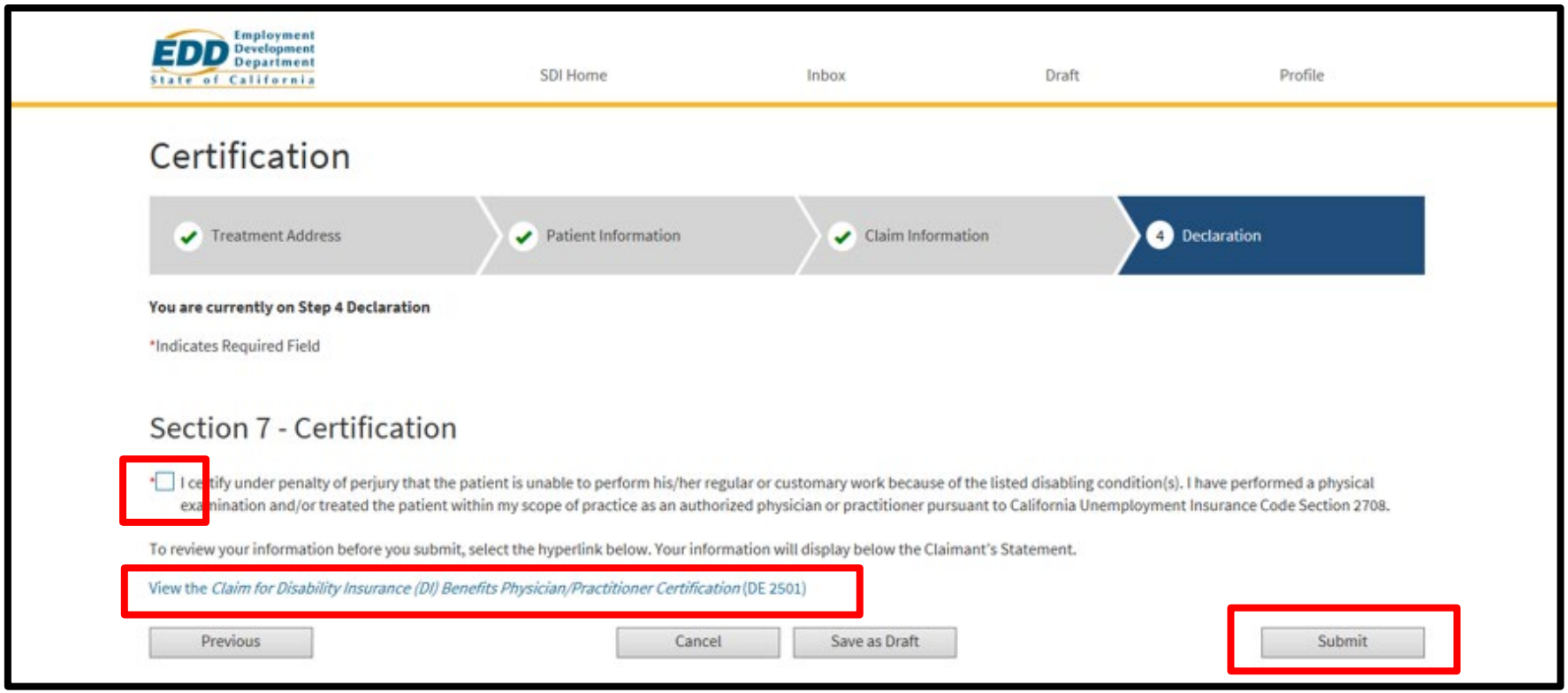
- Select **Delete**.
- Re-enter the correct code in the Claim Information section.

Select **Next** to continue.



Complete Section 6 – Prognosis Information and select **Next**.

Tip: Entering as much information as possible prevents claim processing delays and the need for us to contact you for additional details.

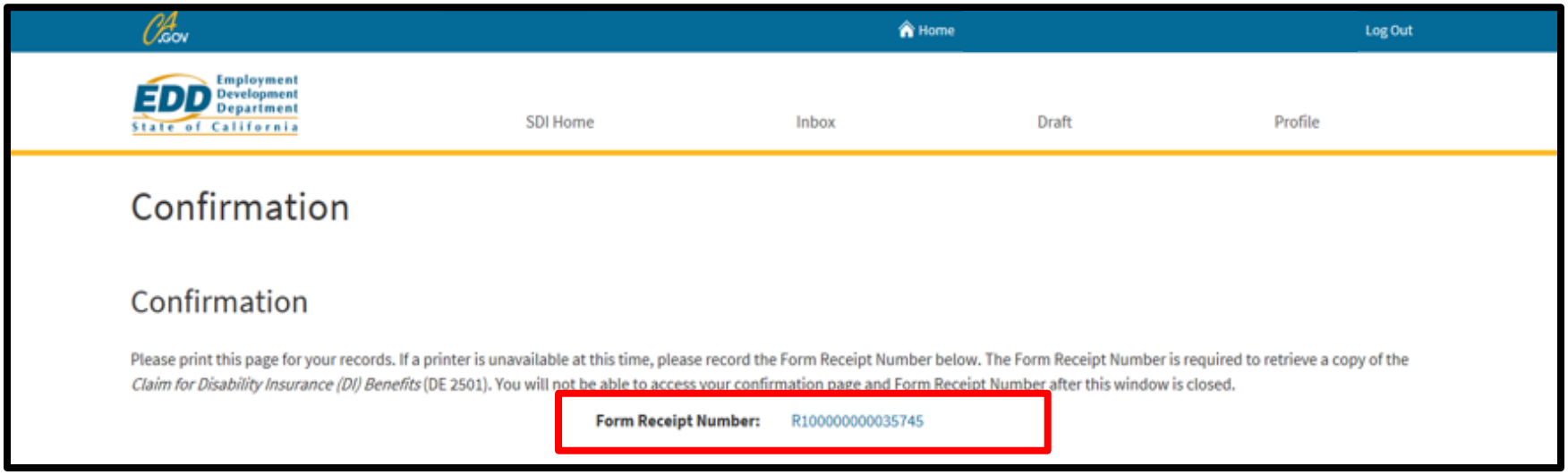


Select the check box in Section 7 - Certification to confirm the information you entered.

Review the information before you submit by selecting the **View the *Claim for Disability Insurance (DI) Benefits Physician/Practitioner Certification* (DE 2501)** link.

Note: You cannot modify the form after you select Submit.

Select **Submit**.



On the Confirmation screen, your submission is assigned a Form Receipt Number.

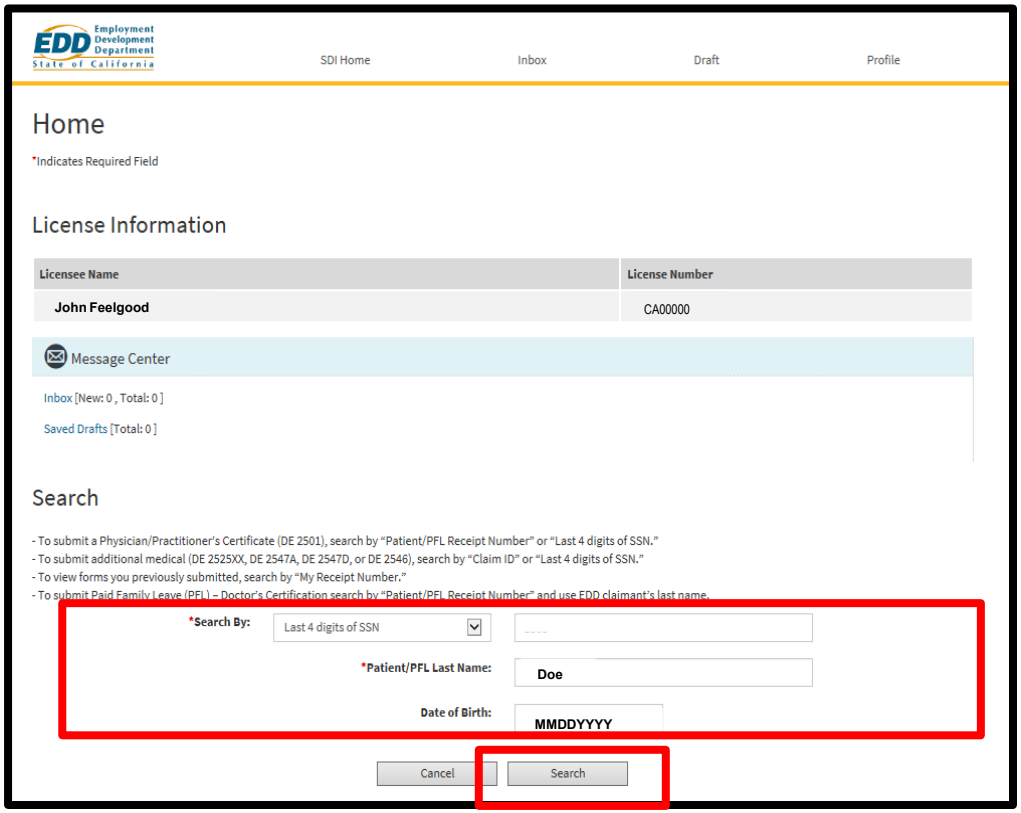
- Save this Form Receipt Number. Your patient can request this number to prove the medical certificate was sent to us.
- Select the **Form Receipt Number** link to open a PDF printer-friendly version of the information you sent.

You have now completed Part B – Physician/Practitioner's Certificate of your patient's *Claim for Disability Insurance (DI) Benefits* (DE 2501) form. It can take up to 14 days to process your patient's claim.

Submit a *Physician/Practitioner's Supplementary Certificate* (DE 2525XX)

Learn how to submit the DE 2525XX and extend the disability period for your patient.

