



SDI ONLINE TUTORIAL

# Apply for Paid Family Leave Military Assist

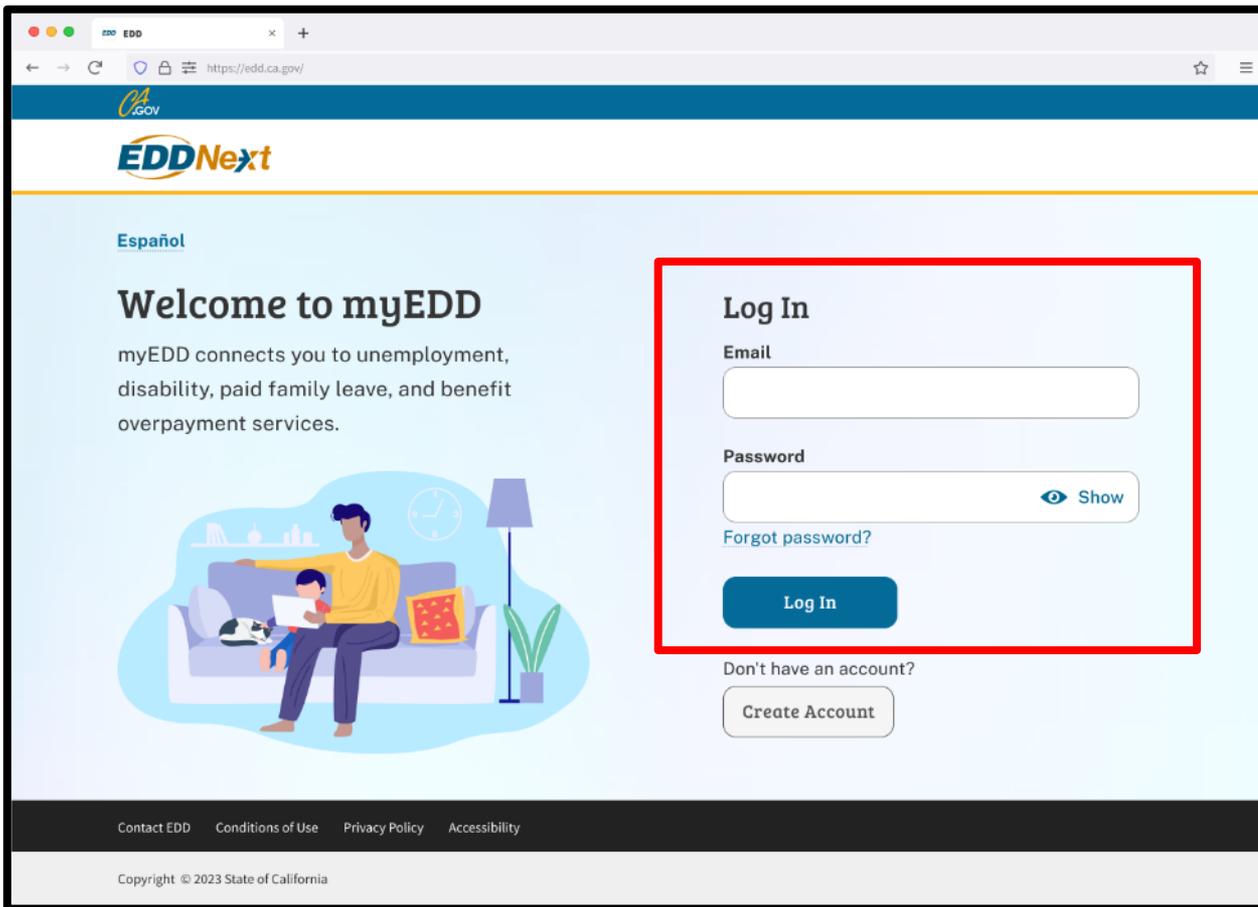


# Apply for Military Assist Benefits

Learn how to apply for benefits to support your family member's military deployment to a foreign country.



[Get Started](#)



