



SDI ONLINE TUTORIAL

Apply for Paid Family Leave Military Assist

Last Updated: July 2026

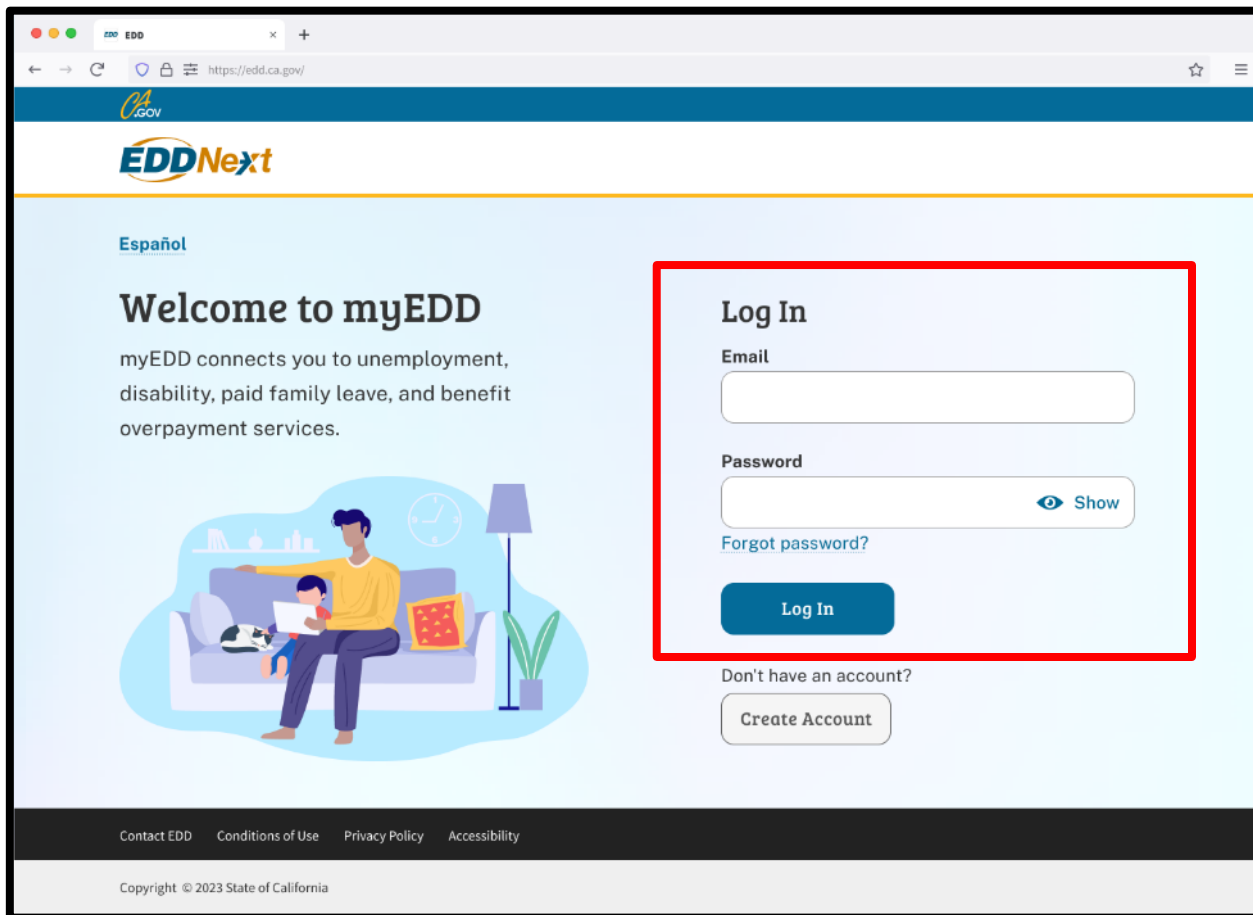


Apply for Military Assist Benefits

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



[Get Started](#)

A screenshot of the myEDD website in a web browser. The browser's address bar shows 'https://edd.ca.gov/'. The page has a blue header with the 'CA.gov' logo and the 'EDDNext' logo. Below the header, there is a 'Español' link. The main content area is light blue and features a 'Welcome to myEDD' section with a description of the service and an illustration of a person sitting on a couch. To the right of this is a 'Log In' section, which is highlighted with a red rectangular border. This section contains input fields for 'Email' and 'Password', a 'Show' button next to the password field, a 'Forgot password?' link, a 'Log In' button, and a 'Create Account' button. At the bottom of the page, there are links for 'Contact EDD', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with a copyright notice for the State of California.

