



SDI ONLINE TUTORIAL

Apply for Paid Family Leave

New Mothers changing from
Pregnancy Disability to Baby Bonding

Last Updated: October 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.



The screenshot shows the myEDD website interface. At the top, there's a navigation bar with the EDDNext logo and a language selector set to "Español". Below the header, a welcome message states: "Welcome to myEDD" and "myEDD connects you to unemployment, disability, paid family leave, and benefit overpayment services." To the left of the login form is an illustration of a man and a child on a couch. The login form, highlighted by a red rectangle, includes fields for "Email" and "Password", a "Show" button for the password, and a "Log In" button. Below the form are links for "Forgot password?" and "Create Account". The footer contains links for "Contact EDD", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2023 State of California.

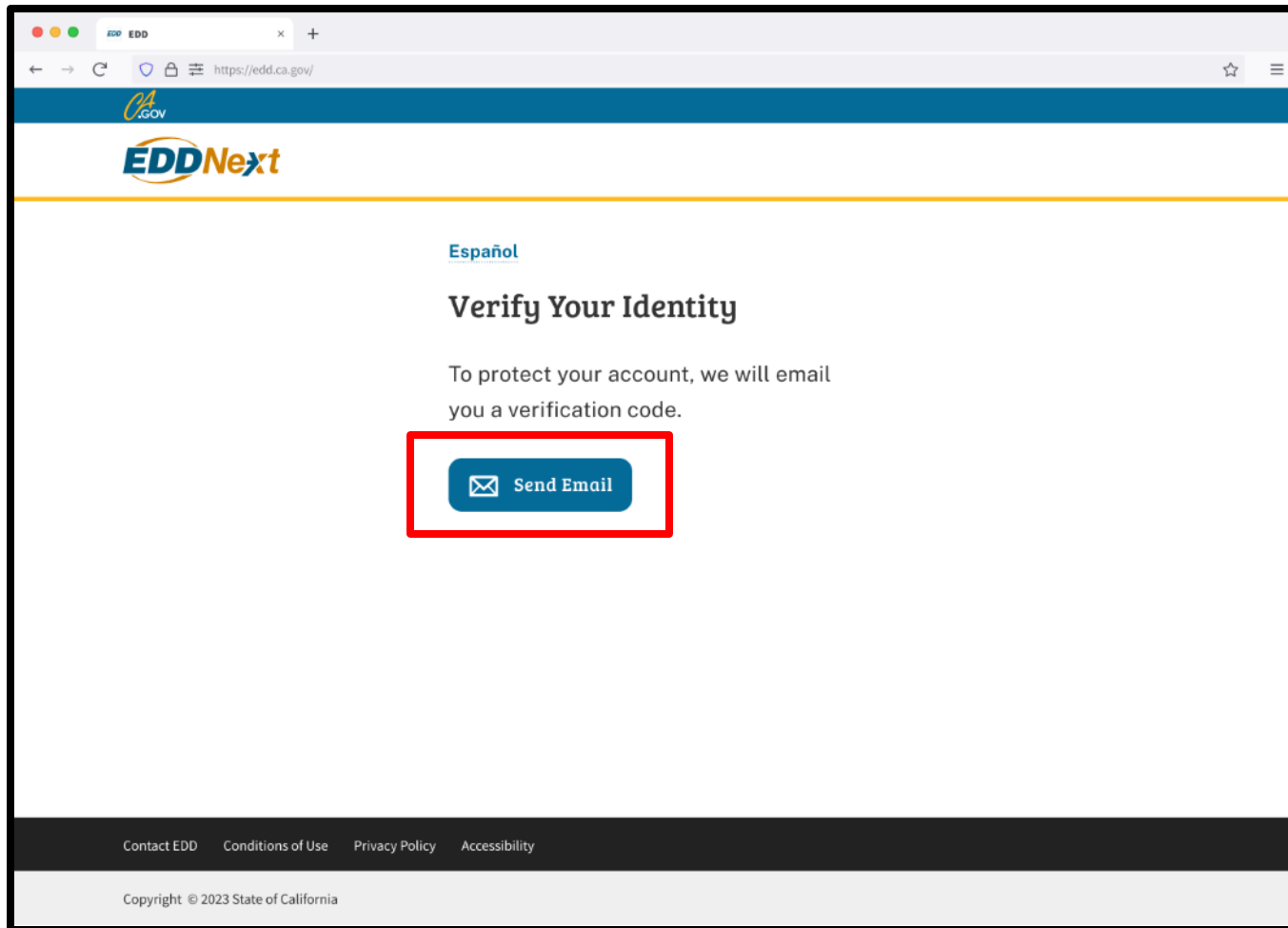
Apply online

Note

For Spanish, select **Español**.