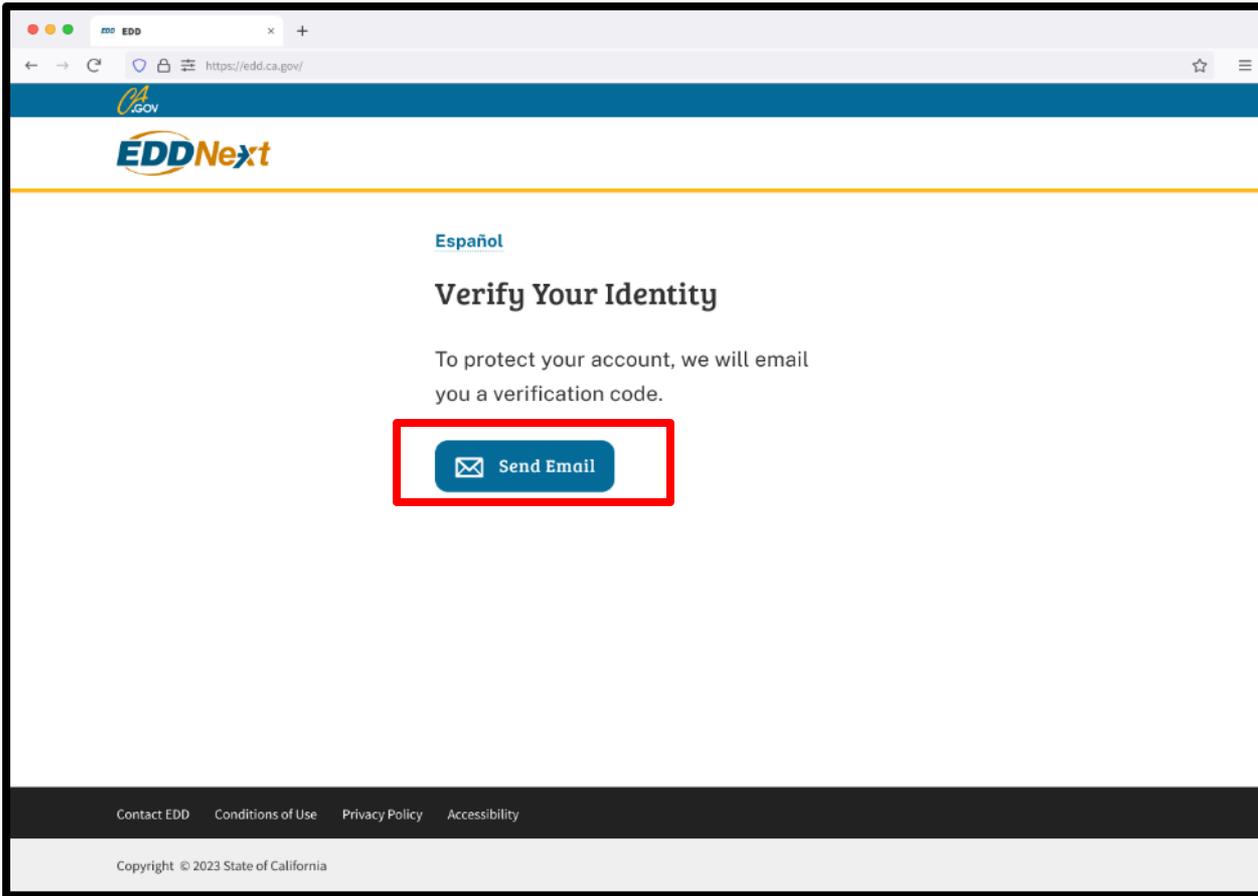
## Apply Online

### Tip

For Spanish, select **Español**.

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

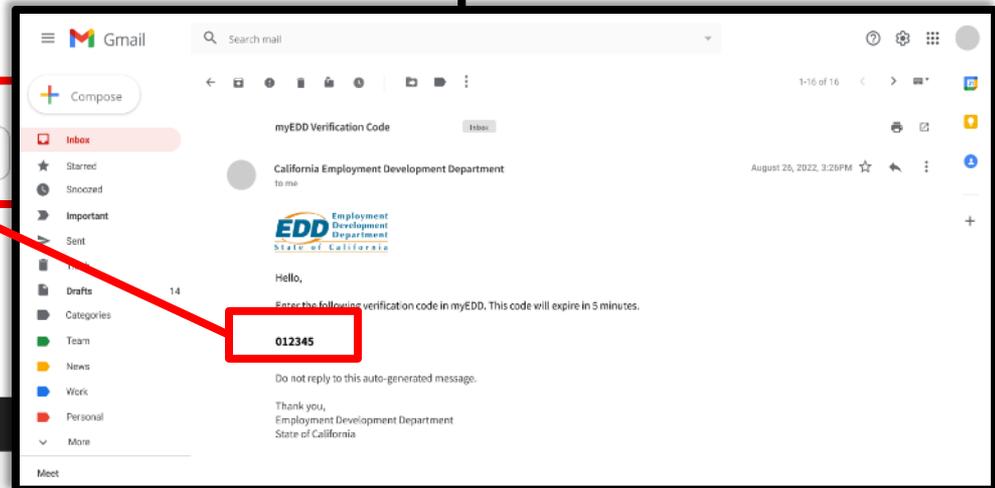
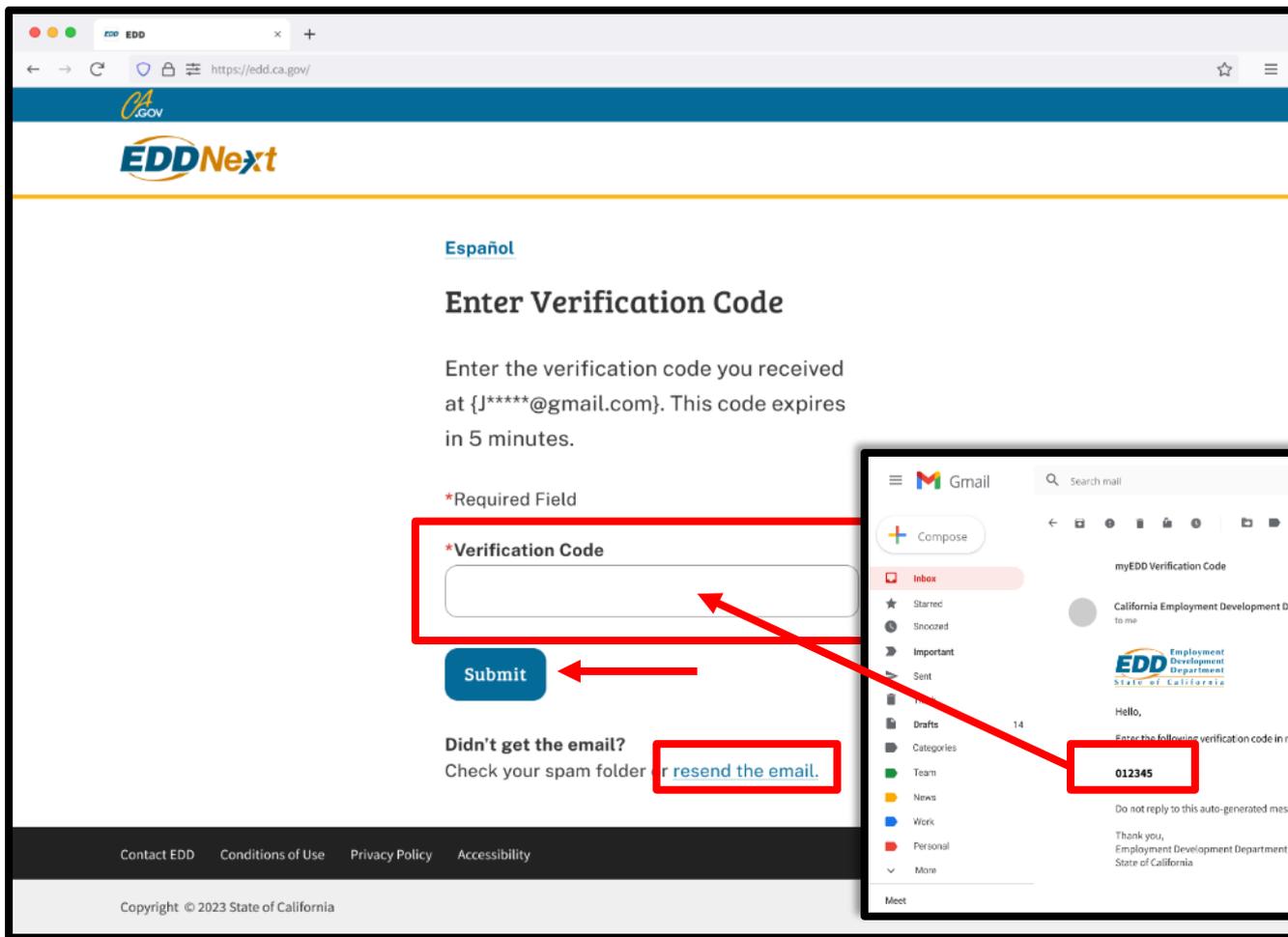
1. Visit [myEDD](#).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

