SDI Online Tutorial
Physician/Practitioner and Representative Registration, Online Access, and Form Submission
This tutorial will explain how to:

1. Create a Benefit Programs Online Account
2. Register as a Physician/Practitioner in SDI Online
3. Access Your Physician/Practitioner Account
4. Add a Treatment Address
5. Assign a Physician/Practitioner Representative
6. Register as a Physician/Practitioner Representative in SDI Online
7. Submit a Claim for Disability Insurance (DI) Benefits (DE 2501)
   Part B - Physician/Practitioner’s Certificate
8. Submit a Physician/Practitioner’s Supplementary Certificate
   (DE 2525XX)
9. Submit a Claim for Paid Family Leave (PFL) Benefits (DE 2501F)
   Part D - Physician/Practitioner’s Certification
10. Submit Paper Claim Forms
Physicians/practitioners and physician/practitioner representatives may use SDI Online to:

• Complete medical certifications for Disability Insurance and Paid Family Leave benefits.

• Complete medical certifications for benefits on behalf of the physician/practitioners.

• Update contact information.

• Access electronic requests for additional medical information.
• A physician/practitioner may have an unlimited number of authorized representatives.

• A physician/practitioner representative may create an account after the physician/practitioner has added them as an authorized representative to their SDI Online account.

• An individual may be an authorized representative for an unlimited number of physicians/practitioners.
Steps to Register an Authorize Representatives

Step 1
Benefit Programs Online Registration

Step 2
Physician/Practitioner SDI Online Registration

Step 3
Add Treatment Address

Step 4
Add Physician/Practitioner Representative

Step 5
Physician/Practitioner Representative SDI Online Registration*

Step 6
Complete Medical Certifications

*The physician/practitioner representative must also complete Step 1.
Create a Benefit Programs Online Account
First time access to Employment Development Department (EDD) benefits services requires a one-time registration for Benefit Programs Online.

Benefit Programs Online allows you to use a single login to access the following EDD services:
• Unemployment or Pandemic Unemployment Assistance
• Disability
• Paid Family Leave
• Benefit Overpayments

Watch EDD’s Benefit Programs Online: Overview and Registration for New Users YouTube video for detailed instructions on how to register a new account.

If you have already completed the one-time registration in Benefit Programs Online, skip to Register as a Physician/Practitioner in SDI Online or Register as a Physician/Practitioner Representative in SDI Online.
Benefit Programs Online Registration:

1. Visit Benefit Programs Online (edd.ca.gov/BPO) to complete a one-time registration.
2. From the Benefit Programs Online login screen, select Register now to create an account. To change the language of all screens to Spanish, select En español on the login screen.
3. Accept the Terms and Conditions. You must select I Agree in order to establish an online account.
4. Provide the email address assigned to you by your employer that is current and is used only by you.
5. Set up a password that is between 8 and 20 characters. The password is case sensitive and must contain at least:
   - One uppercase letter
   - One lowercase letter
   - One number
   - One special character from this list: !@#$%^&*( )
6. Create the Security Profile with security questions and answers and a personal image and caption.
7. Once you submit your registration information, an email with a link will be sent to you. Select the unique link within 48 hours to complete your registration.
8. After you have registered for and logged in to Benefit Programs Online, select SDI Online to register as a physician/practitioner or their representative. You will always use Benefit Programs Online to access SDI Online to submit Disability Insurance or Paid Family Leave forms.
Register as a Physician/Practitioner in SDI Online
Once you have completed your Benefit Programs Online registration, return to Benefit Programs Online and log in to complete the SDI Online registration process.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.
2. Select Log In.

For Spanish, select the En español link.
3. Verify your **Personal Image** and **Personal Caption** are correct.

If you do not recognize your personal image and caption, select **Previous** to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select **Contact EDD** (edd.ca.gov/about_edd/contact_edd.htm) or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select **Log In**.
From your Benefit Programs Online account, select the SDI Online link to begin your registration as a Physician/Practitioner in SDI Online.

**Note:** For additional tips to assist you in registering as a Physician/Practitioner in SDI Online, view the *SDI Online Tips for Physician and Practitioners (DE 8516) (PDF)* flyer.
You will be directed to the **SDI Online Registration** account type screen.

Select **Register as a Physician/Practitioner** link.
Next, read the Terms and Conditions before proceeding. Select I Agree.

You must agree to these Terms and Condition in order to establish an online account.
You must provide the following personal and professional information:

- Your full legal name as it appears on your California Driver License or Identification card.
- Date of birth as shown on your California Driver License or Identification card.
- Last four digits of your Social Security number.
- California Driver License or Identification number.
- License type and number.
- License expiration date.
- Enter the address and phone number as provided to the Department of Consumer Affairs.

