



SDI ONLINE TUTORIAL Employer Registration, Online Access, and Forms Submission

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Create Your myEDD Account

Learn more about 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, skip to [Register as an Employer in SDI Online](#).

Create Your myEDD Account

1. Visit [myEDD](#) to create your account.
2. Select **Create Account**. For screens in Spanish, select **Español**.
3. Enter the 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**.

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 select to get 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 message lets 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 notices. Paid Family Leave notices can only be completed by paper.



Register as an Employer in SDI Online

Learn more about how individuals representing
their employer can register in SDI Online.



Get Started

What is needed to create an employer SDI Online account?

- The employer must register in California and file quarterly payroll taxes at least once with the EDD.
- To establish an account, an employer's entries in SDI Online must match our payroll tax records.
- You must enter the:
 - EDD Employer Account Number (EAN).
 - ZIP Code as reported to us.
 - Total subject wages from the most recent *Quarterly Contribution Return and Report of Wages* (DE 9C).

To confirm this information, contact the Taxpayer Assistance Line at 1-888-745-3886. For help with SDI Online, call us at 1-855-342-3645.



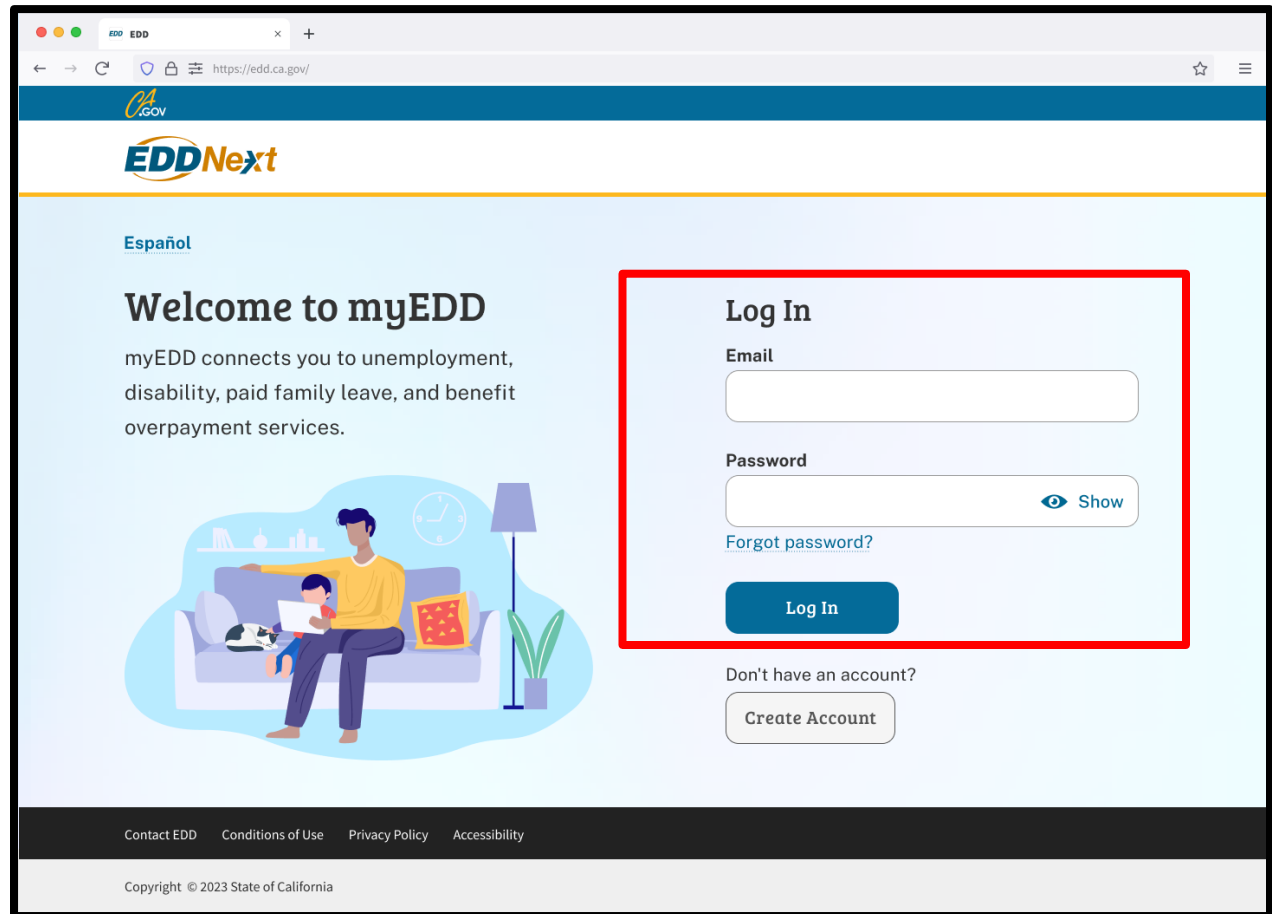
Step 1: Log in

Once you've created your myEDD account, log in to access SDI Online and update your email, password, security question, or verification option:

1. Visit [myEDD](https://edd.ca.gov/).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.

Note

For Spanish, select **Español**.



The screenshot shows the myEDD login page in a web browser. The page has a blue header with the 'CA.GOV' logo and 'EDDNext' branding. Below the header, there is a 'Español' link. The main content area features a 'Welcome to myEDD' message and an illustration of a person sitting on a couch. On the right side, there is a 'Log In' section highlighted with a red border. This section contains an 'Email' input field, a 'Password' input field with a 'Show' button, a 'Forgot password?' link, and a 'Log In' button. Below the 'Log In' button, there is a 'Don't have an account?' link and a 'Create Account' button. The footer of the page includes links for 'Contact EDD', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for 2023 State of California.

EDD EDD

https://edd.ca.gov/

CA.GOV

EDDNext

Español

Welcome to myEDD

myEDD connects you to unemployment, disability, paid family leave, and benefit overpayment services.

Log In

Email

Password

Show

Forgot password?

Log In

Don't have an account?

Create Account

Contact EDD Conditions of Use Privacy Policy Accessibility

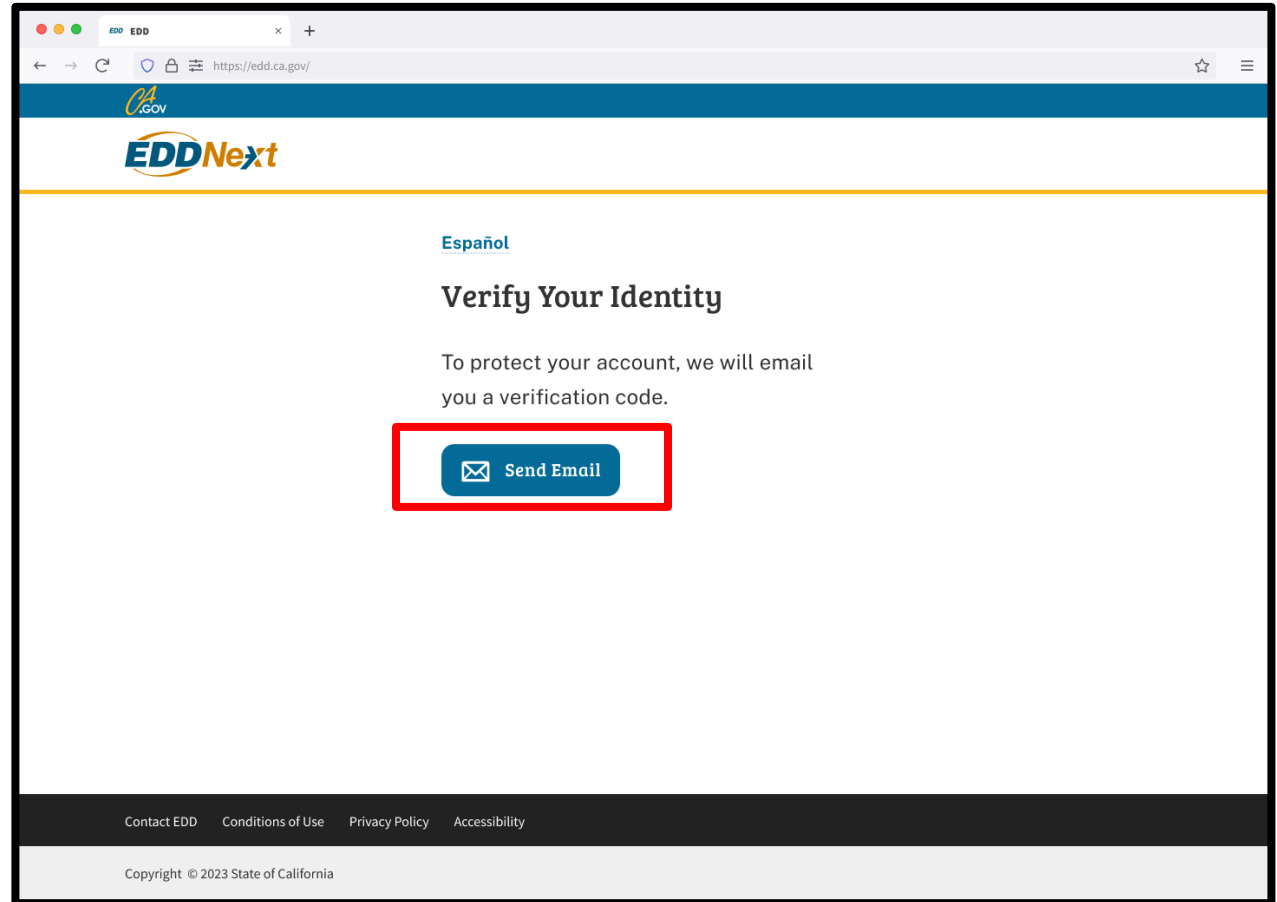
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Step 2: Verify Your Identity

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**.

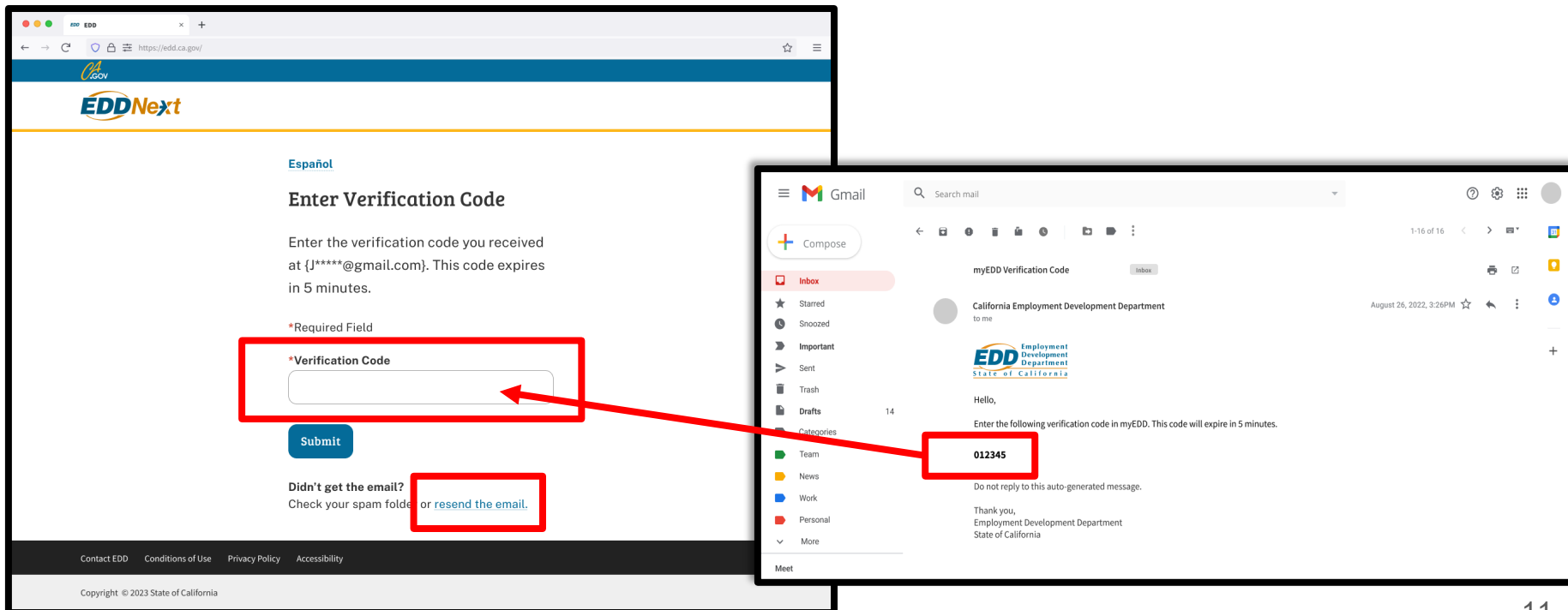
If you set up your login verification option as text message or phone call, follow the instructions based on that option.



