



SDI ONLINE TUTORIAL

# Apply for Paid Family Leave

New Mothers changing from  
Pregnancy Disability to Baby Bonding

Last Updated: April 2026



# Apply for Bonding Benefits New Mothers

Learn how to apply for baby bonding benefits after your pregnancy-related disability claim is done.



[Get Started](#)

# Getting your application for bonding benefits after a pregnancy-related disability claim

When your final disability payment is delivered and you are ready to start your Paid Family Leave baby bonding, here is how we send your application.

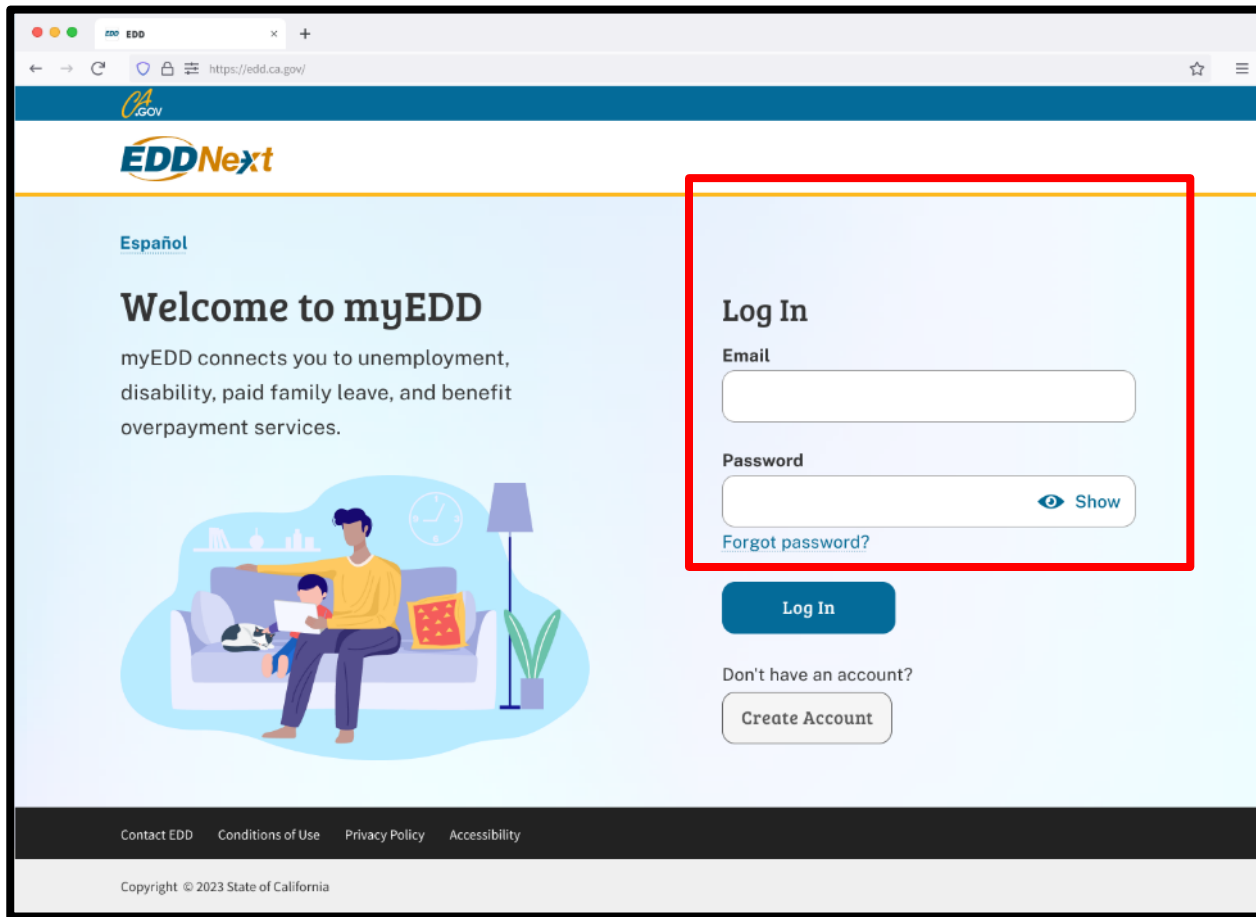
If you applied for your disability claim:

- **Online:** We automatically send a link for the DE 2501FP application to your account inbox.
- **By mail:** We automatically mail you a *Claim for Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) application.