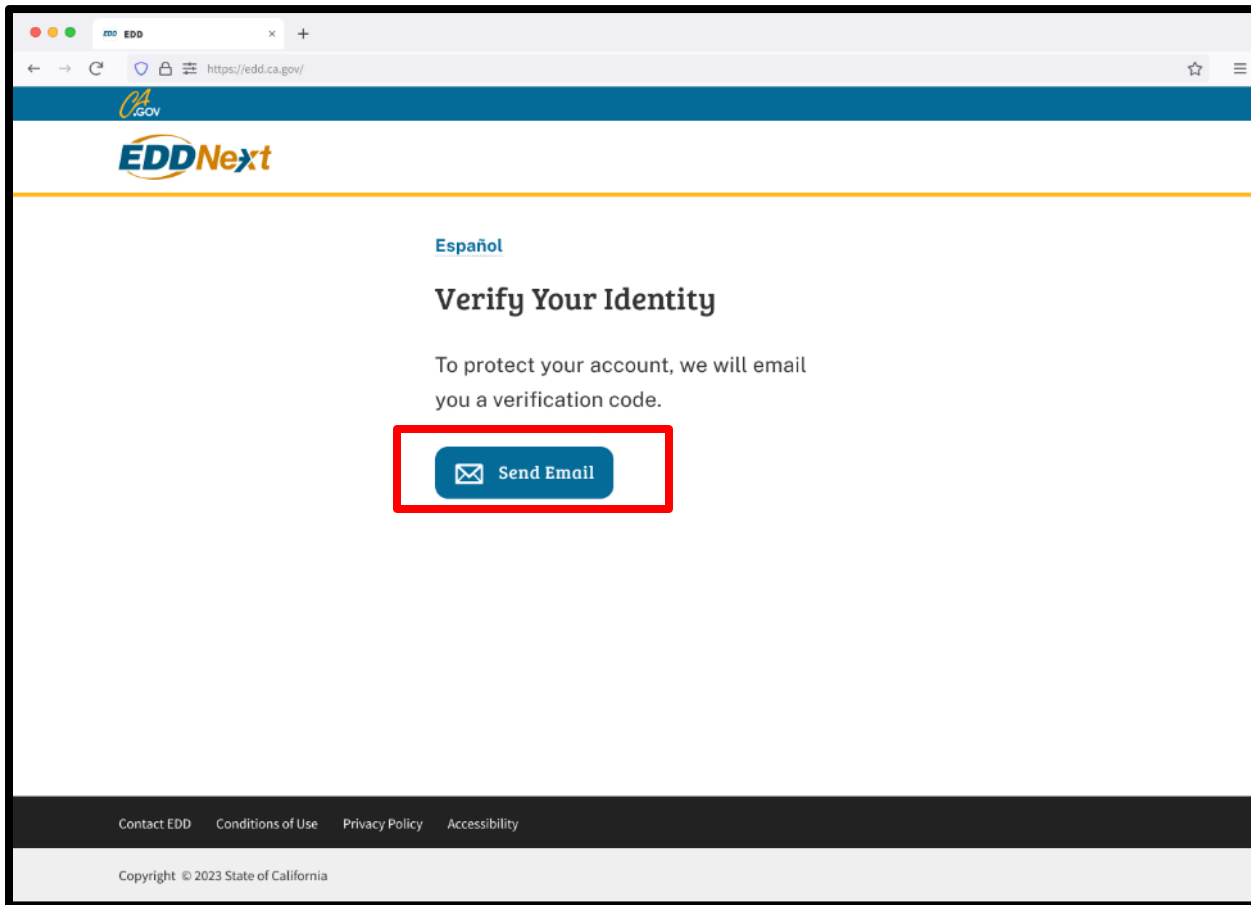
Apply Online

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](https://myedd.ca.gov/).
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

