SDI Online Tutorial
Licensed Health Professional and Representative Registration, Online Access, and Form Submission
This tutorial will explain how to:

1. Create a Benefit Programs Online Account
2. Register as a Physician/Practitioner in SDI Online
3. Access Your Physician/Practitioner Account
4. Add a Treatment Address
5. Assign a Physician/Practitioner Representative
6. Register as a Physician/Practitioner Representative in SDI Online
7. Submit a Claim for Disability Insurance (DI) Benefits (DE 2501) Part B - Physician/Practitioner's Certificate
8. Submit a Physician/Practitioner’s Supplementary Certificate (DE 2525XX)
9. Submit a Claim for Paid Family Leave (PFL) Benefits (DE 2501F) Part D - Physician/Practitioner’s Certification
10. Submit Paper Claim Forms
Licensed health professionals and their representatives can use SDI Online to:

- Complete medical certifications for Disability Insurance and Paid Family Leave benefits.
- Complete medical certifications for benefits on behalf of the licensed health professional.
- Complete electronic requests for additional medical information.
- Update contact information.
• A licensed health professional may have an unlimited number of authorized representatives.

• A licensed health professional’s representative may create an account after the licensed health professional has added them as an authorized representative to their SDI Online account.

• An individual may be an authorized representative for an unlimited number of licensed health professionals.
Steps to Register an Authorize Representative

Step 1
Benefit Programs Online Registration

Step 2
Physician/Practitioner SDI Online Registration

Step 3
Add Treatment Address

Step 4
Add Physician/Practitioner Representative

Step 5
Physician/Practitioner Representative SDI Online Registration*

Step 6
Complete Medical Certifications

*The authorized representative must also complete Step 1.
Create a Benefit Programs Online Account
First time access to Employment Development Department (EDD) benefits services requires a one-time registration for Benefit Programs Online.

Benefit Programs Online allows you to use a single login to access the following services:
- Unemployment
- Disability
- Paid Family Leave
- Benefit Overpayments

Watch EDD’s [Benefit Programs Online: Overview and Registration for New Users](#) YouTube video for detailed instructions on how to register a new account.

If you have already completed the one-time registration in Benefit Programs Online, skip to [Register as a Physician/Practitioner in SDI Online](#) or [Register as a Physician/Practitioner Representative in SDI Online](#).
Benefit Programs Online Registration:

1. Visit Benefit Programs Online to complete a one-time registration.
2. From the Benefit Programs Online login screen, select Register now to create an account. To change the language of all screens to Spanish, select En español on the login screen.
3. Accept the Terms and Conditions. You must select I Agree in order to establish an online account.
4. Provide the current email address assigned to you by your employer.
5. Set up a password that is between 8 and 20 characters. The password is case sensitive and must contain at least:
   • One uppercase letter
   • One lowercase letter
   • One number
   • One special character from this list: !@#$%^&*( )
6. Create the Security Profile with security question and answer and a personal image and caption.
7. Once you submit your registration information, an email with a link will be sent to you. Select the unique link within 48 hours to complete your registration.
8. After you have registered for and logged in to Benefit Programs Online, select SDI Online to register as a physician/practitioner or their representative. You will always use Benefit Programs Online to access SDI Online to submit Disability Insurance or Paid Family Leave forms.
Register as a Physician/Practitioner in SDI Online
Once you have completed your Benefit Programs Online registration, return to Benefit Programs Online and log in to complete the SDI Online registration process.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.
2. Select **Log In**.

For Spanish, select the **En español** link.
3. Verify your personal image and caption are correct.

If you do not recognize your personal image and caption, select Previous to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select Contact EDD or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select Log In.
From your Benefit Programs Online account, select the SDI Online link to begin your registration as a physician/practitioner in SDI Online.

**Note:** For additional tips to assist you in registering as a physician/practitioner in SDI Online, view the [SDI Online Tips for Licensed Health Professionals (DE 8516) (PDF)](#) flyer.

To log out of Benefit Programs Online, select the **Log Out** link in the top right hand corner of any screen.
You will be directed to the SDI Online Registration account type screen.

Select **Register as a Physician/Practitioner** link.
Next, read the Terms and Conditions before proceeding. Select I Agree.