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.

**Note:** You will add treatment addresses after the account is created.
On the **Personal Profile Information** screen, select your preferred method of communication.

- If you select to receive communication by email, you must log in to Benefit Programs Online to access SDI Online and view your messages.

- It may be necessary to send some documents by mail.
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.

To access your SDI Online Account, select the Benefit Programs Online link below to log in.

Benefit Programs Online

Be sure to save and secure your EDD Customer Account Number.

• If you selected electronic communication, a notification confirming your account has been created will be sent to you via email.

• If you selected paper mail notification, a letter will be mailed to your address to confirm your account has been created.

You may now select the Benefit Programs Online link and log in to access your newly created account.
Access Your Physician/Practitioner Account
Once you have completed your SDI Online registration, return to Benefit Programs Online and log in to access your SDI Online account.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.

2. Select Log In.

For Spanish, select the En español link.
3. Verify your **Personal Image** and **Personal Caption** are correct.

If you do not recognize your personal image and caption, select **Previous** to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select [Contact EDD](edd.ca.gov/about_edd/contact_edd.htm) or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select **Log In**.
From your Benefit Programs Online account:

- Select the **SDI Online** link to be directed to your SDI Online Home screen.

To log out of Benefit Programs Online, select the **Log Out** link in the top right hand corner of any screen.
On your SDI Online Home screen, under the search section, there are four ways to search for patient certifications and forms.

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

- The “Last 4 digits of SSN” or “Patient Receipt Number” and enter the patient’s date of birth.
- The “Claim ID” to submit additional medical.
- The “My Receipt Number” to view forms you have submitted.
- The “Patient/PFL Receipt Number” to submit Paid Family Leave forms.
The SDI Online **Main Menu** appears on most screens and has additional options.

- **Inbox**: Access the **Message Center** to view messages from the EDD.
- **Draft**: View drafts of forms previously started, but not completed. Saved Drafts are deleted after 30 days.
- **Profile**: Update your mailing address, phone number, and preferred correspondence method.
Add a Treatment Address
To add a treatment address, select the **Profile** link on your SDI Online **Home** screen.
From the **Profile Menu**:  

- Hover your cursor over **Change**.
- Select **Manage Treatment Address** from the **Physician/Practitioner Update Personal Profile Information** screen.
- You will be directed to the **Treatment Address** screen.
Select the Add button to be directed to the Add Modify Treatment Address screen.
On the **Add Modify Treatment Address** screen, complete all open fields.

Required fields are marked with a red asterisk (*).

**Note:** If you practice at multiple locations, repeat this process to add additional treatment addresses.

Select **Save**.
All treatment addresses you enter are displayed on this screen.

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

**Note:** Added treatment addresses will appear as selection options when you or your selected representative(s) complete online medical forms.
Assign a Physician/Practitioner Representative
Physician's/practitioner’s may assign an unlimited number of representatives to complete and submit SDI Online forms on their behalf.

Before the representative can register for a SDI Online physician/practitioner representative account, the physician/practitioner must add the representative(s) personal information and treatment address(es) in their SDI Online account.

To add a physician/practitioner representative:

- Select Profile from the SDI Online Main Menu.
From the **Physician/Practitioner Update Personal Profile Information** screen:

- Hover over **Change** on the SDI Online main menu.
- Select **Manage Medical Representative**.
On the Add Delete Medical Representative screen:

- Select Add.
On the **Add Modify Medical Representative** screen:

- Complete all open fields. Required fields are marked with a red asterisk (*).
- Select a treatment address from the drop down menu.
- Select **Save** to add your representative.
Added physician/practitioner 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 representatives.

To add additional representatives, select **Add**.
Register as a Physician/Practitioner Representative in SDI Online
Once you have completed your Benefit Programs Online registration, return to Benefit Programs Online (edd.ca.gov/BPO) and log in to complete the SDI Online registration process.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.
2. Select Log In. You will then be directed to the Password screen.

For Spanish, select the En español link.

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

If you have not done so already, please view the Create a Benefit Programs Online Account (Step 1) section of this tutorial.
3. Verify your **Personal Image** and **Personal Caption** are correct.

If you do not recognize your personal image and caption, select **Previous** to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select **Contact EDD** (edd.ca.gov/about_edd/contact_edd.htm) or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select **Log In**.
From your Benefit Programs Online account:

- Select the **SDI Online** link to complete your registration for SDI Online.