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.

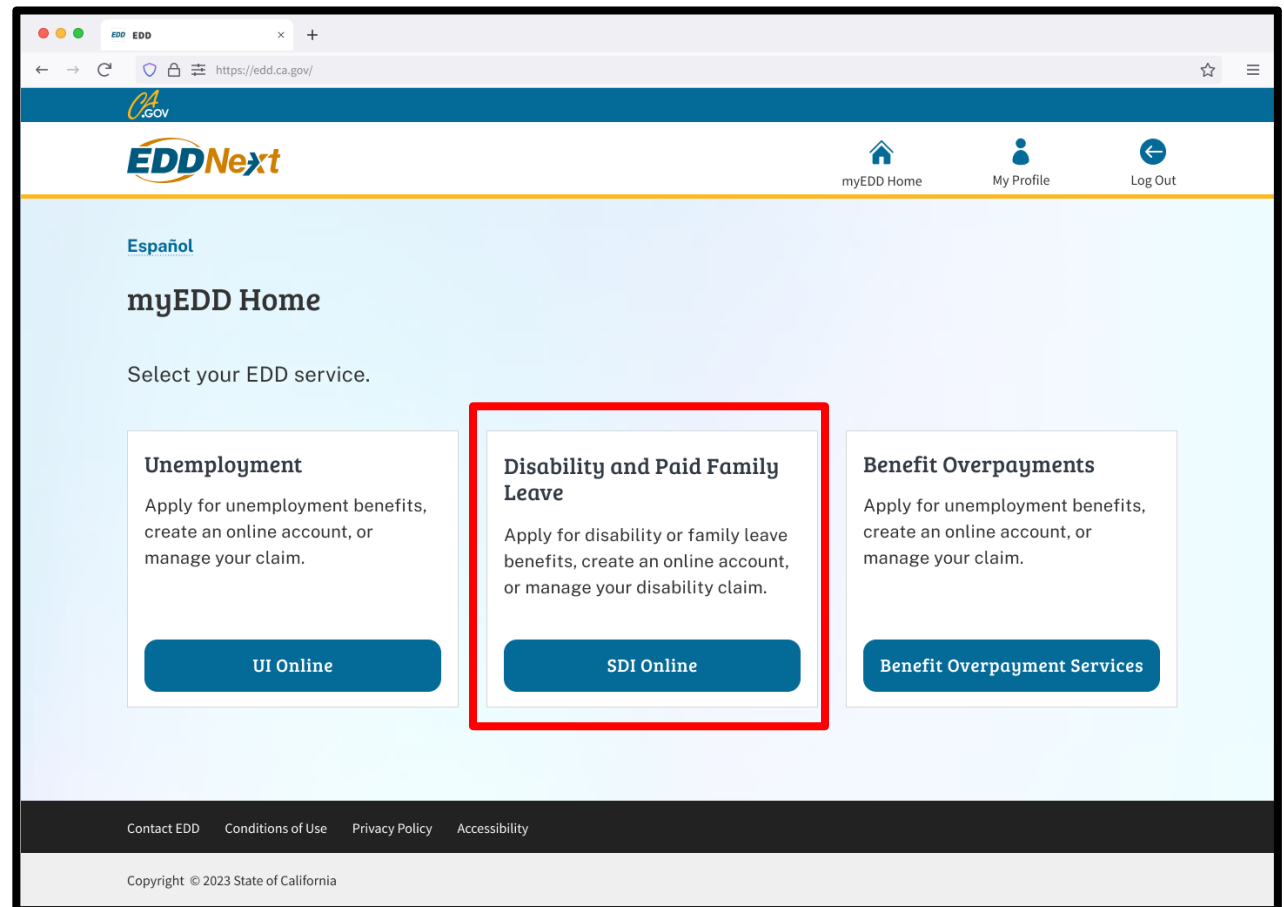


Step 4: Select SDI Online

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.

Select **Create Employer Profile**.

The screenshot shows the 'Create Your SDI Online Profile' page from the EDD State of California website. The page has a blue header with the EDD logo and navigation links: 'SDI Online Home', 'myEDD', 'Utilities', 'Help', and 'Log Out'. The main content area is divided into four sections: 'Claimants', 'Employers', 'Physician/Practitioners', and 'Voluntary Plan'. The 'Employers' section is highlighted with a red rectangular box. Inside this box, there is a red arrow pointing to the 'Create Employer Profile' button. The 'Claimants' section includes a 'Create Claimant Profile' button. The 'Physician/Practitioners' section includes 'Create Physician/Practitioner Profile' and 'Create Representative Profile' buttons. The 'Voluntary Plan' section contains links for requesting a registration form and managing a voluntary plan.

Create Your SDI Online Profile

Claimants
Apply for disability or Paid Family Leave (PFL) or manage your claim.
You will need your:
• Social Security number
• California driver's license or ID card
If you do not have a driver's license or ID card, you must [apply for disability](#) or [PEL by mail](#).
[Create Claimant Profile](#)

Employers
Respond to notices about claims filed by your employees.
You will need the Quarterly Contribution Return and Report of Wages ([DE 9C](#)) for:
• Employer Account Number (EAN) or payroll tax account number
• Employer ZIP Code
• Grand Total subject wages (L)
[Create Employer Profile](#)

Physician/Practitioners
Complete medical certifications for disability and Paid Family Leave claims as a licensed physician/practitioner or their representative.
You will need:
• The physician/practitioner's medical license
• Your California driver's license or ID card
[Create Physician/Practitioner Profile](#)
[Create Representative Profile](#)

Voluntary Plan
If you represent an employer with a Voluntary Plan, [send a request via email for a Voluntary Plan SDI Online registration form](#).
For more information, visit [Manage Your Voluntary Plan](#).

Step 6: Terms and Conditions

Review the terms and conditions and select **I Agree**.

Important

Selecting **I Do Not Agree** prevents an account from being created.

Employer: Terms and Conditions

Terms and Conditions

Please read through the entire Terms and Conditions before proceeding. The information you provide may be used to verify your identity with federal and/or state agencies. If “I Do Not Agree” is selected, you will not be able to establish an online account.

These Terms and Conditions, which include the Conditions of Use and Privacy Statements, govern the use of and access to: (i) this website (www.edd.ca.gov/); and (ii) the information on or provided through this website.

If you establish an online account you are responsible for maintaining the confidentiality of your username and password, and you are responsible for all activities which you authorize under your username and password. You agree to: (i) immediately notify the Employment Development Department (EDD) of any unauthorized use of your username and password or any other breach of security; and (ii) log out from your account at the end of each session.

By registering for an online account, you agree to check your account regularly and frequently for messages from the EDD. Please note that e-mails will only be used to send notifications to log in to your account or when you request to reset your username or password. No confidential claim information will be sent via e-mail.

The information submitted by any party will be used by the Employment Development Department to carry out its responsibilities under the California Unemployment Insurance Code, which may include the sharing of the information with other entities as required by law.

These Terms and Conditions may change from time to time and it is your responsibility to check for updates. The last revision date for these Terms and Conditions is February 1, 2012.

I have read and understand all the above information and wish to continue with establishing an account in the State Disability Insurance (SDI) Online.

Step 7: Enter Your Information

Complete the Personal Information section and select **Next**. You must complete the fields marked with a red asterisk (*).

Note

The eight-digit Employer Account Number (EAN) is issued by the EDD. Do not enter spaces or dashes. This is not the Federal Employer Identification Number (FEIN or EIN). Total subject wages should be a number with two digits after the decimal. Do not add commas or dollar signs.

Employer: Account Verification Information

*Indicates Required Field

To register for a new SDI Online account, provide the following information.

Personal Information

Please enter your full legal name to register.

*First Name:

Middle Name:

*Last Name:

Suffix:

E-mail Address:

*Employer Account Number:

*Employer ZIP Code:

*Total Subject Wages from most recent Wage Report:

Cancel

Next

Step 8: Enter Profile Information

Enter all required information.

Pick how you want to get notifications from us and then select **Submit**.

Note

Your employees should enter the same address on their application that you list here to make sure you get notifications from us.

The screenshot shows the 'Employer: Personal Profile Information' form on the EDD website. The form includes sections for Mailing Address, Phone Number, and Communication Preferences. The 'Mailing Address' section has fields for Employer Name (Make Money Financial Group), Address Line 1, Address Line 2, City, State (CA), and ZIP Code. The 'Phone Number' section has fields for Employer Phone Number and Ext. The 'Communication Preferences' section has radio buttons for preferred notification methods. The 'Submit' button is highlighted with a red box.

CA
EDD Employment Development Department
State of California

Home Help Log Out

Online By Location By Phone

Employer: Personal Profile Information

*Indicates Required Field

Mailing Address

All written correspondence from EDD regarding this account will be sent to this address.

Employer Name: Make Money Financial Group
☒ US ☐ International

*Address Line 1:

Address Line 2:

*City:

*State: CA

*ZIP Code:

Phone Number

Employer Phone Number: Ext:
(No dashes or spaces)

☐ Check here if the phone number is international

Communication Preferences

Indicate below how you prefer to be notified.

Note: It may be necessary to send some documents via US Postal Service.

*Preferred Communication: ☒ I prefer to be notified by e-mail.
☐ I prefer to be notified by paper mail
☐ I do not want to receive notifications. I will be reviewing the items in my message center regularly

Cancel Submit

Step 9: 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 can now log in to myEDD to access your new SDI Online account.

SDI Online Account Registration Complete

Account Registration Successful

Your SDI Online account has been created and your EDD Customer Account Number is 9123456789. A notification has been sent to you via email.



Access Your SDI Online Account

Learn more about how to access your online employer account, review your messages, and update your profiles.



Get Started

EDD EDD

https://edd.ca.gov/

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EDDNext

Español

Welcome to myEDD

myEDD connects you to unemployment, disability, paid family leave, and benefit overpayment services.

Log In

Email

Password

[Forgot password?](#)

[Show](#)

Log In

Don't have an account?

