SDI ONLINE TUTORIAL

Apply for Paid Family Leave

Baby Bonding:

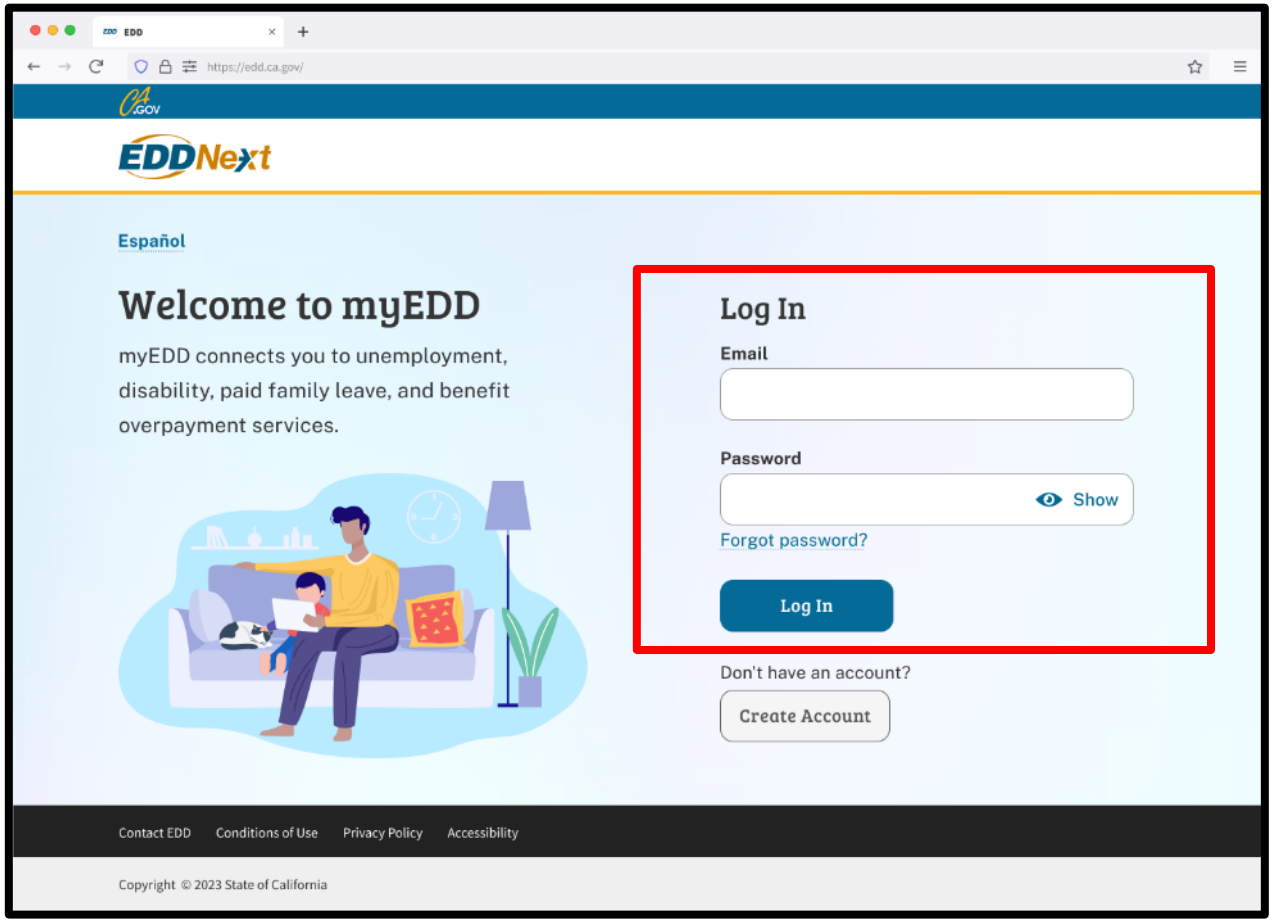
New Fathers and Mothers with no disability pregnancy claim

Last Updated: October 2026

Apply for Bonding Benefits

Learn how new fathers and mothers without a pregnancy-related disability claim apply for baby bonding benefits.

Get Started



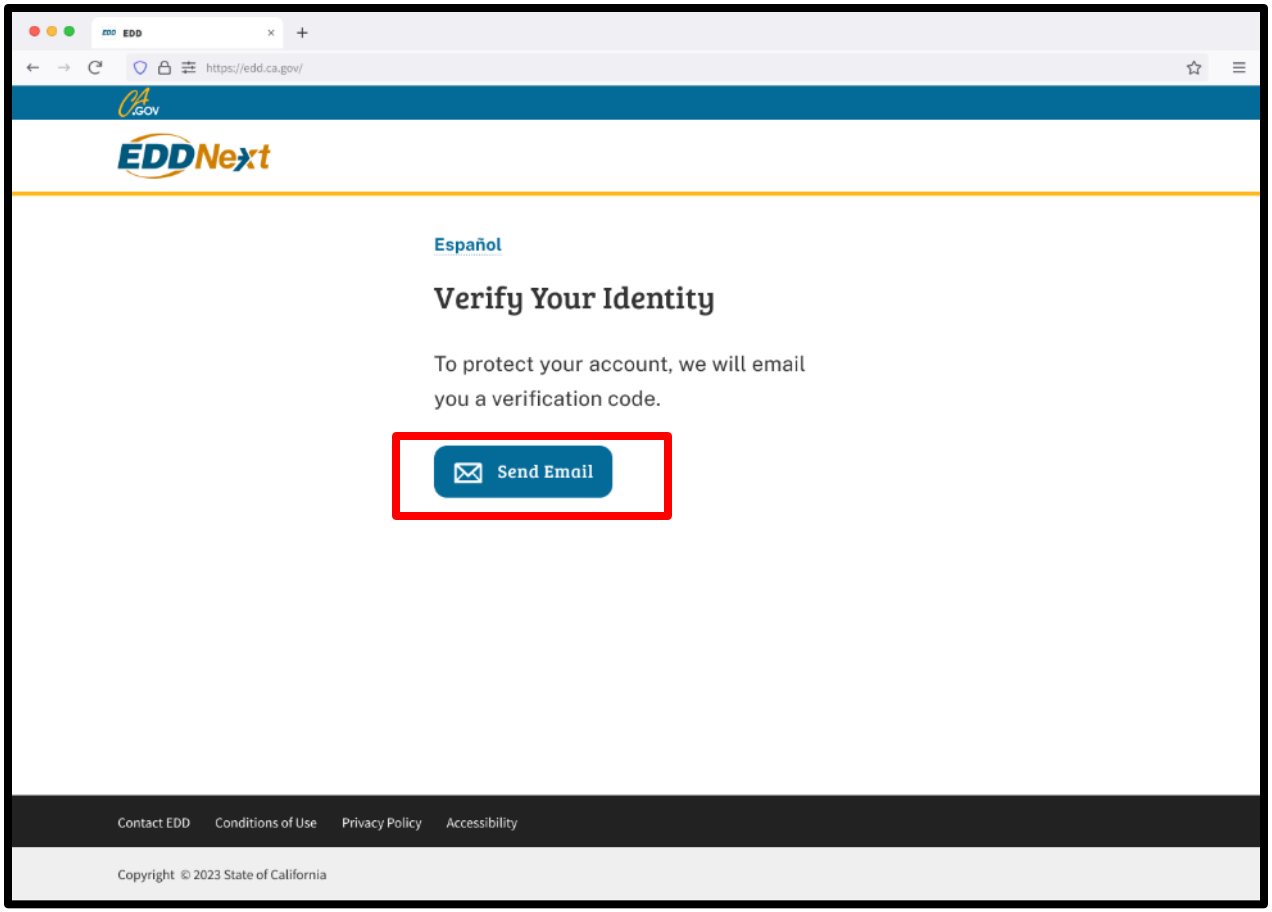
Apply Online

Tip

For Spanish, select **Español**.

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

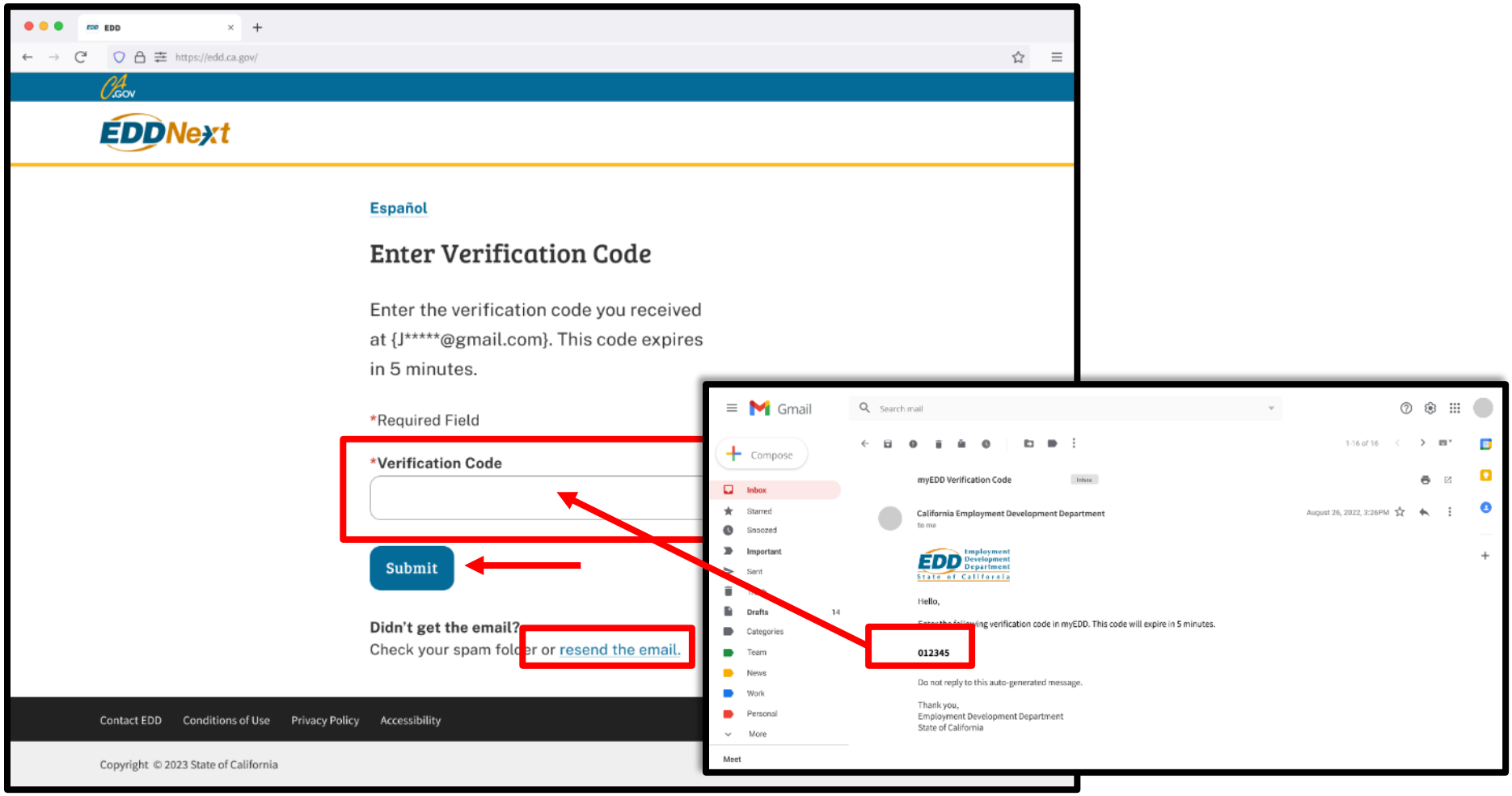
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