You must agree to these Terms and Condition in order to establish an online account.
We are partnering with ID.me to verify the identity of licensed health professionals.

You must verify your identity with ID.me to create an SDI Online account. Select "Verify with ID.me" to be directed to the ID.me registration and verification process.

For additional help with the ID.me process, visit the California Disability Insurance & ID.me webpage.

After selecting "Verify with ID.me", an error message may display due to an external site error. If this occurs, select "Return to SDI Online" and try again.
Once you complete the ID.me verification process, ID.me will give you a choice to **Allow** or **Deny** sharing your ID.me identity information with the EDD.

- If you choose to **Deny** sharing your ID.me information with the EDD, you will be redirected to SDI Online and the following message will display. “You must share your identity with the EDD to create an account.”

- If you selected **Deny** by mistake, select **Verify with ID.me** to try again.

- If you choose to **Allow** sharing your ID.me information with the EDD, you will be redirected to SDI Online to complete the SDI Online registration.
The following information will automatically generate from ID.me and will be read-only fields:

- Your full legal name.
- Date of birth.
- Last four digits of your Social Security number.
- NPI number.

You must provide the following personal and professional information:

- California Driver License or Identification number.
- License type, number, and expiration date.
- Medical school name and graduation year.
- Address and phone number as provided to the Department of Consumer Affairs.

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.

**Note:** You will add treatment addresses after the account is created.
Note: If you select **Yes** for the “Have you used any other last names?” field, but do not enter any other last names, an error message will appear at the top of the screen and by the field.

If you have no other last names to enter, make sure to select **No** for “Have you used any other last names?”
On the Personal Profile Information screen, select your preferred method of communication.

- If you select to receive communication by email, you must log in to Benefit Programs Online to access SDI Online and view your messages.

- It may be necessary to send some documents by mail.
Be sure to save and secure your **EDD Customer Account Number**.

- If you selected electronic communication, a notification confirming your account has been created will be sent to you via email.

- If you selected paper mail notification, a letter will be mailed to your address to confirm your account has been created.

You may now select the **Benefit Programs Online** link and log in to access your newly created account.
Access Your Physician/Practitioner Account
Once you have completed your SDI Online registration, return to Benefit Programs Online and log in to access your SDI Online account.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.
2. Select **Log In**.

For Spanish, select the **En español** link.
3. Verify your personal image and caption are correct.

If you do not recognize your personal image and caption, select Previous to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select Contact EDD or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select Log In.
From your Benefit Programs Online account:

- Select the **SDI Online** link to be directed to your SDI Online Home screen.
On your SDI Online Home screen, under the search section, there are four ways to search for patient certifications and forms.

Search by the patient’s last name and one of the following:

- The **Last 4 digits of SSN** or **Patient Receipt Number** and enter the patient’s date of birth.
- The **Claim ID** to submit additional medical.
- The **My Receipt Number** to view forms you have submitted.
- The **Patient/PFL Receipt Number** to submit Paid Family Leave forms.
The SDI Online main menu appears on most screens and has additional options.

- **Inbox**: Access the Message Center to view messages from the EDD.
- **Draft**: View drafts of forms previously started, but not completed. Saved Drafts are deleted after 30 days.
- **Profile**: Update your phone number and preferred correspondence method.
You can only update your phone number and communication preference in your SDI Online profile.

Address updates must be submitted in writing to the Medical Board with the Department of Consumer Affairs.

Select the Benefit Programs Online link to update your:
- Email address
- Password
- Security question
- Personal image/caption

Continue to the next section for instructions on how to add treatment addresses.
Add a Treatment Address
To add a treatment address, select the **Profile** link on your SDI Online Home screen.
From the Profile Menu:

• Hover your cursor over **Change**.

• Select **Manage Treatment Address** from the Physician/Practitioner Update Personal Profile Information screen.

• You will be directed to the Treatment Address screen.
Select the **Add** button to be directed to the Add Modify Treatment Address screen.
On the Add Modify Treatment Address screen, complete all open fields.

Required fields are marked with a red asterisk (*).