Create Account

Contact EDD Conditions of Use Privacy Policy Accessibility

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Note

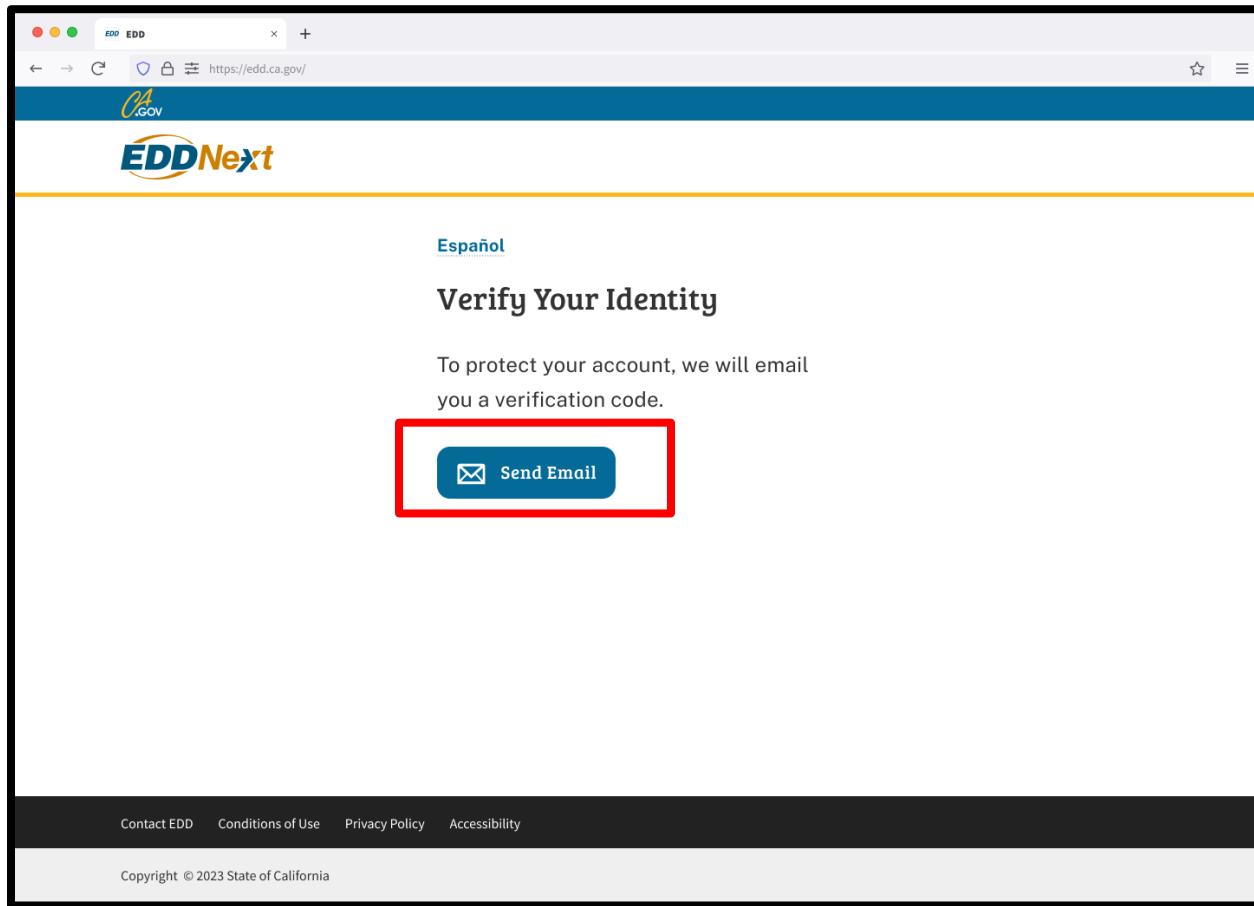
For Spanish, select **Español**.

Important

We lock your account for one hour after too many failed attempts to enter your password. You can wait one hour to try again or [reset your password](#).

Log in to myEDD to access SDI Online 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.

EDD EDD

https://edd.ca.gov/

CA.GOV

EDDNext

[Español](#)

Enter Verification Code

Enter the verification code you received at {J*****@gmail.com}. This code expires in 5 minutes.

*Required Field

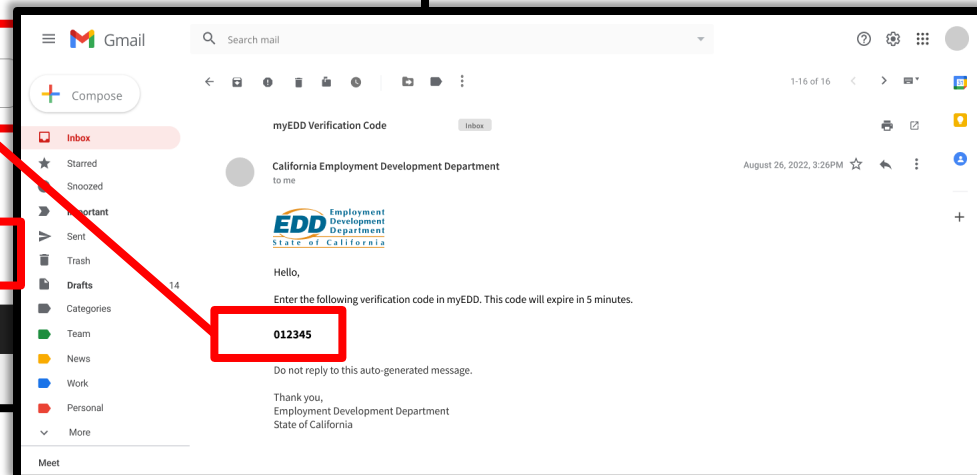
*Verification Code

Submit

Didn't get the email?
Check your spam folder or [resend the email.](#)

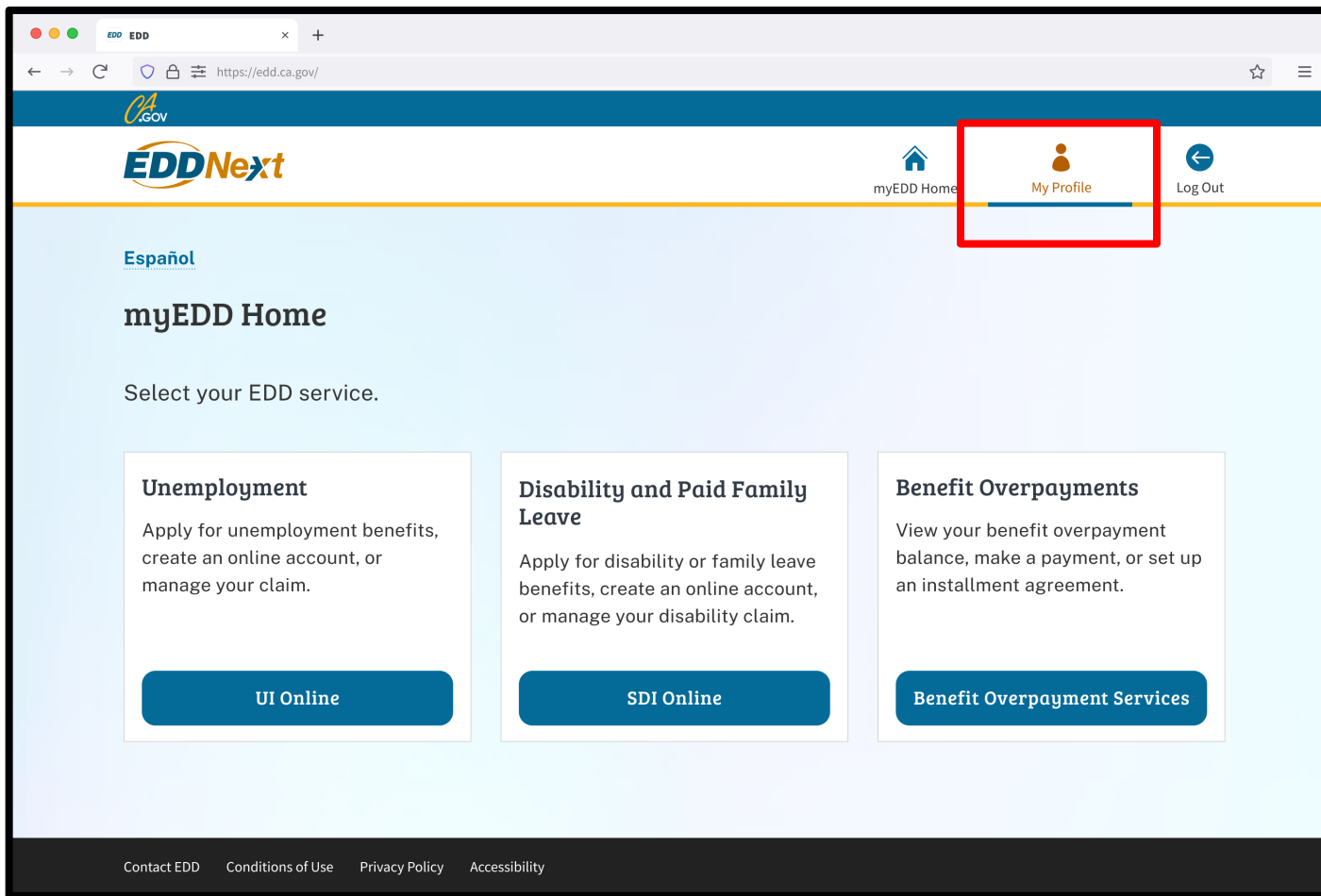
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Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email.

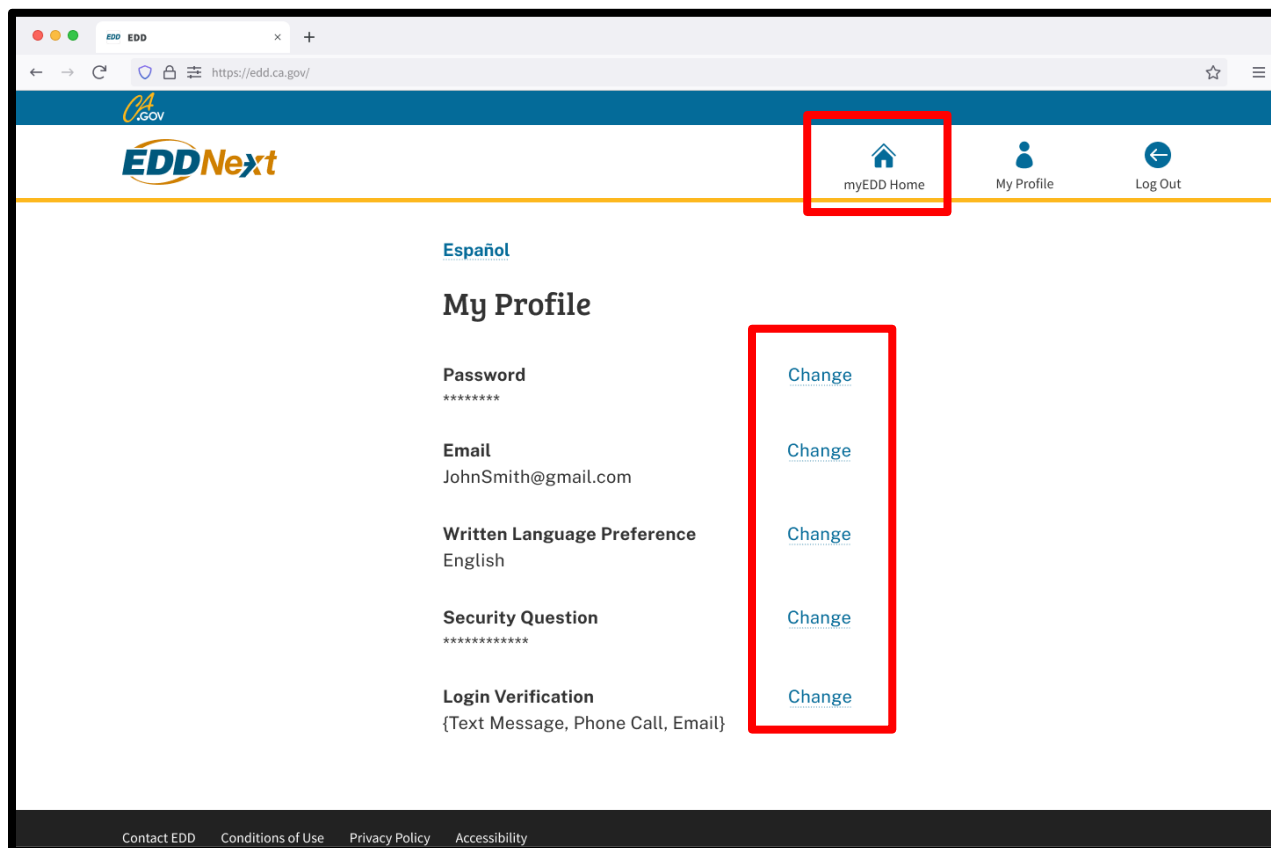
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



From the myEDD homepage, select **My Profile** to update your email, password, security question, or login verification option for your myEDD account.