## Note

If you are a mother who did not have a pregnancy-related disability claim or a foster or adoptive parent, refer to the **Bonding for New Fathers and Mothers without a Pregnancy Disability** or **Bonding for Foster and Adoptive Parents** tutorials.





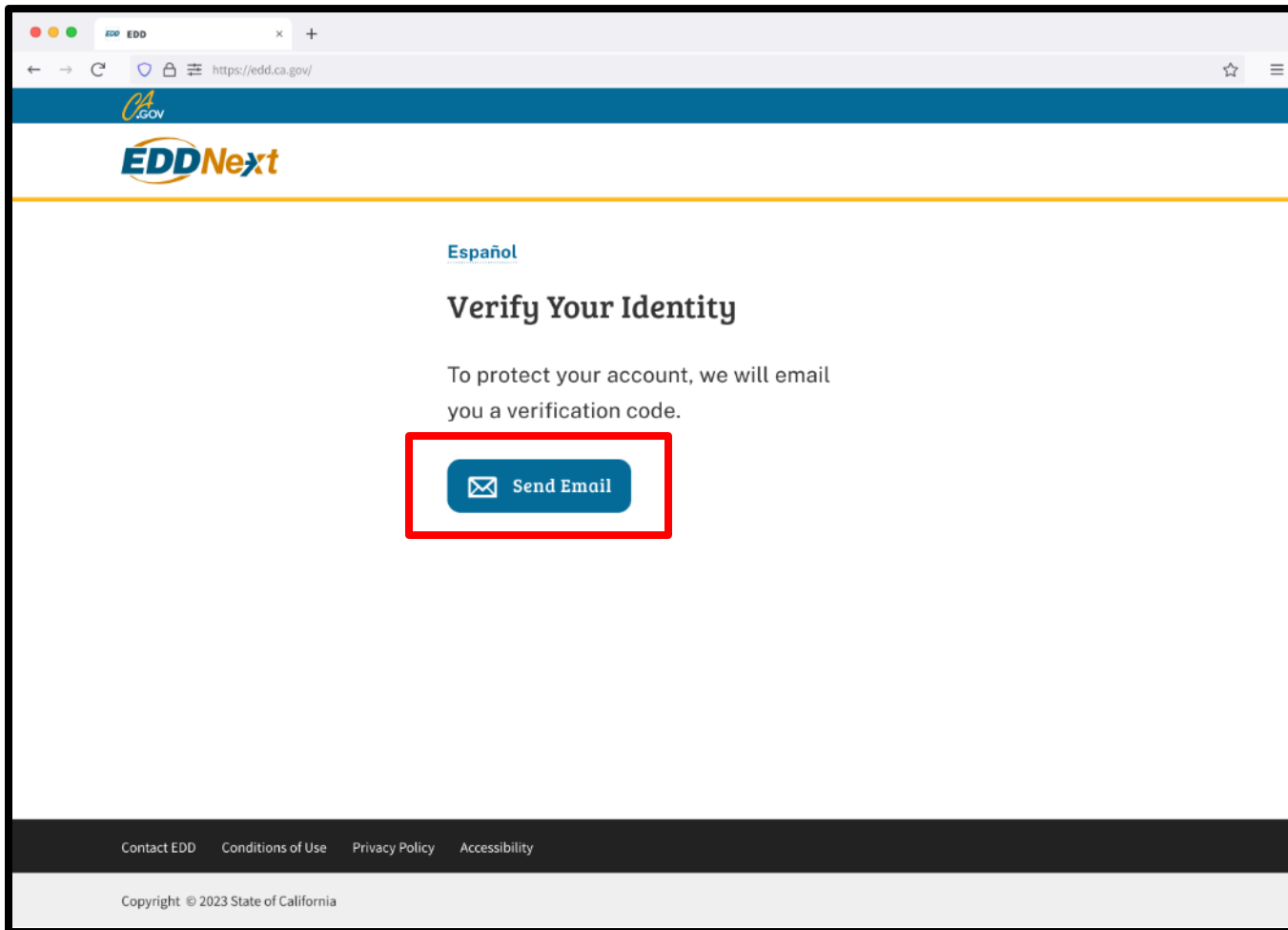
## Apply online

### Note

For Spanish, select **Español**.