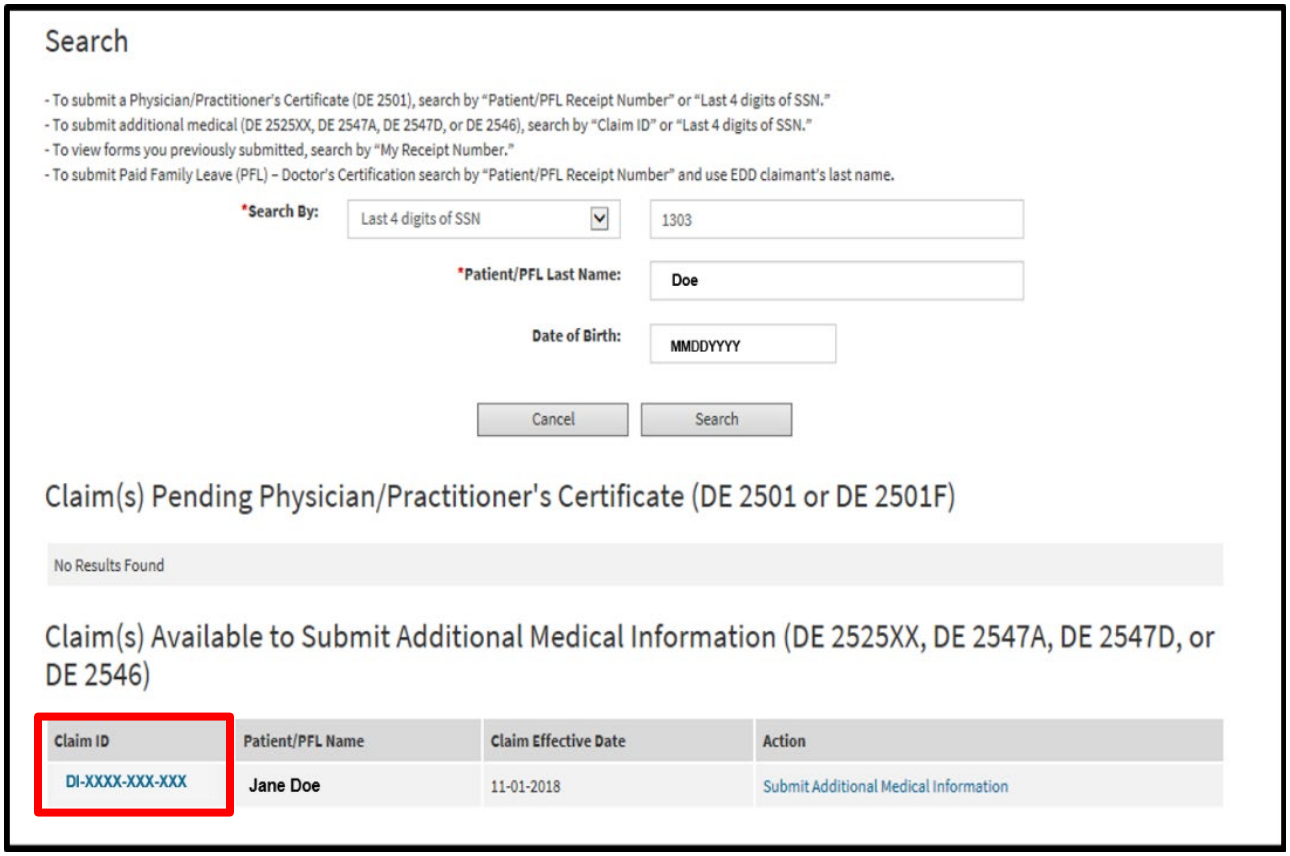
Get Started



To submit a Physician/Practitioner's Supplemental Certificate from your SDI Online homepage:

- Select **Claim ID** or **Last four digits of SSN** from the Search By drop down menu.
- Enter the Claim ID or last four of the SSN for the patient.
- Enter the patient's last name.
- Enter the patient's date of birth (no dashes).

Select **Search** to continue.

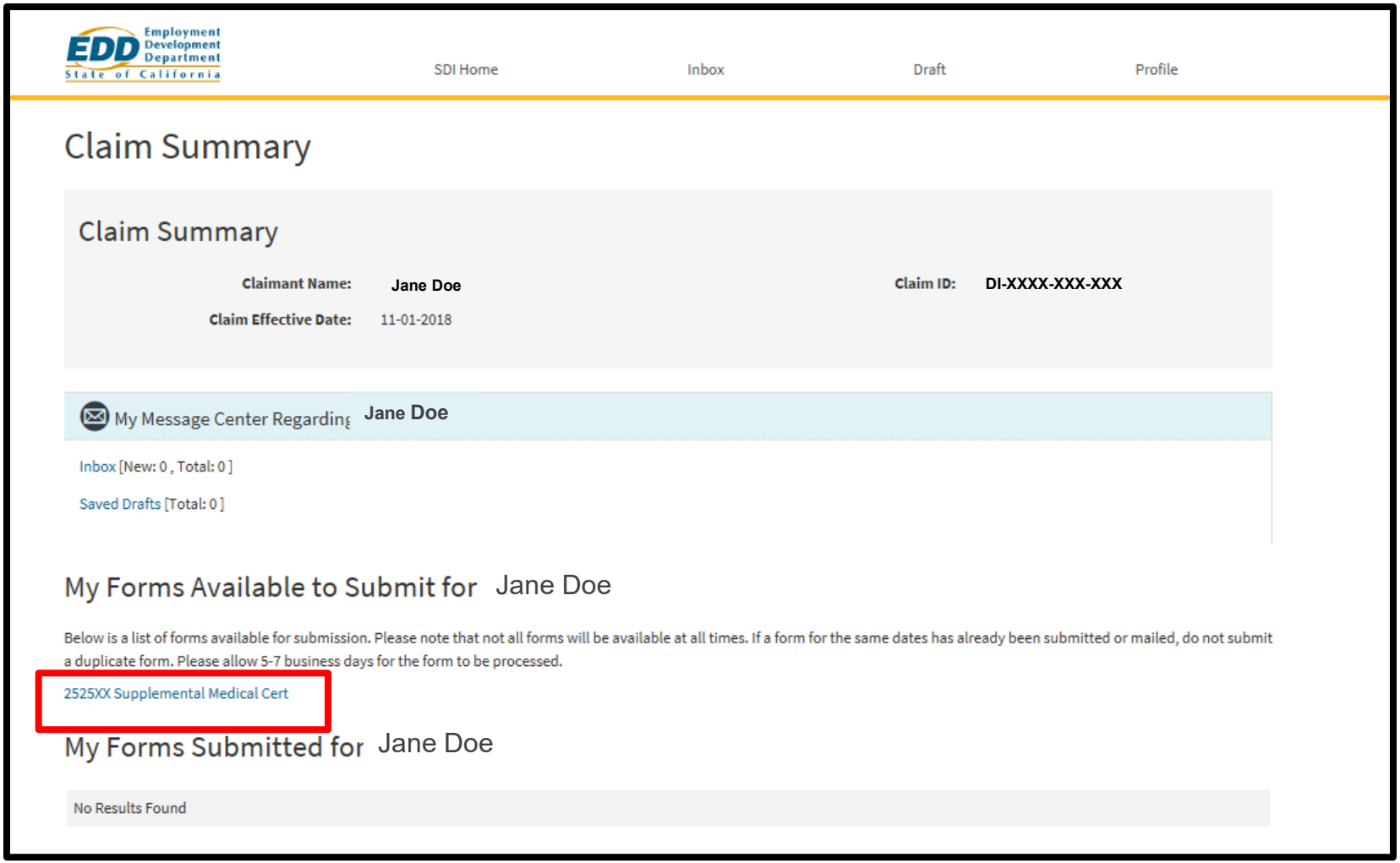


Note

Claims must be approved to allow submission of additional medical information.

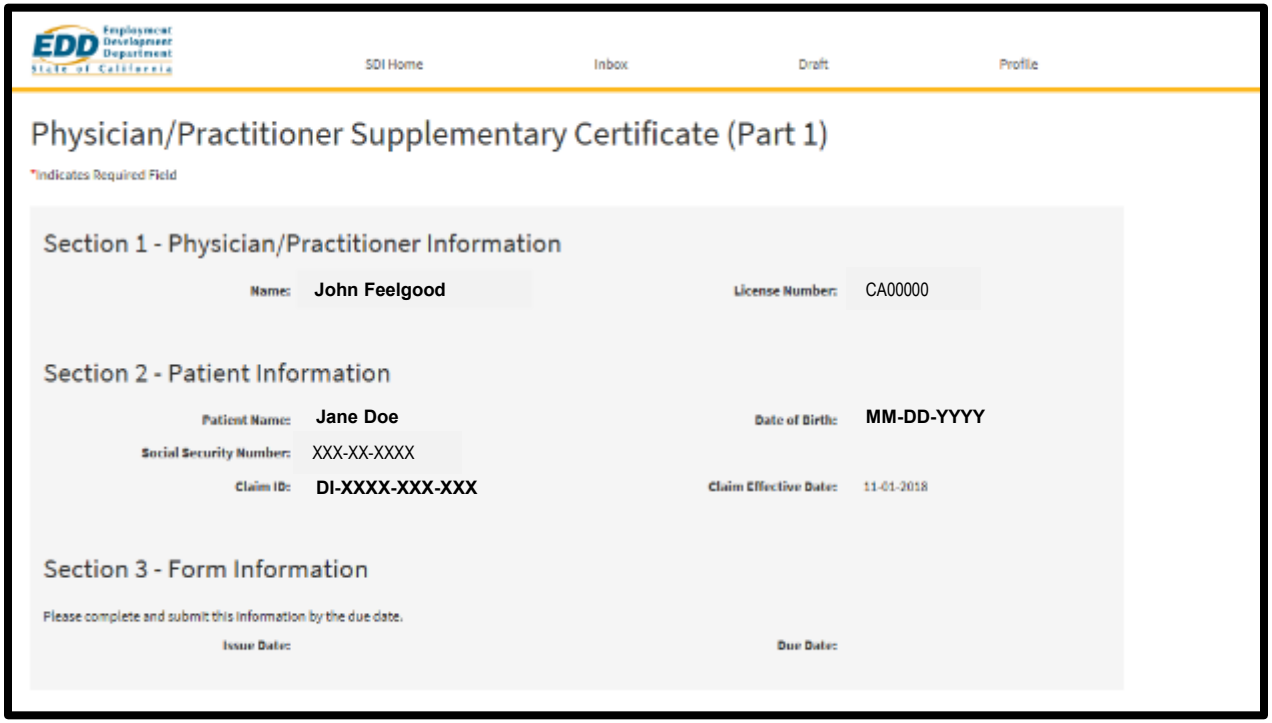
Verify the patient's information under the Claim(s) Available to Submit Additional Medical Information search results matches the patient's records.

