Employment Development Department
State of California

Claim for Disability Insurance Benefits – Religious Practitioner's Certificate

Instructions: This certificate can be accepted only if you have been accredited in writing by the Employment Development Department (EDD). Complete all statements on the claimant's first visit. Submit this certification in lieu of the Physician/Practitioner's Certificate of the *Claim for Disability Insurance Benefits* form (DE 2501).

1. Claimant's name _____
2. Claimant's Social Security number _____
3. Provide a detailed statement of symptoms of claimant's disability (If terminated pregnancy, give date terminated):

   _____

   _____

   _____

4. Date claimant was first treated by prayer or spiritual means for this illness/injury? _____
5. Is the claimant receiving prayer regularly? ☐ Yes ☐ No Please indicate how often _____
6. What is the current estimated date of recovery or the date your patient will be able to perform their regular or customary work? _____ ("unknown" or "indefinite" are not acceptable responses)
   MM/DD/YYYY

7. I hereby certify that the claimant is/was an active member of my congregation, that the above statements in my opinion, truly describe their disability and the estimated duration thereof and that the disability is such as to prevent the performance of their regular or customary work; and the claimant adheres to the teachings of

   _____ and that they depend entirely upon prayer or
   Denomination

   spiritual means for healing and that I am a practitioner of _____
   Denomination

   and have been accredited in writing with the EDD as same.

I certify under penalty of perjury that, based on my knowledge that this certification truly describes the patient's condition and need for care and the estimated duration thereof.

_____	_____
Print or Type Practitioner's Name	Signature of Practitioner

_____	_____	_____
Practitioner's Registration Number	Phone Number	Date

_____	_____	_____	_____
Street Address	City	State	ZIP Code

Under California Unemployment Insurance Code (CUIC) sections 2116 and 2122, it is a violation for any individual who with intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding $20,000. CUIC section 1143 requires additional administrative penalties.