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

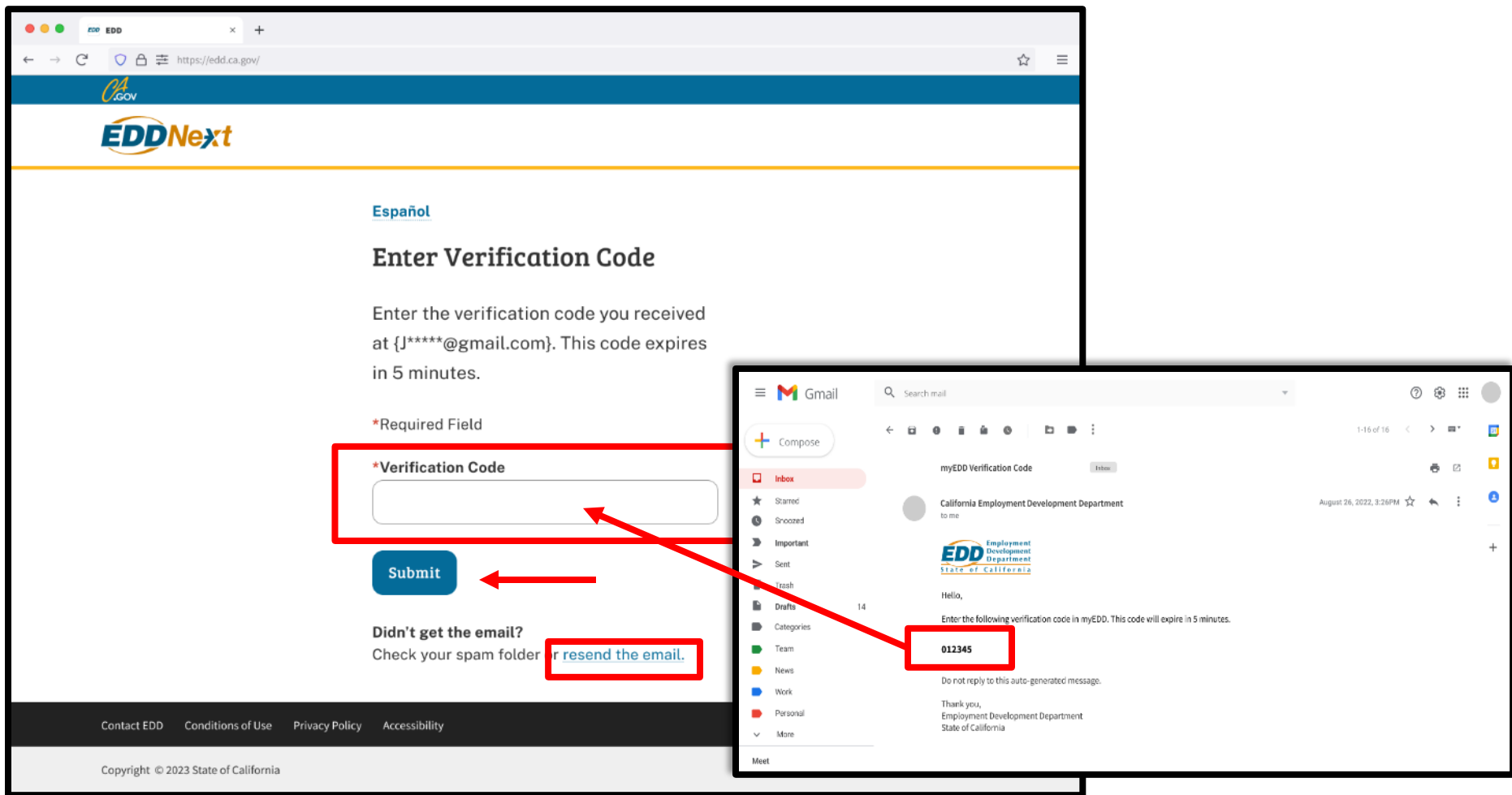
1. Visit [myEDD](#).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