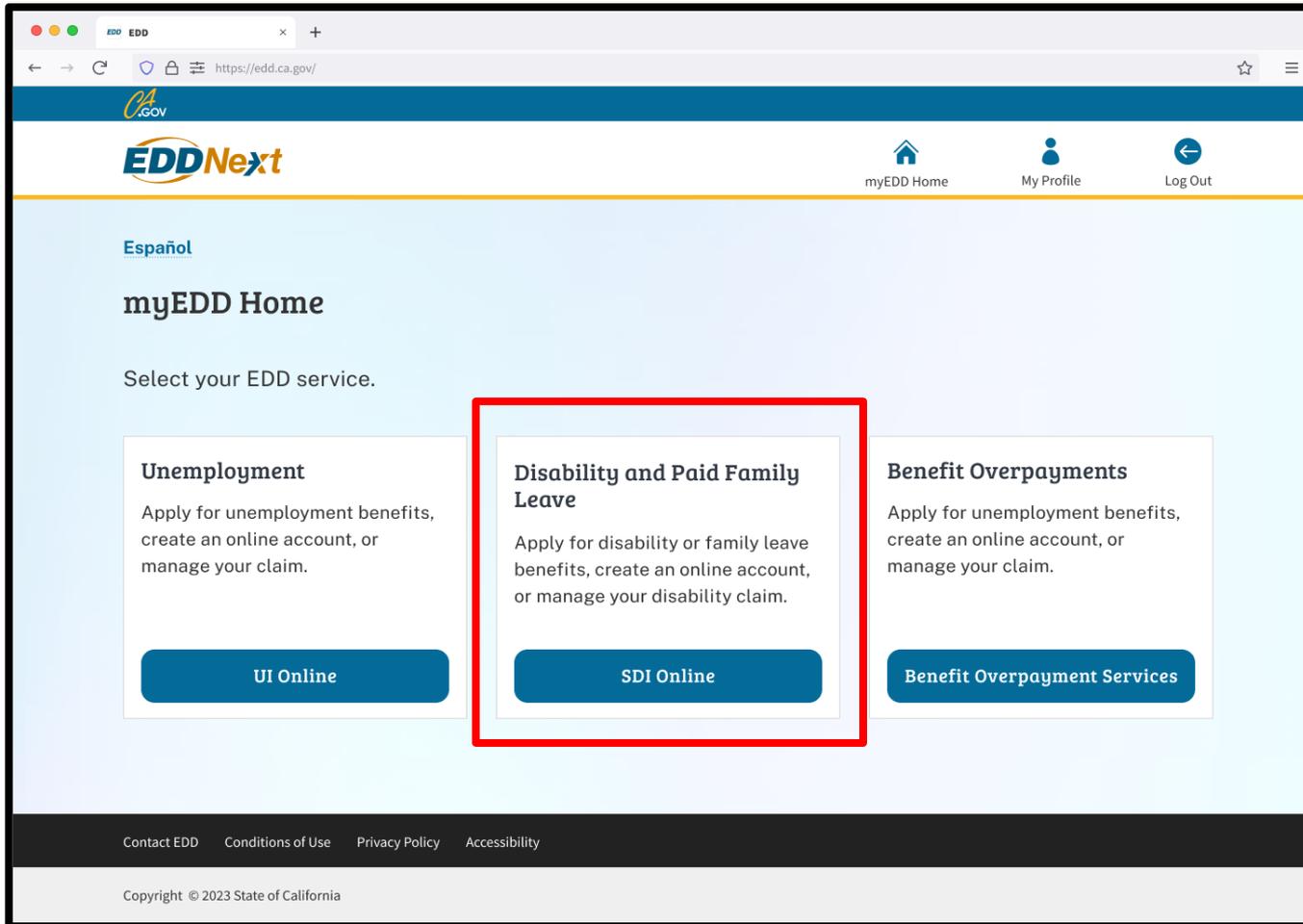
Select **Send Email**.

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.



**Tip**

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

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

## Home

### Message Center

Check the message center Inbox below to review messages and take required actions as needed.