**Note:** If you practice at multiple locations, repeat this process to add additional treatment addresses.

Select **Save**.
All treatment addresses you enter are displayed on this screen.

- Select **Modify** or **Delete** to manage each treatment address.
- To add additional treatment addresses, select **Add**.

**Note:** Added treatment addresses will appear as selection options when you or your selected representatives complete online medical forms.
Assign a Physician/Practitioner Representative
Licensed health professionals may assign an unlimited number of representatives to complete and submit SDI Online forms on their behalf.

Before the representative can register for a SDI Online physician/practitioner representative account, the licensed health professional must add the representative’s personal information and treatment address in their SDI Online account.

To add a physician/practitioner representative:

- Select **Profile** from the SDI Online **Main Menu**.
From the Physician/Practitioner Update Personal Profile Information screen:

• Hover over **Change** on the SDI Online main menu.

• Select **Manage Medical Representative**.
On the Add Delete Medical Representative screen:

- Select **Add**.
On the Add Modify Medical Representative screen:

- Complete all open fields. Required fields are marked with a red asterisk (*).

- Select a treatment address from the drop down menu.

- Select Save to add your representative.
Added representatives are displayed on the Add Delete Medical Representative screen.

- Select **Modify** to update information for a specific medical representative.
- Select **Delete** to delete a specific medical representatives.

To add additional representatives, select **Add**.
Register as a Physician/Practitioner Representative in SDI Online
Once you have completed your Benefit Programs Online registration, return to Benefit Programs Online and log in to complete the SDI Online registration process.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.
2. Select Log In. You will then be directed to the Password screen.

For Spanish, select the En español link.

To register for a new SDI Online account type (claimant, employer, physician, representative, etc.) you must first complete a one-time registration in Benefit Programs Online.

If you have not done so already, please view the Create a Benefit Programs Online Account (Step 1) section of this tutorial.
3. Verify your personal image and caption are correct.

If you do not recognize your personal image and caption, select Previous to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select Contact EDD or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select Log In.
From your Benefit Programs Online account:

- Select the **SDI Online** link to complete your registration for SDI Online.

To log out of Benefit Programs Online, select the **Log Out** link in the top right hand corner of any screen.
You will be directed to the SDI Online Registration account type screen.

Select the **Register as a Representative** link.

**Note:** You will not be able to register as a representative until the licensed health professional authorizing your account has added your information to their SDI Online account profile.
Physician/Practitioner Representative: Terms and Conditions

Terms and Conditions

Please read through the entire Terms and Conditions before proceeding. The information you provide may be used to verify your identity with federal and/or state agencies. If “I Do Not Agree” is selected, you will not be able to establish an online account.

These Terms and Conditions, which include the Conditions of Use and Privacy Statements, govern the use of and access to: (i) this website (www.edd.ca.gov/); and (ii) the information on or provided through this website.

If you establish an online account you are responsible for maintaining the confidentiality of your username and password, and you are responsible for all activities which you authorize under your username and password. You agree to: (i) immediately notify the Employment Development Department (EDD) of any unauthorized use of your username and password or any other breach of security; and (ii) log out from your account at the end of each session.

By registering for an online account, you agree to check your account regularly and frequently for messages from the EDD. Please note that e-mails will only be used to send notifications to log in to your account or when you request to reset your username or password. No confidential claim information will be sent via e-mail.

The information submitted by any party will be used by the Employment Development Department to carry out its responsibilities under the California Unemployment Insurance Code, which may include the sharing of the information with other entities as required by law.

These Terms and Conditions may change from time to time and it is your responsibility to check for updates. The last revision date for these Terms and Conditions is February 1, 2012.

I have read and understand all the above information and wish to continue with establishing an account in the State Disability Insurance (SDI) Online.

Next, read the Terms and Conditions before proceeding.

Select I Agree.

You must agree to these Terms and Condition in order to establish an online account.
You must provide the following information. Required fields are marked with a red asterisk (*).

- Your full legal name.
- Date of birth.
- Last four digits of your Social Security number.

Enter your name exactly as provided to the EDD by the licensed health professional authorizing your account.