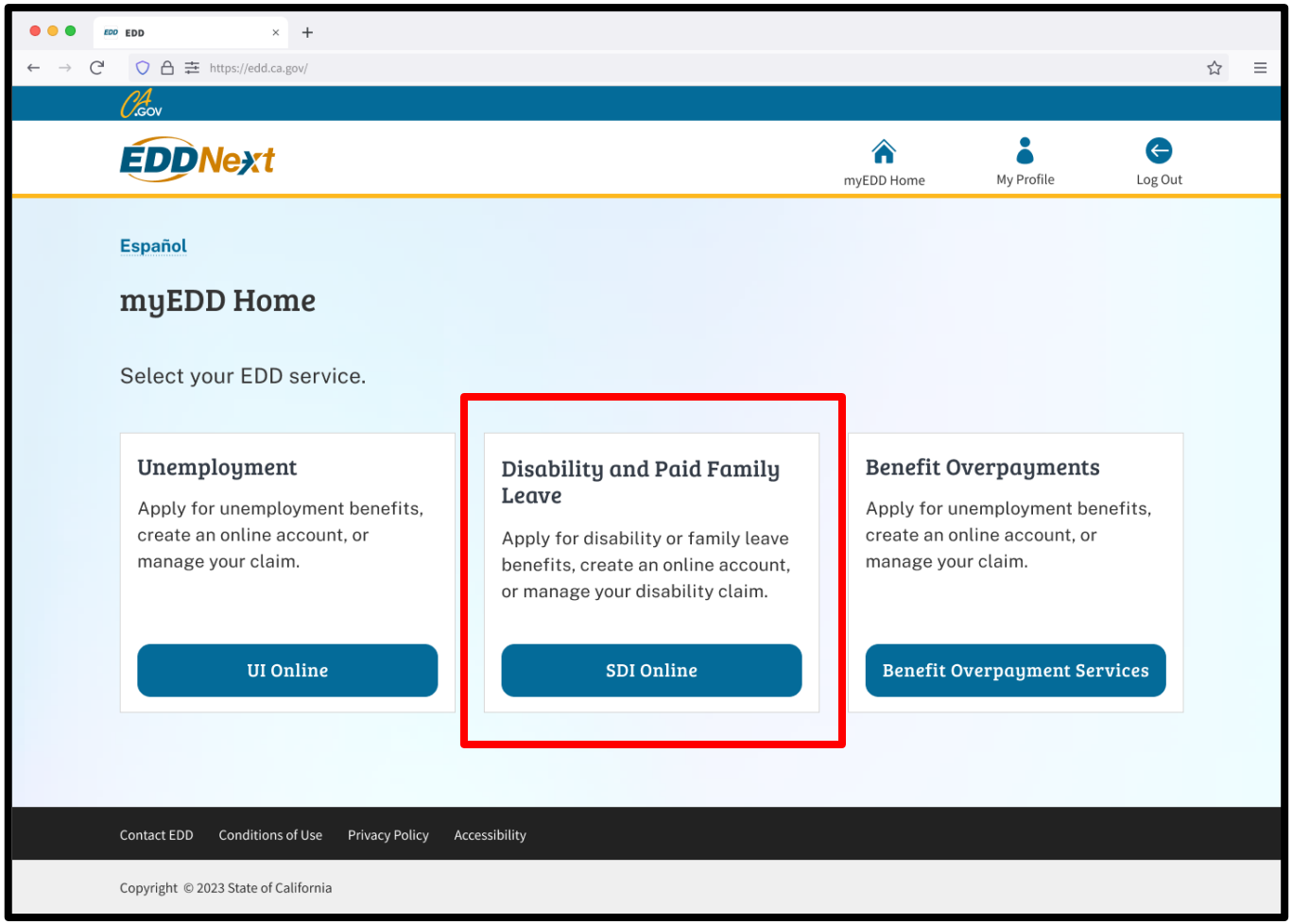
Select **Send Email.**

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.**

SDI Online Home myEDD Utilities Help Log Out

EDD Employment Development Department State of California

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 **Apply for Benefits** to start your application.

Important

If you already submitted an application, do not submit another one. It may take up to 14 days for a completed claim to be reviewed and processed.

SDI Online Home myEDD 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

To apply for bonding benefits, select **Paid Family Leave Bonding** 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.

Prescreening Questions

* Indicates Required Field

Prescreening Questions

* Are you a mother bonding with your newborn? ◯ Yes ◯ No

* Did you receive California State Disability Insurance benefits for your pregnancy with this newborn? ◯ Yes ◯ No

Cancel | Next

You must answer the prescreening questions:

- If you are a new mother applying for bonding benefits who **did not** file a pregnancy-related disability claim:
  - Select **Yes** for the first question.
  - Select **No** for the second question.
- If you are a new father applying for bonding benefits:
  - Select **No** for both questions.

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

Tip

Selecting **Cancel** will cancel the claim and return you to your homepage.

Information for Before You Start and After You File

Before you Start: Information you need to apply for Paid Family Leave (PFL) Initial Claim Form for Bonding (DE 2501F)

PFL will use information provided in your EDD online profile, including:

- Your name (including other names under which you have worked), date of birth, gender, preferred language, and Social Security account number.
- Your mailing address (including ZIP code) and telephone number (including area code).
- The last date you worked for any employer.
- Your occupation.
- The name, mailing address and telephone number of your last employer or employers. (Be specific about the spelling of the employer's name and make sure the mailing address is correct. An incorrect address may delay benefit payments.)
- Any period you returned to work or will continue to work during your period of PFL.
- The reason why you have reduced work hours or stopped working.

PROOF OF RELATIONSHIP FOR BONDING

To be eligible for PFL benefits to bond with a new minor child you will also need to submit one of the documents listed below to provide proof of your relationship to the child. ONLY send copies of these documents:

- Child's Birth Certificate
- Official letter from foster care agency
- Child's Hospital Birth Certificate
- Adoptive Placement Agreement, AD-907

After You Have Filed Your Application

WHEN YOUR CLAIM IS RECEIVED

When you have successfully transmitted an electronic bonding claim, the PFL office will notify you of your weekly benefit amount and request any additional information needed to determine your eligibility. If you meet all eligible requirements, a payment will be issued to you from a central payment center. The majority of claims are processed and payments issued within fourteen (14) days of receipt of a correctly completed claim.

SPECIAL CIRCUMSTANCES RELATING TO YOUR PAID FAMILY LEAVE CLAIM

Child Support Obligations: Questions should be directed to the Department of Child Support Services at 1-866-249-0773.

Spousal or Parental Support Obligations: Questions should be directed 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 PFL. Benefits are payable through date of death, if otherwise eligible.

Death of Care or Bonding Recipient: If the child with whom you are bonding dies, report the death to PFL. Benefits are payable through the date of death, if otherwise eligible.

Job Benefits and Protection Programs: 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. Contact FMLA at 1-866-487-9243 or the Department of Labor Web site:

https://www.dol.gov/whd/fmla or CFRA at 1-800-884-1684 or the Department of Fair Employment and Housing Web site:

https://www.dfeh.ca.gov for additional information on these programs.

Phone Number Link
http://www/edd/ca/gov/Disability/Contact_SDI.htm#byphone

Frequently Asked Questions Link
http://www.edd.ca.gov/Disability/FAQs.htm#pfl

Cancel | Next

Review the Information for **Before You Start and After You File**.

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

Select **Next**.

Tip

Select **Cancel** at any time to cancel your claim.

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Review the **Proof of Relationship** documents we accept.

Information for Before You Start and After You File

Before you Start: Information you need to apply for Paid Family Leave (PFL) Initial Claim Form for Bonding (DE 2501F)

PFL will use information provided in your EDD online profile, including:

- Your name (including other names under which you have worked), date of birth, gender, preferred language, and Social Security account number.
- Your mailing address (including ZIP code) and telephone number (including area code).
- The last date you worked for any employer.
- Your occupation.
- The name, mailing address and telephone number of your last employer or employers. (Be specific about the spelling of the employer's name and make sure the mailing address is correct. An incorrect address may delay benefit payments.)