Inbox [ New: 0 , Total: 0 ]

### Personal Information

<b>Full Name:</b>	John Doe	<b>EDD Customer Account Number:</b>	123456789
<b>Mailing Address:</b>	123 Main St Sacramento, CA 95814	<b>Phone Number:</b>	916-555-1212
<b>Residence Address:</b>	123 Main St Sacramento, CA 95814	<b>Cell Phone Number:</b>	916-555-1213
<b>E-mail Address:</b>	Jdoe@gmail.com		

### Current Disability Insurance Claim(s)

No Results Found

### Pending Disability Insurance Claim Application(s)

No Results Found

### Submitted Paid Family Leave Claim Forms

Only forms you submitted online are listed below. To submit an electronic document for a previously submitted care or bonding claim, select New Claim. The status of your Paid Family Leave claim is currently not available online. For assistance with a Paid Family Leave claim, call 1-877-238-4373.

No Results Found

Select **New Claim** from the main menu.

## Apply for Benefits or Continue a Draft Application

Select a link below to apply for Disability Insurance or Paid Family Leave benefits. If you have already submitted a *Claim for Disability Insurance* (DE 2501) or a *Claim for Paid Family Leave* (DE 2501F), do not submit a duplicate form. It may take up to 14 days for your Initial Claim form to be reviewed and processed. Submitting duplicate forms may delay the processing of your claim.

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

### Apply for Disability Insurance Benefits

[Disability Insurance](#)

### Apply for Paid Family Leave Benefits

[Paid Family Leave Bonding](#)

[Submit Electronic Paid Family Leave Bonding Attachment](#)

[Paid Family Leave Care](#)

[Submit Electronic Paid Family Leave Care Attachment](#)

[Paid Family Leave Military Assist](#)

[Submit Electronic Paid Family Leave Military Assist Attachment](#)

### 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 checkbox and then select the **Delete** button.

Select **Paid Family Leave Military Assist** under Apply for Paid Family Leave Benefits.

#### Note

Submit your application no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins, or you may lose benefits.

## Paid Family Leave – Military Assist Claim Information

Complete this form if you had or will have a loss of wages while assisting with matters related to a family member's military deployment to a foreign country.

**Note:** Do not complete this form if you are insured by a Voluntary Plan maintained by your employer. Ask your employer for the proper forms.

### Gather Your Information

Have the following available while completing this form:

#### Personal Information

- Full name (and other names)
- Date of birth
- Gender
- Preferred language
- Social Security number
- Mailing address
- Phone number
- Your relation to the member

#### Employment Information

- Occupation
- Date you last worked
- Date you returned to work
- Reason(s) why you have left
- Bargaining unit number

#### Most Recent Employer

- Name of employer
- Mailing address
- Phone number

#### Wage Information

- If you are receiving, or expect to receive, any payments from your employer(s)
  - Type of payment received, such as (but not limited to):
    - Sick leave
    - Employer-required vacation
    - Wage continuation
    - Military pay
    - Commissions
    - Earnings from part-time or modified duty
    - Residuals
    - Bonuses
    - Holiday pay

**Note:** Failure to report any payment can result in an overpayment, penalties, and disqualification.

#### Additional Information

- If you claimed or plan to claim Workers' Compensation
- If you were convicted of a crime and held in custody
- If you want to use all your benefit weeks
- When you want your military assist claim

**Note:** The date you want your military assist claim

#### Military Member's Information

- Full name
- Date of birth
- Gender
- Last four digits of their Social Security number
- Date they were notified of covered active duty
- Covered active duty start date and end date
- Mailing address

#### Supporting Military Documentation

After you file your PFL claim, you must send a copy of the following:

- Covered active duty orders
- Letter of impending call or order to cover
- Documentation approving rest and recuperation

#### Qualifying Events

You can request PFL benefits for multiple qualifying events. You must provide the following for each event:

- Type of qualifying event, such as (but not limited to):
  - Provide/arrange childcare for the military member's child
  - Provide/arrange care for the military member's parent
  - Attend counseling
  - Make financial/legal arrangements
  - Assist the military member during rest and recuperation leave
  - Attend a military event
  - Represent the military member at federal, state, or local government events
  - Address issues due to the military member's death
- Event start and end dates
- Contact information for the person or organization you are assisting
- Description of the event

#### Reasonable Accommodations

Call 1-877-238-4373 for required forms and instructions if you need:

- Need this form in an alternate format (e.g., braille).
- Do not understand this form or any form provided by the Department of Industrial Relations.
- Are prevented from completing the form due to a disability.
- Need to choose a representative to sign for you.
- Are an authorized representative filing on behalf of a person with a disability.

For individuals with disabilities requesting auxiliary aids and services, call 1-877-238-4373.

Carefully review the **Military Assist Claim Information**.

It gives important information you need to apply for your military assist claim.

Select **Next**.

#### Resources for Special Circumstances

##### Child Support Obligations

Direct your questions to the Department of Child Support Services at 1-866-249-0773.

##### Spousal or Parental Support Obligations

Direct your questions to the District Attorney's Office administering the court order.

##### Death of Claimant

If a person receiving PFL benefits dies, an heir or legal representative should report the death to the PFL office. Benefits are payable through date of death, if otherwise eligible.

##### Death of Military Member

If the military member dies, report the death to the PFL office. You are eligible to receive benefits to take care of any business related to their death.

##### Job Benefits and Protection Programs

The Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) offer job-protected leave to eligible employees for certain family and medical reasons.

- To contact FMLA, call 1-866-487-9243 or visit the [Department of Labor](#).
- To contact CFRA, call 1-800-884-1684 or visit the [Department of Fair Employment and Housing](#).

For more information about Paid Family Leave, visit the [EDD website](#).

Cancel

Next

# Military Assist Claim Instructions

\*Indicates Required Field

Read and understand the following information before completing this form.

## Requirements

### Your Responsibilities

You must:

- Read these instructions
- Include your claimant's information
- File your claim on time
- Report in writing if you change your claimant's information
- Report in writing if you are not sure you are eligible

If you are not sure you are eligible, you should contact the EDD for more information.