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

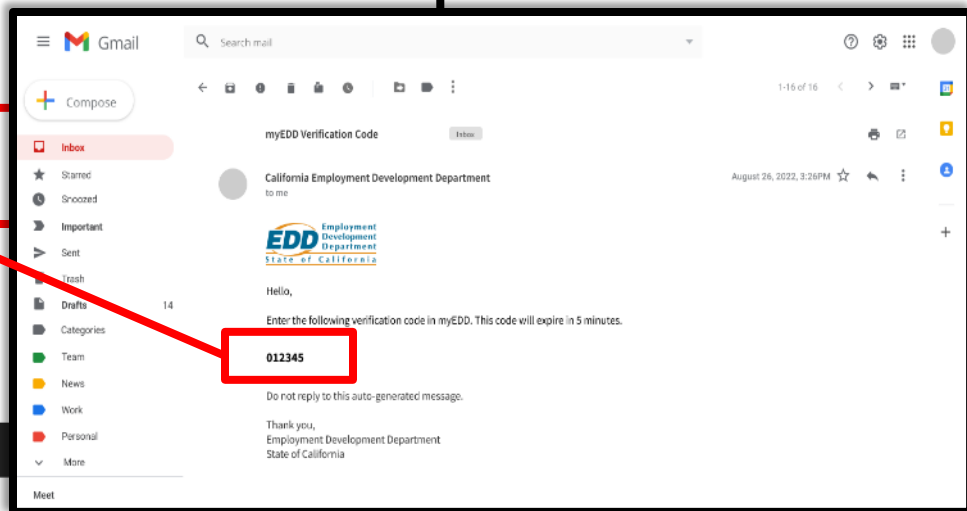
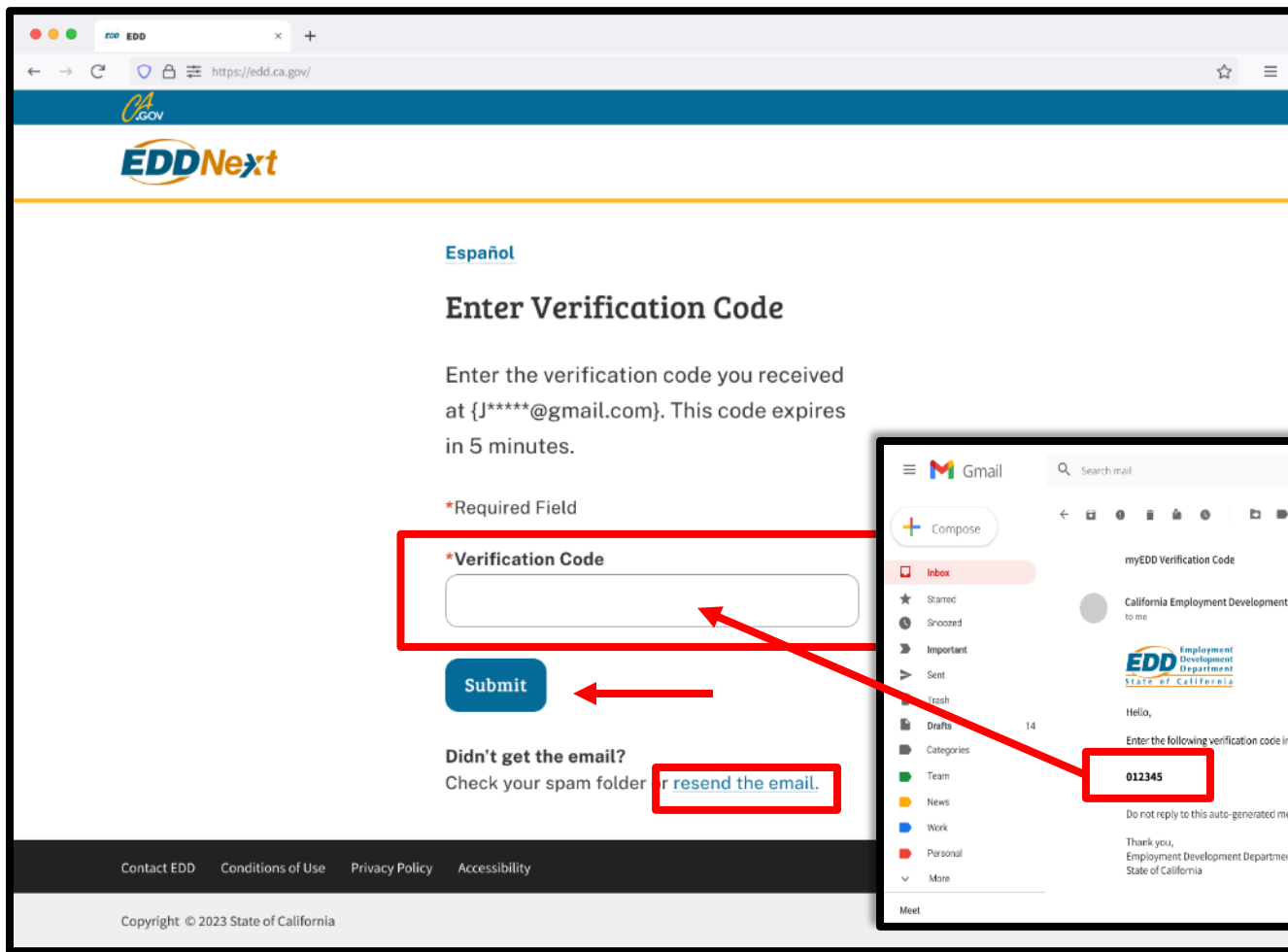
1. Visit [myEDD](#).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

