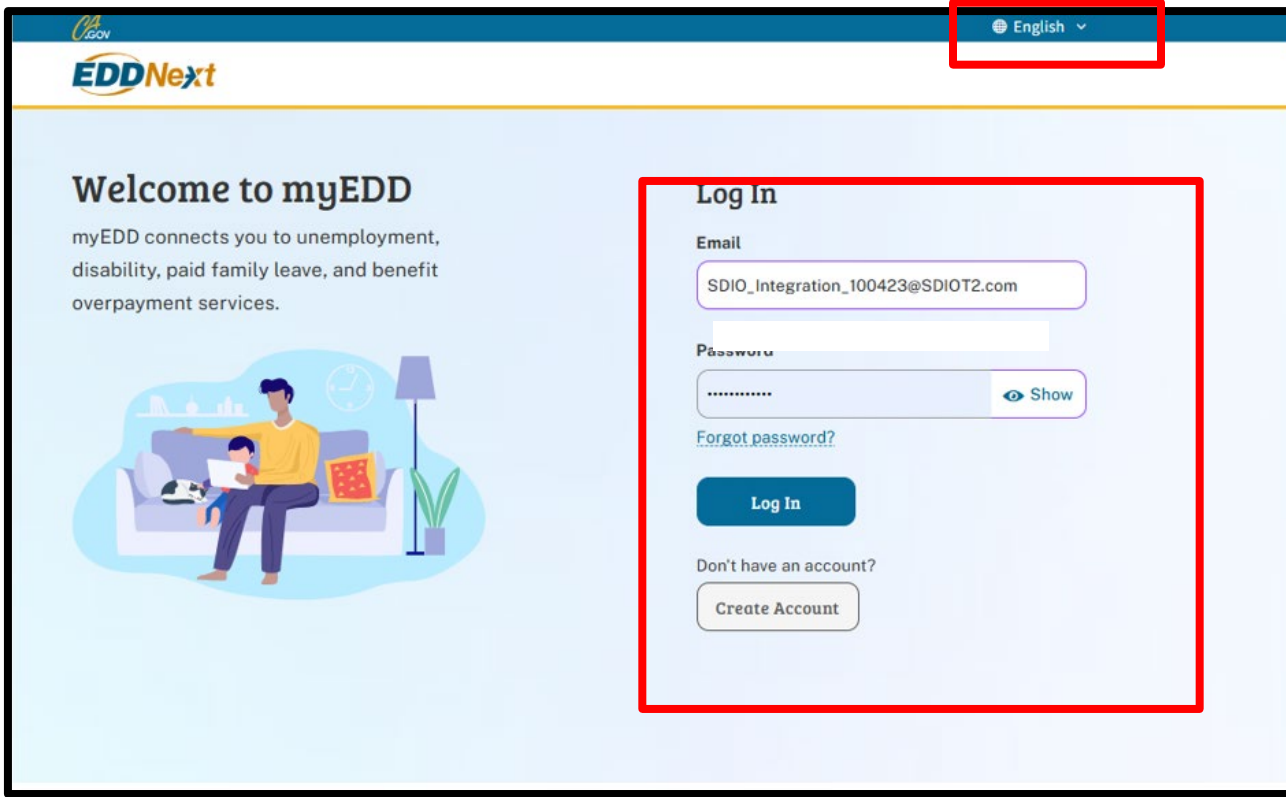




SDI ONLINE TUTORIAL

# File Your Disability Claim Online



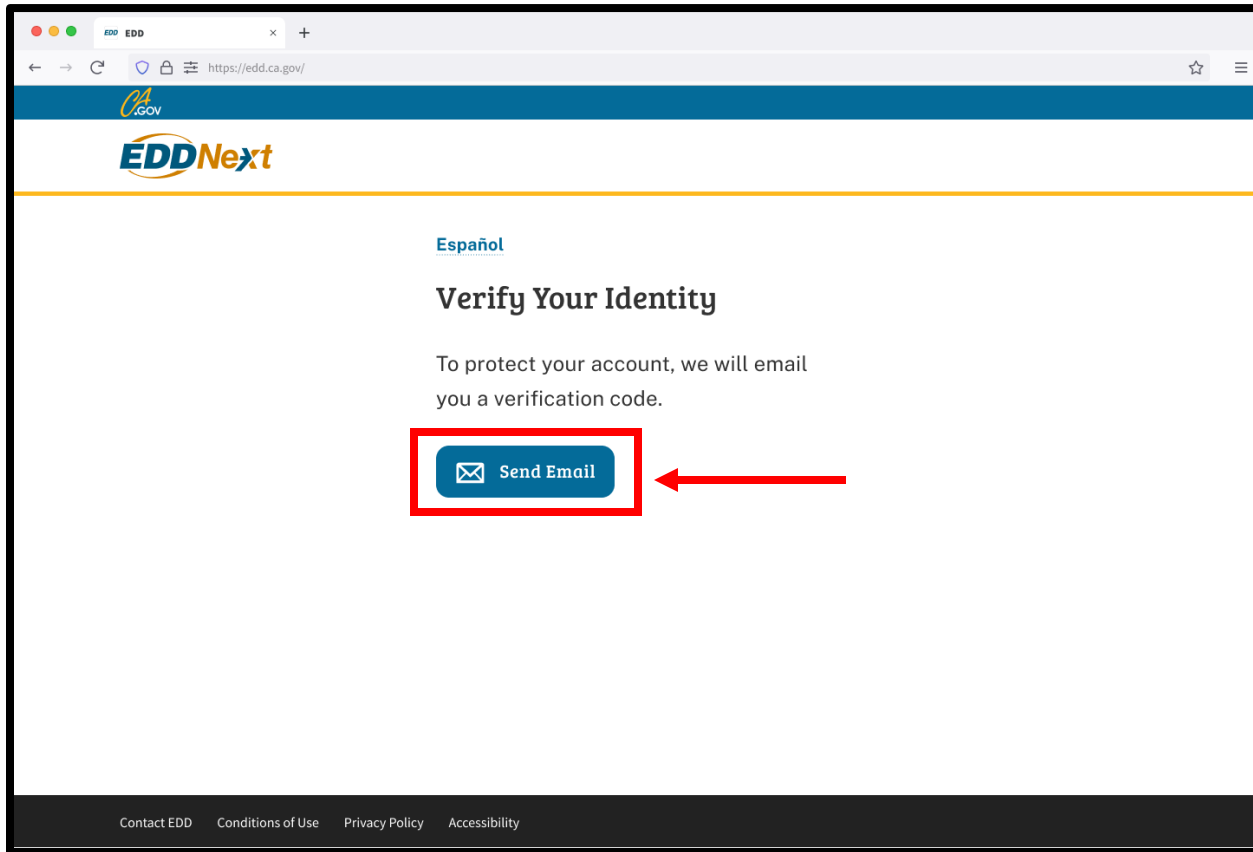
**Note**  
For Spanish, select **Español** from the drop-down menu.

Log in to myEDD to access SDI Online and file your disability claim:

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

**Important**

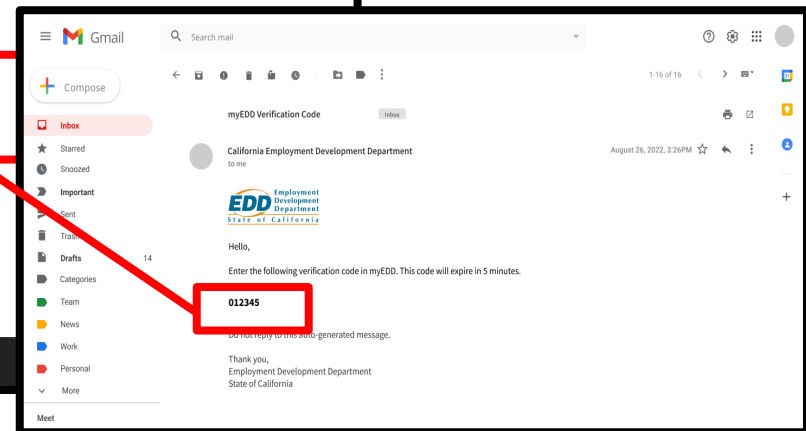
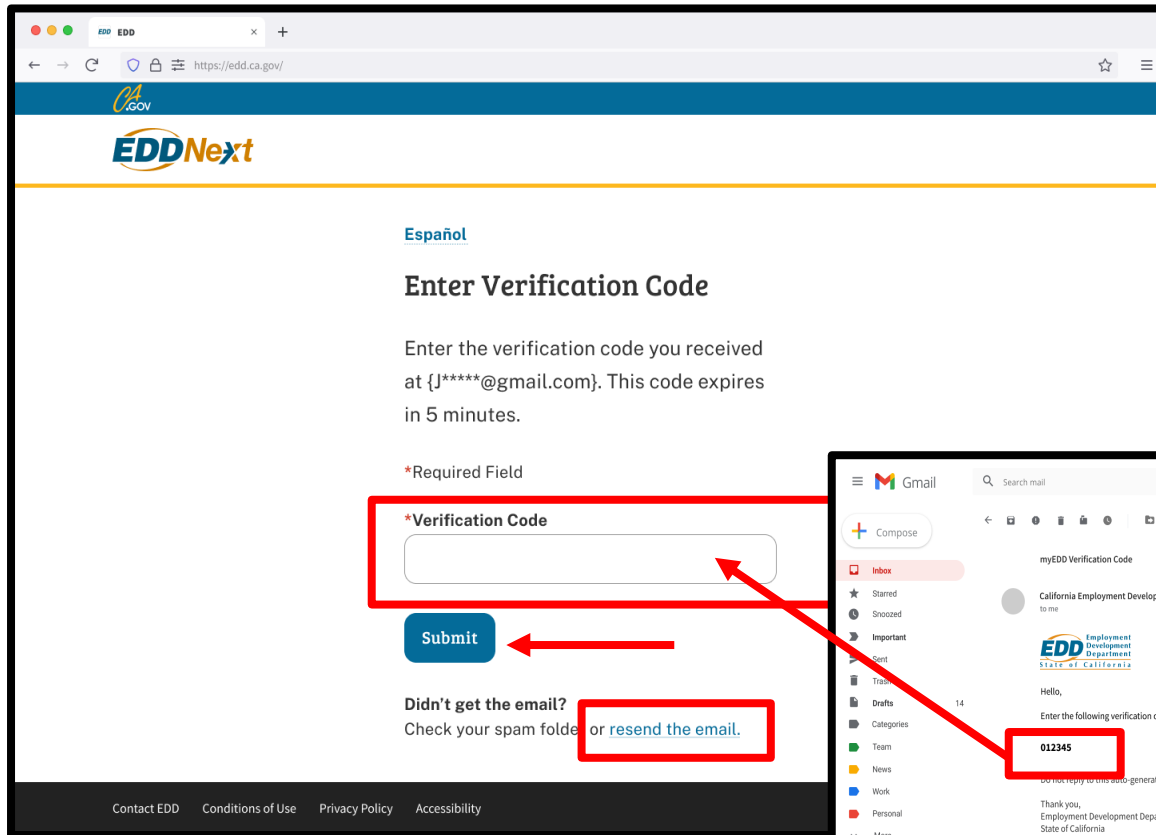
We lock your account for one hour after too many failed attempts to enter your password. You can wait one hour to try again or reset your password.