PROOF OF RELATIONSHIP FOR BONDING

To be eligible for PFL benefits to bond with a new minor child you will also need to submit one of the documents listed below to provide proof of your relationship to the child. ONLY send copies of these documents:

- Child's Birth Certificate
- Official letter from foster care agency
- Child's Hospital Birth Certificate
- Adoptive Placement Agreement, AD-907
- Declaration of Paternity, CS-909
- Independent Adoption Placement Agreement, AD-924
- Agency - Foster Parents Agreement, SOC - 156 page 3 only
- Other evidence of relationship

You will be shown how to submit the proof of relationship document once you have filed your PFL claim.

BENEFIT AMOUNT

Your weekly benefit amount will be determined by using the highest quarter of your wages in your base period. Refer to the DI and PFL Weekly Benefits Chart for further information.

FILING A DRAFT

If you begin the on-line process to submit an Initial Claim Form for Bonding, DE 2501F, you may save your progress as a draft, to complete at a later date. Your draft copy will be maintained for thirty (30) calendar days. After that thirty (30) day period the draft will be deleted and you will be required to begin a new application. All available information will be considered before paying or disqualifying your claim. Benefits will be paid only for the days to which you are eligible. If payment of benefits is denied or reduced, you will receive a written notice stating the reason.

Note: It may be necessary to send some documents via US Postal Service. This includes Paid Family Leave (PFL) payments and PFL claim-related forms.

When contacting PFL through the mail, include your name and Social Security number on all correspondence.

YOUR RIGHTS

Information about your claim will be kept confidential, except for the purposes allowed by law. California Civil Code, section 1798.34, gives you the right to inspect any personal records maintained about you by EDD. Section 1798.35 permits you to request that the record be corrected if you believe it is not accurate, relevant, timely, or complete. Certain types of information that would generally be considered personal are exempt from disclosure to you: medical or psychological records where knowledge of the contents might be harmful to the subject (Civil Code, section 1798.40); records of active criminal, civil, or administrative investigations (Civil Code, section 1798.40).

If you are denied access to records which you believe you have a right to inspect or if your request to amend your records is refused, you may file an appeal with the PFL office. You may request a copy of your file by calling the PFL office.

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

Applying for Paid Family Leave (PFL) Initial Claim Form for Bonding

*Indicates Required Field

Applying for Paid Family Leave (PFL) Initial Claim Form for Bonding (DE 2501F)

Please read these instructions and information before completing the electronic Claim for Paid Family Leave (PFL) Benefits (DE 2501F). Do not complete this claim form if you are insured by a Voluntary Plan maintained by your employer. (Ask your employer for the proper forms.)

The Paid Family Leave (PFL) program provides affordable, worker-funded benefits to eligible workers suffering a full or partial loss of wages due to the need to care for a seriously ill family member, to bond with a new child or assist with matters related to a family member's military deployment to a foreign country.

(B) Call 1-877-238-4373 for required forms and instructions if:

1. A disability prevents you from completing the claim form and you need to designate a representative to sign for you.
2. You are an authorized representative filing for benefits on behalf of a physically or mentally incapacitated care provider/care recipient or a deceased care provider/care recipient.

Do NOT submit an electronic PFL Claim for bonding if the purpose of your family leave is to care for a seriously ill family member. Follow these instructions to file for a Paid Family Leave Care application.

1. Select New Claim.
2. Choose Paid Family Leave Care.

INELIGIBILITY:

You may apply for benefits even if you are not sure you are eligible. If you are found to be ineligible for all or part of a period claimed, you will be notified of the ineligible period and the reason(s) why you were not eligible. Below are some reasons why you may not be eligible for benefits:

- If you are claiming or receiving Unemployment Insurance or Disability Insurance (DI) benefits.
- If you are receiving workers' compensation benefits at a weekly rate equal to or greater than the PFL rate.
- If you are in custody of law enforcement authorities because you were convicted of violating law or ordinance.

FRAUD:

If you are eligible for further benefits, additional payments will either be sent automatically or in response to your submitted certification, whichever is appropriate to your claim. You will be paid 1/7 of your weekly benefit amount for each calendar day you are eligible unless benefits are reduced for some reason. (See Calculating Paid Family Leave Benefit Payment Amounts for more information.)

TAXABILITY OF BENEFITS: Paid Family Leave benefits are subject to federal income taxes and will be reported to the Internal Revenue Service. Each person receiving PFL benefits will receive a 1099G form to include with his/her federal income tax return. PFL benefits are not subject to California income taxes.

OVERPAYMENT: An overpayment results when you receive PFL benefits you were not eligible to receive. Once PFL determines that you were overpaid, the PFL office will contact you to explain the reason for your overpayment. It is important that you complete and return all information requests, as there are some instances when an overpayment can be waived. If it is determined that you were overpaid and the overpayment cannot be waived, you must repay this money. Benefit payments issued after an overpayment is established may be reduced by 25 to 100 percent to collect your payment. You will receive a "Notice of Overpayment Offset" if a reduction is taken for a DI, PFL, or Unemployment Insurance (UI) overpayment.

DISQUALIFICATION: All available information will be considered before paying or disqualifying your claim. Benefits will be paid only for the days for which you are eligible. If payment of benefits is denied or reduced for any period, you will receive a written notice stating the reason for the disqualification or reduction.

If you deliberately report incorrect information, willfully omit or withhold information, a false statement disqualification of up to 92 days may be assessed. In addition, any resulting overpayment may be increased by a 30 percent penalty. This penalty can apply to benefits you received but were not entitled to, even if the payment has not been cashed.

* ☑ I have read and understand the instructions above. I understand that failure to supply any or all information may cause delay in issuing benefit payments or may cause a denial of benefits. If I make any false statement or misrepresentation or knowingly withhold of a material fact to obtain or increase any benefit or payment, EDD will disqualify me from receiving benefits and/or services and may initiate criminal prosecution against me.

Previous | Cancel | Next

Continue to review the information on the next screen.

It has more information about applying for your bonding claim.

Select the box to agree to the terms.

Select **Next** to proceed.

Tip

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

Personal Information

1 Personal Information | 2 Employment Information | 3 Additional Questions | 4 Certification | 5 Qualifying Events | 6 Declaration

You are currently on Step 1 Personal Information

Verify Your Personal Information

If your personal information has changed, select **Save as Draft**, then select **Profile** from the main menu to update your information before completing this form.

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 United States	**Phone Number:**	916-555-1213
Preferred Language:	English		

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.

EDD Employment Development Department State of California

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

Employment Information

1 Personal Information | 2 Employment Information | 3 Additional Questions | 4 Certification | 5 Qualifying Events | 6 Declaration

You are currently on Step 2 Employment Information

*Indicates Required Field

Your Employment Details

***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:** ○ Participating in a qualifying event ○ Other

Other Reason:

Employer Information

Enter your current or most recent employer information.

Note: An incorrect employer name or address can delay benefit payments.

***Name of Employer:**

◉ US ○ International

***Address Line 1:**

Address Line 2:

***City:**

***State:** CA

Employer Phone Number: 9161234567 **Ext:**

☐ Check here if the phone number is international

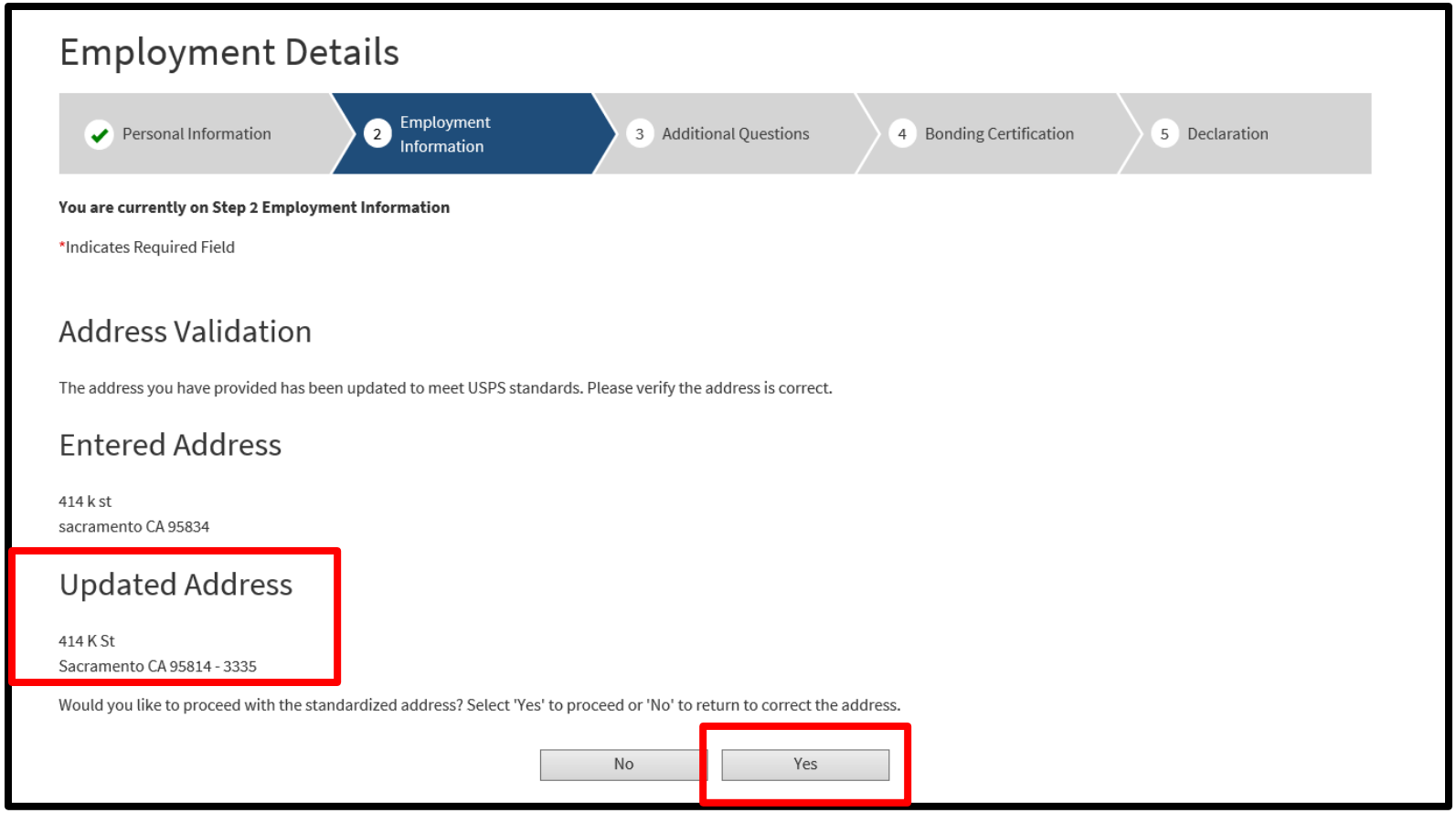
Previous | Cancel | Save as Draft | Next

Waiting for eddtest2ext.network1.corp.edd.ca.gov...