Tip

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

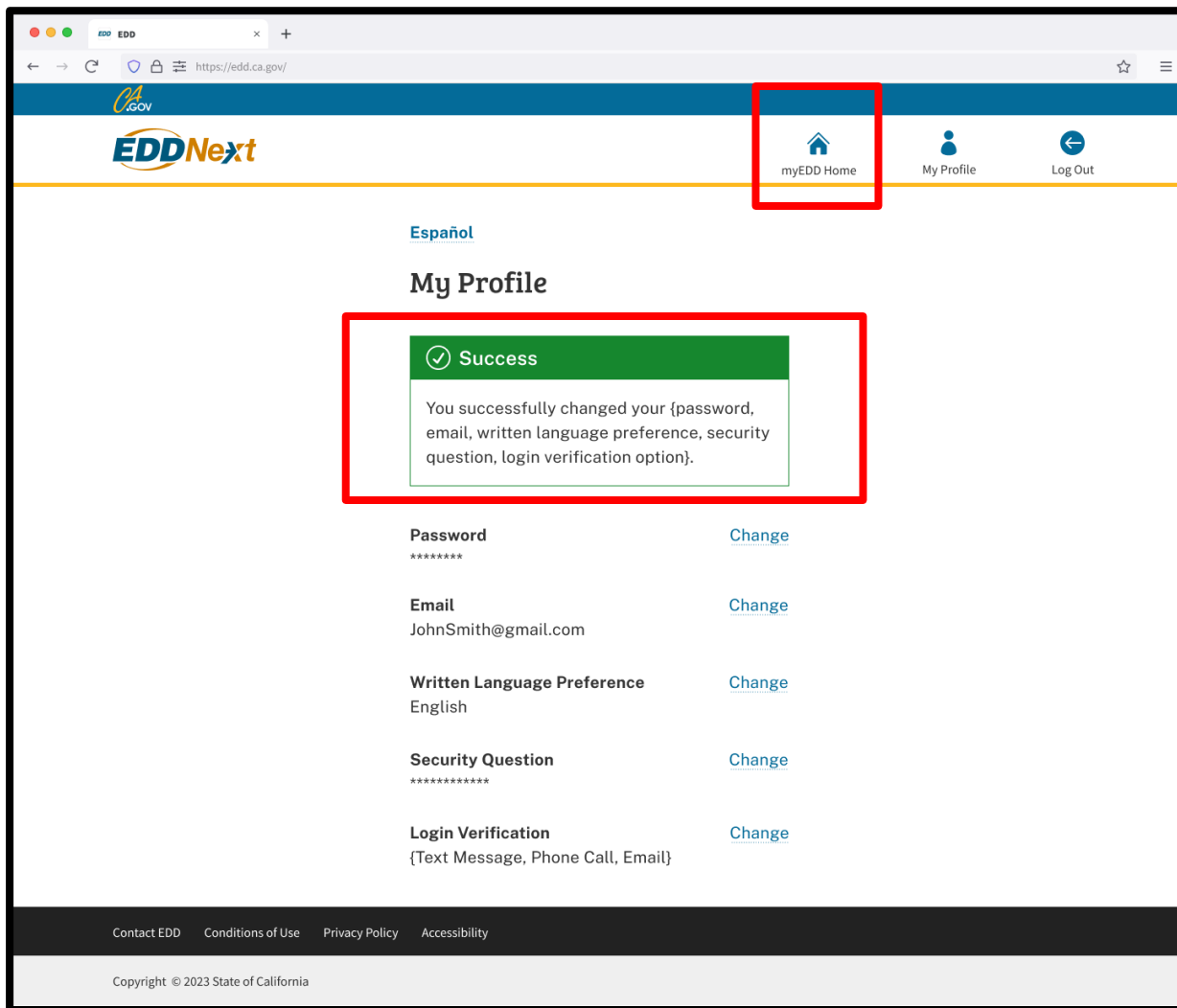


Select **Change** to update your myEDD password, email, preferred language, security question, or login verification option for your myEDD account.

Tip

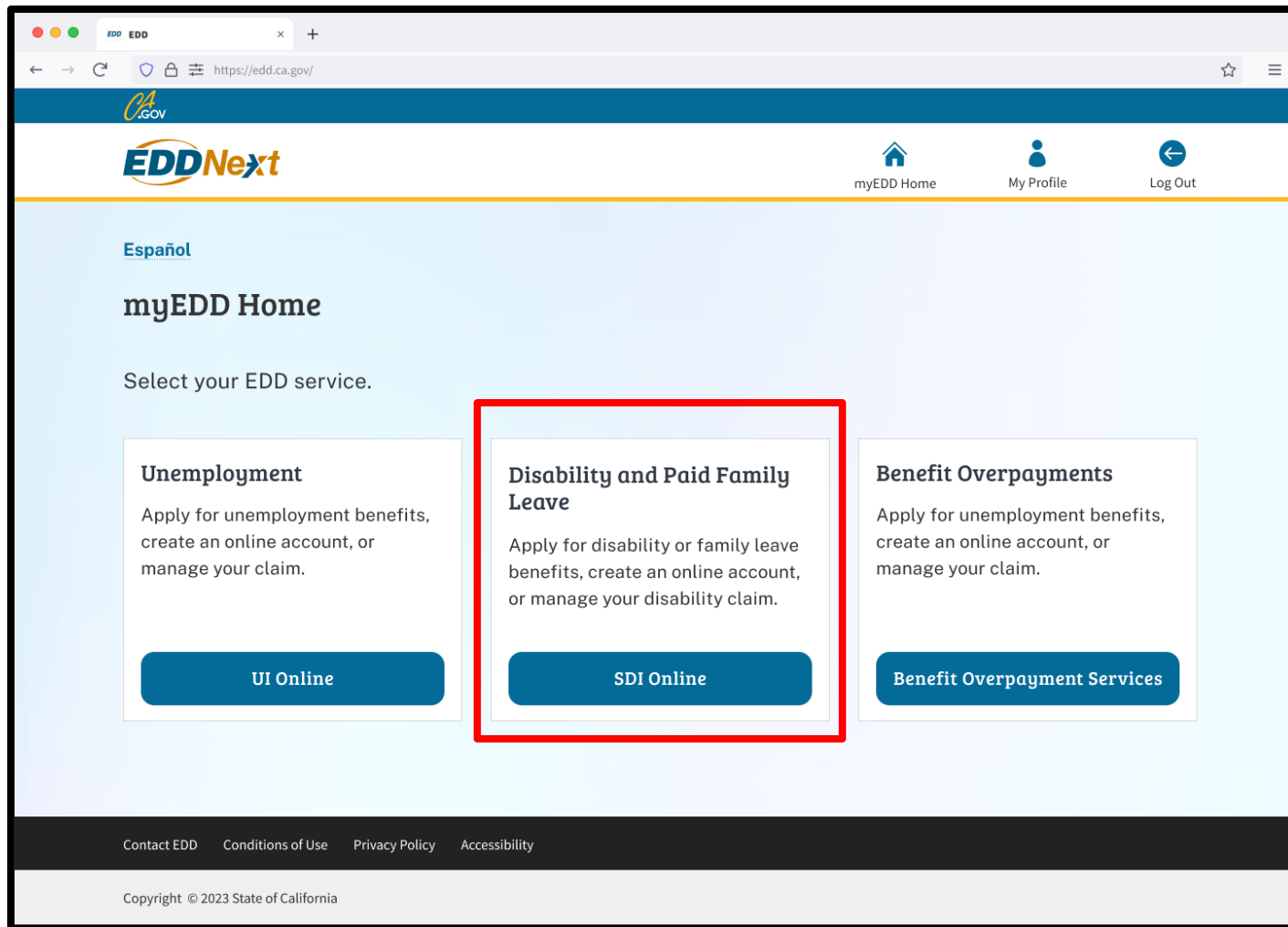
Update your employer mailing address, phone number, and communication preference through SDI Online:

- Select **myEDD Home** to access SDI Online
- Select **SDI Online**
- Select **Profile** from the main menu

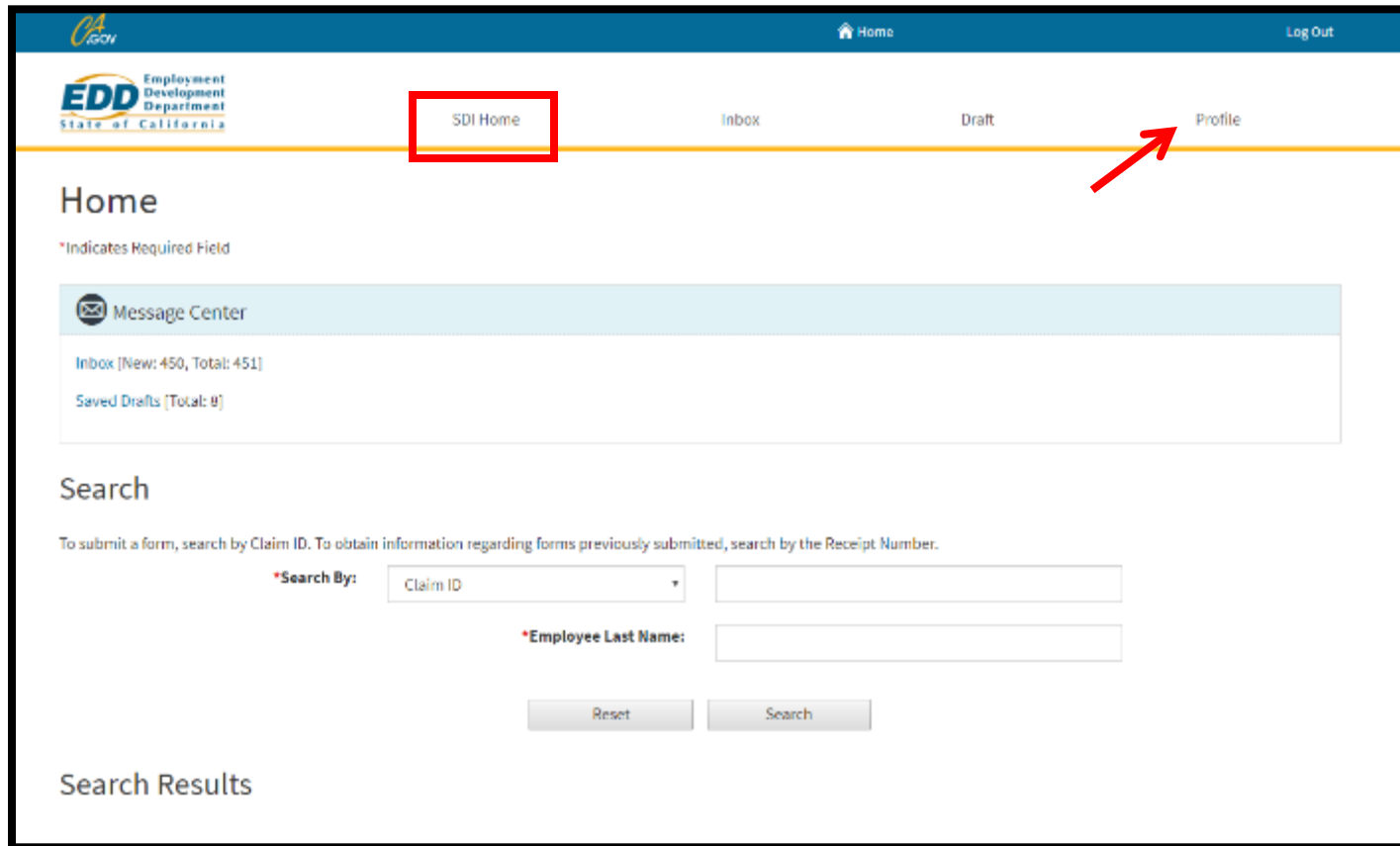


A message appears to confirm your changes were made successfully.

Select **myEDD Home** to access to SDI Online and other benefit services.



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



On the SDI Online homepage, you may select your next action.

- Select **Profile** from the main menu to update the mailing address, phone number, and preferred communication for SDI Online.