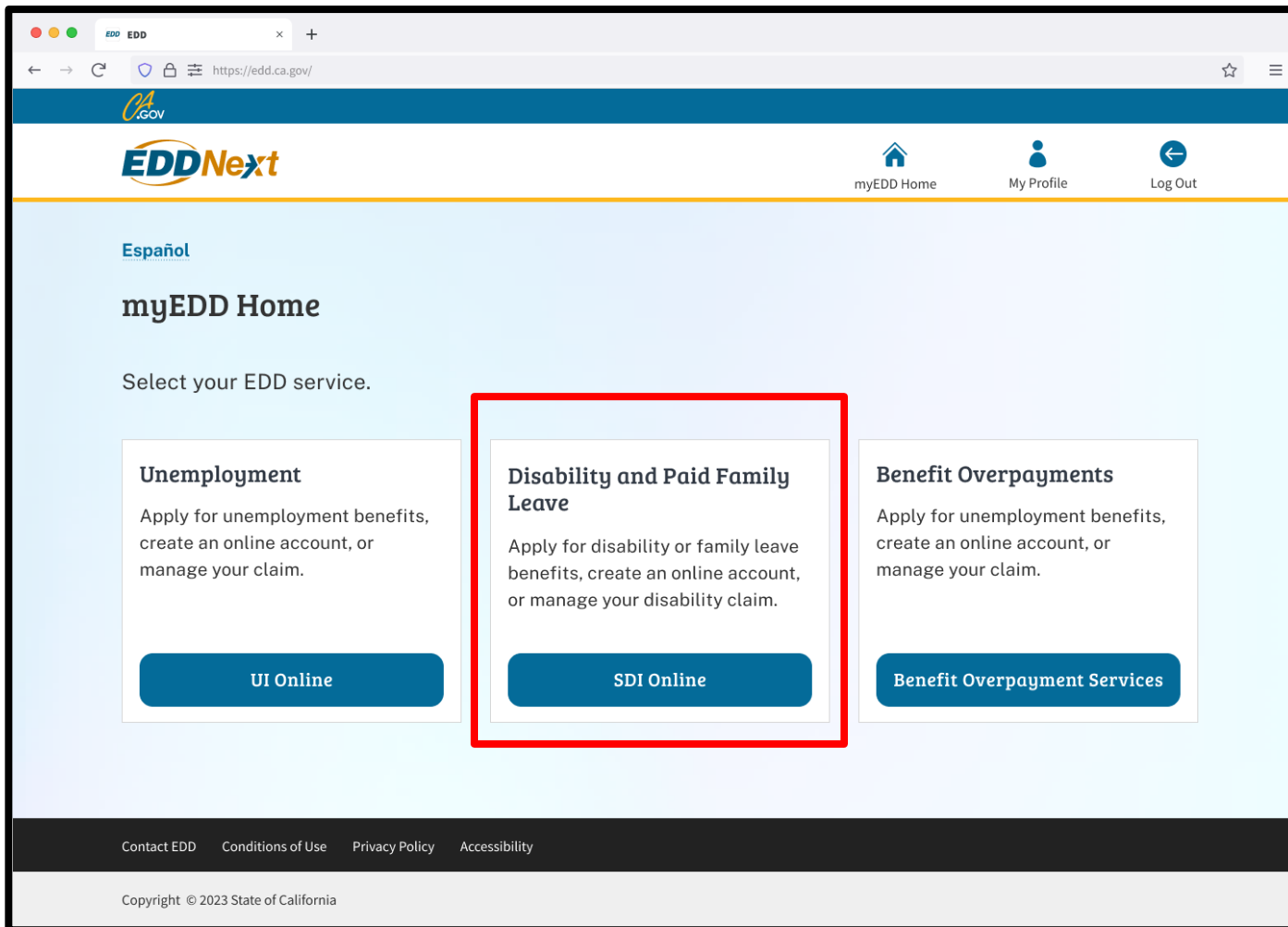
Select **Send Email**.