On the Employment Information screen add your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub. Ask your employer if you are unsure what address to enter.

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

Select **Next** to continue.



The system may adjust the employer address to follow USPS standards.

- Select **Yes** to confirm the updated address is correct.
- Select **No** to go back to the previous screen and re-enter the address.

Additional Questions

Personal Information | Employment Information | 3 Additional Questions | 4 Bonding Certification | 5 Declaration

You are currently on Step 3 Additional Questions

*Indicates Required Field

Section 7 - Additional Questions

***Date you last worked:** (MMDDYYYY)

The date you want your Paid Family Leave claim to begin should not be before the child's date of birth (or the Date of foster care or adoption placement).

***Date you want your Paid Family Leave claim to begin:** (MMDDYYYY)

***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: (MMDDYYYY)

Date you returned to work: (MMDDYYYY)

Or date you plan to return to work: (MMDDYYYY)

***Will you work at any time during your family leave?** Yes No

If you will receive any type of pay from your employer(s) during your family leave, indicate type of pay:
- Sick
- Employer Required Vacation
- Other Type of Pay

Specify if "Other type of pay": Select

***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

***Have you claimed or do you plan to claim Workers' Compensation Benefits for any portion of the period covered by this claim?** Yes No

Previous | Cancel | Save as Draft | Next

Complete Section 7 - Additional Questions and confirm the dates are correct to avoid a delay or incorrect payment of benefits.

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

Select **Next** to continue.

Intermittent Bonding Leave

Additional Questions

Personal Information | Employment Information | 3 Additional Questions | 4 Bonding Certification | 5 Declaration

You are currently on Step 3 Additional Questions

*Indicates Required Field

Section 7 - Additional Questions

***Date you last worked:** (MMDDYYYY)

The date you want your Paid Family Leave claim to begin should not be before the child's date of birth (or the Date of foster care or adoption placement).

***Date you want your Paid Family Leave claim to begin:** (MMDDYYYY)

***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: (MMDDYYYY)

Date you returned to work: (MMDDYYYY)

Or date you plan to return to work: (MMDDYYYY)

***Will you work at any time during your family leave?** ◯ Yes ◯ No

If you will receive any type of pay from your employer(s) during your family leave, indicate type of pay:
- ☐ Sick
- ☐ Employer Required Vacation
- ☐ Other Type of Pay

Specify if "Other type of pay": Select

***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

***Have you claimed or do you plan to claim Workers' Compensation Benefits for any portion of the period covered by this claim?** ◯ Yes ◯ No

Previous | Cancel | Save as Draft | Next

If you plan to take your bonding leave intermittently, mark **No** to the question "Do you want to claim the maximum amount of benefit weeks now."

Intermittent Bonding Leave, cont.

Additional Questions

Personal Information | Employment Information | 3 Additional Questions | 4 Bonding Certification | 5 Declaration

You are currently on Step 3 Additional Questions

*Indicates Required Field

Section 7 - Additional Questions

***Date you last worked:** (MMDDYYYY)

The date you want your Paid Family Leave claim to begin should not be before the child's date of birth (or the Date of foster care or adoption placement).

***Date you want your Paid Family Leave claim to begin:** (MMDDYYYY)

***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: (MMDDYYYY)

Date you returned to work: (MMDDYYYY)

Or date you plan to return to work: (MMDDYYYY)

***Will you work at any time during your family leave?** Yes No

If you will receive any type of pay from your employer(s) during your family leave, indicate type of pay:
- Sick
- Employer Required Vacation
- Other Type of Pay

Specify if "Other type of pay": Select

***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

***Have you claimed or do you plan to claim Workers' Compensation Benefits for any portion of the period covered by this claim?** Yes No

Previous | Cancel | Save as Draft | Next

If you plan to take your bonding leave intermittently, mark **Yes** to the question "Will you work at any time during your family leave?" and indicate any pay you expect to get.

Select **Next** to continue.

New Baby Bonding

Bonding Certification

Personal Information | Employment Information | Additional Questions | 4 Bonding Certification | 5 Declaration

You are currently on Step 4 Bonding Certification

* Indicates Required Field

Section 3 - Personal Information

*** Child relationship:** Select

If you select foster care, adoption or guardianship, please provide the date of placement: (MMDDYYYY)

Section 4 - Child's Legal Name and Information

Child's Social Security Number (if available): (Do not enter dashes)

*** Child's First Name:**

Middle Initial:

*** Last Name:**

Suffix:

*** Date of Birth:** (MMDDYYYY)

*** Child's Gender:** Male Female

*** Is child's residence address different from your residence address?** Yes No

In the Section 3 – Personal Information, select your relationship to the child you are bonding with.

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

Important!

If you are a same-sex, non-birth parent, please select **Other** as your relationship to the child.

New Baby Bonding Cont.

Bonding Certification

Personal Information | Employment Information | Additional Questions | 4 Bonding Certification | 5 Declaration

You are currently on Step 4 Bonding Certification

* Indicates Required Field

Section 3 - Personal Information

*** Child relationship:** Select

If you select foster care, adoption or guardianship, please provide the date of placement: (MMDDYYYY)

Section 4 - Child's Legal Name and Information

Child's Social Security Number (if available): (Do not enter dashes)

*** Child's First Name:**

Middle Initial:

*** Last Name:**

Suffix:

*** Date of Birth:** (MMDDYYYY)

*** Child's Gender:** Male Female

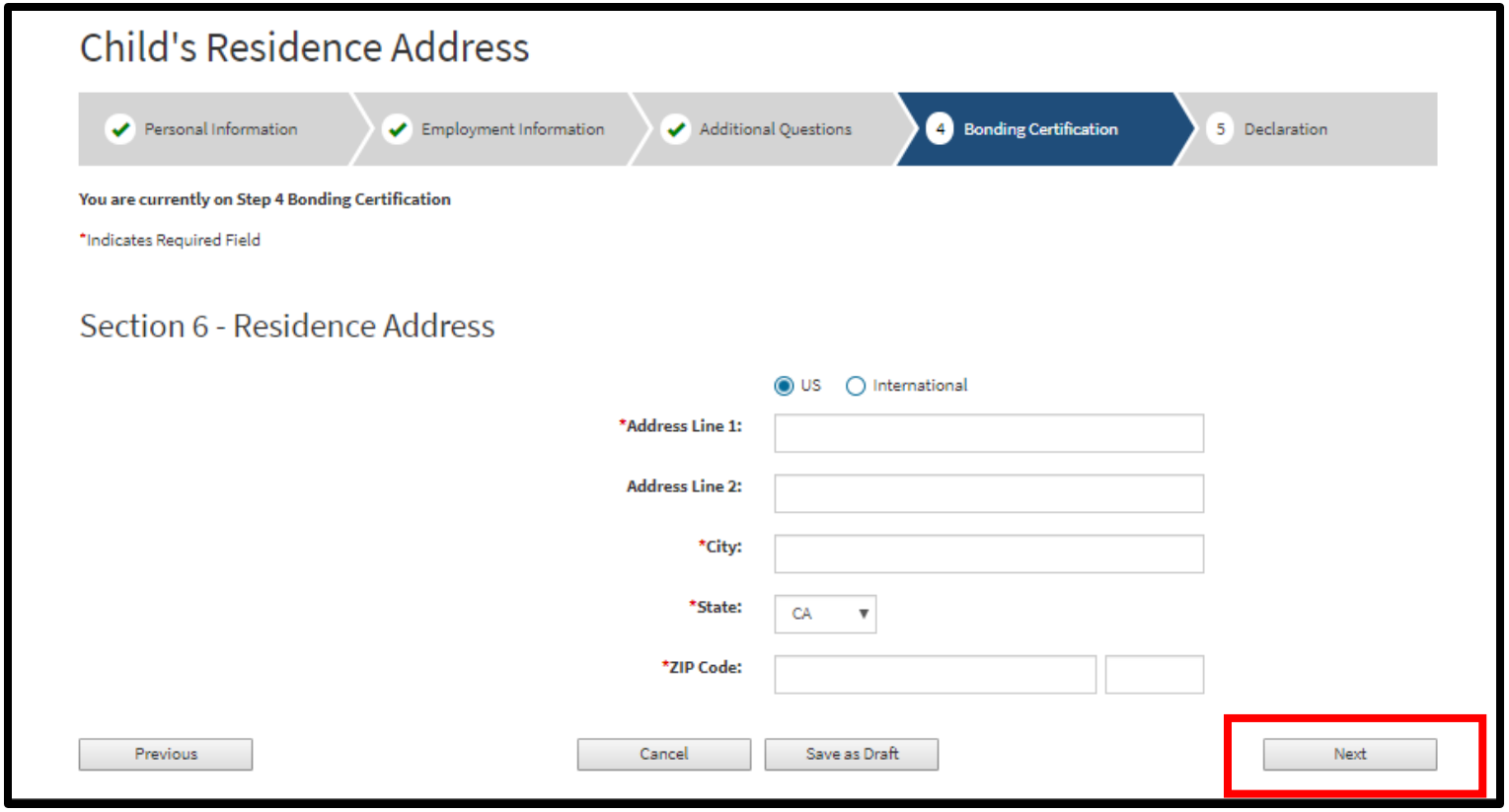
*** Is child's residence address different from your residence address?** Yes No

Complete Section 4 - Child's Legal Name and Information with the child's information.