To log out of Benefit Programs Online, select the **Log Out** link in the top right hand corner of any screen.
You will be directed to the SDI Online Registration account type screen.

Select the **Register as a Representative** link.

**Note:** You will not be able to register as a representative until the physician/practitioner authorizing your account has added your information to their SDI Online account profile.
Next, read the Terms and Conditions before proceeding.

Select I Agree.

You must agree to these Terms and Condition in order to establish an online account.
You must provide the following information. Required fields are marked with a red asterisk (*).

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

Enter your name exactly as provided to the EDD by the physician/practitioner authorizing your account.

Select Next.
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 the EDD may contact you during business hours, if needed.
- Select your preferred method of communication.

**Note:** If you select to receive communication by email, you will receive email notifications to log in to Benefit Programs Online to access SDI Online messages.

It may be necessary to send some documents by mail.
A letter will be mailed to the physician’s/practitioner’s address to confirm this account has been created.

If you selected electronic communication, a notification will also be sent to you via email.

Select the **Benefit Programs Online** link and log in to begin completing medical certifications on behalf of the physician/practitioner(s) authorizing your account.
Once you have completed your SDI Online registration, return to Benefit Programs Online (edd.ca.gov/BPO) and log in to access your SDI Online account.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.

2. Select Log In. You will then be directed to the Password screen.

For Spanish, select the En español link.
3. Verify your **Personal Image** and **Personal Caption** are correct.

If you do not recognize your personal image and caption, select **Previous** to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select [Contact EDD](edd.ca.gov/about_edd/contact_edd.htm) or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select **Log In**.
From your Benefit Programs Online account:

- Select the **SDI Online** link to access your SDI Online account Home screen.
Choose Physician/Practitioner

Physician/Practitioner Representative Choose Physician/Practitioner

You are authorized to perform work in the State Disability Insurance (SDI) Online system for the physician/practitioner(s) listed below. Please select the physician/practitioner for which you wish to perform work. You may only perform work for one physician/practitioner per log in. You will need to log out to select a different physician/practitioner.

<table>
<thead>
<tr>
<th>Physician/Practitioner</th>
<th>New Action Required</th>
<th>Total Action Required</th>
<th>Saved Drafts</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Feelgood</td>
<td>19</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Bob Smith</td>
<td>18</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>20</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>

Select the physician/practitioner account you wish to work on.
You will be directed to that physician/practitioner’s **Home** screen.

View 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 a *Claim for Disability Insurance (DI) Benefits* (DE 2501) Part B – Physician/Practitioner’s Certificate
This screen will **ONLY** display for **Physician/Practitioner Representatives**. Physician/practitioners should skip to the next slide.

On the **Choose Physician/Practitioner** screen, select the physician/practitioner you are submitting the DE 2501 Part B on behalf of.

- You may select only one physician/practitioner at a time.
- You may switch to a different physician/practitioner accounts by selecting **Home** from the **Main Menu** and selecting **Choose Physician/Practitioner**.
On the Home screen, 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 Receipt Number.”
- The last four digits of the patient’s Social Security number and date of birth.

In order to submit the DE 2501 Part B online, the patient must have already submitted the DE 2501 Part A – Claimant’s Statement.
Verify the information in the **Search Results** section matches the patient’s records.

- The **Receipt Number** link will allow you to view what the patient submitted on their portion of the DE 2501 Part A – Claimant’s Statement.

- Select the **Submit Physician/Practitioner Certificate** link under the **Action** column to proceed.

**Note:** If the certificate is already submitted by another user (e.g., physician/practitioner representative), the **Submit Physician/Practitioner Certificate** link will not be available. View the [Submit a Physician/Practitioner’s Supplementary Certificate (DE 2525XX)](#) to extend a disability period for your patient.
On the **View Claimant Portion** screen, you may select the link to view the “Claimant’s Statement” portion of the form.

**Note:** Selecting **Cancel** at any time during this process will cancel the medical certificate and return you to your SDI Online Home screen.

Select **Next** to complete the certificate.
On the **Treatment Address** screen, select the treatment address where the patient is being treated.

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

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

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

Required fields are marked with a red asterisk (*).

**Note:** Select **Save as Draft** at any point in the process to complete the form at a later time.

Select **Next** to proceed.

**Tip:** Selecting **No** to “Are you presently treating the patient for this medical certificate?” will end your submission and make your patient ineligible for benefits.
Complete Section 4A - Claim Information.

Mandatory fields are marked with a red asterisk (*).