- If they match, select the **Claim ID** link or the link provided in the Action column.
- If they do not match, return to the Search section, and try again.



Under the My Forms Available to Submit section:

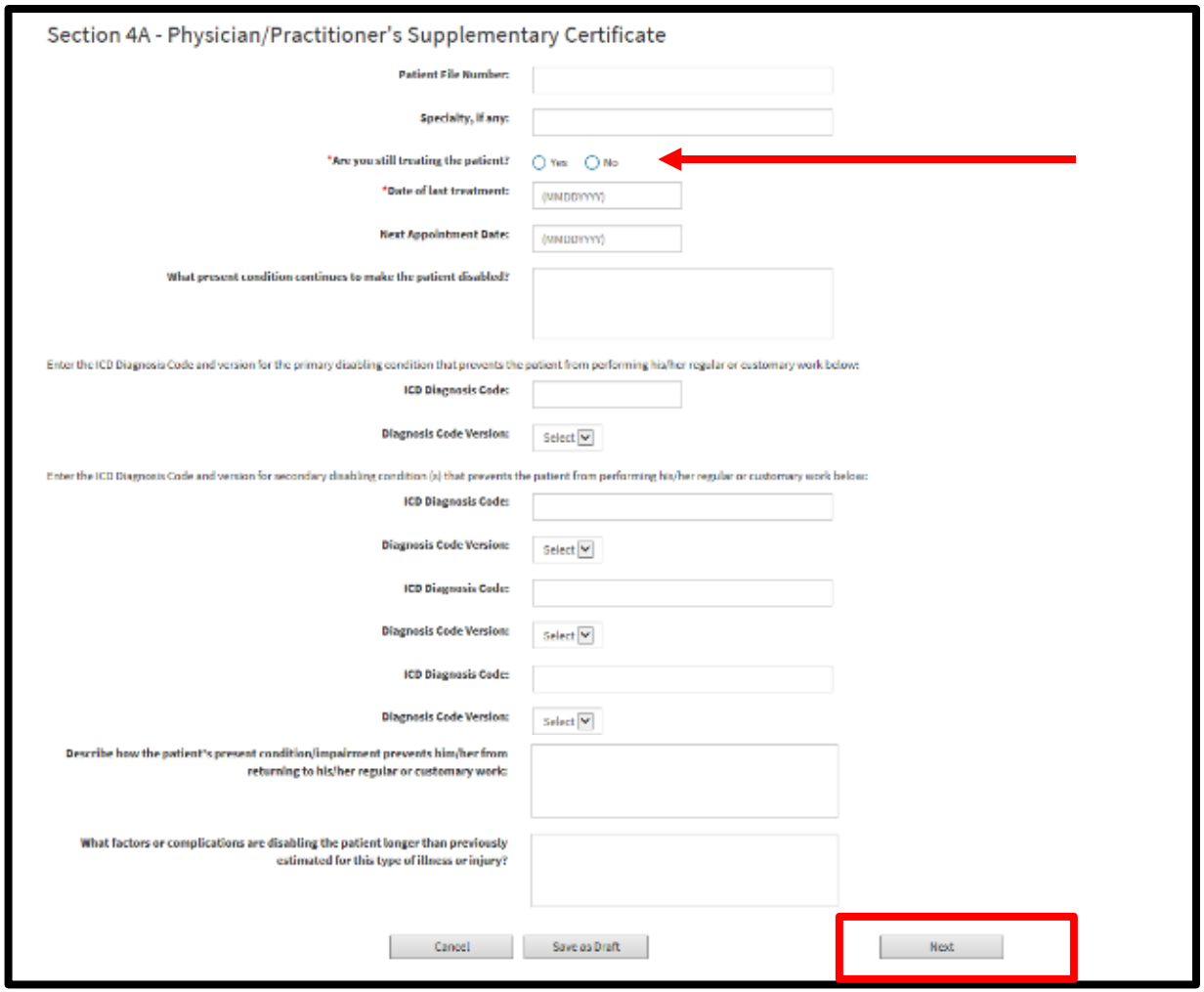
- Select the **2525XX Supplemental Medical Cert** form link.



The SDI Online system automatically populates certain portions of the application.

Review the following sections:

- Section 1 – Physician/Practitioner Information
- Section 2 – Patient Information
- Section 3 – Form Information



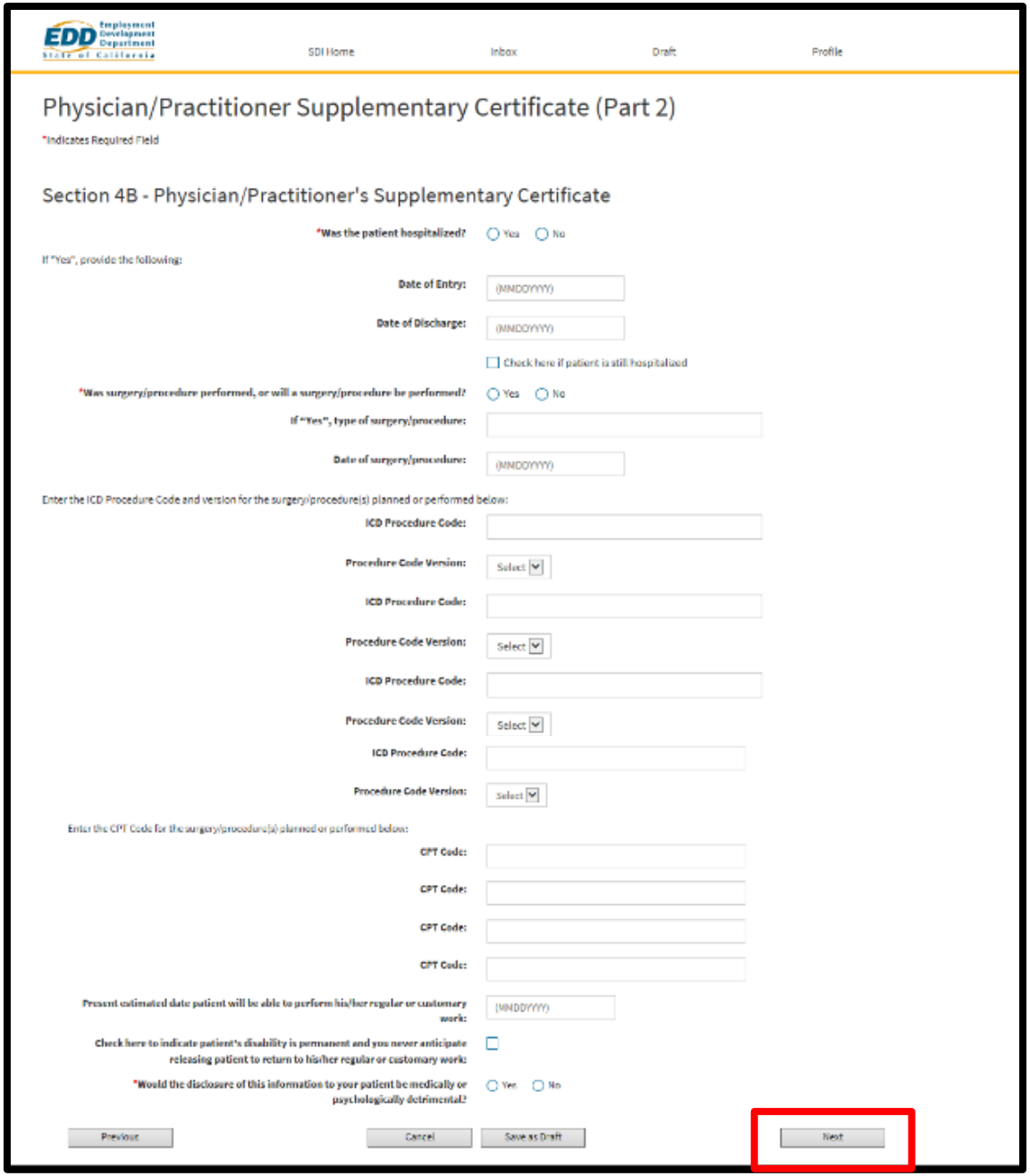
Note

Selecting **No** to "Are you still treating this patient?" ends your submission and makes your patient ineligible for further benefits.

Complete Section 4A - Physician/Practitioner's Supplementary Certificate (Part 1).

You must complete the fields marked with a red asterisk (*).

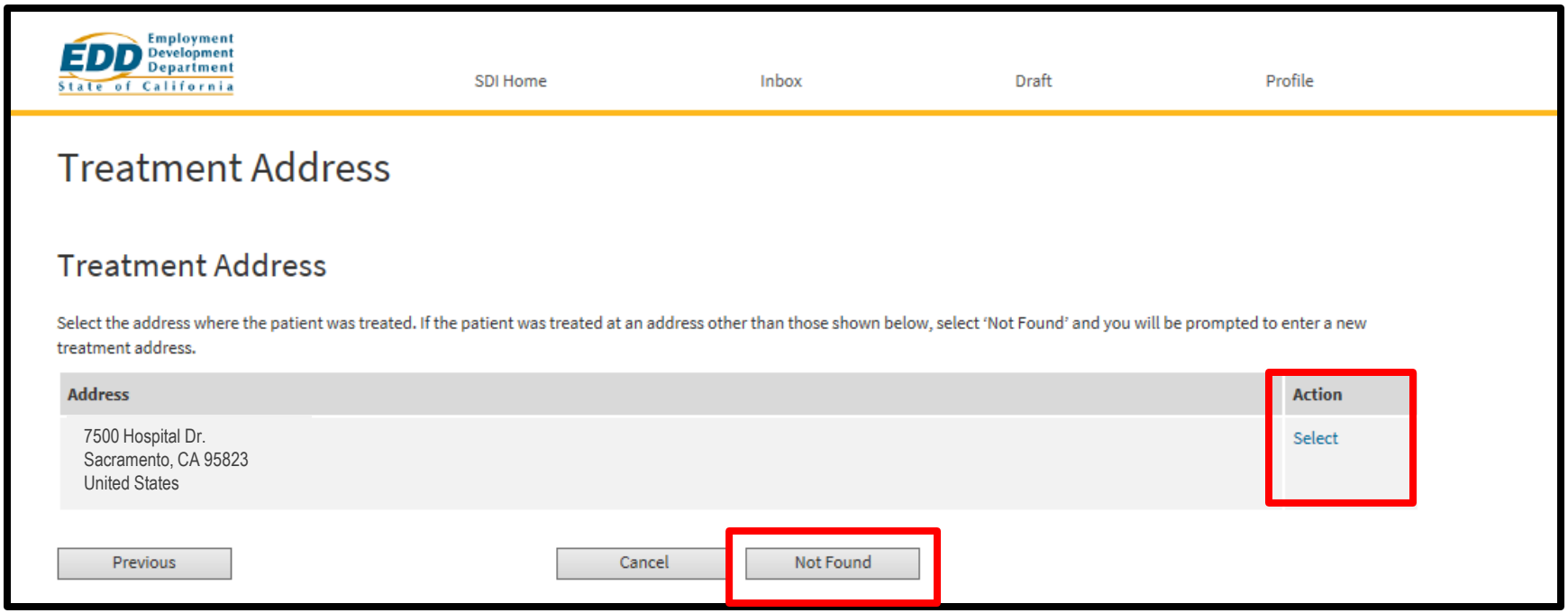
Select **Next** to continue.