### Basic Eligibility

You must:

- Have a family notification on file
- Have had one or more weeks of unemployment benefits
- Be employed in California
- Have earned wages in California
- Have submitted your claim to the EDD
- Be the spouse of a military member
- Certify the information you provide is true and correct

### Ineligibility

You must not be:

- Claiming or receiving Unemployment Insurance (UI) or Disability Insurance (DI) benefits.
- Receiving Workers' Compensation benefits at a weekly rate equal to or greater than the PFL benefit rate.
- In custody of law enforcement authorities because you were convicted of a crime.

You can apply for benefits even if you are not sure you are eligible. If you are ineligible for all or part of a period claimed, the EDD will notify you of the ineligible period and the reason(s) why.

### Disqualification

The PFL office will consider all available information before disqualifying your claim. If the PFL office denies your claim, you will receive a written notice stating the reason(s) why.

Do not deliberately report incorrect information to collect or increase your benefits. Reporting incorrect or incomplete information to collect or increase your benefits violates the California Unemployment Insurance Code and is punishable by imprisonment, a fine up to \$20,000, or both. The EDD actively prosecutes fraud, and claimants who are caught will face criminal prosecution to the fullest extent of the law.

### Benefits

#### Benefit Amount

Carefully decide the date you were laid off or your last day of work. The date you were laid off or your last day of work determines the start date of your claim and the amount of your benefits.

#### How Benefits Are Paid

After your claim is processed, you will receive a payment card. If you are not eligible for continued benefits, a payment will be made to you for the first week of your claim.

**Note:** The majority of claims are approved for continued benefits.

#### Taxability of Benefits

PFL benefits are subject to federal income tax. PFL benefits are not subject to state income tax.

#### Overpayment

If you receive PFL benefits you are not entitled to, you must pay them back. If you do not pay them back, your benefits will be waived. Otherwise, you must pay them back from 25 to 100 percent until the amount is paid.

#### Fraud

### Your Rights

#### Confidentiality

Information about your claim will be kept confidential, except for the purposes allowed by law. The EDD will not disclose or provide copies of medical information to medical providers.

#### Inspection

You have the right to inspect any of your personal records maintained by the EDD, except for:

- Medical or psychological records where knowledge of the contents might be harmful to the subject.
- Records of active criminal, civil, or administrative investigations.

Call 1-877-238-4373 to request a copy of your records. If the EDD denies you access, you can mail a request to review the denial to:

Employment Development Department  
Information Security Office, MIC 33  
PO Box 826880  
Sacramento, CA 94280-0001

#### Correction

Call 1-877-238-4373 to correct your records if you believe they are not accurate, relevant, timely, or complete. If the EDD refuses your request, you can mail a request to review the denial to:

Employment Development Department  
Information Security Office, MIC 33  
PO Box 826880  
Sacramento, CA 94280-0001

#### Appeal

You have the right to appeal any overpayment, penalty, or disqualification. Instructions on how to appeal will be provided on any appealable document you receive.

### Agree Before Continuing

I understand these instructions for submitting a military assist claim. If I don't provide complete and accurate information, my benefits can be delayed or denied. If I deliberately report incorrect or incomplete information to collect or increase my benefits, the EDD will disqualify my claim and I can face criminal prosecution.

Previous

Cancel

Next

Continue to review all the instructions on how to file a military assist claim.

You must check the box to agree to our terms and conditions.

Select **Next** to continue.

1

Personal  
Information

2

Employment  
Information

3

Additional  
Questions

4

Certification

5

Qualifying  
Events

6

Declaration

You are currently on Step 1 Personal Information

## Section 1 - Personal Information

**Social Security Number:** XXX-XX-XXXX

**EDD Customer Account Number:** 123456789

**Full Name:** John Doe

**Other Names (if any, under which you  
have worked):**

**Date of Birth:** XX-XX-XXXX

**Gender:** Male

**Mailing Address:** 123 Main St  
Sacramento, CA 95814

**Phone Number:** 916-555-1212

**Preferred Language:**

If your personal information has changed, select Save as Draft. To update your personal information before completing this form, select Profile.

Previous

Cancel

Save as Draft

Next

The system automatically fills certain portions of the application.

Make sure the information is correct. If your personal information has changed, select **Save as Draft** and update your SDI Online profile.

Select **Next** to continue.

# Employment Details



You are currently on Step 2 Employment Information

\* Indicates Required Field

## Section 2 - Employer Information

Enter your current employer. If unemployed, enter your most recent employer.

\* Name of Your Employer:

\* Occupation:

\* Are you a state government employee?  Yes  No

If "Yes", Indicate Bargaining Unit Number:

\* May we disclose benefit payment information to your employer(s)?  Yes  No

\* Do you have more than one employer?  Yes  No

\* Reason for reducing work hours or stopping work:  Care for Family Member  Other

## Employer Mailing Address

US  International

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* ZIP Code:

Employer Phone Number:  Ext:

Check here if the phone number is international

Complete Section 2 - Employer Information with your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub.

If you are unsure what address to enter, ask your employer.

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

Select **Next**.

## Additional Questions

Personal Information    Employment Information    **3 Additional Questions**    4 Certification    5 Qualifying Events    6 Declaration

You are currently on Step 3 Additional Questions

\*Indicates Required Field

### Paid Family Leave Information

\*Date you last worked:

The date you want your Paid Family Leave (PFL) benefits to begin cannot be before the date the military member was notified of covered active duty status.