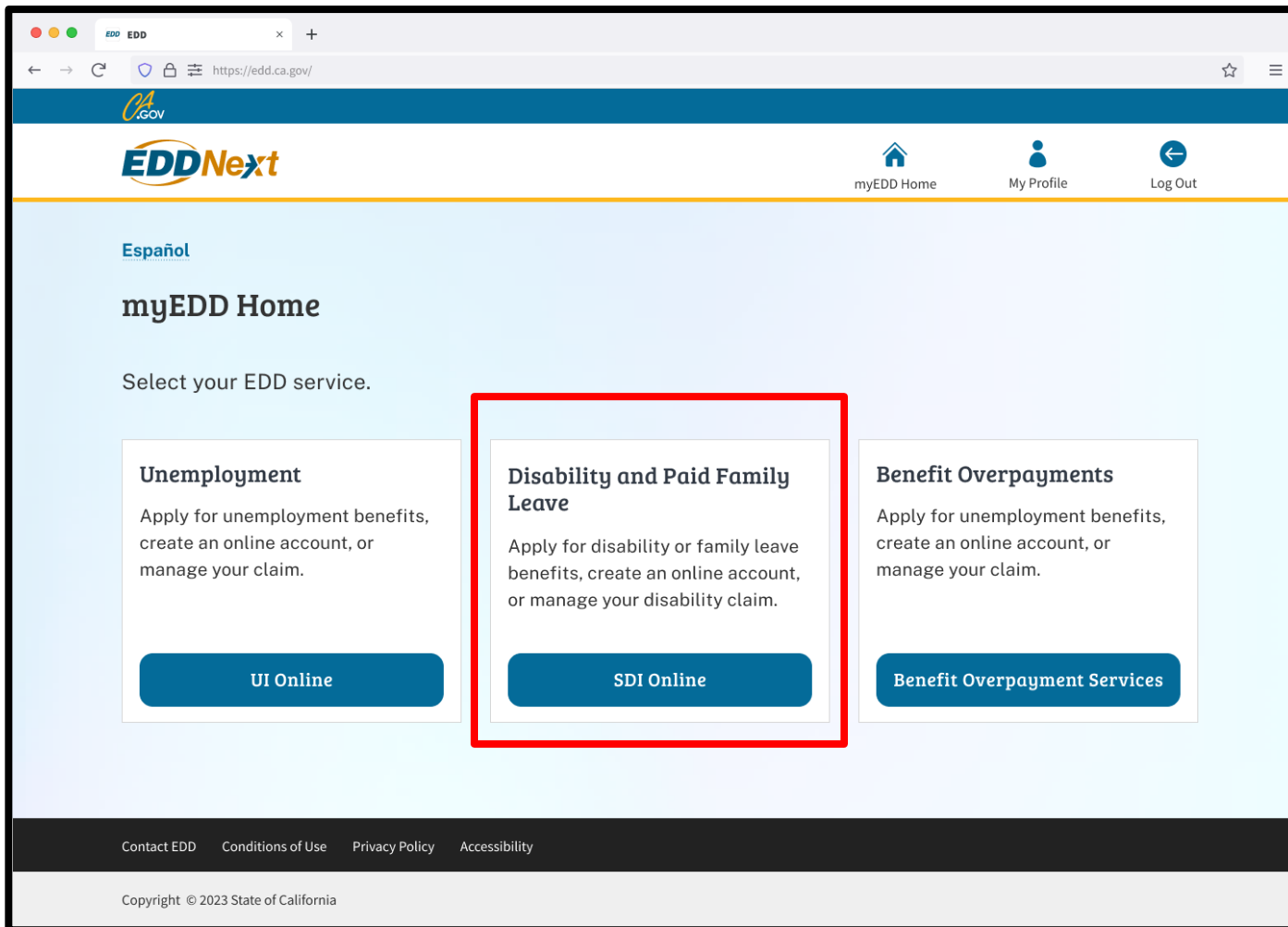
Select **Send Email**.