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

Note

If the child's legal residence is different than yours, select **Yes** to enter the child's legal address on another screen.



If you selected **Yes** to “Is the child’s residence address different from your resident address?” enter the child’s residential address in Section 6 – Residence Address.

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

If you selected **No** to the above question, skip to the next page.

Select **Next** to continue.

Section 5 - Proof of Relationship

To be eligible for Paid Family Leave benefits to bond with a new child, you must submit an approved "Proof of Relationship" document.
The "Proof of Relationship" must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online bonding claim.

Proof of Relationship document includes:

- Child's Birth Certificate
- Official letter from foster care agency
- Child's Hospital Birth Certificate
- Adoptive Placement Agreement, AD-907
- Declaration of Paternity, CS-909
- Independent Adoption Placement Agreement, AD-924
- Agency - Foster Parents Agreement, SOC - 156 page 3 only
- Other evidence of relationship

***Please indicate the type of "Proof of Relationship" you plan on providing from the list of approved "Proof of Relationship" documents:** Select

Select
Foster Parents Agreement SOC 156
Official Foster Care Agency Letter
Other

Failure to submit the "Proof of Relationship" will result in claim disqualification and no payment ... mitting "Proof of Relationship" will be provided on the confirmation page.

Previous | Cancel | Next

To be eligible for bonding benefits, you must provide an approved Proof of Relationship document.

Select the type of Proof of Relationship document you plan on giving us after you complete your online application.

Upload or mail one of the accepted documents within 10 days from the date you send us your online bonding application.

Instructions to upload or mail your proof of relationship documents are available on the Confirmation screen.

Select **Next** to continue.

Note

The accepted "Proof of Relationship" document options for fathers and mothers are:

- Child's birth certificate
- Child's hospital birth certificate
- Declaration of Paternity, CS-909
- Other evidence of relationship

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 | Bonding Certification | 5 Declaration

You are currently on Step 5 Declaration

*Indicates Required Field

Section 8 – 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.

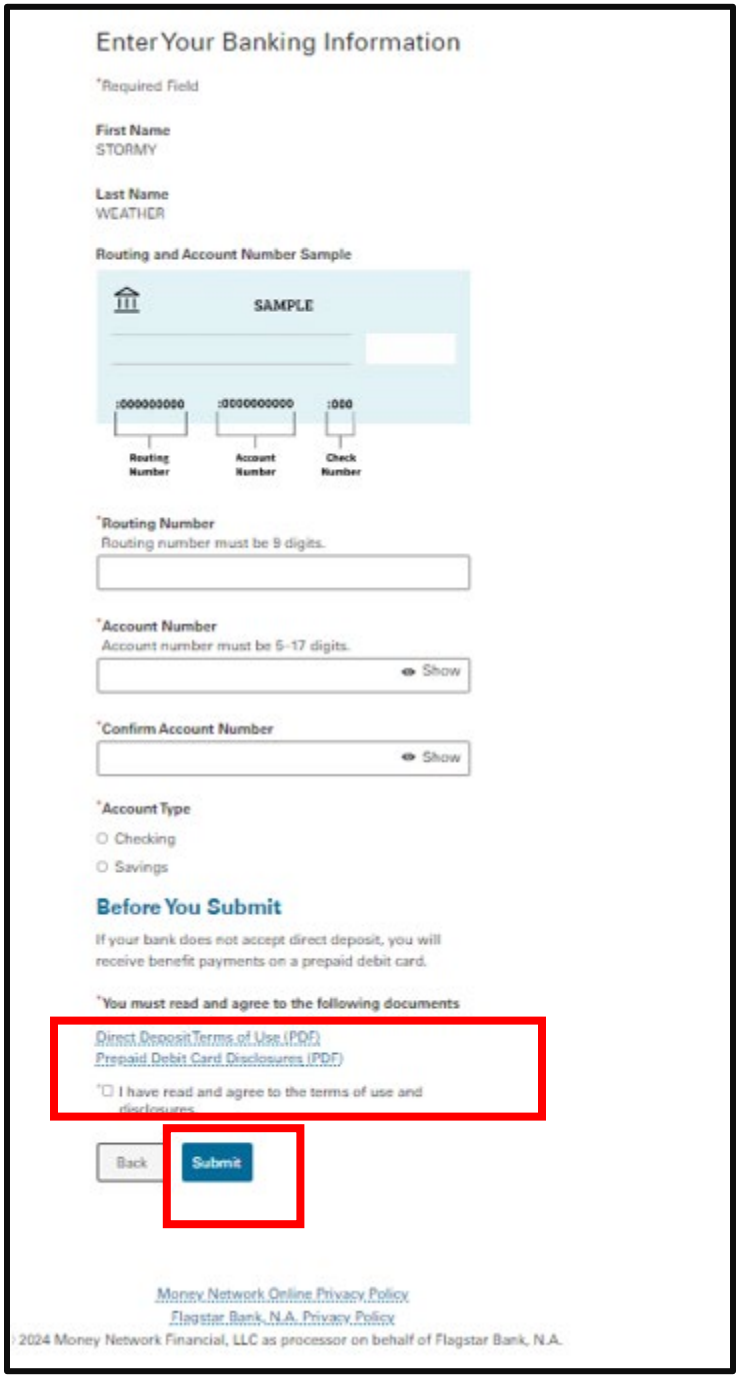
Gather your bank routing and account numbers and select **Next** to continue.

Previous | Cancel | Save as Draft | Next

Complete Section 8 to choose your benefit payment option.

If you chose the debit card option, select the **"I have reviewed..."** box to confirm you have read the disclosures.

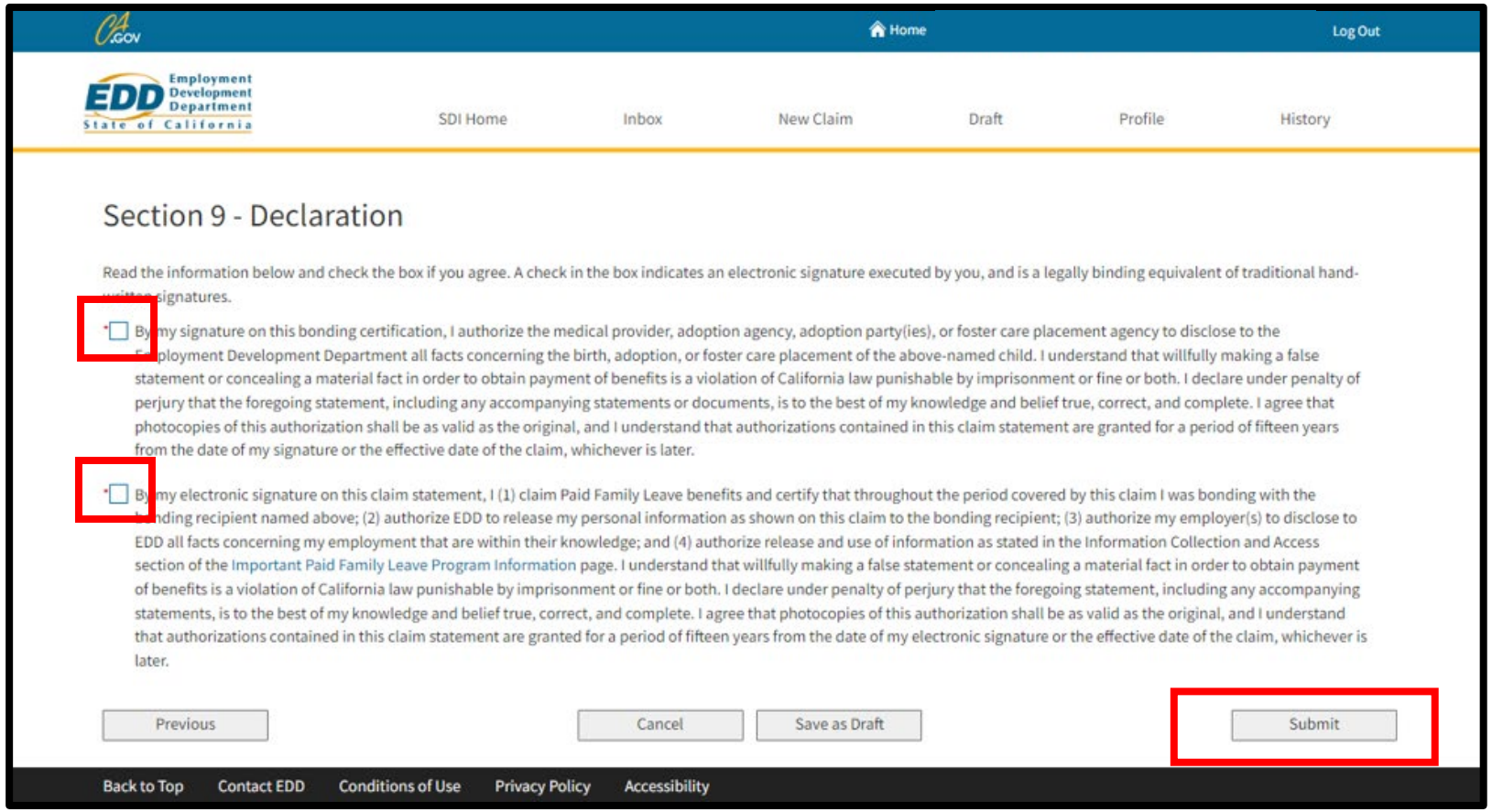
Then select **Next**.



If you select 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.



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Section 9 - Declaration

Read the information below and check the box if you agree. A check in the box indicates an electronic signature executed by you, and is a legally binding equivalent of traditional hand-written signatures.