The screenshot shows the EDD State of California website. At the top, there is a blue header with the EDD logo and the text "Employment Development Department State of California". To the right of the header are links for "Home" and "Log Out". Below the header, there is a navigation bar with links for "SDI Home", "Inbox", "Draft", and "Profile". A red arrow points to the "Inbox" link. Below the navigation bar, the "Home" section is displayed. It includes a "Message Center" link with an envelope icon, which is also pointed to by a red arrow. Below the "Message Center" link, there are links for "Inbox [New: 450, Total: 451]" and "Saved Drafts [Total: 0]". Below the "Message Center" section, there is a "Search" section. It includes a note: "To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number." Below this note, there are two search fields: "*Search By:" with a dropdown menu set to "Claim ID", and "*Employee Last Name:". A red arrow points to the "*Search By:" label. Below the search fields are "Reset" and "Search" buttons. At the bottom of the page, there is a "Search Results" section.

- Select **Inbox** from the main menu or Message Center to view your messages.
- Submit forms by using the Search By option, enter the Claim ID, and the employee's last name. This information is on the *Notice to Employer of Disability Insurance Claim Filed* (DE 2503). If available, you may also complete forms by selecting **Inbox**.
- To view the forms you've submitted, search by **Receipt Number** and enter the employee's last name.

CA.GOV Home Help Log Out

EDD Employment Development Department State of California

SDI Home **Inbox** Draft Profile

Message Center

Inbox

It is important to read all messages from EDD carefully. Select the subject hyperlink below to view the message.

Note: It may be necessary to send some documents via US Postal Service.

1 2 3 4 5 ... >>

Claimant Name	Date of Birth	Subject	Sent Date	Due Date	Type	Read?	Action
smith james	10-15-1999	DE 2503, Notice to Employer of SDI Claim Filed	09-08-2018	09-11-2018	Requires Attention	No	Delete
smith james	10-15-1999	DE 2503, Notice to Employer of SDI Claim Filed	09-08-2018	09-11-2018	Requires Attention	No	Delete

Select **Inbox** from the main menu or Message Center to review messages in your inbox.

Select the link under the Subject column to view your message. Select **Delete** under the Action column to delete items that you previously reviewed or completed.


Home
Help
Log Out


SDI Home
Inbox
Draft
Profile

Saved Drafts

Saved Drafts

To open and complete a form that you saved, select the Form Name. Saved drafts are stored for a limited number of days and will be automatically deleted on the date indicated. To delete a draft immediately, select the Delete action.

Form Name	Claimant Name	Saved Date	Saved By	Draft will be saved until	Action
2503 Employer Notice of DI Claim	John Doe	09-05-2018	Manning Ryan	10-05-2018	Delete
2503 Employer Notice of DI Claim	Jane Doe	09-05-2018	Manning Ryan	10-05-2018	Delete

Select **Draft** to access saved drafts from the main menu. From the Saved Drafts screen locate the list of incomplete forms.

- Select the link under the Form Name column to complete the form.
- Select **Delete** under the Action column to delete the form.

Note

Saved drafts in SDI Online are deleted after 30 days.

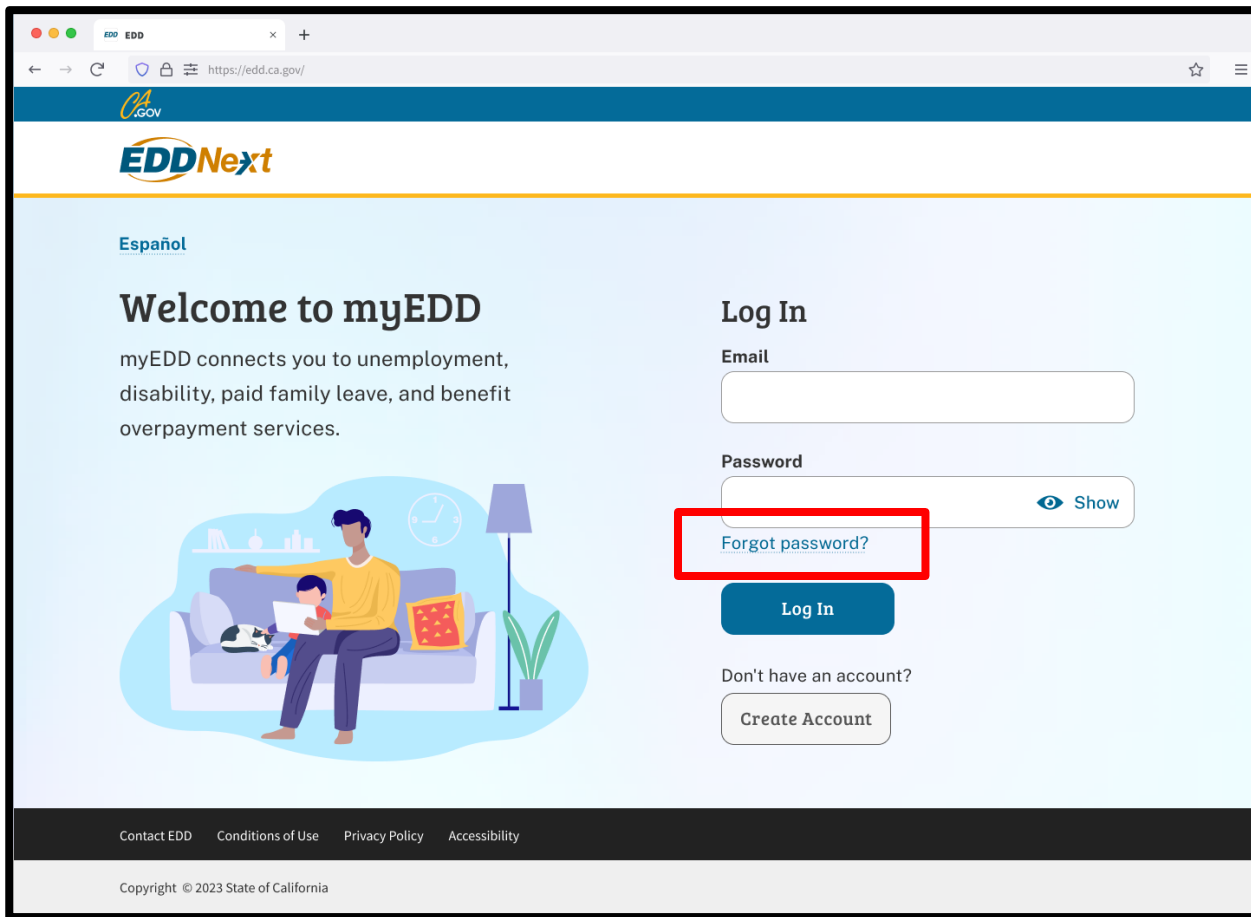


Reset your Password

Learn more about how to reset your password and security question.



[Get Started](#)



Note

For Spanish, select **Español**.

Use myEDD to access unemployment, disability, paid family leave, and benefit overpayment services. You may also update your email, password, security question, or verification option.

If you forgot your password:

1. Visit [myEDD](#).
2. Select the **Forgot Password**.

EDD EDD

← → ↻ https://edd.ca.gov/ ☆ ☰

CA.GOV

EDDNext

[Español](#)

Forgot Password?

Enter your email, and we will send you instructions to reset your password.

*Required Field

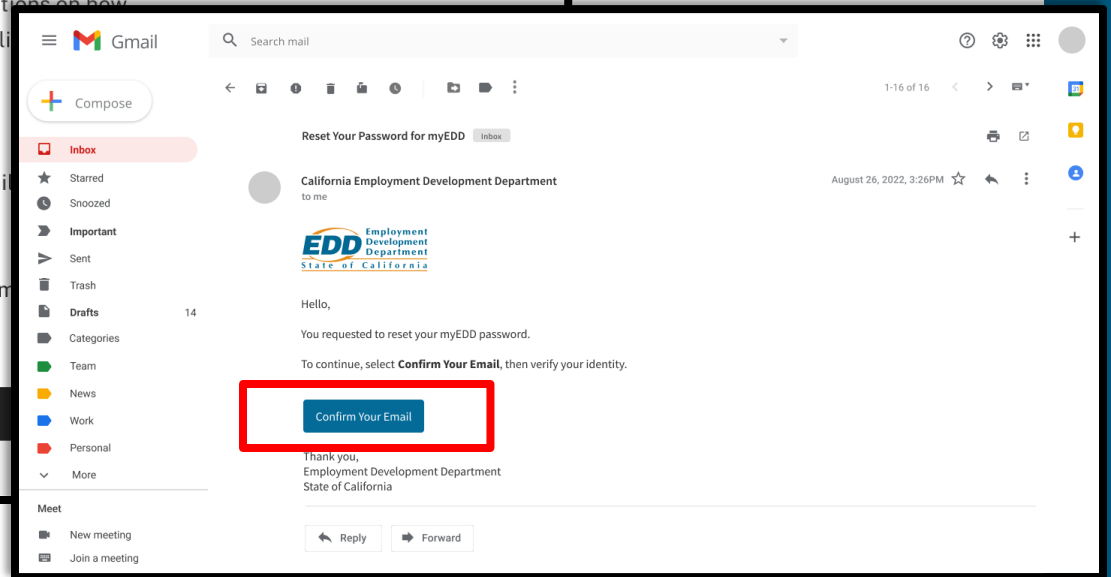
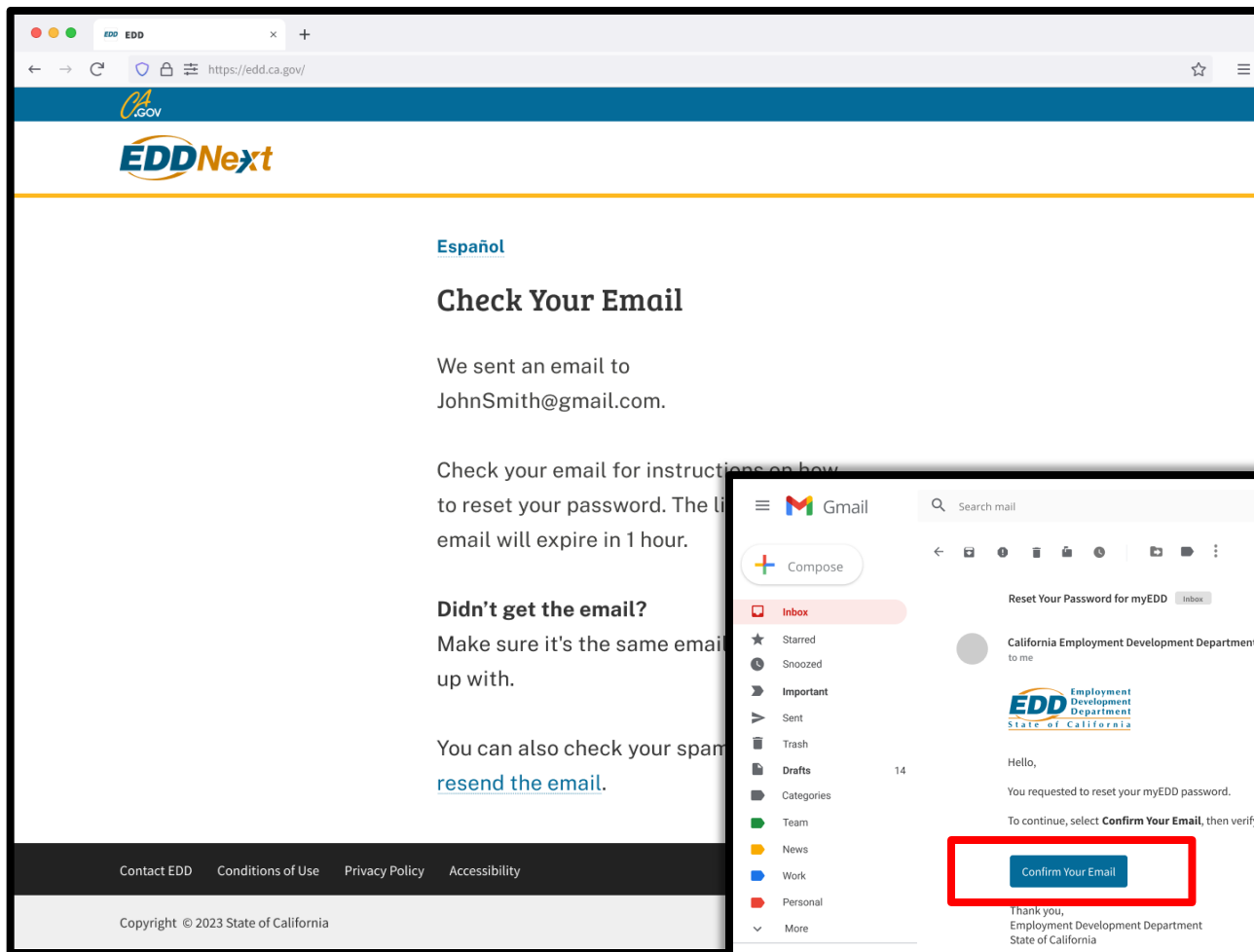
*Email

Cancel Submit

Contact EDD Conditions of Use Privacy Policy Accessibility

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Enter your email and select **Submit**. An email with instructions to reset your password will be sent to you.