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

### 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	<a href="#">Payments Stopped</a>	05-02-2025

## Pending Disability Applications

Claim ID	Status	Date Submitted	Receipt Number
DI-1000-027-805	<a href="#">Signature Needed</a>	05-30-2025	R100000000078788

## Current Paid Family Leave Claims

Select **Inbox** from the main menu or the Message Center.

## Message Center

\*Indicates Required Field

### Inbox

Select a link in the **Subject** column to view your message.

**Note:** You may receive some documents by mail.

Subject	Sent Date	Due Date	Type	Viewed	Claimant Name	Date of Birth	Action
<a href="#">2501FP Paid Family Leave New Mother</a>	07-01-2021	None	Notification	Yes	JANE DOE	01-25-1999	<a href="#">Delete</a>
<a href="#">DE 429D, Notice of Computation</a>	07-01-2021	None	Notification	Yes	JANE DOE	01-25-1999	<a href="#">Delete</a>

On the Message Center screen, select **DE 2501FP Paid Family Leave New Mother** to access the message.

CA.GOV Home Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

## Inbox

Message

**Subject:** DE 2501FP, Paid Family Leave New Mother **Sent Date:** 07-01-2021

**Due Date:** None

**Message:**

**Link to Form:** [2501FP Paid Family Leave New Mother](#) **Claim ID:** DI-2000-000-022

### Supporting Documentation

[Important Information for Disability Insurance \(DI\) Claimants \(DE 2515P\)](#)  
[Important Information for Paid Family Leave \(PFL\) Claimants \(DE 2515PF\)](#)  
[Explanation of Notice of Computation \(DE 429DI\)](#)

Delete

Back to Top Contact EDD Conditions of Use Privacy Policy Accessibility

Next, on the Inbox screen, select **DE 2501FP Paid Family Leave New Mother** to access the form.

### 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.

## Forms Available to Submit Online

### Claim Information

**Claimant Name:** Jane Doe

**Claim ID:** DI-1000-XXX-XXX

**Expected Return to Work Date:** 03-05-2018

**Claim Effective Date:** 02-15-2018

### Forms Available to Submit

Below is a list of forms available to submit electronically. If you have received a form in the mail, return it by the due date listed on the form. Please allow 5-7 business days for your form to be processed.

If you have already submitted or mailed any of the forms listed below, do not submit a duplicate form. Submitting duplicate forms may delay the processing of your claim.

**Note:** "The DE 2587 Notice-Automatic Payment" will only apply to your Disability Insurance claim and should not be used if you are currently receiving Paid Family Leave benefits.

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

[Paid Family Leave Bonding](#)

### Saved Drafts

To open and complete a form that you saved, select the Form Name. Saved drafts are stored for a limited number of days and will be automatically deleted on the date indicated. To delete a draft immediately, select the checkbox and then select the Delete button.

Form Name	Saved Date	Drafts will be saved until	Select
2500A Cert for Continued Benefits	06-29-2018	07-29-2018	<input type="checkbox"/>

Delete

Select **Paid Family Leave Bonding** under Forms Available to Submit.