Select Next.
On the Personal Profile Information screen:

- Verify the treatment address. If an incorrect treatment address is listed, the licensed health professional authorizing your account must update the address from their SDI Online account profile.
- Enter a phone number so we can contact you during business hours, if needed.
- Select your preferred method of communication.

**Note:** If you select to receive communication by email, you will receive email notifications to log in to Benefit Programs Online to access SDI Online messages.

It may be necessary to send some documents by mail.
SDI Online Account Registration Complete

Account Registration Successful

Your SDI Online account has been created and a notification has been sent to you via email.

To access your SDI Online Account, select the Benefit Programs Online link below to log in.

Benefit Programs Online

A letter will be mailed to the licensed health professional’s address to confirm this account has been created.

If you selected electronic communication, a notification will also be sent to you via email.

Select the Benefit Programs Online link and log in to begin completing medical certifications on behalf of the licensed health professionals authorizing your account.
Once you have completed your SDI Online registration, return to Benefit Programs Online and log in to access your SDI Online account.

Follow these directions to log in to Benefit Programs Online:

1. Enter the email address that you used to register.

2. Select Log In. You will then be directed to the Password screen.

For Spanish, select the En español link.
3. Verify your personal image and caption are correct.

If you do not recognize your personal image and caption, select **Previous** to review the email address entered on the login screen to ensure it is correct. If you are unable to verify your personal image, select **Contact EDD** or call 1-855-342-3645 for further assistance.

4. Enter the password you created during the Benefit Programs Online registration process.

5. Select **Log In**.
From your Benefit Programs Online account:

- Select the **SDI Online** link to access your SDI Online account Home screen.

To log out of Benefit Programs Online, select the **Log Out** link in the top right hand corner of any screen.
Choose Physician/Practitioner

Physician/Practitioner Representative Choose Physician/Practitioner

You are authorized to perform work in the State Disability Insurance (SDI) Online system for the physician/practitioner(s) listed below. Please select the physician/practitioner for which you wish to perform work. You may only perform work for one physician/practitioner per log in. You will need to log out to select a different physician/practitioner.

<table>
<thead>
<tr>
<th>Physician/Practitioner</th>
<th>New Action Required</th>
<th>Total Action Required</th>
<th>Saved Drafts</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Feelgood</td>
<td>19</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Bob Smith</td>
<td>18</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>20</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>

Select the licensed health professional’s account you wish to work on.
You will be directed to that licensed health professional’s SDI Online Home screen.

View the following sections of this tutorial for instructions on submitting medical forms:

- Submit a **Claim for Disability Insurance (DI) Benefits (DE 2501) Part B**
- Submit a **Physician/Practitioner’s Supplementary Certificate (DE 2525XX)**
- Submit a **Claim for Paid Family Leave (PFL) Benefits (DE 2501F) Part D**
Submit a *Claim for Disability Insurance (DI) Benefits* (DE 2501) Part B – Physician/Practitioner’s Certificate
This screen will only display for representatives completing medical certifications on behalf of the licensed health professional. Licensed health professionals should skip to the next slide.

On the Choose Physician/Practitioner screen, select the licensed health professional you are submitting the DE 2501 Part B on behalf of.

- You may select only one licensed health professional at a time.
- You may switch to a different licensed health professional accounts by selecting Home from the Main Menu and selecting Choose Physician/Practitioner.
On the Home screen, under the **Search** section, there are two ways to search for your patient’s claim. Search by the patient’s last name and one of the following:

- The **Patient Receipt Number**.
- The last four digits of the patient’s Social Security number and date of birth.

In order to submit the DE 2501 Part B online, the patient must have already submitted the DE 2501 Part A – Claimant’s Statement.
Verify the information in the Search Results section matches the patient’s records.

- The **Receipt Number** link will allow you to view what the patient submitted on their portion of the DE 2501 Part A – Claimant’s Statement.

- Select the **Submit Physician/Practitioner Certificate** link under the Action column to proceed.

**Note:** If the certificate is already submitted by another user (for example, licensed health professional representative), the Submit Physician/Practitioner Certificate link will not be available. View the [Submit a Physician/Practitioner’s Supplementary Certificate (DE 2525XX)](http://example.com) section to extend a disability period for your patient.
On the View Claimant Portion screen, you may select the link to view the “Claimant’s Statement” portion of the form.