You MUST provide the following information:
- Date disability began.
- Estimated return to work date (this is not required for pregnancy-related or permanent disabilities).
- ICD code(s) 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 a release date.

In the “Findings” field, please provide a detailed description of why you consider the disability to be permanent.
Continue completing Section 4A - Claim Information.

Required fields are marked with a red asterisk (*).
Complete **Section 5 – Pregnancy**, if applicable.

**Tip: Pregnancy-related Disability Insurance claims**
If the patient has not delivered, provide the number of days you anticipate the patient to be disabled postpartum, for each delivery type (six weeks for vaginal delivery and eight weeks for cesarean delivery), instead of providing 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 code(s) for this claim is correct.

If the ICD code(s) is incorrect:
- Select **Delete**.
- Re-enter the correct code(s) in the **Claim Information** section.

Select **Next** to proceed.
Complete **Section 6 – Prognosis Information** and select **Next**.
Select the check box in **Section 7 - Certification** to authorize an electronic signature.

Before submitting the form, you may review your form by selecting the View the **Claim for Disability Insurance (DI) Benefits Physician/Practitioner Certification (DE 2501)** link.

Select **Submit**.

You will be directed to the **Confirmation** screen and provided a **Form Receipt Number**.
On the Confirmation screen, you will be assigned a Form Receipt Number.

- **Save this Form Receipt Number.** Your patient may request this number from you to prove the medical certification was submitted to the EDD.

- Select the Form Receipt Number link to open a PDF printer-friendly view of the information you submitted.

You have now completed Part B – Physician/Practitioner’s Certificate of your patient’s *Claim for Disability Insurance (DI) Benefits* (DE 2501) form. Please allow up to 14 days for the EDD to process your patient’s claim.
Submit a
Physician/Practitioner’s
Supplementary Certificate
(DE 2525XX)
To submit a Physician/Practitioner’s Supplemental Certificate, from your SDI Online Home screen:

- Select “Claim ID” or “Last 4 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 proceed.
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. **Note:** Claims not processed by the EDD will not allow submission of additional medical information.
Under the **My Forms Available to Submit** section:

- Select the **2525XX Supplemental Medical Cert** link.
The SDI Online system will automatically populate certain portions of the application.

Review the following sections:

• **Section 1 – Physician/Practitioner Information**
• **Section 2 – Patient Information**
• **Section 3 – Form Information**
Complete **Section 4A - Physician/Practitioner’s Supplementary Certificate (Part 1).**

**Note:** Selecting **No** to “Are you still treating this patient?” will end your submission and make your patient ineligible for further benefits.

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.
Complete **Section 4B - Physician/Practitioner Supplementary Certificate** (Part 2).

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.
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 shown, select **Not Found**.
Select the check box in **Section 5 - Certification** to authorize an electronic signature.

Select **Submit**.

You will be directed to the **Confirmation** screen and provided a **Form Receipt Number**.
On the **Confirmation** screen:

- Save the **Form Receipt Number** for your records. Your patient may request this number from you to prove the medical certification was submitted to the EDD.

- Select the **Form Receipt Number** link to open a PDF printer-friendly view of the information you submitted.

You have now completed the *Physician/Practitioner’s Supplementary Certificate* (DE 2525XX) to extend your patient’s Disability Insurance benefits. Please allow up to 10 days for the EDD to process this form.
Submit a Claim for Paid Family Leave (PFL) Benefits (DE 2501F) Part D - Physician/Practitioner’s Certification
On your SDI Online Home screen, use the Search section to complete Part – D Physician/Practitioner’s Certification for your patient’s care provider’s Paid Family Leave Care claim.

Search by:

- The “Patient/PFL Receipt Number.”

Enter the Receipt Number (provided by the individual filing for EDD benefits) and their last name.

Select Search.

Note: In order to submit the physician/practitioner portion of the DE 2501F online, the patient’s care provider must have already submitted their part of the Claim for Paid Family Leave (PFL) Benefits (DE 2501F) electronically.
In the **View Claimant DE 2501F** section:

- Select the **View Claim for Paid Family Leave (PFL) Benefits (DE 2501F) for Care** link to view the claimant’s portion of the form.

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

**Note:** Selecting **Cancel** at any time during this process will cancel the claim and return you to your SDI Online Home screen.
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 shown, select **Not Found**.
The SDI Online system will automatically populate certain portions of the application.

Complete the **Physician/Practitioner Information** section.

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.

**Note:**
- Select **Save as Draft** at any point in the process to complete the form at a later time.
- Select **Previous** to return to the previous screen.
Complete the **Medical Information** section.