### Important

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

The screenshot shows the EDD State of California website interface. At the top, there is a blue navigation bar with the 'CA.GOV' logo on the left, a 'Home' icon in the center, and a 'Log Out' link on the right. Below this is a white header area with the EDD logo and the text 'Employment Development Department State of California'. A secondary navigation bar contains links for 'SDI Home', 'Inbox', 'New Claim', 'Draft', 'Profile', and 'History'. The main content area is titled 'Prescreening Questions' and includes a note: '\*Indicates Required Field'. The form contains two questions, each with 'Yes' and 'No' radio button options. The first question is '\*Are you a mother bonding with your newborn?' and the second is '\*Did you receive California State Disability Insurance benefits for your pregnancy with this newborn?'. At the bottom of the form, there are two buttons: 'Cancel' and 'Next'. The 'Next' button is highlighted with a red rectangular border. A dark footer bar at the very bottom contains links for 'Back to Top', 'Contact EDD', 'Conditions of Use', 'Privacy Policy', and 'Accessibility'.

Next, answer the prescreening questions.

New mothers applying for bonding benefits who are transitioning from a pregnancy-related disability claim will select **Yes** for both questions and select **Next**.

### Note

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

CA.GOV Home Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

## Information for Before You Start and After You File

### Before you Start: Information you need to submit a *Claim for Paid Family Leave (PFL) Benefits – New Mother (DE 2501FP)*

When your pregnancy-related disability claim ends, we have identified critical items you should have immediately available when you select to file your DE 2501 FP.

- The last date you worked for any employer.
- Whether you returned to work for any period or will continue to work during your period of paid family leave.
- Information concerning the newborn with whom you are bonding, including: name, date of birth, and gender.
- Information as to whether you are receiving, or expect to receive any payment from your former employer (Failure to report your income could result in an overpayment, penalties, and a false statement disqualification)
- Whether you have claimed or plan to claim workers' compensation benefits for any portion of the period covered by this claim.
- Whether you were you in custody of law enforcement authorities because you were convicted of a violation of law or ordinance at any time during your family leave.
- The date you want your DE 2501FP to begin if other than the day your Disability Insurance benefits ended.

### After You Have Filed Your Application

**WHEN YOUR CLAIM IS SUCCESSFULLY SUBMITTED**

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 requirements, a payment will be issued to you. The majority of claims are processed and payments issued within 14 days of receipt of a correctly completed claim.

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.

**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 you request to amend your records is refused, you may file an appeal with the PFL office. You may*

**SPECIAL CIRCUMSTANCE 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 866-487-9243 or the Department of Labor Web site: <https://www.dol.gov/whd/fmla> or CFRA at 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  
[https://www.edd.ca.gov/Disability/Contact\\_SDI.htm#byphone](https://www.edd.ca.gov/Disability/Contact_SDI.htm#byphone)

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

Cancel Next

Back to Top Contact EDD Conditions of Use Privacy Policy Accessibility

Carefully review the **Information for Before You Start and After You File.**

It gives important information you need to file your bonding claim.

Select **Next.**

CA .GOV Home Benefit Programs Online Log Out

EDD Employment Development Department State of California SDI Home Inbox New Claim Draft Profile History

## Applying for Claim for Paid Family Leave (PFL) Benefits - New Mother

\*Indicates Required Field

### Applying for Claim for Paid Family Leave (PFL) Benefits - New Mother

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.

I have read and understand the instructions above. I understand that failure to supply any or all information may cause delay in issuing benefit checks 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

Back to Top Contact EDD Conditions of Use Privacy Policy Accessibility

Select the box to authorize an electronic signature.

Select **Next** to continue.

## Initial Questions

1 Initial Questions

2 DI Claim Information

3 Claim Information

4 Declaration

You are currently on Step 1 Initial Questions

\* Indicates Required Field

### Section 1 - Contact Information

Claimant Name: Jane Doe

EDD Customer Account Number: 123456789

Mailing Address: 123 Main St  
Sacramento, CA 95814

Phone Number: 916-555-1212

If your personal information has changed, select Save as Draft. To update your personal information before completing this form, select Profile. Submission of the Claim for Paid Family Leave (PFL) Benefits - New Mother, DE2501FP, is available Monday - Saturday, 6 a.m. to 6 p.m. and Sunday, 6 a.m. to 5:30 p.m.

Is this address different from the address where you received your last payment for your Disability Insurance claim?  Yes  No

\* Have you stopped claiming Disability Insurance benefits?  Yes  No

Previous

Cancel

Save as Draft

Next

## Tip

Select **Save as Draft** at any time to complete the form later.

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

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.