*☐ By my signature on this bonding certification, I authorize the medical provider, adoption agency, adoption party(ies), or foster care placement agency to disclose to the Employment Development Department all facts concerning the birth, adoption, or foster care placement of the above-named child. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

*☐ By my electronic signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was bonding with the bonding recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the bonding recipient; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the Information Collection and Access section of the Important Paid Family Leave Program Information page. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my electronic signature or the effective date of the claim, whichever is later.

Previous | Cancel | Save as Draft | Submit

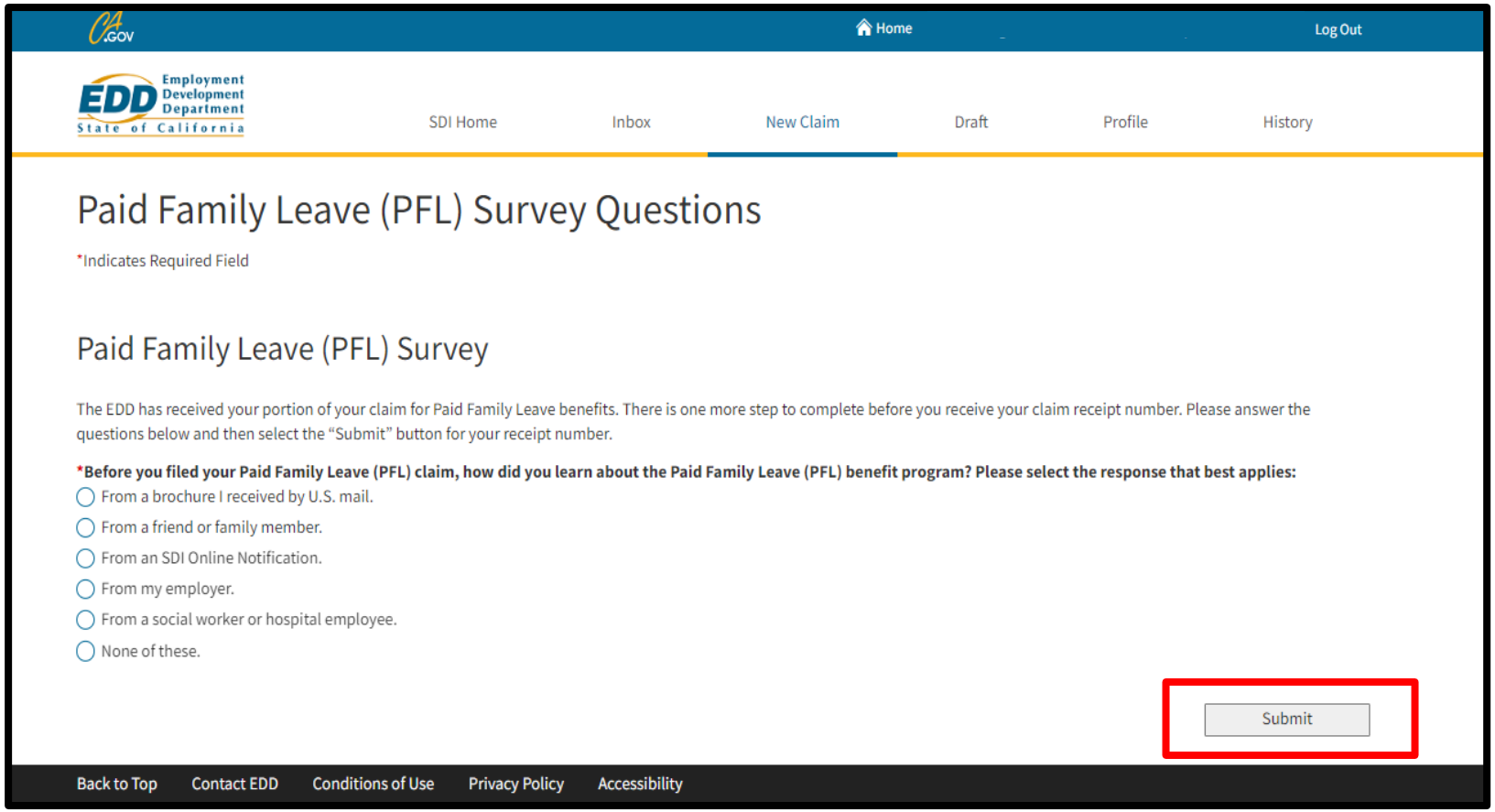
Back to Top | Contact EDD | Conditions of Use | Privacy Policy | Accessibility

Select both check boxes to authorize an electronic signature and the release of your information.

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

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

Select **Submit** to send your online application to us.



Complete the survey and select **Submit** to go to the next step.

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Confirmation

IMPORTANT: Print this page for your records. If a printer is unavailable at this time, record the Form Receipt Number below.
The Form Receipt Number is required to retrieve a copy of the *Paid Family Leave Claim Bonding* (DE 2501F) application.
You will not be able to access your confirmation page and Form Receipt Number after this window is closed.

Most claims are processed and a decision is made within two weeks of the date the claim was submitted. If you have not received anything from PFL within 10 days or if you have any questions you may call 1-877-238-4373.

Confirmation Information

Claimant Name: John Doe

Date you requested to have your Paid Family Leave claim begin: 01-21-2021

Social Security Number: XXX-XX-XXXX

Receipt Number: R100000000032193

Instructions for Submitting Proof of Relationship

To be eligible for Paid Family Leave benefits to bond with a new child you must submit an approved "Proof of Relationship" document. The "Proof of Relationship" must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online bonding claim.

We give your application **Receipt Number** on the Confirmation screen.

Note

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

Important!

Your application is not complete. The Confirmation screen provides instructions to upload the other documentation for your bonding claim.

How to Submit your Supporting Bonding Documents

Learn how to submit your proof of relationship documents to complete your application for bonding benefits.

Get Started

Instructions for Submitting Proof of Relationship

To be eligible for Paid Family Leave benefits to bond with a new child you must submit an approved "Proof of Relationship" document. The "Proof of Relationship" must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online bonding claim.

Failure to submit the "Proof of Relationship" will result in claim disqualification and no payment will be issued.

Electronically

You may attach your electronic "Proof of Relationship" now:

Attach my Proof of Relationship

You may also submit your electronic Proof of Relationship at a later date by following these navigation instructions:
1. Select New Claim on the Main Menu.
2. Choose Submit Electronic Paid Family Leave Bonding Attachment.

Mail

If you are mailing a "Proof of Relationship" document it must be a photocopy. Do not mail originals. On each page include your 9-digit Social Security Number, receipt number and date you requested to have your Paid Family Leave claim begin. The receipt number can be found above.

Mail your document to:
EDD - Paid Family Leave
PO BOX 997017
SACRAMENTO CA 95799-7017

To complete your bonding application, you must submit your Proof of Relationship online or by US Mail.

- To submit it online, select **Attach my Proof of Relationship** and follow the instructions. Review Submit Supporting Bonding Claim Documents for instructions.
- To submit by US Mail, send copies of your proof of relationship documents to the address on the screen. **Do not mail originals**. On each page include your nine-digit Social Security number, Receipt Number, and your requested claim start date so we can match it to your application.

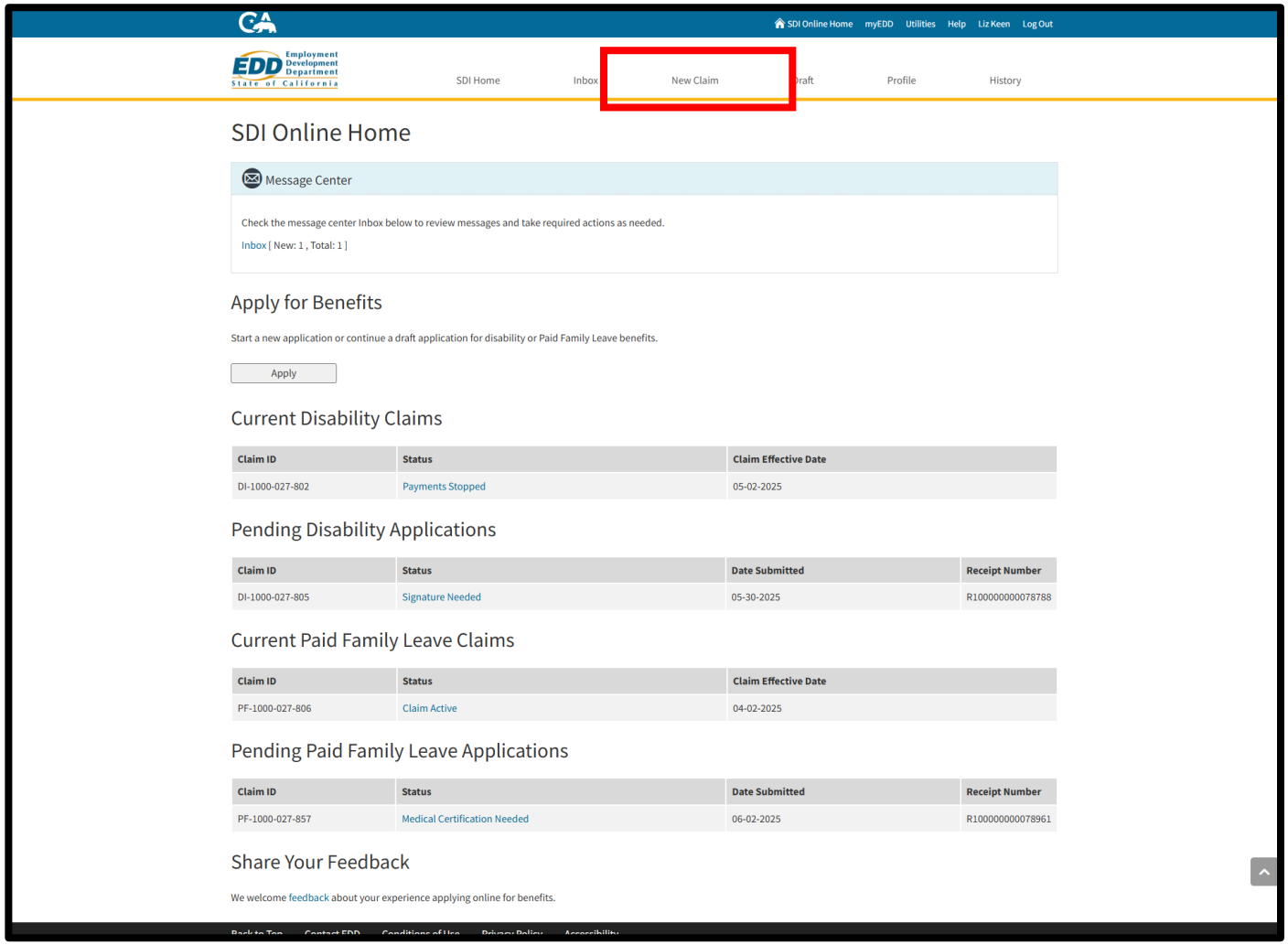
To avoid processing delays for your uploads:

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.