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.

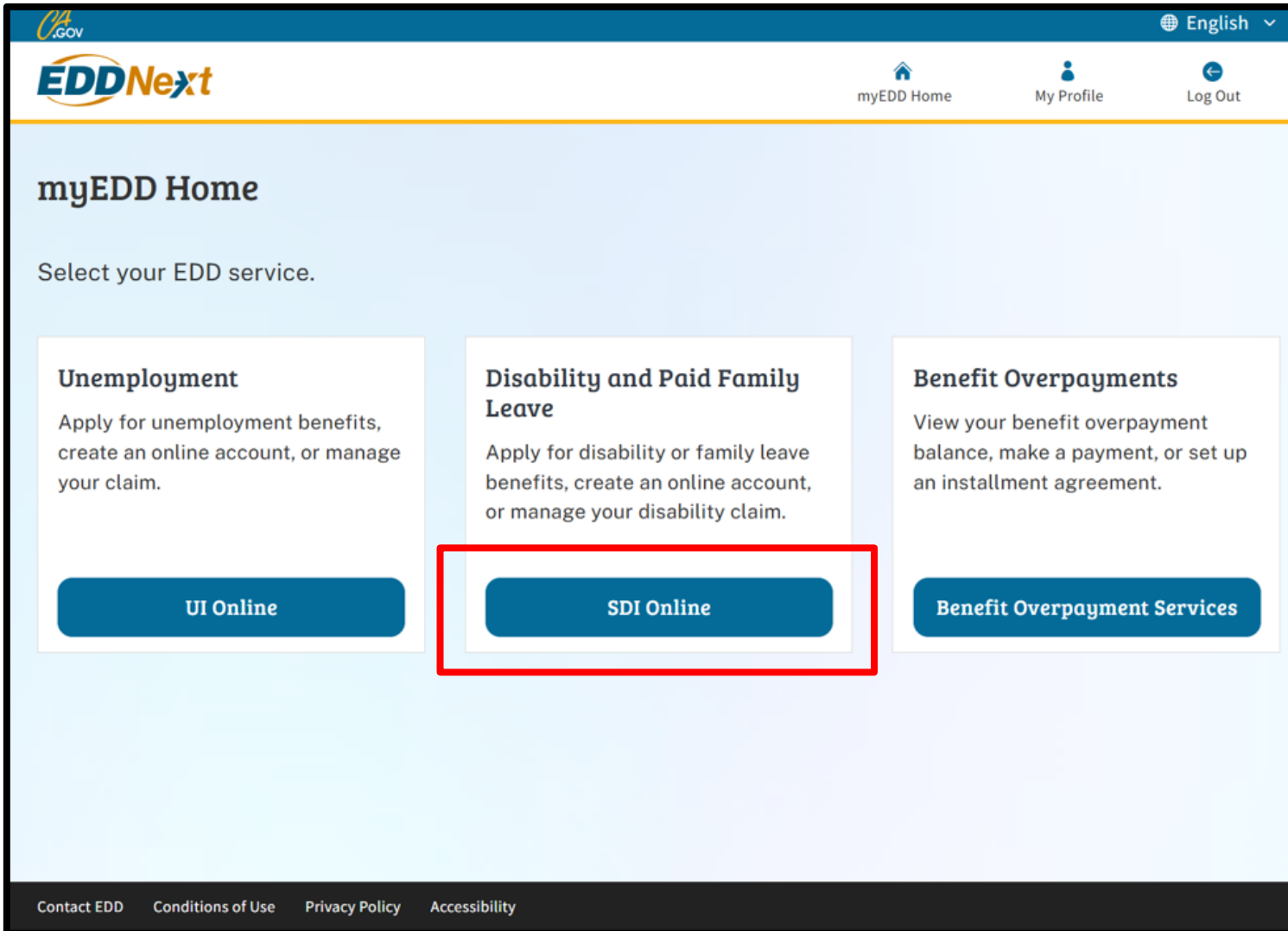
Select **Send Email**.