## Important

If you are still claiming pregnancy disability benefits, do not submit this application. Complete this application **after** your final disability payment is issued.

# DI Claim Information

Initial Questions 2 DI Claim Information 3 Claim Information 4 Declaration

You are currently on Step 2 DI Claim Information

## Section 2 - DI Claim Information

Social Security Number: xxx-xx-xxxx

\* Disability Insurance Claim Effective Date: (MMDDYYYY)

\* Final Date of Disability Insurance Benefits: (MMDDYYYY)

Do not submit this form unless you have stopped claiming Disability Insurance benefits and you are ready to claim PFL benefits to bond with your baby/babies.

Previous

Cancel

Save as Draft

Next

Reminder: Do not file for bonding benefits until you have fully recovered from childbirth and received your final disability payment.

- If you're still claiming disability benefits, select **Save as Draft** and complete the application later.
- To continue, make sure the prefilled information is correct. Next, enter the dates your disability claim started and ended to ensure your bonding application is processed correctly.
- Select **Next** to continue.

## Paid Family Leave Claim Information

Initial Questions

DI Claim Information

3 Claim Information

4 Declaration

You are currently on Step 3 Claim Information

\*Indicates Required Field

### Section 3 - Baby Information

If you had a multiple birth, provide information for only one baby.

\*Baby's First Name:

Baby's Middle Initial:

\*Baby's Last Name:

Baby's Suffix:

\*Baby's Date of Birth:

\*Baby's Gender:  Male  Female

### Section 4 - Paid Family Leave Claim Information

Any overlapping period between Disability Insurance and Paid Family Leave will result in a disqualification of benefits from one of the programs.

\*Last Day Worked:

\*Do you want your Paid Family Leave claim to begin on the day after you stop claiming disability insurance benefits?  Yes  No

If "No," enter the date you want your Paid Family Leave 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:

### Section 5 - Employer Information

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

If "Yes," enter the date you returned to work:

\*Will you continue to receive wages from your employer(s) during the period you are claiming Paid Family Leave benefits?  Yes  No

If "Yes," indicate type of pay:

Beginning Payment Date:

Ending Payment Date:

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

\*Have you filed or do you intend to file for workers' compensation benefits?  Yes  No

Previous

Cancel

Save as Draft

Next

You must complete the following sections:

- Section 3 - Baby Information
- Section 4 - Paid Family Leave Claim Information
- Section 5 - Employer Information

Confirm the information and dates you enter are correct to avoid a possible delay of benefits.

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

Select **Next** to continue.

CA.GOV Log Out

**EDD** Employment Development Department  
State of California

SDI Home    Inbox    New Claim    Draft    Profile    History

## Benefit Payment Options

Initial Questions    DI Claim Information    Claim Information    **4 Declaration**

**You are currently on Step 4 Declaration**

\*Indicates Required Field

### Section 6 – 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 6 to choose your benefit payment option.

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

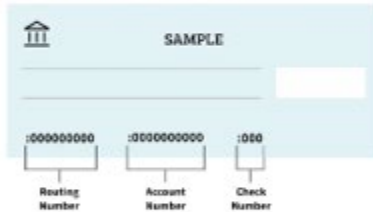
## Enter Your Banking Information

\*Required Field

First Name  
STORMY

Last Name  
WEATHER

Routing and Account Number Sample



\*Routing Number

Routing number must be 9 digits.

\*Account Number

Account number must be 5-17 digits.

 [Show](#)

\*Confirm Account Number

 [Show](#)

\*Account Type

- Checking
- Savings

### Before You Submit

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

\*You must read and agree to the following documents

[Direct Deposit Terms of Use \(PDF\)](#)  
[Prepaid Debit Card Disclosures \(PDF\)](#)

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

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

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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.

## Section 7 - 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 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

Next, select the box to authorize an electronic signature and the release of your information.

**Important:** You cannot modify the application after you select Submit.

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

## 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**.



# Submit your Supporting Bonding Documents

**New mothers who had a pregnancy-related disability claim do not need to provide proof of relationship documents for bonding.**



**You are done!**



# Paper Applications

Learn how to complete a paper application for a new mom changing from pregnancy disability to bonding benefits.



[Get Started](#)



## Paper Applications, cont.

**If you are a new mother applying for bonding after a pregnancy-related disability claim:**

*A Claim for Paid Family Leave (PFL) Benefits – New Mother (DE 2501FP)* form is automatically sent to you with your final disability payment.