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

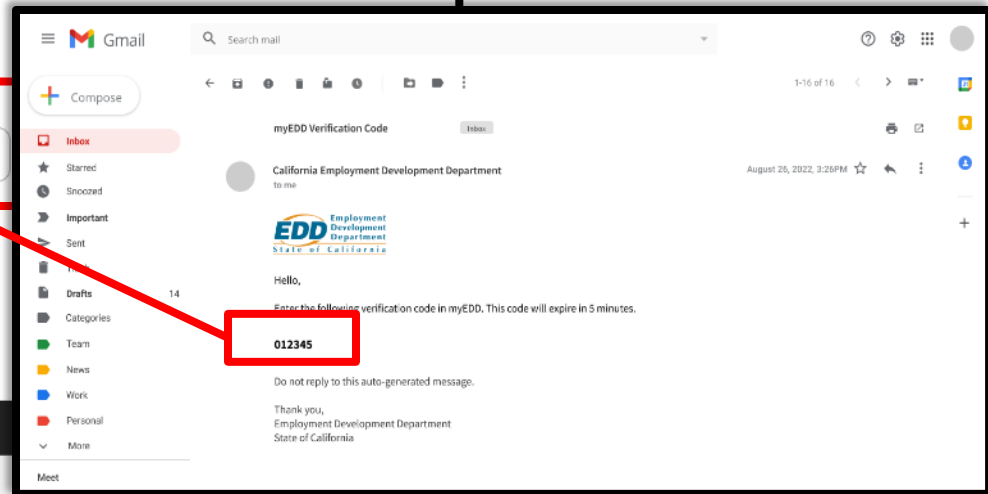
*Verification Code

Submit

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

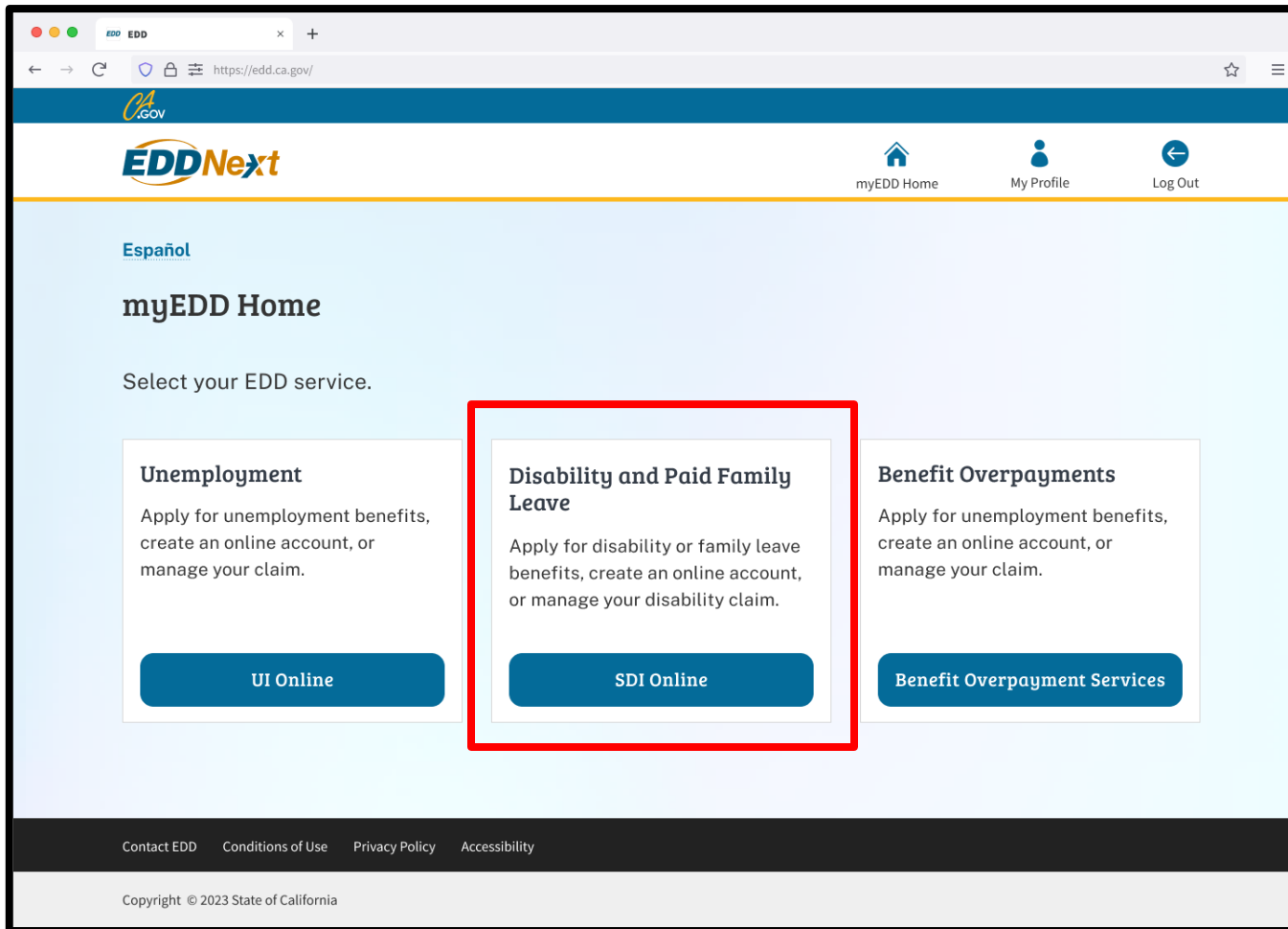
Contact EDD Conditions of Use Privacy Policy Accessibility