You can also set up the login verification option as text message or phone call. Follow the instructions based on the option you chose.



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

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



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

CA  
 SDI Online Home myEDD Utilities Help Liz Ke it

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

00-00-0000

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.

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From your SDI Online Home page, select either the **New Claim** link from the main menu or the **Apply** button.

**Note**

Submit your claim no earlier than the first day your disability begins, but no later than 49 days after your disability begins, or you may lose benefits.

The screenshot shows the EDD State of California website. At the top, there is a navigation bar with links for 'SDI Online Home', 'myEDD', 'Utilities', 'He', and 'Log Out'. Below this is a secondary navigation bar with 'SDI Home', 'Inbox', 'New Claim', 'Draft', 'Profile', and 'History'. The main heading is 'Apply for Benefits'. Below the heading, there is a sub-heading 'Disability Benefits' which is enclosed in a red rectangular box. Under this sub-heading, there is a description: 'Disability provides benefits if you are not able to do your regular work due to a disability.' Below the description, there is a section titled 'Disability' with a sub-heading 'A disability includes:' followed by a bulleted list: 'An illness or injury, either physical or mental.', 'Surgery, including elective surgery.', and 'Pregnancy and childbirth.' At the bottom of this section is a button labeled 'Apply for Disability', with a red arrow pointing to it from the right. Below the 'Disability Benefits' section, there are three other sections: 'Paid Family Leave Benefits', 'Bonding', 'Care', and 'Military Assist', each with its own description and application buttons.

Select the **Apply for Disability** link shown at left.

Follow the directions to complete your part of the application.

## Important

If you already submitted a claim, do not submit another claim. It can take up to 14 days for your claim to be reviewed and processed.

The screenshot shows the EDD (Employment Development Department) website interface. At the top, there is a blue navigation bar with a home icon, 'Home', 'myEDD', 'Utilit', 'Sam Chay', and 'Log Out'. Below this is a white header with the EDD logo and 'State of California' on the left, and navigation links for 'SDI Home', 'Inbox', 'New Claim', 'Draft', 'Profile', and 'History' on the right. The main content area is titled 'Application Instructions' and 'Prepare to Apply'. It lists requirements for application timing and details needed. A 'Note' states that medical information is confidential. At the bottom of the main content area, there are two buttons: 'Back' and 'Next'. The 'Next' button is highlighted with a red rectangular border. The footer contains links for 'Back to Top', 'Contact EDD', 'Conditions of Use', 'Privacy Policy', and 'Accessibility'.

Home myEDD Utilit Sam Chay Log Out

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SDI Home Inbox New Claim Draft Profile History

## Application Instructions

### Prepare to Apply

You must apply:

- No earlier than 9 days after your disability begins.
- No later than 49 days after your disability begins.

You'll need to provide details, such as:

- The date your disability started. We need to know the first day you were not able to do your regular work.
- Employment information, such as employer names, dates worked, addresses, and phone numbers.
- If you're receiving pay during your disability.

**Note:** Your employer will be notified that you've applied. However, your medical information is confidential and will not be shared with your employer.

### Medical Certification

After you submit your application, your licensed health professional must complete a medical certification. We cannot process your claim until we receive the medical certification.

Back Next

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Review the Application Instructions screen. It has important information you need to file your claim.

Select **Next** to continue.