**Note:** Selecting **Cancel** at any time during this process will cancel the medical certificate and return you to your SDI Online Home screen.

Select **Next** to complete the certificate.
On the Treatment Address screen, select the address where the patient is being treated.

**Note:** If the patient was treated at an address other than those shown, select **Not Found**.

**Do not use the Back button on your browser.** If you need to go to a previous screen, select the **Previous** button.
Complete the following sections:
- Section 1 - Patient Information
- Section 2A – Physician/Practitioner Information
- Section 3 – Treatment Information

Required fields are marked with a red asterisk (*).

**Note:** Select **Save as Draft** at any point in the process to complete the form at a later time.

Select **Next** to proceed.

**Tip:** Selecting **No** to “Are you presently treating the patient for this medical certificate?” will end your submission and make your patient ineligible for benefits.
Complete Section 4A - Claim Information.

Mandatory fields are marked with a red asterisk (*).

You must provide the following information:

- Date disability began.
- Estimated return to work date (this is not required for pregnancy-related or permanent disabilities).
- ICD codes and version.
- Diagnosis or detailed list of symptoms.
Section 4A Tip: Permanent Disability

If the patient’s disability is diagnosed as permanent and you have selected the permanent disability box, you do not need to provide a release date.

In the Findings field, please provide a detailed description of why you consider the disability to be permanent.
Continue completing Section 4A - Claim Information.

Required fields are marked with a red asterisk (*).
Complete Section 5 – Pregnancy, if applicable.

**Tip: Pregnancy-related Disability Insurance claims**
If the patient has not delivered, provide the number of days you anticipate the patient to be disabled postpartum, for each delivery type (six weeks for vaginal delivery and eight weeks for cesarean delivery), instead of providing an estimated return to work date.

- Enter the Estimated Delivery Date.
- Enter the number 42 in the Vaginal Delivery field.
- Enter the number 56 in the Cesarean Delivery field.

Select **Next**.
Verify the ICD codes for this claim are correct.

If the ICD code is incorrect:
- Select **Delete**.
- Re-enter the correct code in the Claim Information section.

Select **Next** to proceed.
Complete Section 6 – Prognosis Information and select **Next**.
Select the check box in Section 7 - Certification to authorize an electronic signature.

Before submitting the form, you may review your form by selecting the View the Claim for Disability Insurance (DI) Benefits Physician/Practitioner Certification (DE 2501) link.

Select Submit.

You will be directed to the Confirmation screen and provided a Form Receipt Number.
On the Confirmation screen, you will be assigned a Form Receipt Number.

- Save this **Form Receipt Number**. Your patient may request this number from you to prove the medical certification was submitted to the EDD.

- Select the **Form Receipt Number** link to open a PDF printer-friendly view of the information you submitted.

You have now completed Part B – Physician/Practitioner’s Certificate of your patient’s *Claim for Disability Insurance (DI) Benefits* (DE 2501) form. Please allow up to 14 days to process your patient’s claim.
Submit a *Physician/Practitioner’s Supplementary Certificate (DE 2525XX)*
To submit a Physician/Practitioner’s Supplemental Certificate, from your SDI Online Home screen:

- Select **Claim ID** or **Last 4 digits of SSN** from the Search By drop down menu.
- Enter the Claim ID or last four of the SSN for the patient.
- Enter the patient’s last name.
- Enter the patient’s date of birth (no dashes).

Select **Search** to proceed.
Verify the patient’s information under the Claim(s) Available to Submit Additional Medical Information Search Results matches the patient’s records.

- If they match, select the **Claim ID** link or the link provided in the Action column.

- If they do not match, return to the Search section and try again. **Note:** Claims not processed by the EDD will not allow submission of additional medical information.
Under the My Forms Available to Submit section:

- Select the **2525XX Supplemental Medical Cert** link.
The SDI Online system will automatically populate certain portions of the application.

Review the following sections:

- **Section 1 – Physician/Practitioner Information**
- **Section 2 – Patient Information**
- **Section 3 – Form Information**
Complete Section 4A - Physician/Practitioner’s Supplementary Certificate (Part 1).