Complete Section 4B - Physician/Practitioner Supplementary Certificate (Part 2).

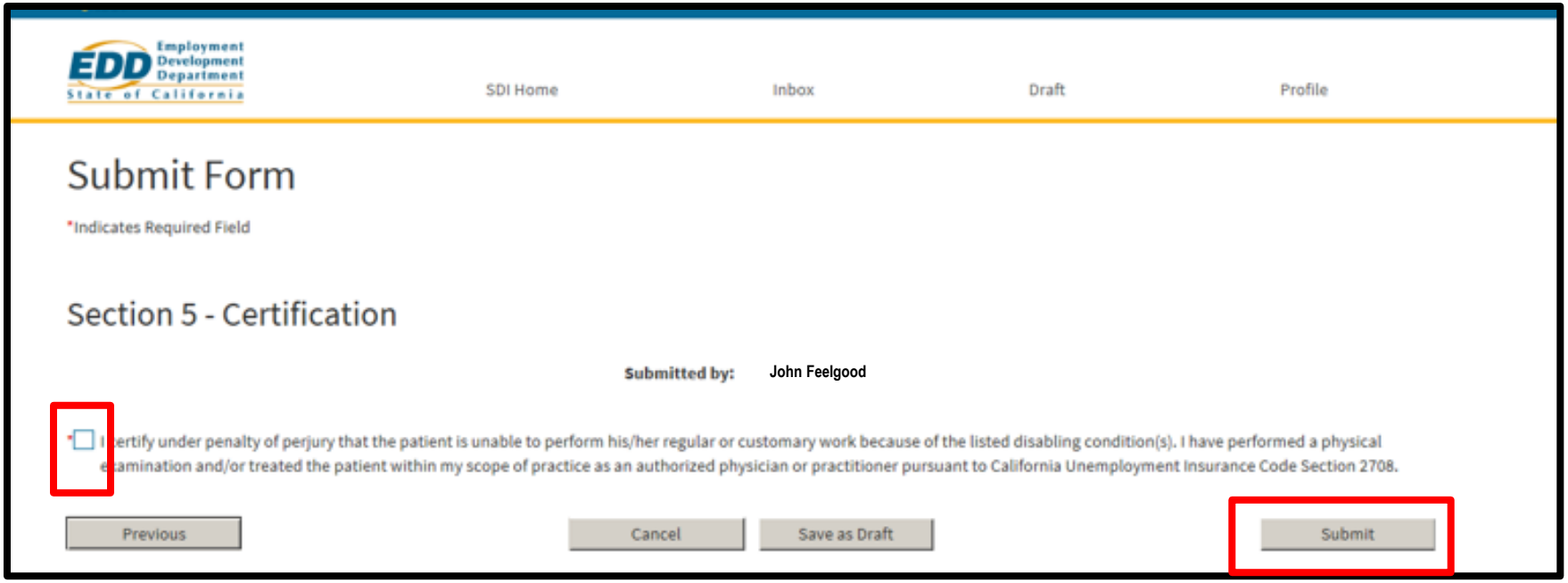
You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.



On the Treatment Address screen:

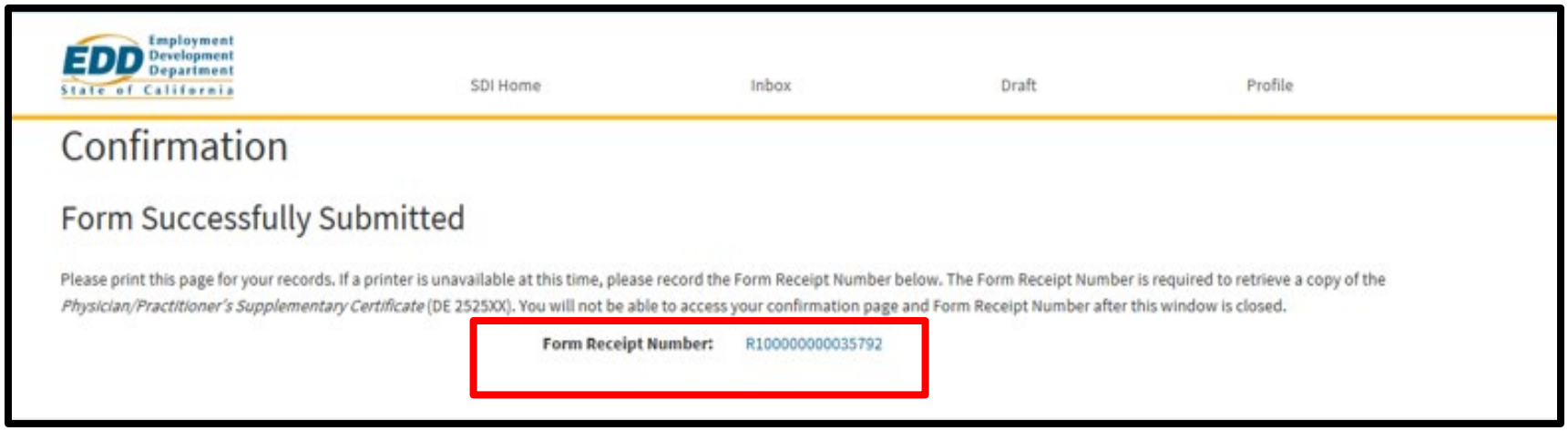
- Select the patient's treatment address from the Action column.
- If the patient was treated at an address other than those listed, select **Not Found**.



Select the check box in Section 5 – Certification.

Note: You cannot modify the form after you select Submit.

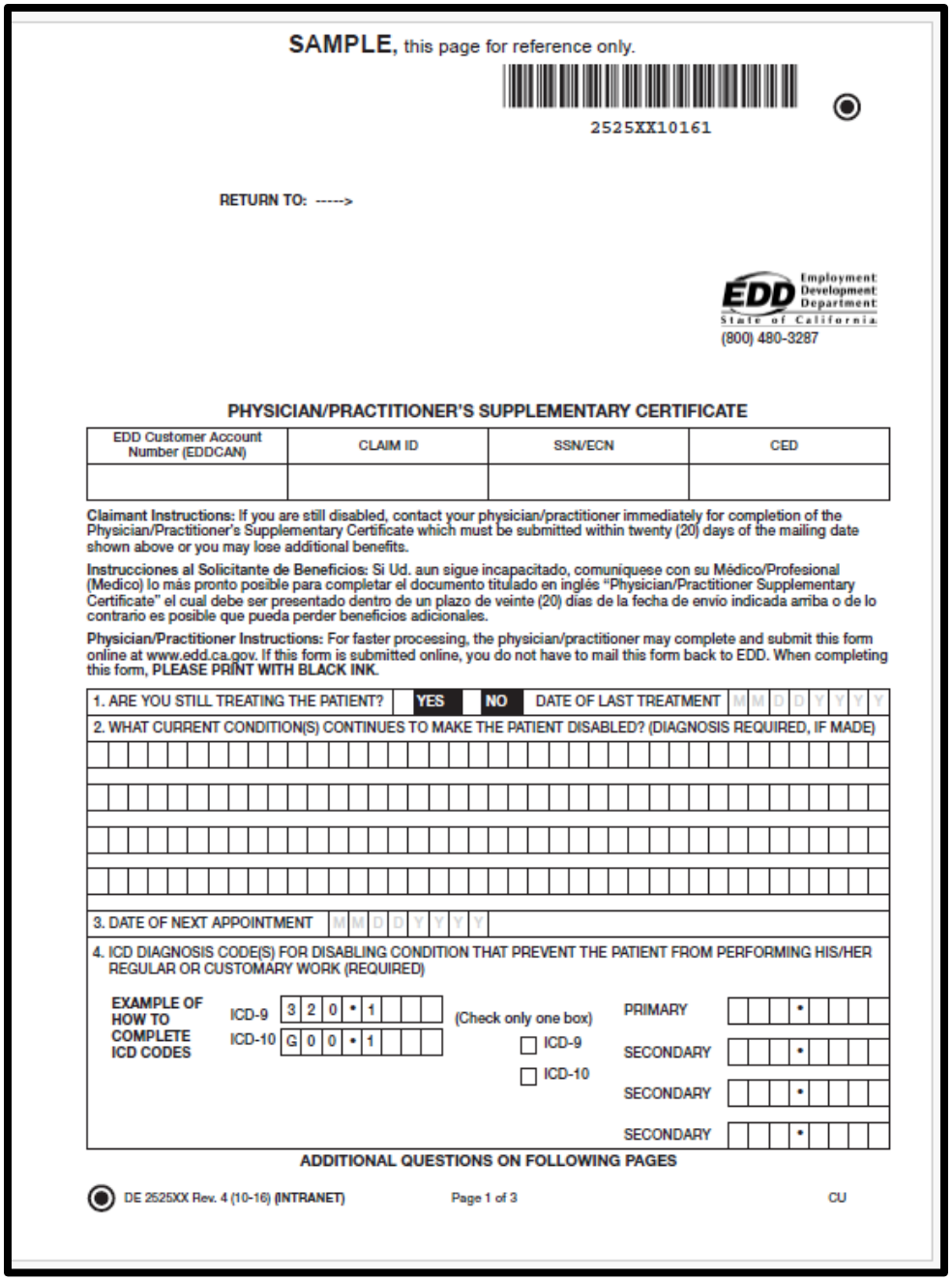
Select **Submit** to complete your form.