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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.



Tip

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

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





Employment
Development
Department
State of California

[SDI Online Home](#) [myEDD](#) [Utilities](#) [Help](#) [Liz Keen](#) [Log Out](#)

[SDI Home](#) [Inbox](#) [New Claim](#) [Draft](#) [Profile](#) [History](#)

SDI Online Home

 **Message Center**

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

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

Apply for Benefits

Start a new application or continue a draft application for disability or Paid Family Leave benefits.

Apply

Current Disability Claims

Claim ID	Status	Claim Effective Date
DI-1000-027-802	Payments Stopped	05-02-2025

Pending Disability Applications

Claim ID	Status	Date Submitted	Receipt Number
DI-1000-027-805	Signature Needed	05-30-2025	R100000000078788

Current Paid Family Leave Claims

Claim ID	Status	Claim Effective Date
PF-1000-027-806	Claim Active	04-02-2025

Pending Paid Family Leave Applications

Claim ID	Status	Date Submitted	Receipt Number
PF-1000-027-857	Medical Certification Needed	06-02-2025	R100000000078961

Share Your Feedback

We welcome [feedback](#) about your experience applying online for benefits.

[Back to Top](#) [Contact EDD](#) [Conditions of Use](#) [Privacy Policy](#) [Accessibility](#)

Select **New Claim** from the main menu or the **Apply** button under Apply for benefits.

The screenshot shows the EDD State of California website. At the top, there is a navigation bar with links: SDI Online Home, myEDO, Utilities, Help, Jay Rai, and Log Out. Below this is a secondary navigation bar with links: SDI Home, Inbox, New Claim, Draft, Profile, and History. The main content area is titled 'Apply for Benefits' and includes a link to 'continue your draft application'. Under 'Disability Benefits', there is a section for 'Disability' with a list of conditions and an 'Apply for Disability' button. Under 'Paid Family Leave Benefits', there are three sections: 'Bonding', 'Care', and 'Military Assist'. The 'Military Assist' section is highlighted with a red box and includes an 'Apply for PFL Military Assist' button and an 'Add Military Assist Document' button.

CA

SDI Online Home myEDO Utilities Help Jay Rai Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

Apply for Benefits

Select the type of benefit you're applying for or [continue your draft application](#).

Disability Benefits

Disability provides benefits if you are not able to do your regular work due to a disability.

Disability

A disability includes:

- An illness or injury, either physical or mental.
- Surgery, including elective surgery.
- Pregnancy and childbirth.