\*Date you want your PFL claim to begin:

\*Do you want to claim the maximum amount of benefit weeks now?  Yes  No

If "No," enter the date you want to be paid through:

Date you returned to work:

Or date you plan to return to work:

\*Did you or will you work at any time during your family leave period?  Yes  No

If you have or will receive any type of pay from your employer(s) during your family leave period, select the type of pay:  
 Sick  
 Employer Required Vacation  
 Other Type of Pay

If "Other Type of Pay," specify the type:

\*Have you claimed or do you plan to claim Workers' Compensation during your family leave period?  Yes  No

\*At any time during your Paid Family Leave, were you in the custody of law enforcement authorities because you were convicted of violating a law or ordinance?  Yes  No

Previous

Cancel

Save as Draft

Next

Complete the Paid Family Leave Information section. Make sure all dates are correct to avoid a delay or incorrect payment of benefits.

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

Select **Next**.

## Military Assist Certification

Personal Information
  Employment Information
  Additional Questions
 **4 Certification**
 5 Qualifying Events
  6 Declaration

You are currently on Step 4 Certification

\*Indicates Required Field

### Your Information

\*The Military Member is your:

If "Other," please specify:

### Military Member's Information

\*Military Member's First Name:

Military Member's Middle Initial:

\*Military Member's Last Name:

Military Member's Suffix:

\*Military Member's Date of Birth:

\*Military Member's Gender:  Male  Female

\*Last four digits of Military Member's Social Security Number:

\*Date Military Member was notified of covered active duty status:

\*Covered active duty start date:

Covered active duty end date (if known):

### Military Member's Mailing Address

US  International

\*Address Line 1:

Address Line 2:

\*City:

\*State:

\*ZIP Code:

### Supporting Military Documentation

After you file this claim, you must submit an approved supporting military document to receive PFL benefits.

\*Select the type of military document you will submit:

Covered active duty orders  
 Letter of impending call or order to covered active duty  
 Documentation approving rest and recuperation leave

Instructions for submitting a supporting military document will be provided on the Confirmation page.

Complete the following sections:

- Your Information
- Military Member's Information
- Military Member's Mailing Address
- Supporting Military Documentation

Make sure the information you enter is about the military member you are assisting.

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

Instructions on how to submit supporting military documentation are available on the Confirmation screen.

Select **Next**.

## Qualifying Events

Personal Information   Employment Information   Additional Questions   Certification   **5 Qualifying Events**   6 Declaration

You are currently on Step 5 Qualifying Events

\*Indicates Required Field

### Add Event

Enter a qualifying event. If you are requesting PFL benefits for multiple events, enter each event separately. You can add up to eight events.

- \*What is your qualifying event?
- Provide/arrange childcare for the military member's child
  - Provide/arrange care for the military member's parent
  - Attend counseling
  - Make financial/legal arrangements
  - Assist the military member during rest and recuperation leave
  - Attend a military event
  - Represent the military member at federal, state, or local agencies
  - Address issues due to the military member's death
  - Other

If "Other," please specify:

\*Event Start Date:

\*Event End Date:

### Event Details

Provide the following information related to the qualifying event.

\*Name or Organization:

US    International

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

\*Phone Number:  Ext:

Check here if the phone number is international

Email Address:

\*Describe your qualifying event:

You can add more events on the next page.

Previous

Cancel

Save as Draft

Next

Complete the following sections:

- Add Event
- Event Details

Make sure you enter information about the qualifying event you plan to attend.

If requesting military assist benefits for multiple events:

- Enter each event separately.
- You can add up to eight events.
- Instructions to add additional events are located on the next page.

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

Select **Next** to continue.

# List of Qualifying Events



You are currently on Step 5 Qualifying Events

\*Indicates Required Field

## Your Events

Select **Add** to enter another qualifying event. If you are finished adding events, select **Next** to continue.

Qualifying Event	Name or Organization	Event Start Date	Event End Date	Action
Provide/arrange care for the military member's parent	Mother Jones	MM-DD-YYYY	MM-DD-YYYY	Delete

Previous

Cancel

Add

Save as Draft

Next

To add more than one event:

- Select **Add** and enter the event information.
- Select **Next** once all events have been added.

## Benefit Payment Options

Personal Information   Employment Information   Additional Questions   Certification   Qualifying Events   **6 Declaration**

You are currently on Step 6 Declaration

\*Indicates Required Field

### Select Your Option

If you're eligible for benefits, you have three options to receive your benefit payments.

**\*Select your payment option:**  Direct Deposit  
 Debit Card  
 Mailed Checks

I have reviewed the Debit Card Fees and Disclosures.

Gather your bank routing and account numbers and select **Next** to continue.

Previous

Cancel

Save as Draft

Next

On the Benefit Payment Options screen, choose your benefit payment option.

Select the “I have reviewed...” box to confirm you have read the disclosures, then select Next.

## Enter Your Banking Information

\*Required Field

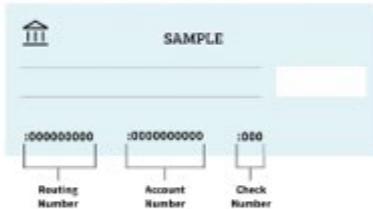
First Name

STORMY

Last Name

WEATHER

Routing and Account Number Sample



\*Routing Number

Routing number must be 9 digits.

\*Account Number

Account number must be 5-17 digits.

 [Show](#)

\*Confirm Account Number

 [Show](#)

\*Account Type

Checking

Savings

### Before You Submit

If your bank does not accept direct deposit, you will receive benefit payments on a prepaid debit card.

\*You must read and agree to the following documents

[Direct Deposit Terms of Use \(PDF\)](#)

[Prepaid Debit Card Disclosures \(PDF\)](#)

I have read and agree to the terms of use and disclosures.

[Money Network Online Privacy Policy](#)

[Flagstar Bank, N.A. Privacy Policy](#)

© 2024 Money Network Financial, LLC as processor on behalf of Flagstar Bank, N.A.

If you selected Direct Deposit, you will be asked to provide your banking information.

You must select and open the “terms of use” documents and disclosures before you can submit your information.

Select **Submit** to continue.