# To avoid processing delays when completing your paper application:

## Do

- Use black ink only.
- Type or write clearly **within** the boxes provided.
- Mail the completed form in the pre-addressed envelope provided.

## Don't

- Do not send photocopied or faxed forms.
- Do not mail the paper form if you already filed a claim online.



# Mail your completed application

Use the pre-addressed envelope to mail to:

EDD – Paid Family Leave  
P.O. Box 997017  
Sacramento, CA 95899-7017

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



# CONTACT US

1-877-238-4373

— Helpful Links —



[Order Forms](#)



[Schedule a Webinar](#)



[Help Fight Fraud](#)



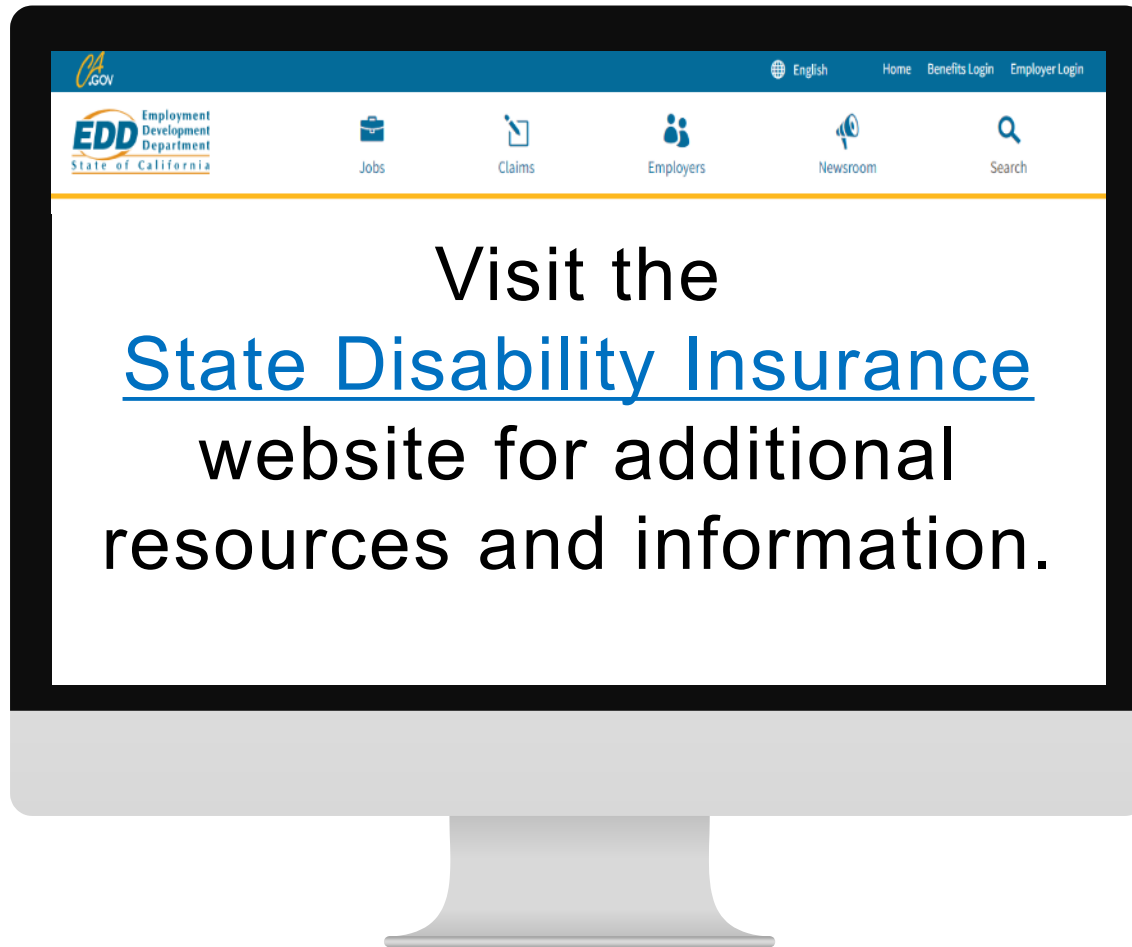
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EDD is an equal opportunity department for this information. If you need help or services because of a disability, call 1-866-490-8879. TTY users, please call the California Relay Service at 711.