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EDD Employment Development Department State of California

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SDI Home Inbox New Claim Draft Profile History

### Personal Information

1 Personal Information 2 Eligibility 3 Employer Information 4 Additional Information 5 Final Steps

#### Section 1 - Personal Information

Social Security Number:	XXX-XX-XXXX	EDD Customer Account Number:	1234567890
Legal Name:	John Doe	California Driver License or ID Number:	X1234567
Date of Birth:	01-01-XXXX	Gender:	Male
Preferred Language:	English	Residence Address:	
Mailing Address:		Home Phone Number:	
		Cell Phone Number:	555-123-4567

#### Section 2 - Other Names and Social Security Numbers Used

Please enter any other names or other Social Security Numbers under which you have worked. If you have never worked under another name or Social Security Number please leave this section blank.

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Social Security Number:	<input type="text"/>		
First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Social Security Number:	<input type="text"/>		

Previous Cancel Save as Draft **Next**

The system automatically fills certain fields of the application.

Verify the information in Section 1.

If your personal information has changed, select **Save as Draft** and update your SDI Online profile before you continue.

Complete any open fields in Section 2, if needed.

Select **Next** to move to the next step.

## Note

Select **Cancel** at any time to cancel the application and return you to your SDI Online homepage.

Select **Save as Draft** at any time to complete the form later. Do not use your browsers “back” button. To return to the previous page, select **Previous**.

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SDI Home    Inbox    New Claim    Draft    Profile    History

## Eligibility

1 Personal Information    **2 Eligibility**    3 Employer Information    4 Additional Information    5 Final Steps

Step 2 of 5

\*Indicates Required Field

### Employment Information

**\*Are you self employed?**     Yes     No

**\*Are you a state government worker?**     Yes     No

**\*What job do you normally do?**   
For example, retail salesperson, construction worker, nurse.

**\*How would you describe your job?**     Mostly sitting; sometimes moving objects up to 10 lbs.  
Select the option that best applies to you.     Mostly walking or standing; sometimes moving objects up to 20 lbs.  
 Regularly moving objects up to 20 lbs.  
 Regularly moving objects up to 50 lbs.  
 Regularly moving objects more than 50 lbs.

### Disability Information

To be eligible, you must be losing wages because a disability is preventing you from doing your regular work. This means you're not working or you're working reduced hours due to the disability.

Note: If you've already recovered or returned to doing your regular work, you can still apply for benefits.

**\*Why did you stop working?**      
If you're working reduced hours, select the reason why.

**\*When did your disability start?**      
We need to know the first day you couldn't do your regular work because of your disability. Your licensed health professional will confirm this date.

**\*Do you want your claim to start on a different date?**     Yes     No

**\*Before your disability started, when was the last day you worked?**      
This does not include vacation, sick, or other time off.

**\*Have you recovered from your disability?**     Yes     No

**\*Have you returned to your regular work?**     Yes     No

**\*Will you or did you work while on disability?**     Yes     No  
If you're not sure, select No.

**\*Will you or did you receive any pay from your employer while on disability?**     Yes     No  
This does not include paid time off (PTO) or vacation pay. If you're not sure, please contact your employer.

**\*Can we share your benefit payment amount with your employer?**     Yes     No  
If your employer pays you while on disability, they need to know your benefit payment amount. We will not share your health information with your employer.

### Other Information

**\*Was your disability caused by your job?**     Yes     No

**\*Have you filed or do you intend to file for Workers' Compensation benefits?**     Yes     No  
Workers' Compensation provides benefits to workers whose disabilities were caused by their job.

**\*Do you live at an alcoholic recovery home or a drug-free facility?**     Yes     No

**\*At any time during your disability, were you in the custody of law enforcement because you were convicted of a crime?**     Yes     No

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Complete the Eligibility screen.

- Make sure all dates and information are correct to avoid a delay of benefits.

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

Select **Next**.

The screenshot shows the EDD State of California website interface. At the top, there is a navigation bar with links for Home, myEDD, Utilities, Help, and Log Out. Below this is a secondary navigation bar with links for SDI Home, Inbox, New Claim, Draft, Profile, and History. The main heading is "Employer Information". A progress bar below the heading shows five steps: 1. Personal Information (checked), 2. Eligibility (checked), 3. Employer Information (active), 4. Additional Information, and 5. Final Steps. Below the progress bar, it says "Step 3 of 5" and "Add all employers you are currently working for. If you are not employed, add your most recent employer." The section is titled "Current Employers" and contains a table with columns: Employer Name, Employer Address, Last Day of Work, and Action. Below the table, there is a button labeled "Add Employer" which is highlighted with a red box and a red arrow pointing to it. At the bottom of the form area, there are buttons for "Back", "Cancel", "Save as Draft", and "Next". The footer contains links for "Back to Top", "Contact EDD", "Conditions of Use", "Privacy Policy", and "Accessibility".

Select **Add Employer** to enter information about your current employer.

- You must add at least one employer to continue.