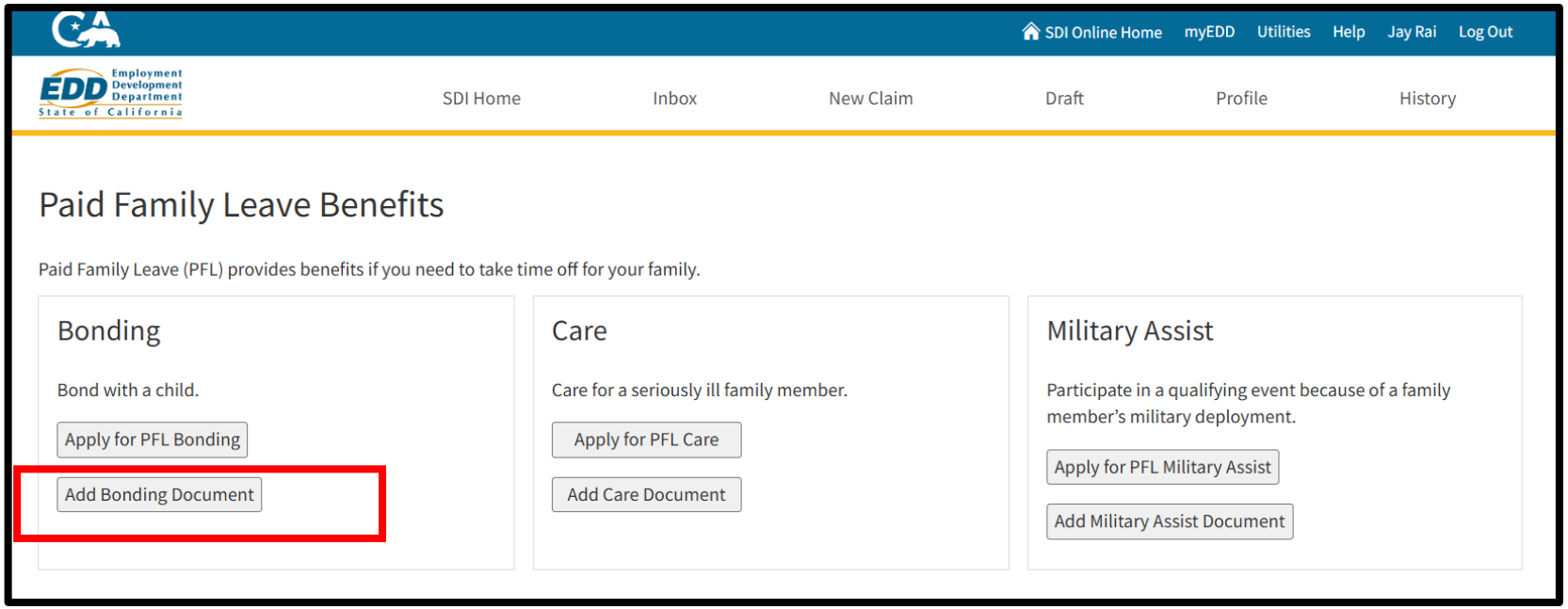
Important

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

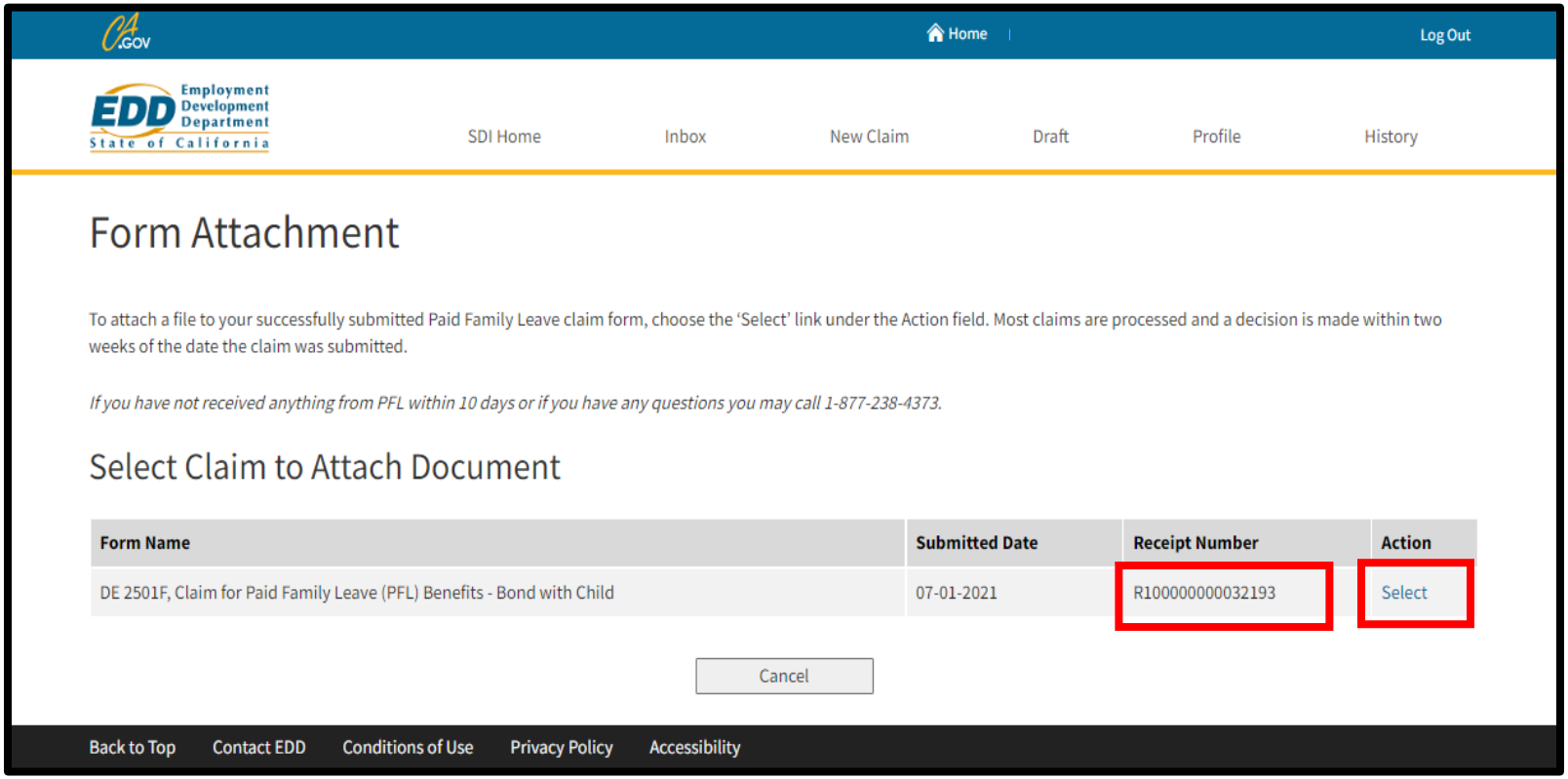


To upload your Proof of Relationship document online or if you need to submit more than one document or resubmit a document:

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

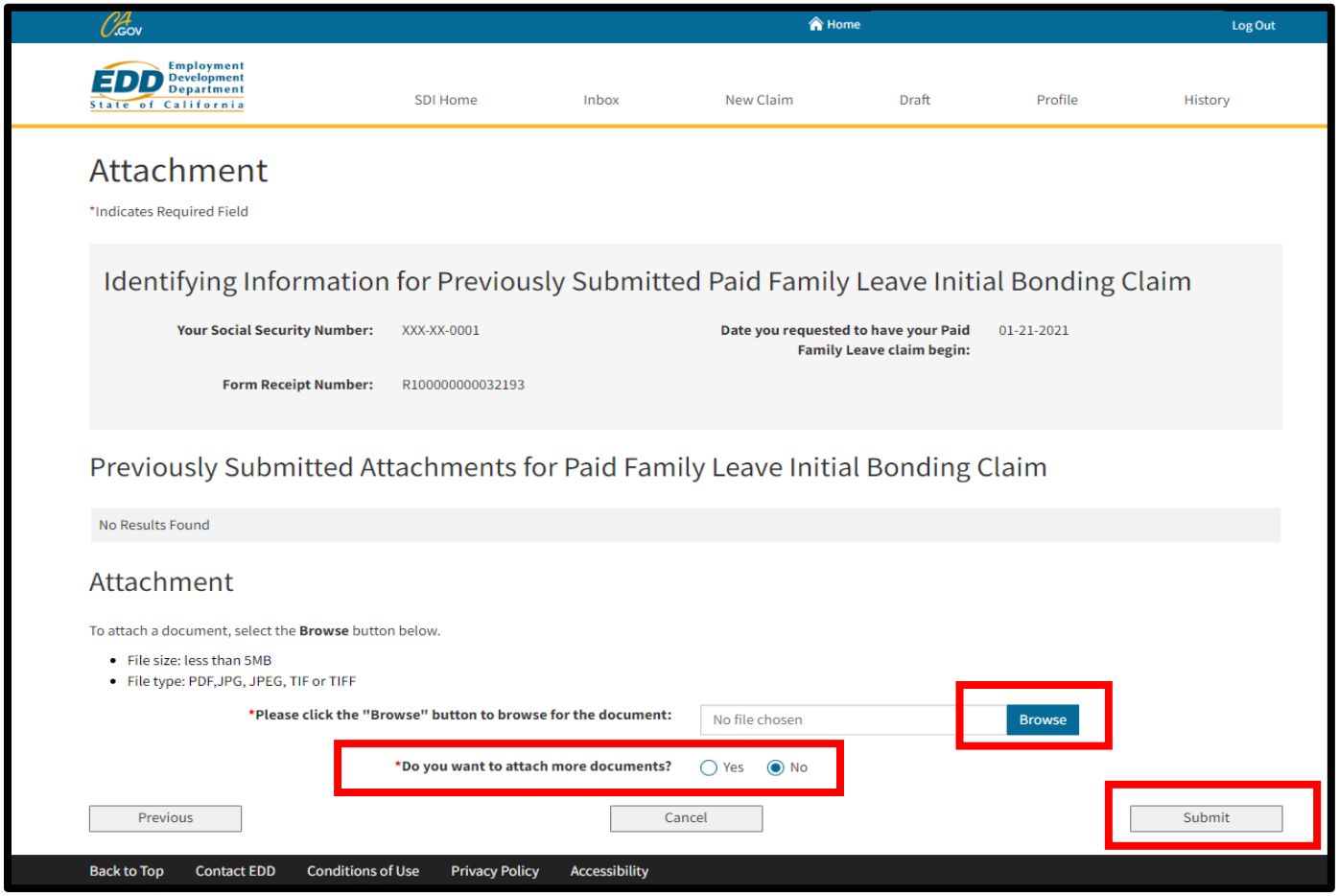


Under Apply / Paid Family Leave Benefits, select **Add Bonding Document**.



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

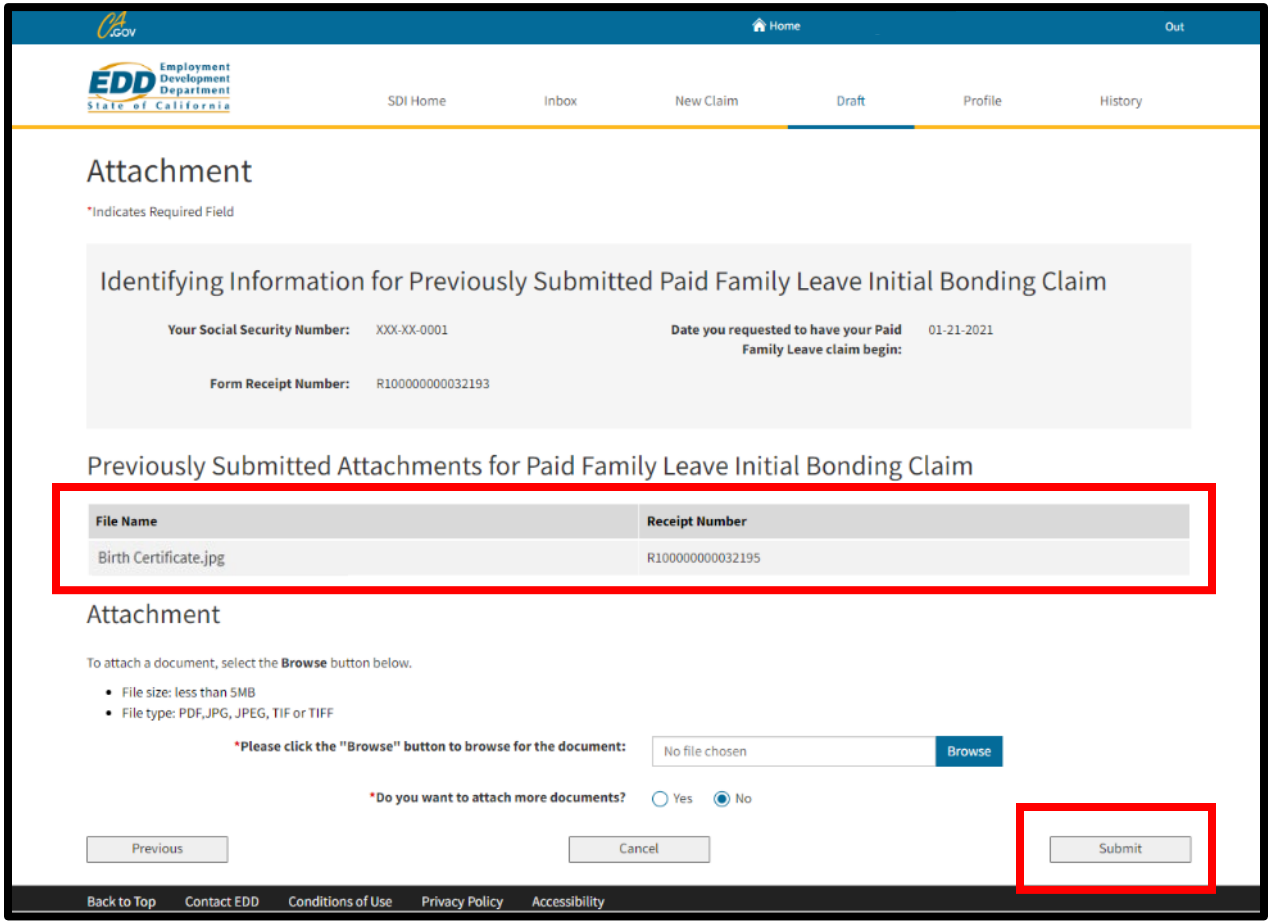
If it matches, choose **Select** from the **Action** column to attach a document to your file.



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

To upload another document, select **Yes** and then select **Browse**. After uploading one document, the system sends you back to the Attachment screen to continue uploading documents.

When you are done uploading all documents, select **No** and select **Submit.**



The Attachment screen confirms that the document attachment was uploaded.

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

Your bonding application is now complete!

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

CONTACT US

1-877-238-4373

– Helpful Links –

Order Forms

Schedule a Webinar

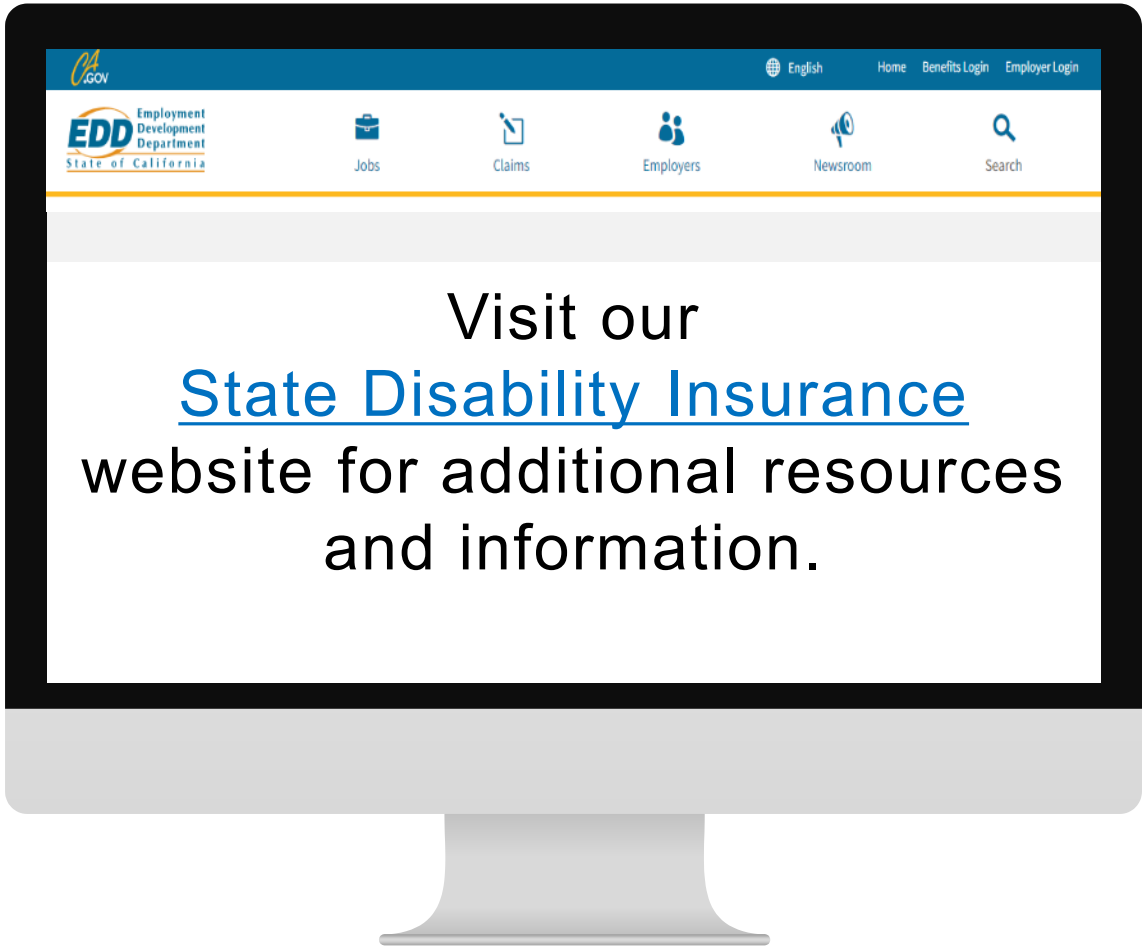
Help Fight Fraud

Contact Us

Accessibility

Language Resources

– Follow us –



EDD is an equal opportunity provider. EDD provides free help and tools to make sure everyone can access our services. This includes Braille, large print, or ASL interpreters. We also accept calls from TTY (711) users and individuals using Video Relay Services (VRS). Call 1-866-490-8879 (Voice) or TTY 1-800-563-2441.