You must provide the following information:
- Valid ICD code(s).
- 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.

Required fields are marked with a red asterisk (*).

Select **Next**.
In the **Certification** section:

- Select the check box to authorize an electronic signature.

- Review the information you have entered by selecting the **View Claim for Paid Family Leave (PFL) Benefits (DE 2501F) for Care** link.

- Select **Submit**. You will be directed to the **Confirmation** screen and provided a **Form Receipt Number**.

Required fields are marked with a red asterisk (*).
On the **Confirmation** screen:

- Save the **Form Receipt Number** for your records. Your patient may request this number from you to prove the medical certificate was submitted to the EDD.

- Select the **Form Receipt Number** link to open a PDF printer-friendly view 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 your patient’s care provider’s Paid Family Leave Care claim. Please allow up to 14 days for the EDD to process this form.
Submit Paper Claim Forms
To avoid delays in claims processing, complete the form as follows:

• Use black ink only.

• Type or write clearly within the boxes provided.

• Fill out only the physician’s/practitioner’s portion of the form:
  
  o Part B of the *Claim for Disability Insurance (DI) Benefits* (DE 2501)
  o Part D of the *Claim for Paid Family Leave (PFL) Benefits* (DE2501F)

• Provide only one medical license number. If licensed in multiple scopes of practice, use the license for the type of disability you are certifying for.

• The EDD does not accept photocopied or faxed forms.

• Mail the completed form to the EDD in the pre-addressed envelope provided.

• Do not mail this form to the EDD if you have already submitted this claim online.
Claim for Disability Insurance (DI) Benefits (DE 2501)

Page 7 – The Health Insurance Portability and Accountability (HIPAA) Authorization needs to be completed and signed by the claimant.

Part A - Claimant’s Statement, pages 8-10 is completed by the claimant filing for Disability Insurance benefits.
Claim for Disability Insurance (DI) Benefits (DE 2501)


You, the physician/practitioner, must complete all applicable information, including:

- Care and treatment dates.
- Date disability began.
- Estimated return to work date.
- Diagnosis or a list of symptoms.
- ICD code(s).
- In the case of pregnancy, the estimated delivery date and number of days of disability per delivery type (42/56) or the date pregnancy ended and delivery type.
- Your license and personal information.
- Your signature.
Claim for Paid Family Leave (PFL) Benefits (DE 2501F)

PAGE 1

Part A - Statement of Claimant:

The claimant should complete all applicable information, including:

- Personal Information
- Last day worked
- Date the family leave began
- Employer information
- Signature

Part A is required for all Paid Family Leave claim types:

- Bonding
- Care
- Military Assist
**Claim for Paid Family Leave (PFL) Benefits (DE 2501F)**

**PAGE 3**

**Part B – Bonding Certification:**
- For bonding claims ONLY. The claimant must complete all bonding information and sign the form.

**Part C – Statement of Care Recipient:**
- For care claims ONLY. Your patient/care recipient or the claimant must fill out the appropriate care information. The care recipient or their authorized representative must sign the form.

The claimant will complete either Part B or Part C – but never both for one claim.

**Note:** Part B and Part C are NOT required for military assist claims.
Claim for Paid Family Leave (PFL) Benefits (DE 2501F)

PAGE 4

Part D – Physician/Practitioner’s Certification

You (the physician/practitioner) must complete all applicable information for care claims, including:

- Date disability began
- First date care was needed
- Date you expect recovery
- Number of hours per day care is required
- Diagnosis or a list of symptoms
- ICD codes
- Your information and license
- Signature

Note: Part D is NOT required for bonding or military assist claims.

Page 4 is left blank intentionally and not shown in this tutorial. Do NOT remove this page.
Claimants must complete all information for military assist claims, including:

- The military member’s personal information
- Dates of covered duty
- Qualifying event information and
- Claimant must sign the bottom of the form.

**Note:** Part E is NOT required for bonding or care claims. It is only required for military assist claims.
Qualifying Event for Leave Documentation

If the family leave request is to meet with a third party, the claimant must complete all of the information, including the contact information for the third party and a description of the event with dates.

The claimant should make sure all pages are completed and all signatures are obtained before the claim form is mailed to the EDD for processing.

Note: The Qualifying Event for Leave Documentation is NOT required for bonding or care claims.
Visit **State Disability Insurance** (edd.ca.gov/disability) for more information about State Disability Insurance.

For help with SDI Online for physicians/practitioners, call 1-855-342-3645

*(Please do not give this number out to patients. This number is for physician/practitioners only. All other callers will be redirected.)*

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