The screenshot shows the EDD State of California website interface. At the top, there is a navigation bar with links for Home, myEDD, Utilities, Help, and Log Out. Below this is a secondary navigation bar with links for SDI Home, Inbox, New Claim, Draft, Profile, and History. The main heading is "Employer Search". A progress bar indicates five steps: 1. Personal Information (checked), 2. Eligibility (checked), 3. Employer Information (current step, highlighted in blue), 4. Additional Information, and 5. Final Steps. Under "Step 3 of 5", there is a note: "\*Indicates Required Field". Below that, the section is titled "\*Employer Name" with the instruction: "You can use the name on your paystub or W-2. If you are self employed, select **Employer Not Found**." A text input field is highlighted with a red box. Below the input field is a "Search" button, which has a red arrow pointing to it from the right. There are also "Back" and "Employer Not Found" buttons. The footer contains links for Back to Top, Contact EDD, Conditions of Use, Privacy Policy, and Accessibility.

- Enter your employer's name as shown on your W-2 or paystub.
- Select **Search** to continue.

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SDI Home Inbox New Claim Draft Profile History

## Employer Search

Personal Information Eligibility **3 Employer Information** 4 Additional Information 5 Final Steps

Step 3 of 5

\*Indicates Required Field

\*Employer Name  
You can use the name on your paystub or W-2. If you are self employed, select **Employer Not Found**.

PAR

Search

### Search Results

Employer Name
Paramount Pictures

Back Employer Not Found

Back to Top Contact EDD Conditions of Use Privacy Policy Accessibility

If your employer's name shows in the Search Results table, **select it**.

If your employer is not listed under Search Results, select **Employer Not Found** and skip to page 15.

## Employer Details

Personal Information  Eligibility  **3 Employer Information** 4 Additional Information 5 Final Steps

Step 3 of 5

\*Indicates Required Field

You can use the information from your paystub or W-2.

Employer Name

Mailing Address  US  International

Address 1

Address 2

City

State

ZIP Code

Employer Phone  Extension

This is an international number.

\*Before your disability started, when was the last day you worked for this employer?  
This does not include vacation, sick, or other time off.

\*Do you need to add another current employer?  Yes  No

Back Cancel Save as Draft **Next**

If you selected your employer from the search results, fill out the Employer Contact Information and Employment Information.

- Add your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub. If unsure what address to enter, ask your employer.
- If you have more than one employer, enter more by selecting Yes to "Do you need to add another current employer?"

Select **Next**.

## Employer Details

Personal Information
  Eligibility
 **3 Employer Information**
 4 Additional Information
  5 Final Steps

Step 3 of 5

\*Indicates Required Field

You can use the information from your paystub or W-2. If you're self employed, enter "Self" for **Employer Name**.

\*Employer Name

Mailing Address

US  International

\*Address 1

Address 2

\*City

\*State

\*ZIP Code

Employer Phone  Extension

This is an international number.

\*Before your disability started, when was the last day you worked for this employer?  
This does not include vacation, sick, or other time off.

\*Do you need to add another current employer?  Yes  No

If you selected **Not Found**, add your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub under Section 4D – Employer Contact Information. If unsure what address to enter, ask your employer.

- To enter additional employers, select **Yes** to “Do you need to add another current employer?”

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

Select **Next**.

## Employment Details (Add Employer)

\* Indicates Required Field

### Address Validation

The address you have provided has been updated to meet USPS standards. Please verify the address is correct.

### Entered Address

800 Captiol Mall  
Sacramento CA 95814

### Updated Address

800 Capitol Mall  
Sacramento CA 95814 - 4807

Would you like to proceed with the standardized address? Select 'Yes' to proceed or 'No' to return to correct the address.

No

Yes



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

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

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## Employer Information

Personal Information Eligibility **3 Employer Information** 4 Additional Information 5 Final Steps

Step 3 of 5

Add all employers you are currently working for. If you are not employed, add your most recent employer.

### Current Employers

Employer Name	Employer Address	Last Day of Work	Action
Paramount Pictures	123 Paramount Pictures Los Angeles CA 90210	04-01-2025	Delete
XYZ		04-01-2025	Delete

Add Employer

Back Cancel Save as Draft **Next**

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Once you add all your current employers, review the information.

- Select **Next** if everything is correct.
- Select **Delete** under the Action column if your employer's information is incorrect.

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## Benefit Payment Options

Personal Information Eligibility Employer Information Additional Information 5 Final Steps

**Step 5 of 5**

\*Indicates Required Field

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

**\*Select your payment option.**

**Direct Deposit**  
All payments within 3 days.

**Debit Card**  
First payment in 7-10 days. Future payments within 2 days.

**Mailed Checks**  
All payments in 7-10 days by mail.

I have reviewed the Debit Card Fees and Disclosures.

Back Cancel Save as Draft Next

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Complete the Benefit Payment Options screen to choose how to receive your benefits.