Check your email and select the **Confirm Your Email**. The link expires after one hour.

The screenshot shows a web browser window with the URL <https://edd.ca.gov/>. The page header includes the EDDNext logo and a language selector for "Español". The main heading is "Verify Your Identity". Below this, it says "Answer the security question to verify your identity." and "*Required Field". The "Security Question" field is labeled "{Security question}". The "Answer" field is a text input box, and the "Next" button is a blue button. Both the "Answer" field and the "Next" button are highlighted with a red rectangular border. The footer contains links for "Contact EDD", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2023 State of California.

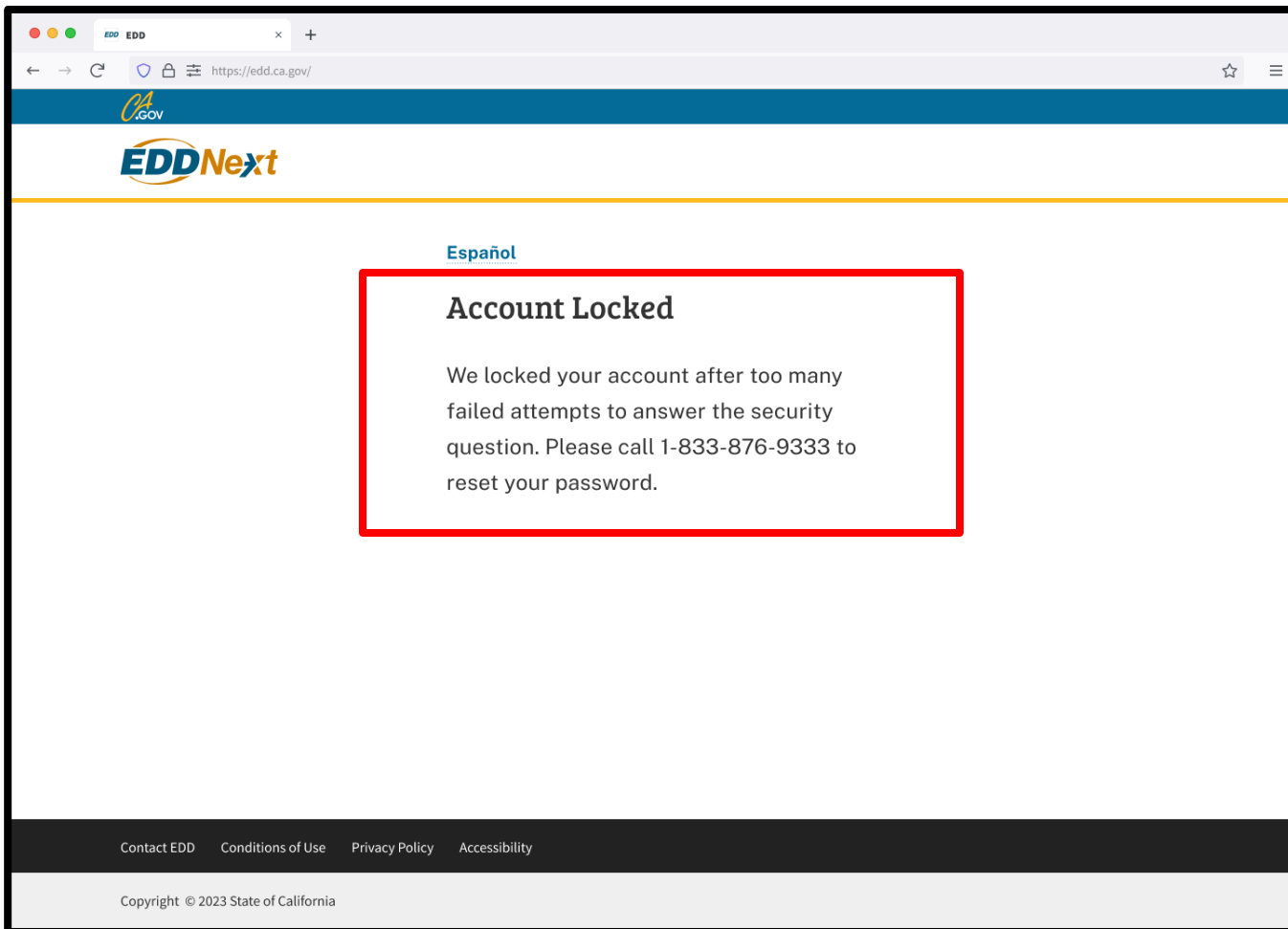
To protect your account, we ask you to verify your identity every time you log in.

Answer your security question and select **Next**.

Note

If you have not set up a security question and you forgot your password, you can be asked to verify your identity using other information. For employers, you need to enter the Employer Account Number (EAN) and ZIP Code.

We lock your account after too many failed attempts to verify the EAN and ZIP Code. Contact us at 1-855-342-3645 to reset your password.



Important

We lock your account after too many failed attempts to answer the security question.

Contact us at 1-855-342-3645 to reset your password. The system requires you to reset your security question automatically after you log in.

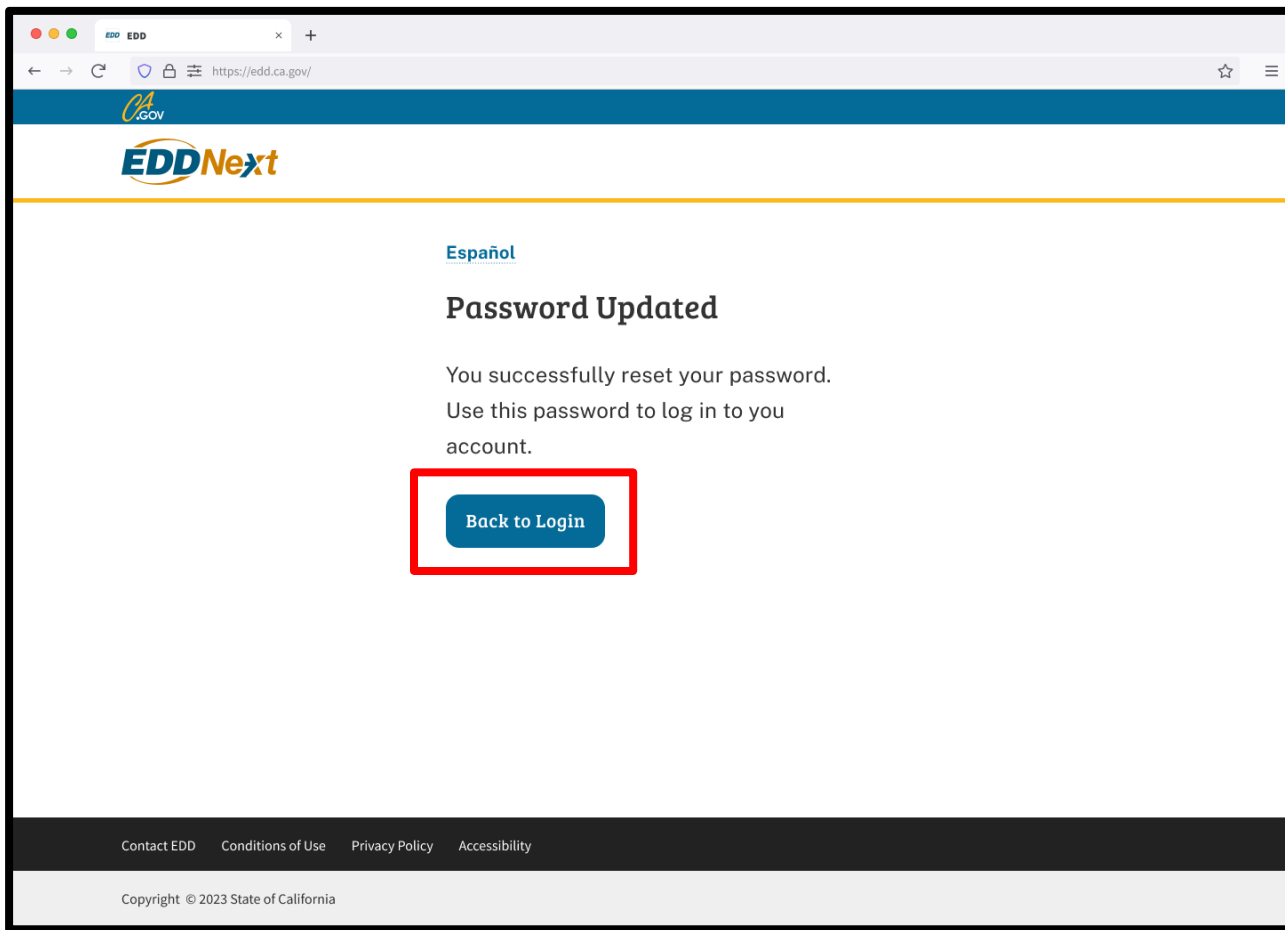
The screenshot shows a web browser window with the URL <https://edd.ca.gov/>. The page features the EDDNext logo and a language selector for "Español". The main heading is "Reset Your Password". A red rectangular box highlights the password reset form, which includes the following elements:

- A label "*Required Field" at the top of the form area.
- A label "*New Password" above a text input field.
- A "Show" button with an eye icon next to the "New Password" input field.
- Four password requirements listed below the input field:
 - Use 10 or more characters
 - Use uppercase and lowercase letters
 - Use a number
 - Use a symbol (such as !@#)\$)
- A label "*Confirm New Password" above a second text input field.
- Two buttons at the bottom: "Cancel" and "Next".

At the bottom of the page, there is a footer with links for "Contact EDD", "Conditions of Use", "Privacy Policy", and "Accessibility", followed by the copyright notice "Copyright © 2023 State of California".

After you successfully verify your identity, you can reset your password:

- Enter your new password.
- Confirm your new password.
- Select **Next**.



After you successfully update your password, select **Back to Login** to access your account.



Submit a Notice to Employer of Disability Insurance Claim Filed (DE 2503)

Learn more about how to submit a DE 2503 after your employee applies for disability benefits.



Get Started

Home

*Indicates Required Field



Message Center

Inbox [New: 450, Total: 451]

Saved Drafts [Total: 8]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By:

Claim ID

DI1000020353

*Employee Last Name:

King

Reset

Search

Search Results

Claim ID	Employee Name	Claim Effective Date	Claim Type	Last 4 Digits of SSN
DI1000020353	John Doe	02-15-2018	Disability Insurance	0899

On the homepage, select **Claim ID**, enter the employee's claim ID and last name, then select **Search**.

If the form is available to complete, the employee's information appears under Search Results. Select the **Claim ID** link to access the form.

HomeHelpLog Out

SDI HomeInboxDraftProfile

Claim Summary

Claim Summary

Claimant Name:	John Doe	Claim ID:	DI-1000-020-353
Claim Effective Date:	02-15-2018		

 **My Message Center Regarding** John Doe

Inbox [New: 0 , Total: 0]Saved Drafts [Total: 1]

My Forms Available to Submit for John Doe

Below is a list of forms available for submission. Please note that not all forms will be available at all times. If a form for the same dates has already been submitted or mailed, do not submit a duplicate form. Please allow 5-7 business days for the form to be processed.