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 myEDD Utilities Help Liz Keen Log Out



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

SDI Online Home

 Message Center

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

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

Apply for Benefits

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

Apply

Current Disability Claims

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

Pending Disability Applications

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

Current Paid Family Leave Claims

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
2501FP Paid Family Leave New Mother	07-01-2021	None	Notification	Yes	JANE DOE	01-25-1999	Delete
DE 429D, Notice of Computation	07-01-2021	None	Notification	Yes	JANE DOE	01-25-1999	Delete

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	☐

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. The header includes the EDD logo, navigation links (SDI Home, Inbox, New Claim, Draft, Profile, History), and a Log Out button. The main content area is titled "Prescreening Questions" with a note that an asterisk indicates a required field. Two questions are listed: "Are you a mother bonding with your newborn?" and "Did you receive California State Disability Insurance benefits for your pregnancy with this newborn?". Each question has radio button options for "Yes" and "No". At the bottom of the form are "Cancel" and "Next" buttons. The "Next" button is highlighted with a red rectangular border.

CA.GOV Home Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

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

Back to Top Contact EDD Conditions of Use Privacy Policy 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.



Home

Log Out

SDI HomeInboxNew ClaimDraftProfileHistory

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

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.



Log Out



Employment
Development
Department
State of California

SDI HomeInboxNew ClaimDraftProfileHistory

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.

☐ I have reviewed the Debit Card Fees and Disclosures.

*Select your payment option:

☐ Direct Deposit

☐ Debit Card

☐ Mailed Checks

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.

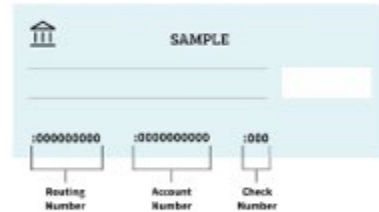
Enter Your Banking Information

*Required Field

First Name
STORMY

Last Name
WEATHER

Routing and Account Number Sample



Routing Number: 000000000
Account Number: 0000000000000000
Check Number: 0000

*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 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 new moms changing from pregnancy disability to baby 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.

Claim for Paid Family Leave (PFL) Benefits-New Mother (DE 2501FP)

- Complete questions 1 through 12.
- Provide all related information, including your personal information, last day of disability benefits, and employer information.
- Select your preferred payment method.
- Make sure to sign and date the form.

SAMPLE, this page for reference only



PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

RETURN TO ----->

EDD—PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

Our records indicate you are a new mother receiving State Disability Insurance (SDI) Benefits for a pregnancy-related disability. After your baby is born and you have recovered from your disability, you may be eligible for Paid Family Leave (PFL) benefits if you remain off work to bond with your baby.

NOTE: If you wish to claim additional PFL benefits for reasons other than bonding, please call 1-877-238-4373.

CLAIM FOR PAID FAMILY LEAVE (PFL) BENEFITS – NEW MOTHER

If you wish to claim PFL benefits, please complete the requested items below and return this form to the PFL office within 41 days from date you want your PFL claim to begin. If you had a multiple birth, provide information for one only.

FOR OFFICE USE ONLY	SDI CLAIM EFFECTIVE DATE	FINAL DATE OF SDI BENEFITS

1. Has your address or telephone number changed since you received this form? (If "Yes," correct below) ☒ Yes ☐ No

123 Any Street, Anytown, CA 12345
2. Have you completely recovered from your pregnancy-related disability as of the "FINAL DATE OF SDI BENEFITS" shown above? ☒ Yes ☐ No
3. Do you want your PFL claim to begin on the day after the "FINAL DATE OF SDI BENEFITS" shown above? ☒ Yes ☐ No
 If "No," enter below the date you want your PFL claim to begin (MM | DD | YYYY).

If you need more information regarding when to begin your PFL claim, call 1-877-238-4373.
4. Do you want to claim the full maximum benefit weeks now? ☒ Yes ☐ No
 If you answered "No," enter the date you want to end your PFL bonding claim (MM | DD | YYYY).
5. Will your employer require you to take paid vacation before beginning family leave? ☐ Yes ☒ No
6. Will your employer continue to pay you wages during your family leave? ☐ Yes ☒ No
7. Do you have more than one employer? ☐ Yes ☒ No
8. Your baby's name:
 FIRST | MIDDLE INITIAL | LAST ACCLAIMANT

Cookie
9. Your baby's date of birth (MM | DD | YYYY) 10. Your baby's gender..... ☒ Female ☐ Male

12012015
11. Have you claimed – or do you plan to claim – workers' compensation benefits for any portion of the period covered by this PFL claim? ☐ Yes ☒ No
12. Select your preferred payment method ☒ EDD Debit Card ☐ Check For Office Use Only

Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was/will be bonding with my new infant; (2) authorize my employer(s) to disclose to State Disability Insurance all facts concerning my employment that are within their knowledge; and (3) authorize release and use of information as stated in the "Information Collection and Access" portion of this form. 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 signature or the effective date of the claim, whichever is later.