If you choose Debit Card, Select the “**I have reviewed**” box to confirm you have reviewed the disclosures, then select **Next**.

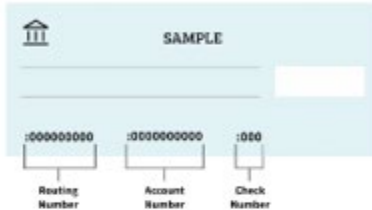
## Enter Your Banking Information

\*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.

[Back](#)

[Submit](#)



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

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

You must also select and open the “terms of use” documents and check the box that you have read them before you can submit your information.

Select **Submit** to continue.

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SDI Home    Inbox    New Claim    Draft    Profile    History

## Medical Authorization

✓ Personal Information    ✓ Eligibility    ✓ Employer Information    ✓ Additional Information    5 Final Steps

**Step 5 of 5**

\*Indicates Required Field

The following Health Insurance Portability and Accountability Act (HIPAA) authorization allows the licensed health professional treating your disability to share health information with us. The EDD is unable to process your application without your HIPPA authorization.

Licensed Health Professional's Name

### HIPAA Authorization

I allow the health professional above to share my health information with the California Employment Development Department (EDD) to process my application for disability benefits. I allow the EDD to view copies of any medical, billing, and vocational rehabilitation records related to my disability.

I understand that the EDD is not a health plan or health care provider, so the information shared with the EDD may no longer be protected by HIPAA. The EDD can only share information as required or permitted by law.

I understand that:

- This authorization is voluntarily and lasts until my claim for disability ends.
- I can receive a copy of this authorization.


### Taking Back the Authorization

I understand that taking back this authorization may result in losing benefits. If I want to take back this authorization, I must send a written request to:

EDD, DI Branch MIC 29,  
PO Box 826880  
Sacramento, CA 94280

The authorization will stop the day the written request is received.

I agree to the HIPAA Authorization.

Back    Cancel    Save as Draft     Next

On the Medical Authorization page, enter the name of your licensed health professional in the Health Professional Name field. Then, select the box to confirm the HIPPA Authorization release of information.

Select **Next** to continue.

The screenshot shows the EDD (Employment Development Department) website interface. At the top, there is a navigation bar with links for Home, myEDD, Utilities, Help, and Log Out. Below this is a secondary navigation bar with links for SDI Home, Inbox, New Claim, Draft, Profile, and History. The main heading is "Declaration".

A progress bar indicates the steps completed: Personal Information, Eligibility, Employer Information, and Additional Information, with "Final Steps" being the current step. Below the progress bar, it says "Step 5 of 5" and "\*Indicates Required Field".

The text reads: "The information I provided in my application is true and correct to the best of my knowledge or belief. I understand I may have to repay any benefits that the EDD later determines I'm not eligible for." and "Until my claim ends, I authorize:" followed by a list of items:

- The California Department of Industrial Relations and my employer to provide information related to my disability claim to the EDD.
- The release and use of information as stated in the EDD's [Information Collection and Access \(PDF\)](#).

It also states: "I understand that intentionally giving false information or withholding information to receive benefits is fraud and can result in:" followed by a list of consequences:

- Criminal prosecution, including imprisonment and fines.
- Repaying benefits with penalties.
- Being denied future benefits.

A checkbox labeled "I understand and agree with this Declaration." is checked and highlighted with a red box.

The "Review and Submit" section contains the instruction: "Make sure your information is correct before submitting your application. Review Application". At the bottom of this section are four buttons: "Back", "Cancel", "Save as Draft", and "Submit". A red arrow points to the "Submit" button, which is also highlighted with a red box.

At the very bottom, there are links for "Back to Top", "Contact EDD", "Conditions of Use", "Privacy Policy", and "Accessibility".

On the Declaration page, read the agreement.

Then, select the box to confirm you understand and agree with this Declaration.

Select **Submit** to send your claim to us.

## Important!

You cannot modify the form after you select Submit.

CA .GOV Home Log Out

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## Paid Family Leave (PFL) Survey Question

\*Indicates Required Field

### You're almost done

Answer the following question. Then, select **Submit** to complete your claim and receive your receipt number.

**\*Which PFL services are you aware of? Check all that apply:**

- PFL provides benefits to workers who need to care for a seriously ill family member.
- PFL provides benefits to qualifying workers whose military family members are being deployed.
- Parents can be eligible for PFL benefits to bond with a newborn, adopted, or foster child.
- New mothers can be eligible for PFL bonding benefits after their pregnancy-related disability claim.
- I am not familiar with the PFL benefit program.

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Complete the survey and select **Submit**.