## Digital Signature

Read the following information and check the box if you agree.

**Note:** A check in the box is a digital signature executed by you and is the legally binding equivalent to a traditional handwritten signature.

I am my signature on this Military Assist Certification and claim statement, I:

- Claim Paid Family Leave benefits and certify that, throughout the period covered by this claim, I was assisting a military member during a qualifying event.
- Authorize the EDD to release my personal information as shown on this claim to the military member I am assisting.
- Authorize my employer(s) to disclose all facts concerning my employment that are within their knowledge to the EDD.
- Authorize the release and use of information as stated in the Information Collection and Access section on the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F).
- 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.
- Declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete.
- Agree that photocopies of this authorization shall be as valid as the original.
- Understand that authorizations contained in this claim statement are granted for a period of 15 years from the date of my signature or the effective date of the claim, whichever is later.

Previous

Cancel

Save as Draft

Submit

Next, select the box to acknowledge your digital signature.

Select **Submit** to continue.

## Paid Family Leave (PFL) Survey Questions

\* Indicates Required Field

### Paid Family Leave (PFL) Survey

The EDD has received your portion of your claim for Paid Family Leave benefits. There is one more step to complete before you receive your claim receipt number. Please answer the questions below and then select the "Submit" button for your receipt number.

**\* Before you filed your Paid Family Leave (PFL) claim, how did you learn about the Paid Family Leave (PFL) benefit program? Please select the response that best applies:**

- From a brochure I received by U.S. mail.
- From a friend or family member.
- From an SDI Online Notification.
- From my employer.
- From a social worker or hospital employee.
- None of these.

Submit

Complete the survey and select **Submit**.

# Confirmation

You have successfully submitted your PFL claim. Allow two weeks for it to be processed. If you have any questions, call 1-877-238-4373.

## Claim Information

**Claimant Name:** John Doe  
**Requested Claim Start Date:** 11-07-2021

**Social Security Number:** XXX-XX-XXXX

**Receipt Number:** R100001000032163

## Important Next Steps

Failure to submit your supporting document will result in disqualification, and you will not receive payment. You must send it within 10 business days electronically or by mail.

### Send Electronically

You can [attach your supporting document now](#) or at a later date by following these instructions:

1. Select New Claim from the main menu.
2. Select the corresponding attachment link.

### Send by Mail

Mail a photocopy of your supporting document to:

**EDD - Paid Family Leave**  
**PO Box 997017**  
**Sacramento, CA 95799-7017**

Do not mail the original document. Include your 9-digit Social Security number, receipt number, and requested claim start date on each page.

We assign your claim a **Receipt Number** on the Confirmation screen.

Save the **Receipt Number**. You need this number to upload your supporting documentation to the correct online claim.

This Confirmation screen also gives you instructions on how to upload your documentation to your military assist claim.

## Important Next Steps

Failure to submit your supporting document will result in disqualification, and you will not receive payment. You must send it within 10 business days electronically or by mail.

### Send Electronically

You can **attach your supporting document now** or at a later date by following these instructions.

1. Select New Claim from the main menu.
2. Select the corresponding attachment link.

### Send by Mail

Mail a photocopy of your supporting document to:

**EDD - Paid Family Leave  
PO Box 997017  
Sacramento, CA 95799-7017**

Do not mail the original document. Include your 9-digit Social Security number, receipt number, and requested claim start date on each page.

To complete your military assist claim, you must send us your supporting military documentation and documentation of the qualifying event within 10 days.

### To submit your documentation online:

- Select **attach your supporting document now**.
- Use the [Submit Supporting Military Assist Claim Documents](#) section of this tutorial for instructions.

### To submit your documentation by mail:

- Send copies of your supporting military documentation and documentation of the qualifying event to the address on the screen.
- Do not mail the original documents. Include your nine-digit Social Security number, Receipt Number, and the date you want your claim to start on each page.



# How to Submit your Supporting Military Assist Documents

Learn how to submit supporting documents to complete your application for military assist benefits.



[Get Started](#)

# To avoid processing delays for your uploads:

## Note

To upload a document, save the document to your computer or phone as a PDF, JPG, JPEG, TIF, or TIFF file. All file sizes must be 5MB or less.

## Important

You must send us these documents no more than 10 days from the date you filed your claim.

## Home

### Message Center

Check the message center Inbox below to review messages and take required actions as needed.

Inbox [ New: 0 , Total: 0 ]

### Personal Information

**Full Name:** John Doe

**EDD Customer Account Number:** 123456789

**Mailing Address:** 123 Main St  
Sacramento, CA 95814

**Phone Number:** 916-555-1212

**Residence Address:** 123 Main St  
Sacramento, CA 95814

**Cell Phone Number:** 916-555-1213

**E-mail Address:** Jdoe@gmail.com

Current Disability Insurance Claim(s)

To upload the military documentation and documentation of the qualifying event we need for your online claim:

- Return to your homepage.
- Select **New Claim** from the main menu.

# Apply for Benefits or Continue a Draft Application

Select a link below to apply for Disability Insurance or Paid Family Leave benefits. If you have already submitted a *Claim for Disability Insurance* (DE 2501) or a *Claim for Paid Family Leave* (DE 2501F), do not submit a duplicate form. It may take up to 14 days for your Initial Claim form to be reviewed and processed. Submitting duplicate forms may delay the processing of your claim.

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

## Apply for Disability Insurance Benefits

[Disability Insurance](#)

## Apply for Paid Family Leave Benefits

[Paid Family Leave Bonding](#)

[Submit Electronic Paid Family Leave Bonding Attachment](#)

[Paid Family Leave Care](#)

[Submit Electronic Paid Family Leave Care Attachment](#)

[Paid Family Leave Military Assist](#)

[Submit Electronic Paid Family Leave Military Assist Attachment](#)

## 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 checkbox and then select the **Delete** button.

Under Apply for Paid Family Leave Benefits, select **Submit Electronic Paid Family Leave Military Assist Attachment**.