On the Confirmation screen:

- Save the Form Receipt Number for your records. Your patient can request this number to prove the medical certificate was sent to us.
- Select the **Form Receipt Number** link to open a PDF printer-friendly version of the information you sent.

You have now completed the *Physician/Practitioner's Supplementary Certificate* (DE 2525XX) to extend your patient's disability benefits. Allow up to 10 days for the EDD to process this form.



SAMPLE, this page for reference only.

2525XX10161

RETURN TO: ----->

Employment Development Department
State of California
(800) 480-3287

PHYSICIAN/PRACTITIONER'S SUPPLEMENTARY CERTIFICATE

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED

Claimant Instructions: If you are still disabled, contact your physician/practitioner immediately for completion of the Physician/Practitioner's Supplementary Certificate which must be submitted within twenty (20) days of the mailing date shown above or you may lose additional benefits.

Instrucciones al Solicitante de Beneficios: Si Ud. aun sigue incapacitado, comuniquese con su Médico/Profesional (Medico) lo más pronto posible para completar el documento titulado en inglés "Physician/Practitioner Supplementary Certificate" el cual debe ser presentado dentro de un plazo de veinte (20) dias de la fecha de envio indicada arriba o de lo contrario es posible que pueda perder beneficios adicionales.

Physician/Practitioner Instructions: For faster processing, the physician/practitioner may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to EDD. When completing this form, **PLEASE PRINT WITH BLACK INK.**

1. ARE YOU STILL TREATING THE PATIENT? **YES** **NO** DATE OF LAST TREATMENT M M D D Y Y Y Y

2. WHAT CURRENT CONDITION(S) CONTINUES TO MAKE THE PATIENT DISABLED? (DIAGNOSIS REQUIRED, IF MADE)

3. DATE OF NEXT APPOINTMENT M M D D Y Y Y Y

4. ICD DIAGNOSIS CODE(S) FOR DISABLING CONDITION THAT PREVENT THE PATIENT FROM PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK (REQUIRED)

EXAMPLE OF HOW TO COMPLETE ICD CODES
ICD-9 3 2 0 • 1
ICD-10 G 0 0 • 1

(Check only one box)
☐ ICD-9
☐ ICD-10

PRIMARY
SECONDARY
SECONDARY
SECONDARY

ADDITIONAL QUESTIONS ON FOLLOWING PAGES

DE 2525XX Rev. 4 (10-16) **(INTRANET)** Page 1 of 3 CU

If you complete a paper *Physician/Practitioner's Supplementary Certificate* (DE 2525XX) to extend your patient's disability benefits. Allow up to 10 days for the EDD to process this form.

Important!
Do not add unnecessary attachments to the form. It causes a delay for your patient due to extra manual processing needed.

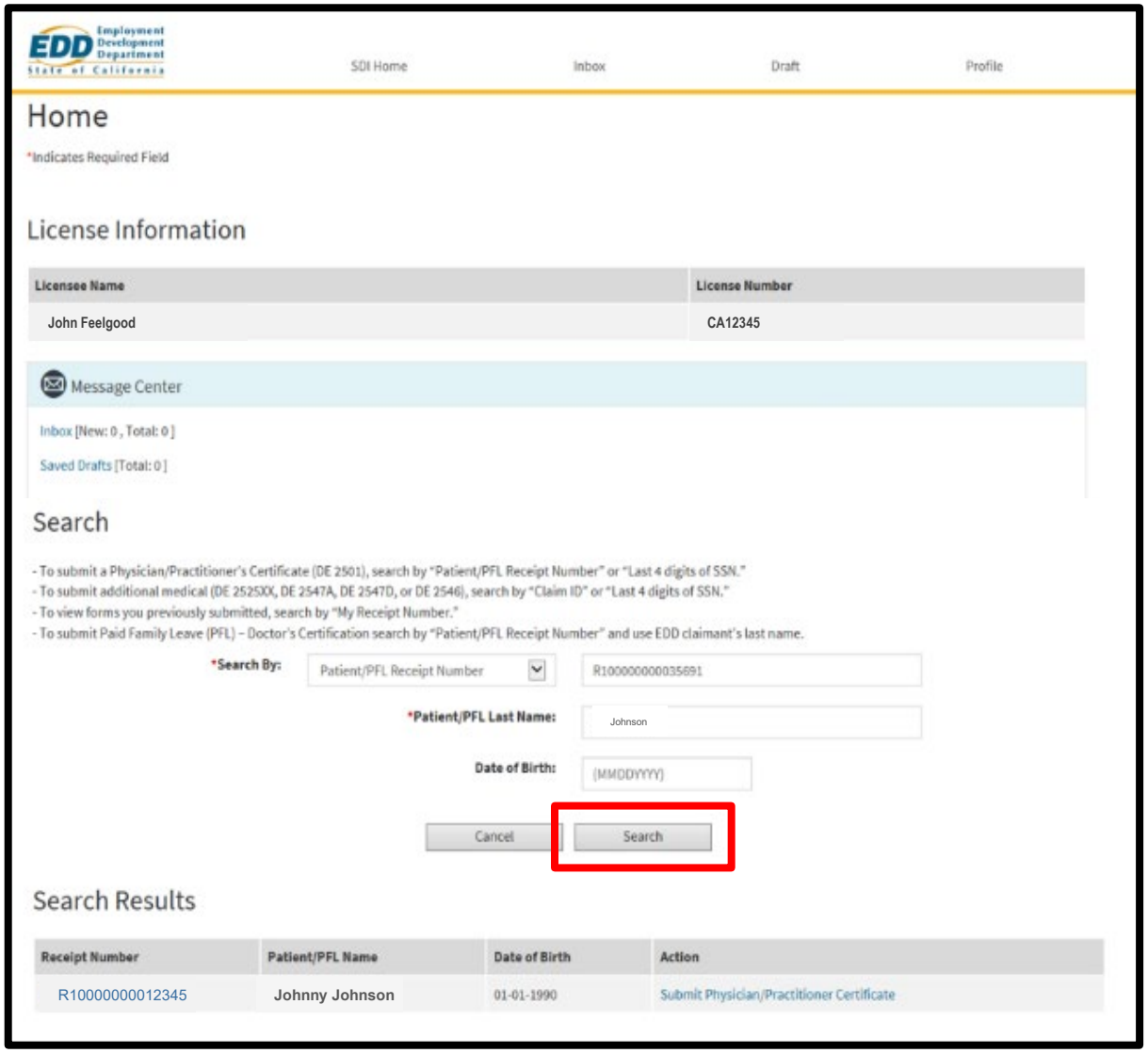
Write all information directly on the form if possible. Questions 5 and 6 provide the most space for explanations such as work status.

A "Late Good Cause" letter from your or your patient is an exception and should be sent if needed.

Submit an *Application for Paid Family Leave Benefits* (DE 2501F) – Part D

Learn how to submit the DE 2501F Part D – Physician/Practitioner's Certification for a Care claim.

Get Started



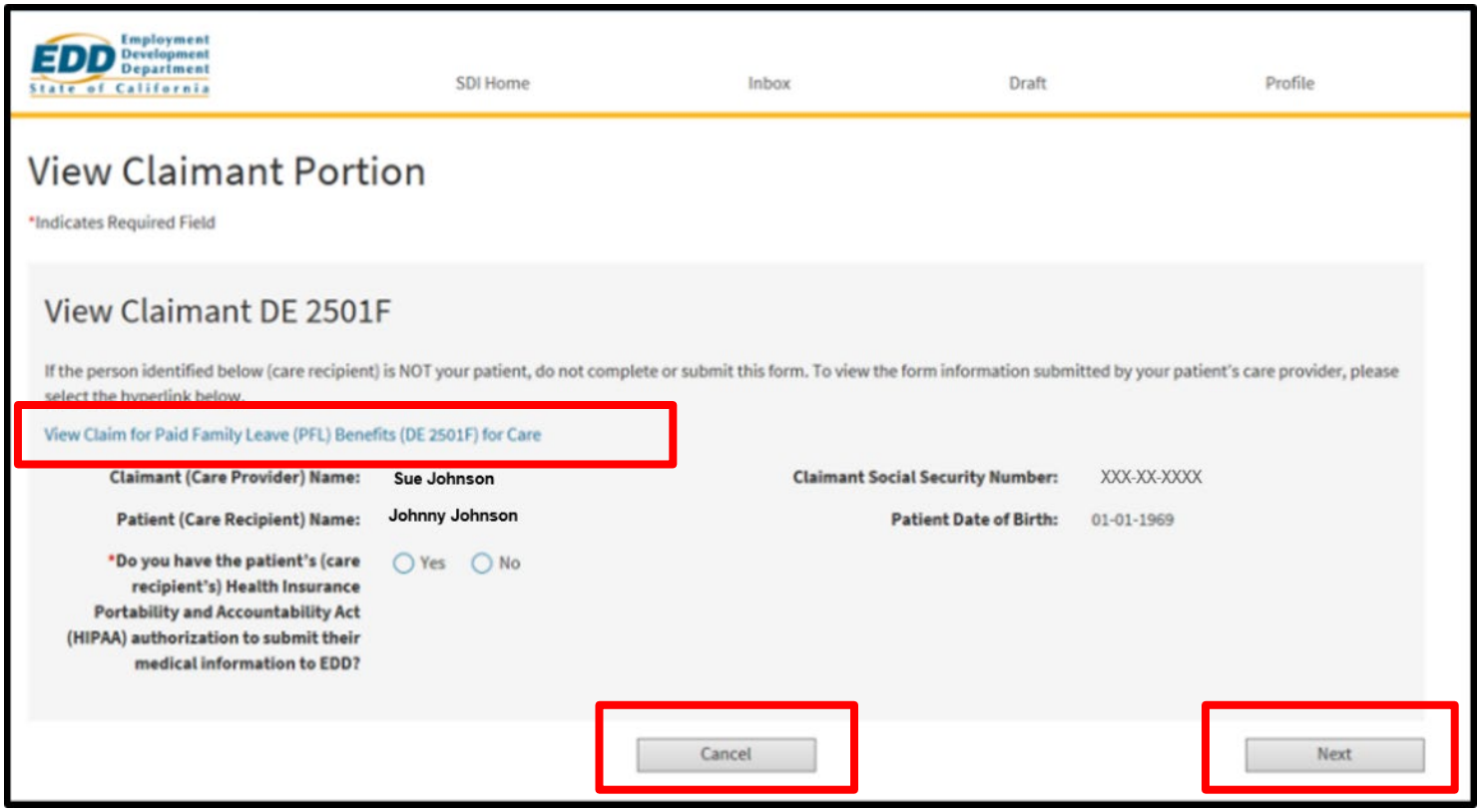
From your homepage, use the Search section to look up Part D - Physician/Practitioner's Certification of the DE 2510F form.