The screenshot shows the EDD State of California website interface. At the top, there is a navigation bar with 'Home', 'myEDD', 'Utilities', 'Help', and 'Log Out'. Below this is a secondary navigation bar with 'SDI Home', 'Inbox', 'New Claim', 'Draft', 'Profile', and 'History'. The main content area is titled 'Application Submitted' and includes a 'View Application' button. A message states: 'You have submitted your part of the application. Your receipt number is R1000000003', with the receipt number highlighted in a red box. An 'Important' notice follows, stating that a medical certification is required. Below this, a list of requirements is provided: 'The above Receipt number (Starts with R1)' and 'Last 4 digits of your Social Security number'. Further down, there is a section titled 'Determining Your Eligibility' with instructions on what to expect after submission, including a 'Notice of Computation (DE 429D)' and an 'Electronic Benefit Payment Notification (DE 2500E)' if eligible, or a 'Notice of Determination' if not eligible.

Your claim is assigned a **Receipt Number** on the Application Submitted screen.

## Important!

Save this number and give it to your physician/practitioner so they can submit the medical certification.

**Your claim is not complete until we have your medical certification.**

Your physician/practitioner can complete the medical certificate through SDI Online or by completing Part B of the paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form.

# CONTACT US

## 1-800-480-3287

– Helpful Links –



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[Help Fight Fraud](#)



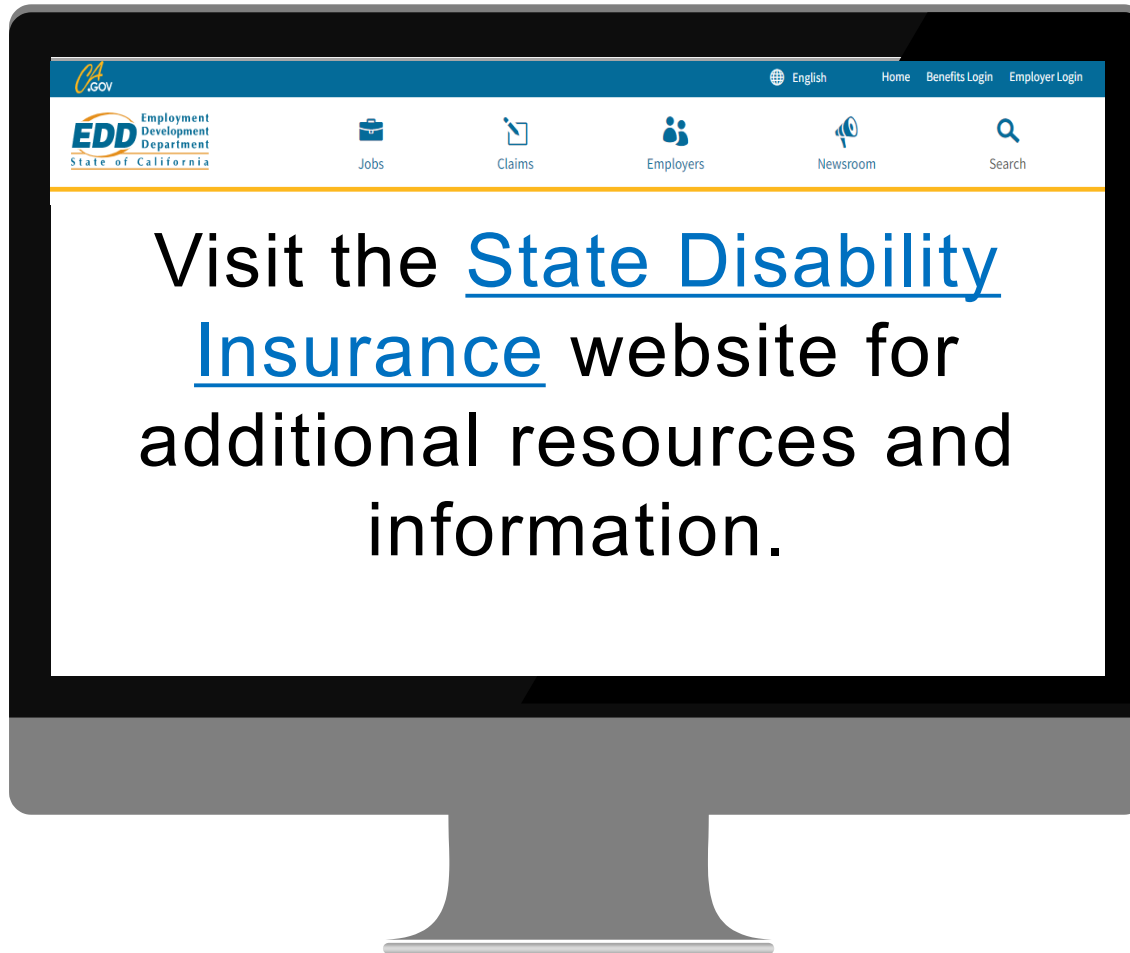
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– Follow us –





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