[Apply for Disability](#)

Paid Family Leave Benefits

Paid Family Leave (PFL) provides benefits if you need to take time off for your family.

Bonding

Bond with a child.

[Apply for PFL Bonding](#)

[Add Bonding Document](#)

Care

Care for a seriously ill family member.

[Apply for PFL Care](#)

[Add Care Document](#)

Military Assist

Participate in a qualifying event because of a family member's military deployment.

[Apply for PFL Military Assist](#)

[Add Military Assist Document](#)

Select **Military Assist** under 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.

The screenshot shows the EDD (Employment Development Department) website interface. At the top, there is a blue header with the EDD logo and navigation links: SDI Online Home, myEDD, Utilities, Help, and Log Out. Below the header, a white navigation bar contains links: SDI Home, Inbox, New Claim, Draft, Profile, and History. The main content area has a title 'We Found a Past Claim' and a message: 'You already applied for Paid Family Leave benefits within the last 30 days. It can take up to 14 days to process your claim.' Below this, claim details are listed: Claim ID: PF-2000-001-291, Last Date Worked: 06/01/2026, Start Date: 06/13/2026, and Status: We're processing your claim. An 'Important' note states: 'Submitting a duplicate application for this claim can delay your benefits. Only select **New Application** if:'. A bulleted list follows: 'You're splitting your leave for this claim (use a different start date on your new application).', 'You're submitting a new claim.' At the bottom of the main content area, there are two buttons: 'Cancel' and 'New Application'. A red arrow points to the 'New Application' button. The footer contains links: Back to Top, Contact EDD, Conditions of Use, Privacy Policy, and Accessibility.

We Found a Past Claim

You already applied for Paid Family Leave benefits within the last 30 days. It can take up to 14 days to process your claim.

Claim ID: PF-2000-001-291
Last Date Worked: 06/01/2026
Start Date: 06/13/2026
Status: We're processing your claim

Important: Submitting a duplicate application for this claim can delay your benefits. Only select **New Application** if:

- You're splitting your leave for this claim (use a different start date on your new application).
- You're submitting a new claim.

[Back to Top](#) [Contact EDD](#) [Conditions of Use](#) [Privacy Policy](#) [Accessibility](#)

If you already filed a Paid Family Leave claim in the last 30 days you will see this alert screen. It will show you the existing claim information.

You can still submit a New Application, or you may select the Cancel button if you selected “Apply” by mistake.

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 to the PFL office:

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

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 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 a reasonable accommodation.

- Need this form in an alternate format (e.g., braille).
- Do not understand this form or any form provided by the PFL office.
- 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.

For individuals with disabilities requesting auxiliary aids and services, please contact the PFL office at 1-866-487-9243.

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

*Indicates Required Field

Read and understand the following information before completing this form.

Your Responsibilities

You must:

- Read these
- Include you
- File your cl
- Report in w
 - You c
 - You re
 - You re
 - The n

If you are not sure

Basic Eligibility

You must:

- Have a family notification
- Have had one
- Be employed
- Have earned
- Have submitted
- Be the spouse
- Certify the

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 income
percent penalty. The penalty

Benefits

Benefit Amount

Carefully decide the date you paid one-seventh of your weekly wage. This date is the start date of your claim and is important for the purpose of the 13-week time limit.

How Benefits Are P

After your claim is processed, requirements, a payment will continued benefits. If payme

Note: The majority of claims

Taxability of Benefi

PFL benefits are subject to federal income tax.

Overpayment

If you receive PFL benefits you
waived. Otherwise, you must
from 25 to 100 percent until t

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

Select **Next** to continue.

[Next](#)

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

Previous

Cancel

Save as Draft

Next

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



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.

Previous

Cancel

Save as Draft

Next

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



Qualifying Events



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:

(Max characters is 255)

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



Personal
Information



Employment
Information



Additional
Questions



Certification



Qualifying
Events



Declaration

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.

CA.GOV

Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

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.