Search by:

- The **Patient/PFL Receipt Number**.
- Enter the Receipt Number (provided by the individual filing for benefits) and their last name.
- Select **Search**.

Note

To submit Part D of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) online, your patient's caregiver must have submitted Part A of the DE 2501F online.

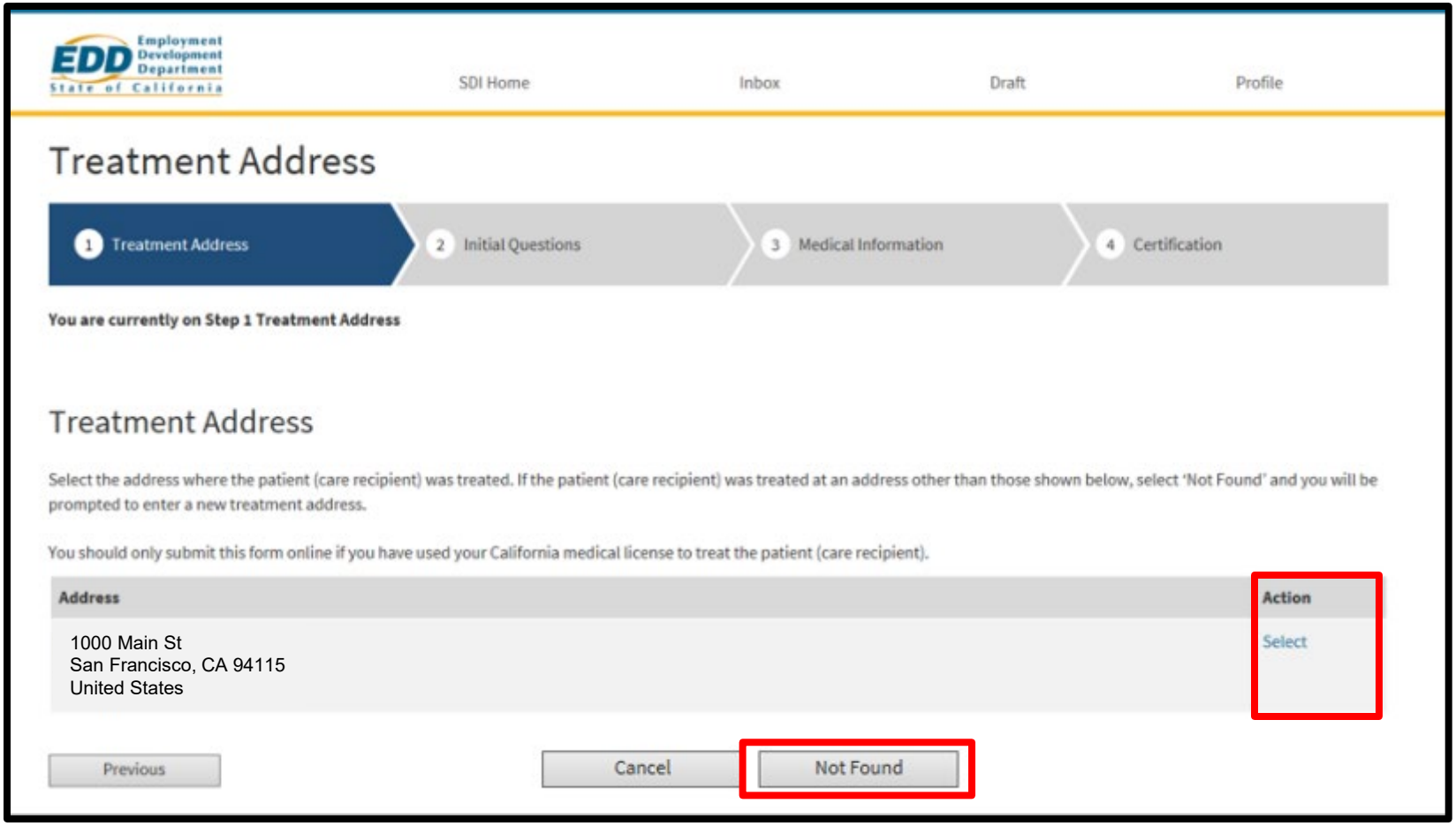


Note

Select **Cancel** at any time to cancel the claim and return to your homepage.

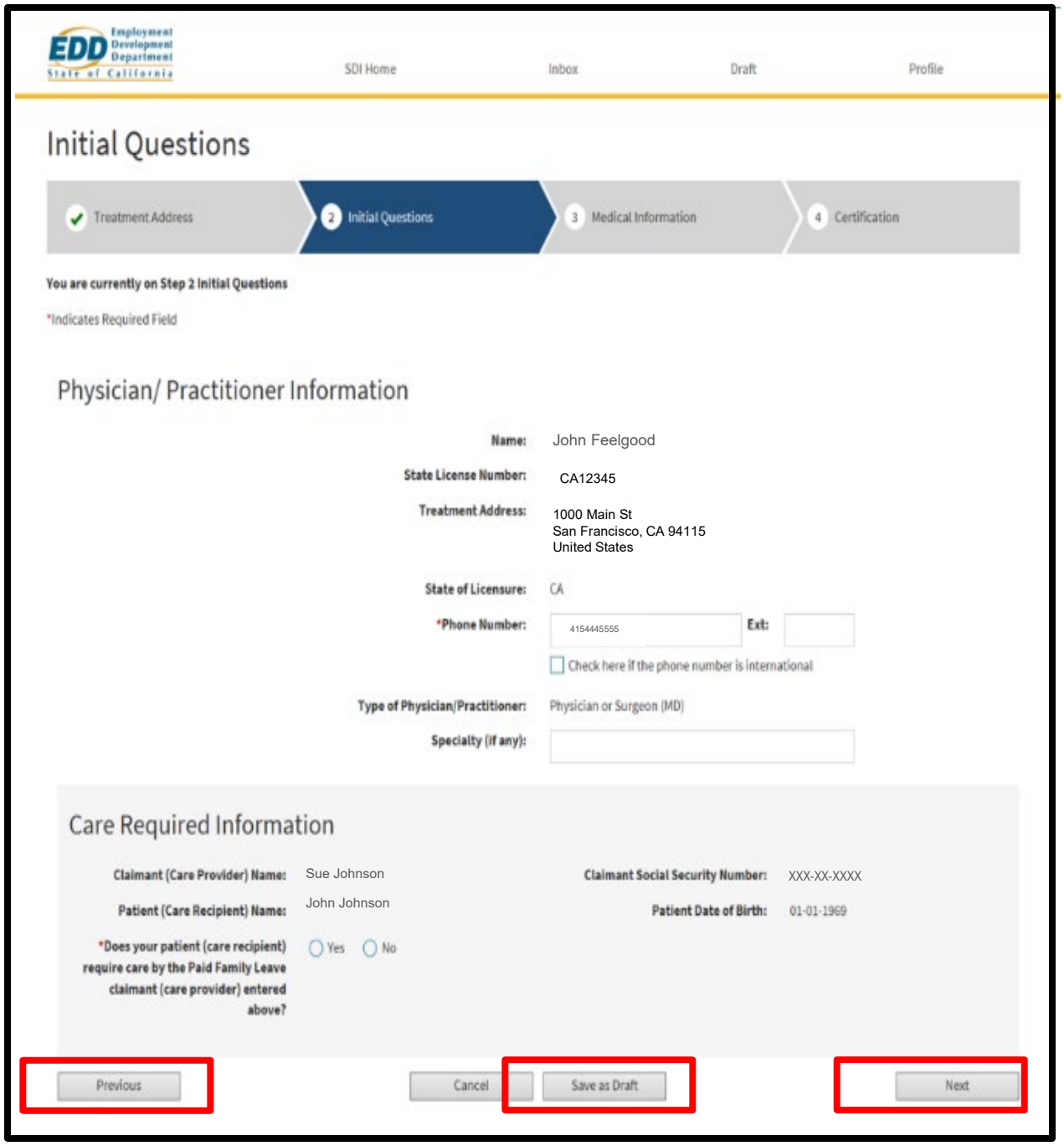
In the View Claimant DE 2501F section:

- Select the **View Claim for Paid Family Leave (PFL) Benefits (DE 2501F) for Care** link to review the claimant's section of the form.
- Select **Next** to complete the certificate.



On the Treatment Address screen:

- Select your patient's treatment address from the Action column.
- If the patient was treated at an address other than those listed, select **Not Found.**



The SDI Online system automatically populates certain sections of the application.

Complete the Physician/Practitioner Information section.