## Form Attachment

Allow two weeks for attachments to be processed. If you have any questions, call 1-877-238-4373.

### Select a Claim

Only claims you have successfully submitted will be listed.

Form Name	Date Submitted	Receipt Number	Action
Claim for Paid Family Leave (PFL) Benefits - Military Assist (DE 2501F)	MM-DD-YYYY	R100001000032163	Select

Cancel

Make sure the **Receipt Number** on the screen matches the number you got when you submitted the online application.

If it matches, choose **Select** from the **Action** column to attach a document to your file.

## Attach File

\*Indicates Required Field

### Claim Information

Social Security Number: XXX-XX-XXXX

Requested Claim Start Date: MM-DD-YYYY

Receipt Number: R100001000032163

### Current Attachments

No Results Found

### Select a File

Select **Browse** to attach a file to your claim.

- Files must be less than 5MB
- Allowed file types: PDF, JPG, JPEG, TIF or TIFF

\*Choose a file: No file chosen

Browse

Attach another document?  Yes  No

Previous

Cancel

Submit

Select **Browse** to upload a document from your computer or phone.

To upload more than one document, select **Yes** to “Attach another document?” and then select **Submit**. This sends you back to the Attachment screen to continue uploading documents.

When you are done uploading your documents, select **No** to “Attach another document?” and then select **Submit**.

# Attachment Confirmation

Your file has been uploaded and attached to your claim.

## Claim Information

Social Security Number: XXX-XX-XXXX

Requested Claim Start Date: MM-DD-YYYY

Receipt Number: R100001000032163

## Attachments

File Name	Date Submitted	Attachment Receipt Number
covered active duty orders - provide care.JPG	MM-DD-YYYY	R100001000032167

The Attachment Confirmation screen confirms the attachment was submitted.

Save the **Receipt Number** for future reference.

# Your completed application

Your military assist application is complete when you send us the supporting military documentation and documentation of the qualifying event.

Allow at least 14 days for us to process your completed application.

Do not submit the same application more than once. This may delay your benefits.

If you can't upload your supporting documents, you can mail them to:

State of California  
Employment Development Department  
P.O. Box 989315  
West Sacramento, CA 95798-9315



# CONTACT US

1-877-238-4373

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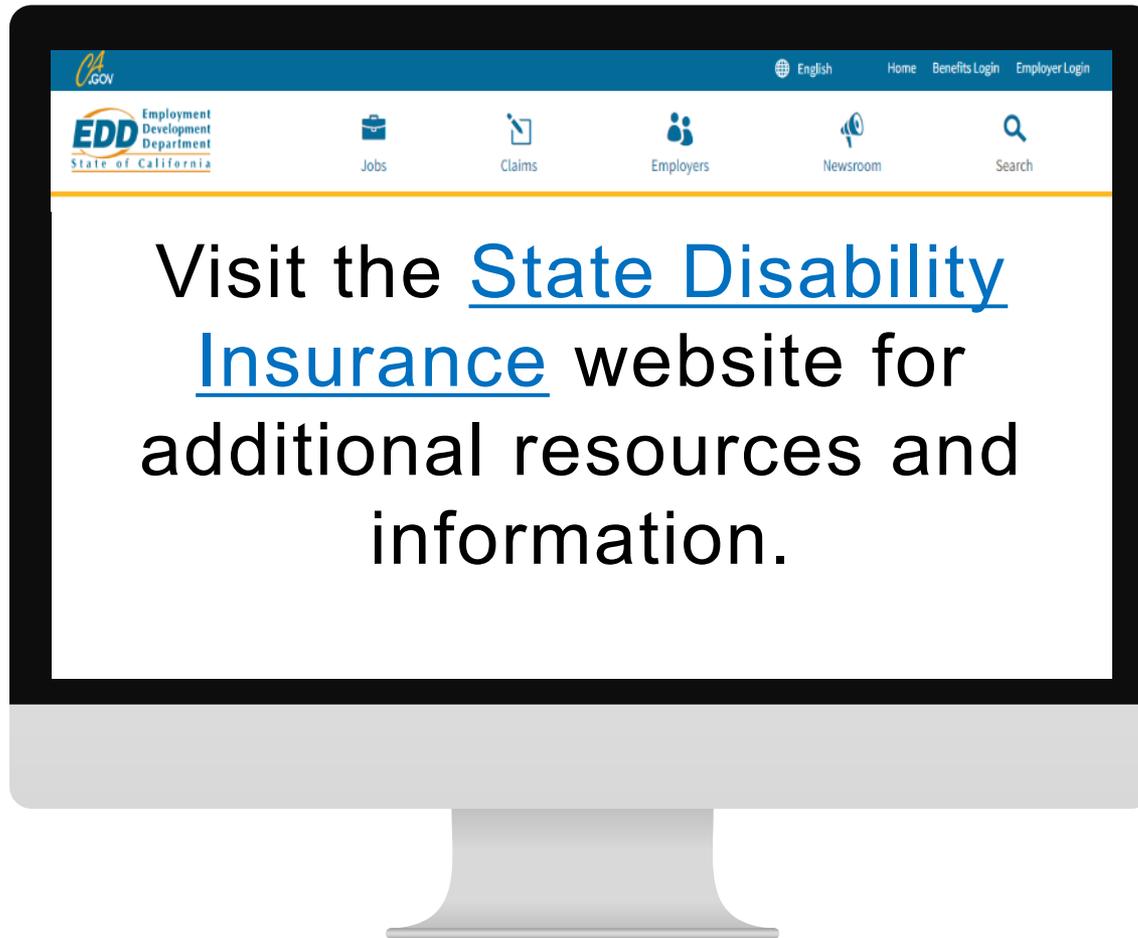
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