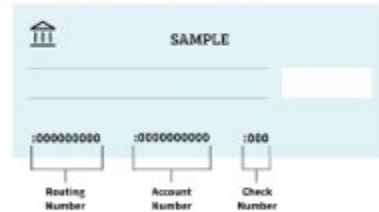
Enter Your Banking Information

*Required Field

First Name
STORMY

Last Name
WEATHER

Routing and Account Number Sample



Routing Number Account Number Check Number

*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](#)

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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, by 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

Social Security Number: XXX-XX-XXXX

Requested Claim Start Date: 11-07-2021

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.

The screenshot shows the SDI Online Home page. At the top, there is a navigation bar with links: SDI Online Home, myEDD, Utilities, Help, Liz Keen, and Log Out. Below this is a secondary navigation bar with links: SDI Home, Inbox, **New Claim** (highlighted with a red box), Draft, Profile, and History. The main content area is titled "SDI Online Home". It features a "Message Center" section with a link to "Inbox [New: 1, Total: 1]". Below this is a section titled "Apply for Benefits" (highlighted with a red box), which includes the text "Start a new application or continue a draft application for disability or Paid Family Leave benefits." and an "Apply" button. The page also displays three tables: "Current Disability Claims", "Pending Disability Applications", and "Current Paid Family Leave Claims". Each table has columns for Claim ID, Status, and Claim Effective Date. The "Pending Disability Applications" and "Pending Paid Family Leave Applications" tables also include columns for Date Submitted and Receipt Number. At the bottom, there is a "Share Your Feedback" section with a link to "feedback" and a footer with links: Back to Top, Contact EDD, Conditions of Use, Privacy Policy, and Accessibility.

CA
EDD Employment Development Department
State of California

SDI Online Home myEDD Utilities Help Liz Keen Log Out

SDI Home Inbox **New Claim** Draft Profile History

SDI Online Home

Message Center

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

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

Apply for Benefits

Start a new application or continue a draft application for disability or Paid Family Leave benefits.

[Apply](#)

Current Disability Claims

Claim ID	Status	Claim Effective Date
DI-1000-027-802	Payments Stopped	05-02-2025

Pending Disability Applications

Claim ID	Status	Date Submitted	Receipt Number
DI-1000-027-805	Signature Needed	05-30-2025	R100000000078788

Current Paid Family Leave Claims

Claim ID	Status	Claim Effective Date
PF-1000-027-806	Claim Active	04-02-2025

Pending Paid Family Leave Applications

Claim ID	Status	Date Submitted	Receipt Number
PF-1000-027-857	Medical Certification Needed	06-02-2025	R100000000078961

Share Your Feedback

We welcome [feedback](#) about your experience applying online for benefits.

[Back to Top](#) [Contact EDD](#) [Conditions of Use](#) [Privacy Policy](#) [Accessibility](#)

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 or use the **Apply** button.

The screenshot shows the EDD State of California website. At the top, there is a blue navigation bar with links: SDI Online Home, myEDD, Utilities, Help, Jay Rai, and Log Out. Below this is a white header with the EDD logo and navigation links: SDI Home, Inbox, New Claim, Draft, Profile, and History. The main content area is titled 'Apply for Benefits' and includes a sub-header 'Disability Benefits'. Under 'Disability Benefits', there is a section for 'Disability' with a list of conditions and an 'Apply for Disability' button. Below this is a section for 'Paid Family Leave Benefits' with three sub-sections: 'Bonding', 'Care', and 'Military Assist'. The 'Military Assist' section is highlighted with a red box and contains the text 'Participate in a qualifying event because of a family member's military deployment.' and two buttons: 'Apply for PFL Military Assist' and 'Add Military Assist Document'.

CA
Employment
Development
Department
State of California

SDI Online Home myEDD Utilities Help Jay Rai Log Out

SDI Home Inbox New Claim Draft Profile History

Apply for Benefits

Select the type of benefit you're applying for or [continue your draft application](#).

Disability Benefits

Disability provides benefits if you are not able to do your regular work due to a disability.

Disability

A disability includes:

- An illness or injury, either physical or mental.
- Surgery, including elective surgery.
- Pregnancy and childbirth.

Apply for Disability

Paid Family Leave Benefits

Paid Family Leave (PFL) provides benefits if you need to take time off for your family.