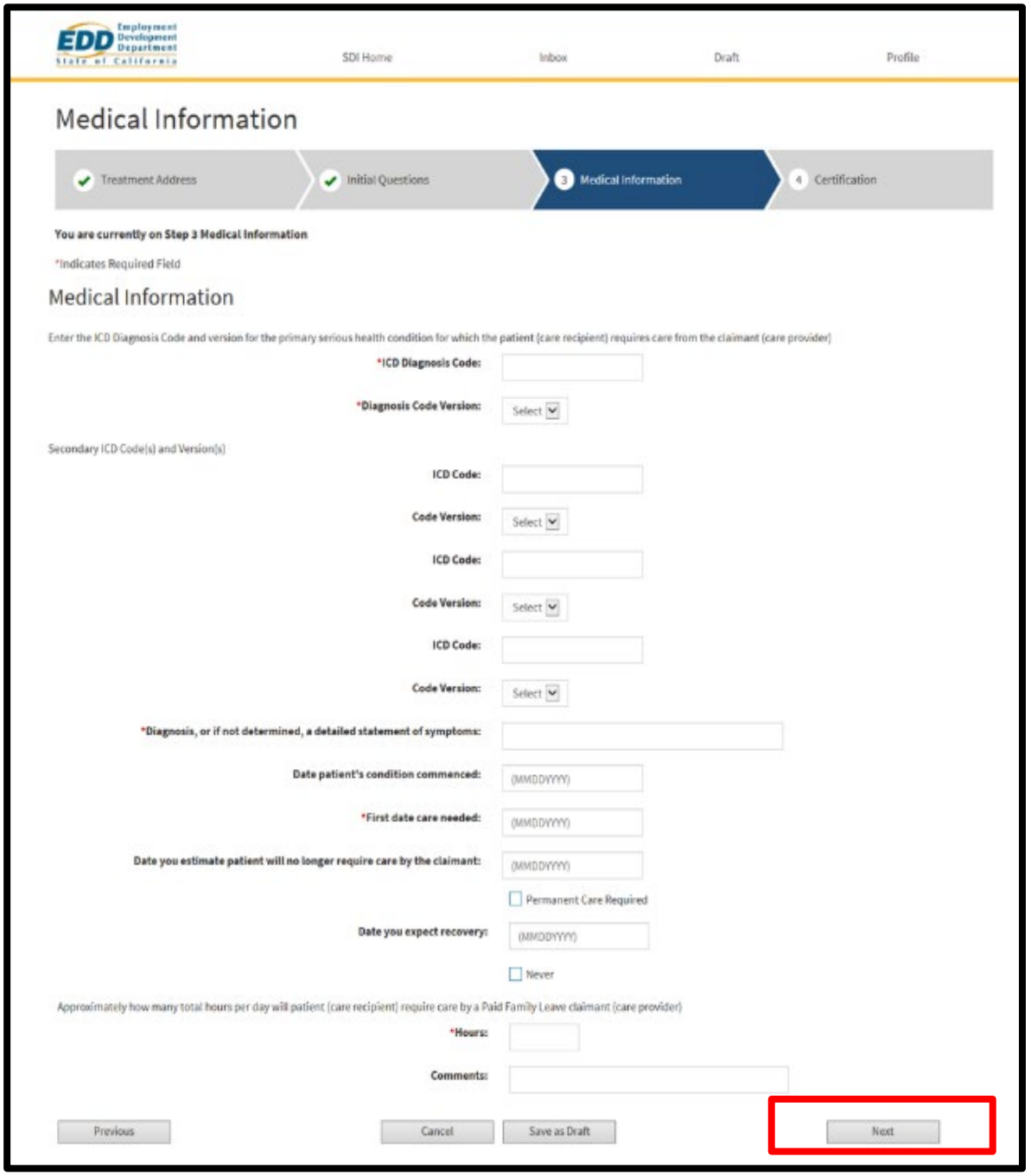
You must complete the fields marked with a red asterisk (*).

Select **Next** to proceed.

Note

Select **Save as Draft** at any time to complete the form later.

Select **Previous** to return to the previous screen.



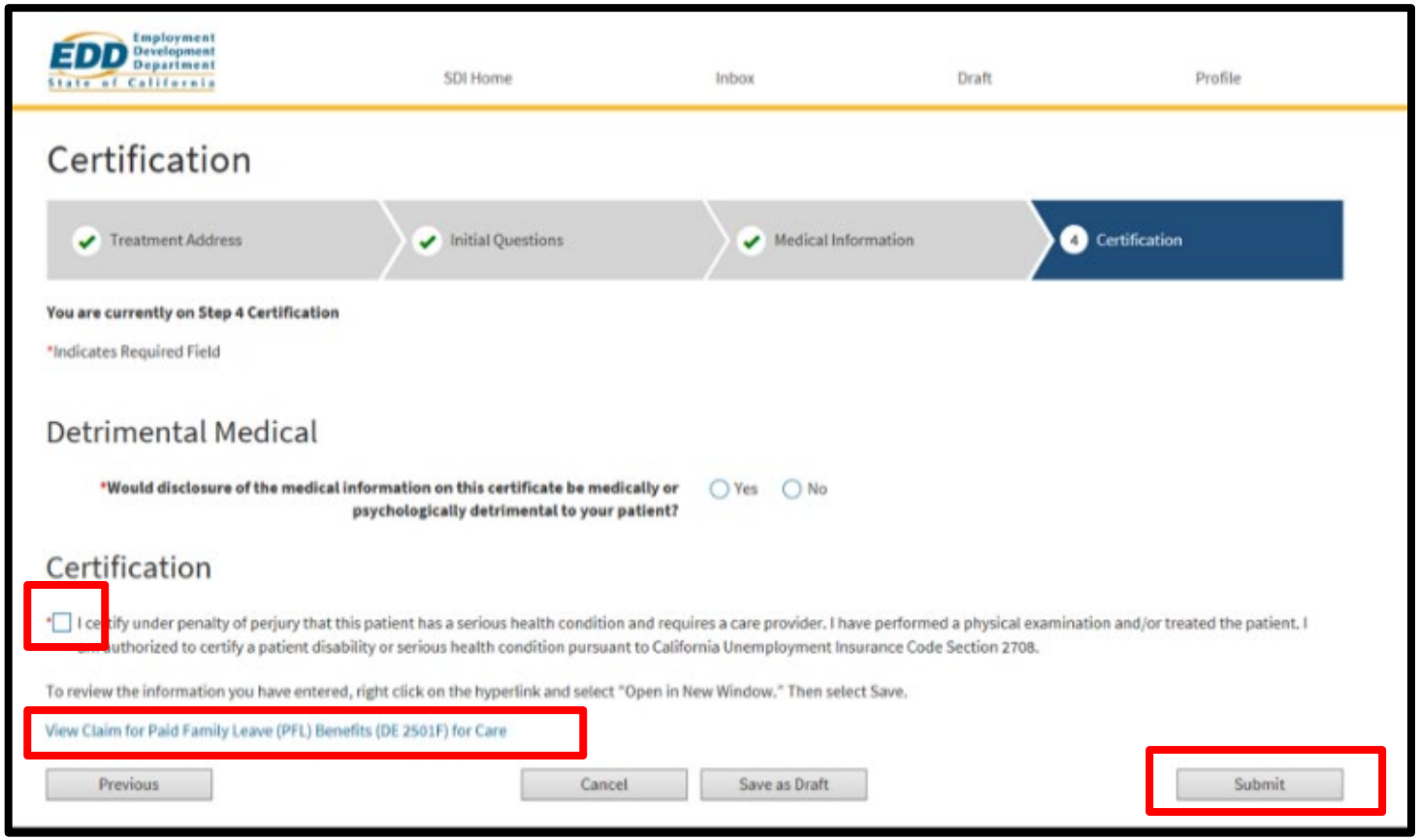
Complete the Medical Information section.

You must provide the following information:

- Valid ICD codes.
- Diagnosis or detailed list of symptoms.
- First date care is needed.
- Estimated date care is no longer needed.
- Hours your patient will require care each day.

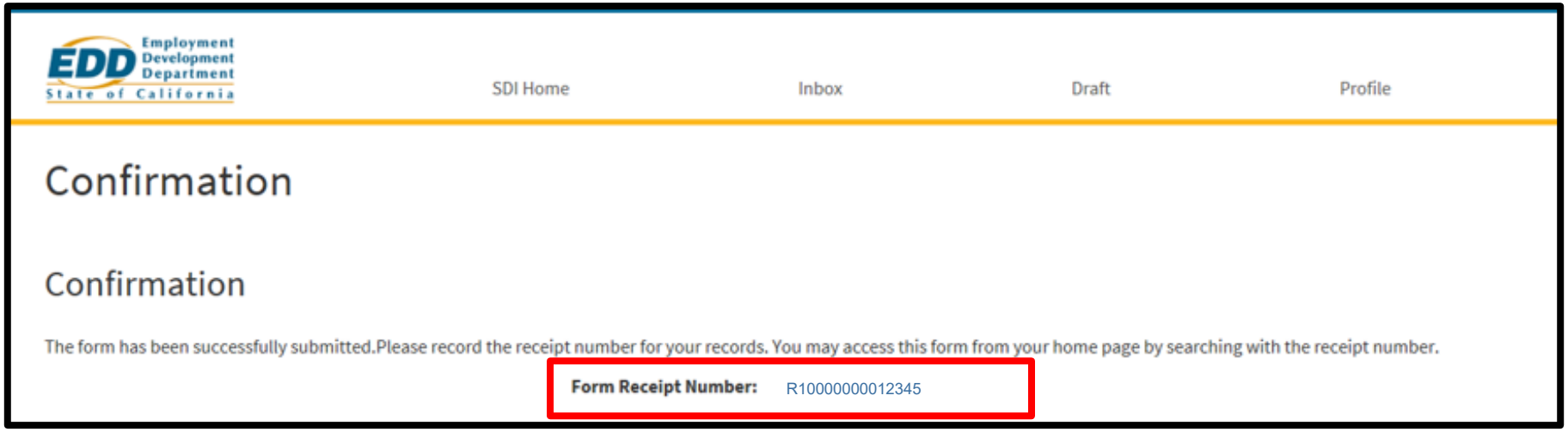
You must complete the fields marked with a red asterisk (*).

Select **Next**.



In the Certification section:

- Select the check box to confirm the information you entered.
- Select **View *Claim for Paid Family Leave (PFL) Benefits*** **(DE 2501F) for Care** to review the information you entered.
- **Note:** You cannot modify the form after you select Submit.
- Select **Submit**.