[2503 Employer Notice of DI Claim](#)

My Forms Submitted for John Doe

No Results Found

Under My Forms Available to Submit, select **2503 Employer Notice of DI Claim** to complete the form.

Verify Employee

- 1 Employee Verification
- 2 Employee Questionnaire
- 3 Return to Work and Wage Information
- 4 Workers' Compensation Information
- 5 Signature

You are currently on Step 1 Employee Verification

*Indicates Required Field

Section 1 - Employee Information

Name: John Doe

Social Security Number: XXX-XX-XXXX

Claim ID: DI-1000-020-598

Claim Effective Date: 03-15-2018

Section 2 - Form Information

The California Unemployment Insurance Code, Section 2707.1, requires that you complete and return this form by the due date listed below.

Issue Date: 09-08-2018

Due Date: 09-11-2018

Section 3 - Verify Employment

*Was the employee shown above ever employed by you? ☐ Yes ☐ No

Cancel

Next

Verify the information in the Employee Information section.

Select **Yes** if the employee works for you now or did in the past. Select **No** if this person **never** worked for you.

Select **Next**.

Employee Questionnaire



Employee Verification

2

Employee Questionnaire

3

Return to Work and
Wage Information

4

Workers' Compensation
Information

5

Signature

You are currently on Step 2 Employee Questionnaire

*Indicates Required Field

Section 4A - Employee Status

Employee's Date of Birth:

(MMDDYYYY)

*Employment Status

☐ Current Employee

☐ Former Employee

If "Former Employee," reason no longer working

Select

If "Other," please explain:

Separation Date:

(MMDDYYYY)

*Hours worked per week (Exclude Overtime Pay):

*Hourly Rate(\$):

Reported Last Day Worked:

03-15-2018

*Do your records show a different ACTUAL last day of work than shown above in
'Reported Last Date worked'?

☐ Yes ☐ No

If "Yes," please provide the correct last day worked:

(MMDDYYYY)

The last day worked was:

☐ Full day

☐ Partial day

If "Partial Day," number of hours worked:

Hourly Rate (\$):

Previous

Cancel

Save as Draft

Next

Complete the
Employee
Status section
and select
Next.

Note

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

Return to Work and Wage Information

✓ Employee Verification
✓ Employee Questionnaire
3 Return to Work and Wage Information
4 Workers' Compensation Information
5 Signature

You are currently on Step 3 Return to Work and Wage Information

*Indicates Required Field

Section 4B - Return to Work Information

*Has the employee returned to work? ☐ Yes ☐ No

If "Yes," date returned to work:

Return to work status:

If "Other/Explain," please explain:

Section 4C - Voluntary Plan Information

*At the time the employee's disability began, did your company have a state-approved voluntary plan for disability insurance benefits instead of the state plan? ☐ Yes ☐ No

If "Yes," enter the plan number:

Is this employee covered? ☐ Yes ☐ No

If "No," provide a non-coverage explanation:

Section 4D - Wage Information

*Will the employee's wages be coordinated/integrated with the State Disability Insurance benefits (Less State Disability Insurance)? ☐ Yes ☐ No

If "No," has or will the employee receive wages in the form of paid sick leave, vacation, personal time off, holiday, bonus, commission, or other type of payment while disabled? ☐ Yes ☐ No

Previous
Cancel
Save as Draft
Next

Important

If you do not coordinate or integrate pay with EDD and the employee will be paid while receiving EDD benefits, you must report all wages to avoid an overpayment.

Learn more about [integrating wages with benefits](#) on our website.

Complete the Return to Work and Wage Information sections.

Under Section 4D – Wage Information, let us know if the employee is going to get wages coordinated with benefits. Then, select **Next**.

Note: If you select **No**, but your employee will continue to get wages, you must complete the Additional Wages Paid to Employee section.

Additional Wages Paid to Employee

✓ Employee Verification ✓ Employee Questionnaire **3 Return to Work and Wage Information** 4 Workers' Compensation Information 5 Signature

You are currently on Step 3 Return to Work and Wage Information

*Indicates Required Field

Section 5A - Additional Wages Paid to Employee

Please report all wages paid to the employee and the actual dates for which they were paid. Report each pay type separately.

*Pay Type:

If "Other," please explain:

*From:

*To:

*Amount (\$):

*Do you want to add any other wages? ☐ Yes ☐ No

Previous

Cancel

Save as Draft

Next

Select the **Pay Type**, enter the dates, and the amount paid to the employee. If you need to add additional wage information, select **Yes** to the last question. Select **No** if there is no additional wage information. Then, select **Next**.

If your employee's wages will be coordinated with benefits or they will not get any additional wages during their disability period, skip to [page 46](#).

Added Additional Wages Paid to Employee

✓ Employee Verification ✓ Employee Questionnaire **3 Return to Work and Wage Information** 4 Workers' Compensation Information 5 Signature

You are currently on Step 3 Return to Work and Wage Information

Section 5B - Additional Wages Summary

Please select the "Add" button to report wages paid to the employee in the form of sick leave, vacation, personal time off, holiday, bonus, commission, or other payment while disabled. You must add at least one wage.

Pay Type	Amount	From	To	Action
Paid Time Off	\$5,555.00	05-05-2018	06-06-2018	Delete

Previous

Cancel

Add

Save as Draft

Next

Make sure the information you entered under the Additional Wages Summary section is correct.

- Select **Add** to enter additional wages paid.
- Select **Delete** under the Action column to remove incorrect information.

When complete, select **Next**.

Workers' Compensation Information



Employee Verification



Employee Questionnaire



Return to Work and
Wage Information

4

Workers' Compensation
Information

5

Signature

You are currently on Step 4 Workers' Compensation Information

*Indicates Required Field

Section 6 - Work-related Injury

*Has the employee reported a work-related or occupational illness?



Yes



No

Previous

Cancel

Save as Draft

Next

Complete the Work-related Injury section and select **Next**.

If you select **Yes**, you must enter additional information on the Worker's Compensation Information screen.

Workers' Compensation Information

✓ Employee Verification ✓ Employee Questionnaire ✓ Return to Work and Wage Information **4 Workers' Compensation Information** 5 Signature

You are currently on Step 4 Workers' Compensation Information

*Indicates Required Field

Section 7 - Workers' Compensation Carrier Information

Please enter Workers' Compensation Carrier information below. If you do not have a Workers' Compensation Carrier, enter the employer's name and address.

*Workers' Compensation Insurance Company Name:

☒ US ☐ International

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP Code:

Section 8 - Workers' Compensation Claim Information

Enter the date(s) of injury as shown on the Workers' Compensation claim. If it was a cumulative trauma injury, enter the date the injury began.

Date of Injury:

Date of Injury:

Date of Injury:

Date of Injury:

Claim Number:

Adjuster's Name:

Adjuster's Phone Number: Ext:

WC Status:

Additional Comments:

Previous

Cancel

Save as Draft

Next

Enter relevant workers' compensation information and select **Next**.

If you selected **No** to the work-related injury question, skip to the next page.

Submit Form

✓ Employee Verification ✓ Employee Questionnaire ✓ Return to Work and Wage Information ✓ Workers' Compensation Information

5 Signature

You are currently on Step 5 Signature

*Indicates Required Field

Section 9 - Signature

Submitted by: North Jason

☐ *By checking this box, I am indicating my signature for submission.

Previous

Cancel

Save as Draft

Submit

To send the form, select the box to authorize an electronic signature and select **Submit**.

Confirmation

Form Successfully Submitted

Please print this page for your records. If a printer is unavailable at this time, please record the Form Receipt Number below. You will not be able to access your confirmation page and Form Receipt Number after this window is closed. To retrieve this form in the future, you will need the Form Receipt Number. You may retrieve forms submitted using the claimant search on your home page.

Form Receipt Number: [R100000000123456](#)

We assign your submission a Form Receipt Number on the Confirmation screen.

Save this number for future reference.

Select the **Form Receipt Number** link to review the information submitted.



Submit a *Disability Insurance Eligibility – Workers' Compensation* (DE 2578A)

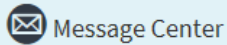
Learn more about how to submit a DE 2578A
when requested by the EDD.



[Get Started](#)

Home

*Indicates Required Field



Message Center

[Inbox](#) [New: 0, Total: 0]

[Saved Drafts](#) [Total: 0]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By:

Claim ID



DI1000020460

*Employee Last Name:

Doe

Reset

Search

Search Results

Claim ID	Employee Name	Claim Effective Date	Claim Type	Last 4 Digits of SSN
DI1000020460	Jane Doe	10-04-2018	Disability Insurance	1496

On the homepage, select **Claim ID** and enter the employee's last name. Select **Search**.

Under Search Results select the **Claim ID** link.

Claim Summary

Claim Summary

Claimant Name: Jane Doe

Claim ID: DI-1000-020-460

Claim Effective Date: 10-04-2018

My Message Center Regarding Jane Doe

[Inbox](#) [New: 1 , Total: 1]

[Saved Drafts](#) [Total: 0]

My Forms Available to Submit for Jane Doe

Below is a list of forms available for submission. Please note that not all forms will be available at all times. If a form for the same dates has already been submitted or mailed, do not submit a duplicate form. Please allow 5-7 business days for the form to be processed.

[2503 Employer Notice of DI Claim](#)

[2578A Employer Work Comp Form](#)

Under My Forms Available to Submit select **2578A Employer Work Comp Form**.

Notice of Potential Industrial Injury

1 Industrial Injury

2 WC Information

3 Attorney Information

4 Certification

You are currently on Step 1 Industrial Injury

*Indicates Required Field

Employee Information

Name: Jane Doe
Claim ID: DI-1000-020-357

Social Security Number: 444-44-4444
Claim Effective Date: 02-15-2018

Form Due Date

Please complete and submit this form by the due date listed below.

Form Due Date: 09-06-2018

Establish Potential Industrial Injury

*Has a workers' compensation claim been filed? ☐ Yes ☐ No

Cancel

Save as Draft

Next

Verify the information on the Notice of Potential Industrial Injury screen. Answer **Yes** or **No** to the workers' compensation question and select **Next**.

Workers' Compensation Information



Industrial Injury

2

WC Information

3

Attorney Information

4

Certification

You are currently on Step 2 WC Information

*Indicates Required Field

Workers' Compensation Insurance Information

What was the date of injury?

(MMDDYYYY)

Workers' Compensation Claim Number:

Workers' Compensation Carrier Information

*Name:

Policy Number:

*Address Line 1:

Address Line 2:

*City:

*State:

CA

*ZIP Code:

*Phone Number:

(No dashes or spaces)

Ext:

Any additional information that you can give us regarding the denial or granting of workers' compensation benefits or information as to why a claim was not filed will be greatly appreciated:

Previous

Cancel

Save as Draft

Next

Complete the Workers' Compensation Insurance Information and the Workers' Compensation Carrier Information then select **Next**.

Attorney Information

Industrial Injury WC Information 3 Attorney Information 4 Certification

You are currently on Step 3 Attorney Information

*Indicates Required Field

Attorney Contact Information

*If an application for adjudication is or has been filed with the workers' compensation appeals board, will you be represented by legal counsel? ☐ Yes ☐ No

Name of Attorney:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

Phone Number: Ext:

Previous

Cancel

Save as Draft

Next

Complete the Attorney Contact Information section, if applicable, and select **Next**.

Certify Form for Submittal

✓ Industrial Injury ✓ WC Information ✓ Attorney Information 4 Certification

You are currently on Step 4 Certification

*Indicates Required Field

Certification

* ☐ By checking this box, I declare under penalty of perjury that the foregoing responses are, to the best of my knowledge and belief, true, correct, and complete.

Previous

Cancel

Save as Draft

Submit

To send the form, select the box to authorize an electronic signature and select **Submit**.

Confirmation

Form Successfully Submitted

Please print this page for your records. If a printer is unavailable at this time, please record the Form Receipt Number below. You will not be able to access your confirmation page and Form Receipt Number after this window is closed.

To retrieve this form in the future, you will need the Form Receipt Number. You may retrieve forms submitted using the claimant search on your home page.