Bonding

Bond with a child.

Apply for PFL Bonding

Add Bonding Document

Care

Care for a seriously ill family member.

Apply for PFL Care

Add Care Document

Military Assist

Participate in a qualifying event because of a family member's military deployment.

Apply for PFL Military Assist

Add Military Assist Document

Under Paid Family Leave Benefits, select **Add Military Assist Document**.

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

– Helpful Links –



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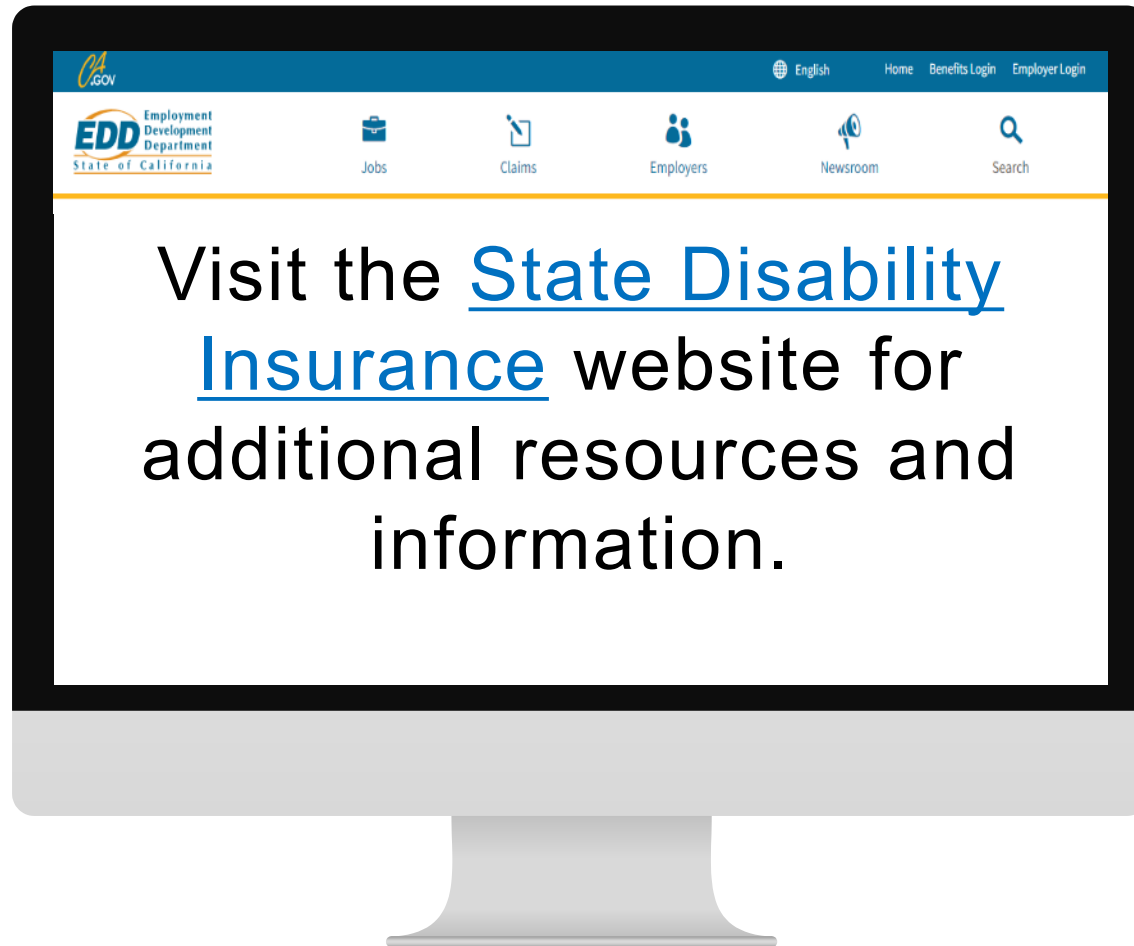
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– Follow us –





EDD is an equal opportunity department for this information. If you need help or services because of a disability, call 1-866-490-8879. TTY users, please call the California Relay Service at 711.