On the Confirmation screen:

- Save the Form Receipt Number for your records. The individual filing for benefits can request this number to prove the medical certificate was submitted to us.
- Select the **Form Receipt Number** link to open a PDF printer-friendly version of the information you submitted.

You have now completed Part D - Physician/Practitioner's Certificate of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) for the caregiver's Paid Family Leave care claim. Allow up to 14 days to process this form.

Complete Paper Applications

Learn how to help your patients complete and submit a paper claim application for disability or family leave care benefits.

Get Started

Common situations that require you or your patient to apply using a paper form:

Patients/Claimants:

- Who are undocumented workers
- Without a valid California Driver's license or California identification card
- Whose name exceeds the SDI Online character limitation

Health Professionals:

- Licensed out of state
- Licensed out of country
- Working in facilities
- Who are religious practitioners
- Whose name exceeds the SDI Online character limitation

We recommend that you complete a paper *Application for Disability Insurance (DI) Benefits* (DE 2501), **Part B** form when your patient applies by paper form. Submitting all forms together helps prevent errors and reduces processing time.

To avoid processing delays when completing a paper application:

Do

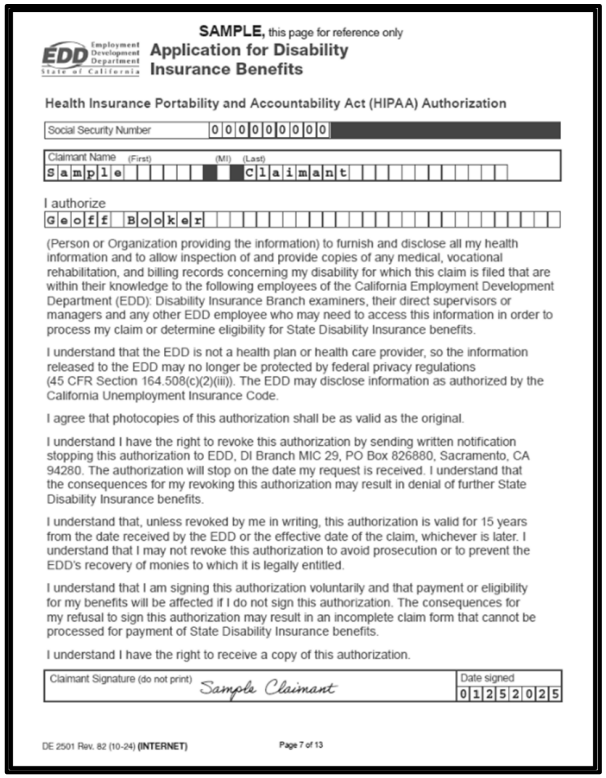
- Use black ink only.
- Type or write clearly **within** the boxes provided.
- Mail the completed form in the pre-addressed envelope provided.

Don't

- Do not send photocopied or faxed applications.
- Do not mail the paper application if you previously submitted it online.

For detailed instructions to help your patients to complete paper applications, use these tutorials:

- *Claimant: File Your Disability Claim Paper Application* (PDF)
- *Claimant Paid Family Leave: All Users File Your Paid Family Leave Application by Mail* (PDF)



SAMPLE, this page for reference only

EDD Employment Development Department State of California

Application for Disability Insurance Benefits

Health Insurance Portability and Accountability Act (HIPAA) Authorization

Social Security Number: 000000000

Claimant Name (First) (MI) (Last): Sample Claimant

I authorize: Geoff Bookerr

(Person or Organization providing the information) to furnish and disclose all my health information and to allow inspection of and provide copies of any medical, vocational rehabilitation, and billing records concerning my disability for which this claim is filed that are within their knowledge to the following employees of the California Employment Development Department (EDD): Disability Insurance Branch examiners, their direct supervisors or managers and any other EDD employee who may need to access this information in order to process my claim or determine eligibility for State Disability Insurance benefits.

I understand that the EDD is not a health plan or health care provider, so the information released to the EDD may no longer be protected by federal privacy regulations (45 CFR Section 164.508(c)(2)(iii)). The EDD may disclose information as authorized by the California Unemployment Insurance Code.

I agree that photocopies of this authorization shall be as valid as the original.

I understand I have the right to revoke this authorization by sending written notification stopping this authorization to EDD, DI Branch MIC 29, PO Box 826880, Sacramento, CA 94280. The authorization will stop on the date my request is received. I understand that the consequences for my revoking this authorization may result in denial of further State Disability Insurance benefits.

I understand that, unless revoked by me in writing, this authorization is valid for 15 years from the date received by the EDD or the effective date of the claim, whichever is later. I understand that I may not revoke this authorization to avoid prosecution or to prevent the EDD's recovery of monies to which it is legally entitled.

I understand that I am signing this authorization voluntarily and that payment or eligibility for my benefits will be affected if I do not sign this authorization. The consequences for my refusal to sign this authorization may result in an incomplete claim form that cannot be processed for payment of State Disability Insurance benefits.

I understand I have the right to receive a copy of this authorization.

Claimant Signature (do not print): Sample Claimant — Date signed: 01252025

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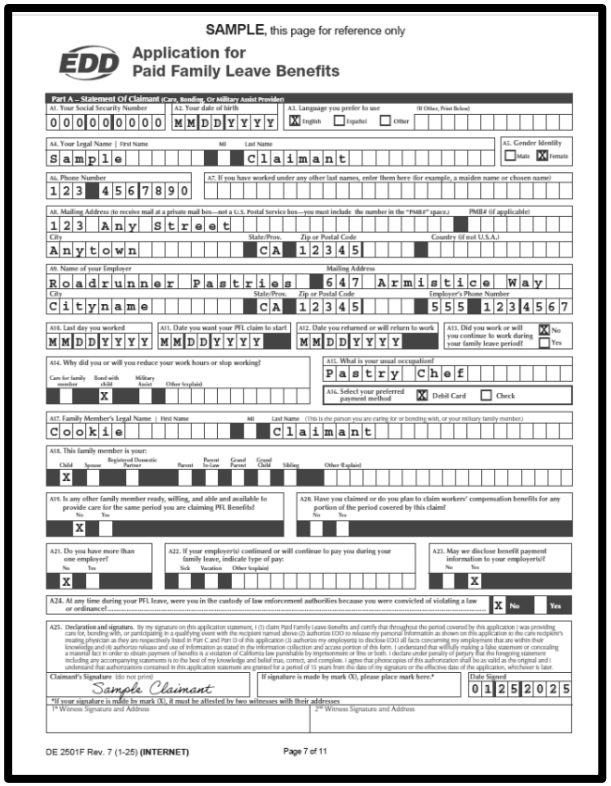

SAMPLE, this page for reference only

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 — 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 or 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? Care for family member: X — 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: Child: X — 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: — Yes: X

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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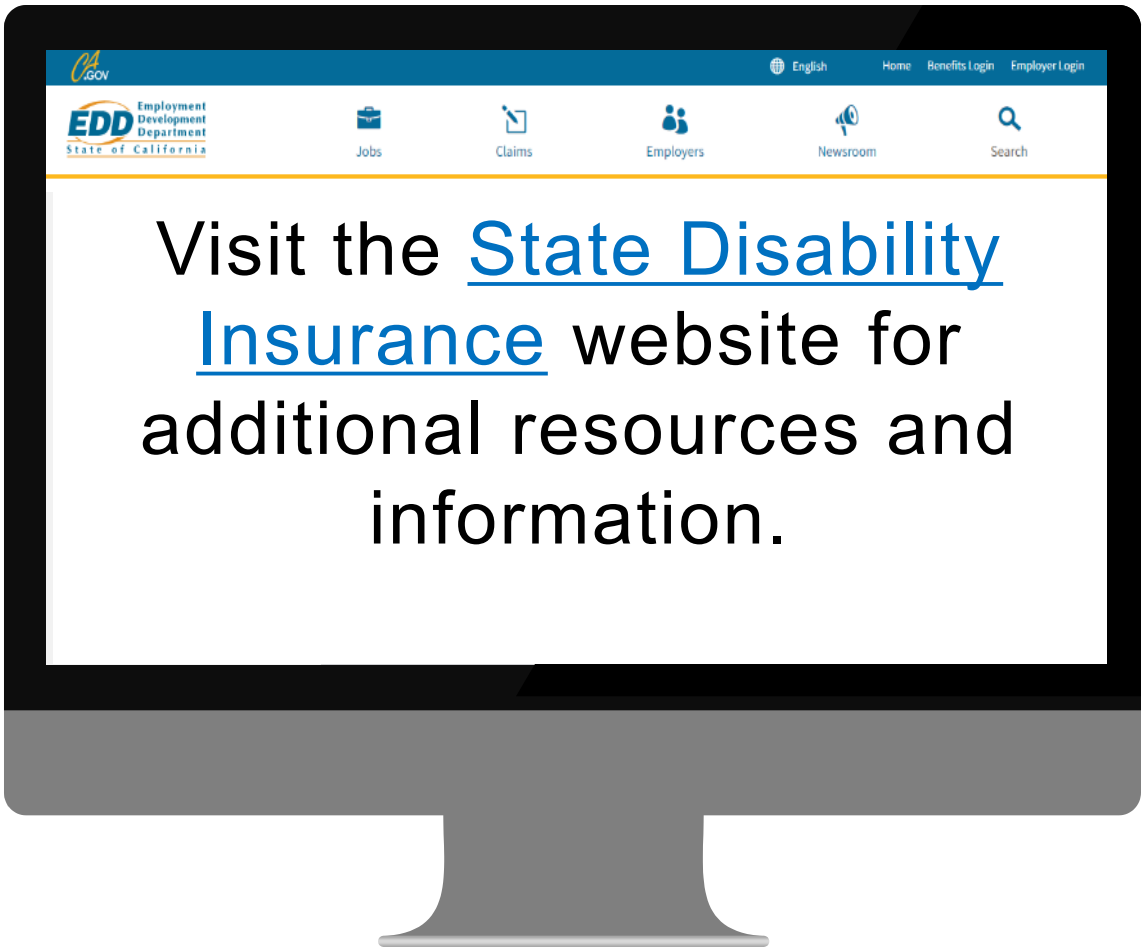

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and alternate formats need to be made by calling 1-866-490-8879 (voice), or through the California Relay Service at 711.