Form Receipt Number: R10000000040979

We assign your submission a Form Receipt Number on the Confirmation screen.

Save this number for future reference.

Select the **Form Receipt Number** link to review the information submitted.



Submit an *Employer's Statement of Job Duties* (DE 2546PE)

Learn more about how to submit the DE 2546PE
when requested by the EDD.



[Get Started](#)

Home

*Indicates Required Field



Message Center

[Inbox](#) [New: 132, Total: 132]

[Saved Drafts](#) [Total: 0]

Search

To submit a form, search by Claim ID. To obtain information regarding forms previously submitted, search by the Receipt Number.

*Search By:

Claim ID

di1000020355

*Employee Last Name:

Doe

Reset

Search

Search Results

Claim ID	Employee Name	Claim Effective Date	Claim Type	Last 4 Digits of SSN
DI1000020355	Jane Doe	02-15-2018	Disability Insurance	2346

On the homepage, select **Claim ID** and enter the claim ID number and the employee's last name. Select **Search**.

Under Search Results select the **Claim ID** link.

Claim Summary

Claim Summary

Claimant Name: Jane Doe
Claim Effective Date: 02-15-2018

Claim ID: DI-1000-020-355



My Message Center Regarding Jane Doe

[Inbox](#) [New: 0 , Total: 0]

[Saved Drafts](#) [Total: 0]

My Forms Available to Submit for Jane Doe

Below is a list of forms available for submission. Please note that not all forms will be available at all times. If a form for the same dates has already been submitted or mailed, do not submit a duplicate form. Please allow 5-7 business days for the form to be processed.

[2503 Employer Notice of DI Claim](#)

[2546PE Employee's Job Duties](#)

My Forms Submitted for Jane Doe

No Results Found

Select **2546PE Employee's Job Duties**.

Employer's Statement of Job Duties

*Indicates Required Field

Section 1 - Employee Information

Name: Jane Doe
Claim ID: DI-1000-020-355

Social Security Number: XXX-XX-XXXX
Claim Effective Date: 02-15-2018

Section 2 - Form Information

Please complete and submit this form by the due date listed below.

Issue Date: 09-04-2018

Due Date: 09-11-2018

Section 3 - Job Information

The information you submit will provide the EDD with a description of the employee's regular and customary work duties.

***Job Title:**

***Number of hours worked per day:**

***Number of days worked per week:**

***Has the above-named employee returned to work?** ☐ Yes ☐ No

If "Yes," return to work date

Return to Work Status ☐ Full Time ☐ Part Time

Cancel

Save as Draft

Next

Verify the employee's information and enter their job information.
Select **Next**.

Employee's Job Duties: Part 1 of 3

*Indicates Required Field

Section 4 - Motion

Indicate frequency and number of hours a day the employee is required to do the following specific types of activities.

Activity	Frequency	Number of Hours Per Day
Sitting	None	
Walking	None	
Standing	None	
Bending	None	
Squatting	None	
Climbing	None	
Kneeling	None	
Twisting	None	

Section 5 - Reaching

Activity	Frequency
Reaching or working above shoulder level?	None
Reaching or working below shoulder level?	None

Section 6 - Hands

Activity	Right Hand	Left Hand	Not Required
Simple grasping required	☐	☐	☐
Power grasping required	☐	☐	☐
Pushing and/or pulling required	☐	☐	☐
Fine manipulation required	☐	☐	☐

Section 7 - Feet

*Does the job require the employee to use his/her feet to operate foot controls or for repetitive movement? ☐ Yes ☐ No

Previous

Cancel

Save as Draft

Next

Complete **Part 1** of the Employee's Job Duties.

Select **Next**.

Employee’s Job Duties: Part 2 of 3

*Indicates Required Field

Section 8 - Vision

*Is the employee required to have good vision? ☐ Yes ☐ No

If "yes", state the reason:

Section 9 - Hearing

*Is the employee required to have good hearing? ☐ Yes ☐ No

If "yes", state the reason:

Section 10 - Lifting and Carrying

Please check all the boxes that apply and indicate the frequency per day the employee is required to lift and/or carry any of the following weights.

Weight	Lift	Frequency	Carry	Frequency
10 lbs. or less	☐	None	☐	None
11 to 25 lbs.	☐	None	☐	None
26 to 50 lbs.	☐	None	☐	None
51 to 75 lbs.	☐	None	☐	None
76 to 100 lbs.	☐	None	☐	None
More than 100 lbs.	☐	None	☐	None

Longest distance employee must carry weight: feet

Heaviest weight employee must carry: lbs for feet

Section 11 - Equipment Operation

*Is the employee required to drive cars, trucks, forklifts, or other moving equipment? ☐ Yes ☐ No

If "Yes", describe or explain:

Complete **Part 2** of the Employee’s Job Duties.

Select **Next**.

Employee's Job Duties: Part 3 of 3

*Indicates Required Field

Section 12 - Working Conditions

Check the box next to the working condition(s) that apply to this employee and provide a description.

☐ Working near hazardous equipment and/or machinery

☐ Walking on uneven ground

☐ Exposure to dust, gas, or fumes

☐ Exposure to extremes in temperature or humidity

☐ Working at heights

*Is this job still available to the employee when he/she is able to return to work? ☐ Yes ☐ No

*Can the requirements of this job be modified if necessary to accommodate the employee's disability? ☐ Yes ☐ No

If "No," please explain:

Additional Comments:

Previous

Cancel

Save as Draft

Next

Complete **Part 3**
of the
Employee's Job
Duties.

Select **Next**.

Submit Form

*Indicates Required Field

Section 13 - Signature

Submitted by: John Doe

*Title:

☐ By checking this box, I declare under penalty of perjury that the foregoing are, to the best of my knowledge and belief, true, correct, and complete.

Previous

Cancel

Save as Draft

Submit

On the Submit Form screen, enter your job title in the Title field. Next, select the check box to declare the information you entered is to the best of your knowledge, true, and complete. To send the form, select **Submit**.

Confirmation

Form Successfully Submitted

Please print this page for your records. If a printer is unavailable at this time, please record the Form Receipt Number below. You will not be able to access your confirmation page and Form Receipt Number after this window is closed. To retrieve this form in the future, you will need the Form Receipt Number. You may retrieve forms submitted using the claimant search on your home page.

Form Receipt Number: [R100000000040955](#)

We assign your submission a Form Receipt Number on the Confirmation screen.

- Save this number for future reference.
- Select the **Form Receipt Number** link to review the information submitted.

SDI Online Employer Account FAQs

Learn more about your SDI Online
employer account.



Get Started

How many representatives can create an employer account?

There is no limit to the number of representatives that can complete and submit claim information on behalf of the employer. Each designated person can create their own separate account using their own company email as a unique login.

Note

To help employers manage employer representative accounts, the employer can use a shared mailbox email so multiple representatives can access this account over time.

Employers should keep the SDI Online login information in a secure place, to be used only to reset a password or inactivate representative accounts when employees leave.

Call our Employer Help Line at 1-855-342-3645 for help with an employer representative account.

Can I manage multiple employers within one SDI Online account and login?

No. Each employer must create a separate account with a different company email as a unique login.

Will I be notified when a claim is filed?

Yes. You can continue to receive paper notices even if you have an SDI Online account. Once you get the paper notice, log in to your account and enter the employee's Claim ID and last name to complete the notice.

If your company has multiple locations with 50 or more employees and you would like all disability communications for your employees sent to a centralized location, contact us at 1-855-342-3645 and provide the following information:

- Employer Name
- EDD Employer Account Number (EAN)
- Contact Name
- Direct Phone Number
- Mailing Address

Is payment information available in SDI Online?

No. You can only complete disability notices through SDI Online.

We recommend you work with your employees to get their payment information. There are two documents we send your employees that they can share with you to prevent a benefit overpayment:

- The *Notice of Computation* (DE 429D or DE 429DF) informs the employee that the claim was received and gives their estimated weekly and maximum benefit amounts.
- The *Electronic Benefit Payment (EBP) Notification* (DE 2500E) is mailed to your employee after each payment.

You can also request payment information by calling our Employer Help Line at 1-855-342-3645. However, the employee must indicate on their application that we can release payment information to you. All other claim information is confidential.

What can I do in my employer account?

You can use SDI Online to:

- Submit a *Notice to Employer of Disability Insurance Claim Filed* (DE 2503).
- Submit a *Disability Insurance Eligibility – Workers' Compensation* (DE 2578A).
- Submit an *Employer's Statement of Job Duties* (DE 2546PE).
- Update contact information.

CONTACT US

1-855-342-3645

This number is for employers only.

– Helpful Links –



[Order
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[Help Fight
Fraud](#)



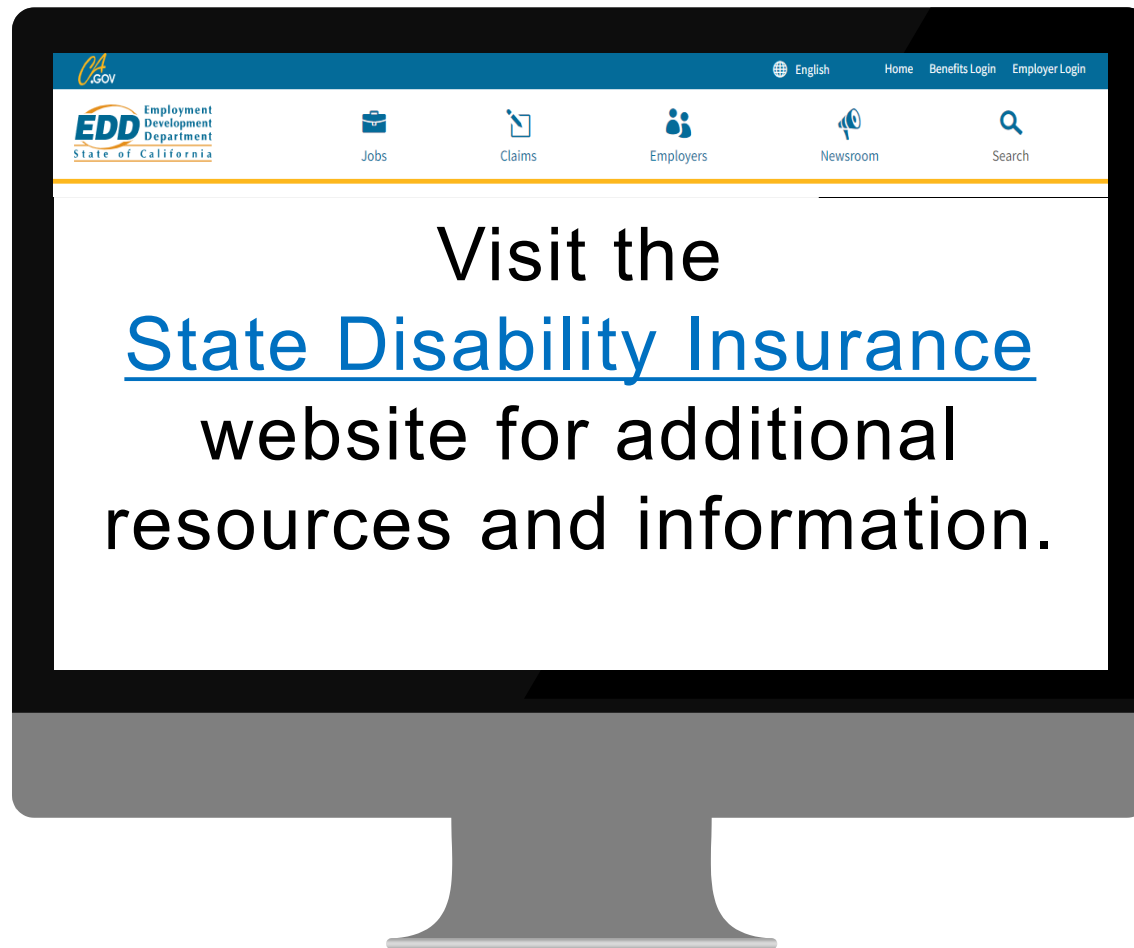
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