YOUR SIGNATURE

DATE SIGNED

MM | DD | YYYY

DE 2501FP Rev. 2 (6-20) (INTERNET)

Page 1 of 2

USE BLACK INK TO COMPLETE THIS FORM

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](#)



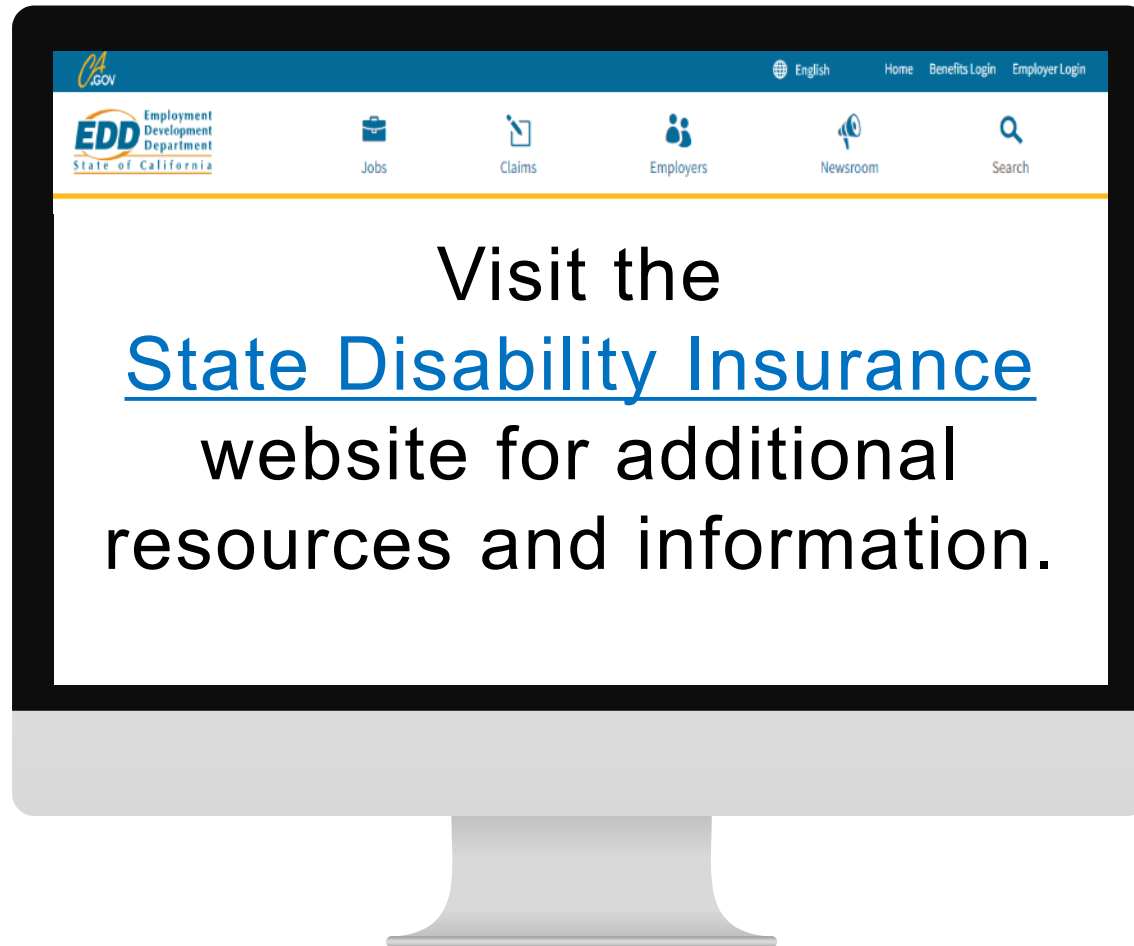
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[Language Resources](#)

– 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.