**Note:** Selecting **No** to “Are you still treating this patient?” will end your submission and make your patient ineligible for further benefits.

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.
Complete Section 4B - Physician/Practitioner Supplementary Certificate (Part 2).

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.
On the Treatment Address screen:

- Select the patient’s treatment address from the Action column.
- If the patient was treated at an address other than those shown, select **Not Found**.
Select the check box in Section 5 - Certification to authorize an electronic signature.

Select **Submit**.

You will be directed to the Confirmation screen and provided a Form Receipt Number.
On the Confirmation screen:

- Save the **Form Receipt Number** for your records. Your patient may request this number from you to prove the medical certification was submitted to the EDD.

- Select the **Form Receipt Number** link to open a PDF printer-friendly view of the information you submitted.

You have now completed the *Physician/Practitioner’s Supplementary Certificate* (DE 2525XX) to extend your patient’s Disability Insurance benefits. Please allow up to 10 days for the EDD to process this form.
Submit a Claim for Paid Family Leave (PFL) Benefits (DE 2501F) Part D - Physician/Practitioner’s Certification
On your SDI Online Home screen, use the Search section to complete Part D - Physician/Practitioner’s Certification for your patient’s care provider’s Paid Family Leave Care claim.

Search by:

- The **Patient/PFL Receipt Number**.

Enter the Receipt Number (provided by the individual filing for benefits) and their last name.

Select **Search**.

**Note:** In order to submit the medical portion of the DE 2501F online, the patient’s care provider must have already submitted their part of the **Claim for Paid Family Leave (PFL) Benefits** (DE 2501F) electronically.
In the View Claimant DE 2501F section:

- Select the **View Claim for Paid Family Leave (PFL) Benefits (DE 2501F) for Care** link to view the claimant’s portion of the form.

- Select **Next** to complete the certificate.

**Note:** Selecting **Cancel** at any time during this process will cancel the claim and return you to your SDI Online Home screen.
On the Treatment Address screen:

- Select your patient’s treatment address from the Action column.
- If the patient was treated at an address other than those shown, select **Not Found**.
The SDI Online system will automatically populate certain portions of the application.

Complete the Physician/Practitioner Information section.

Required fields are marked with a red asterisk (*).

Select **Next** to proceed.

**Note:**
- Select **Save as Draft** at any point in the process to complete the form at a later time.
- Select **Previous** to return to the previous screen.
Complete the Medical Information section.

You must provide the following information:
- Valid ICD codes.
- Diagnosis or detailed list of symptoms.
- First date care is needed.
- Estimated date care is no longer needed.
- Hours your patient will require care each day.

Required fields are marked with a red asterisk (*).

Select Next.
In the Certification section:

- Select the check box to authorize an electronic signature.
- Review the information you have entered by selecting the **View Claim for Paid Family Leave (PFL) Benefits (DE 2501F) for Care** link.
- Select **Submit**. You will be directed to the Confirmation screen and provided a Form Receipt Number.

Required fields are marked with a red asterisk (*).
On the Confirmation screen:

- Save the **Form Receipt Number** for your records. Your patient may request this number from you to prove the medical certificate was submitted to the EDD.

- Select the **Form Receipt Number** link to open a PDF printer-friendly view of the information you submitted.

You have now completed Part D - Physician/Practitioner’s Certificate of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) for your patient’s care provider’s Paid Family Leave Care claim. Please allow up to 14 days to process this form.
Submit Paper Claim Forms
To avoid delays in claims processing, complete the form as follows:

- Use black ink only.

- Type or write clearly **within** the boxes provided.

- Fill out only the physician’s/practitioner’s portion of the form:
  - Part B of the *Claim for Disability Insurance (DI) Benefits* (DE 2501)
  - Part D of the *Claim for Paid Family Leave (PFL) Benefits* (DE2501F)

- Provide only one medical license number. If licensed in multiple scopes of practice, use the license for the type of disability you are certifying for.

- The EDD does not accept photocopied or faxed forms.

- Mail the completed form to the EDD in the pre-addressed envelope provided.

- Do not mail this form to the EDD if you have already submitted this claim online.
**Claim for Disability Insurance (DI) Benefits (DE 2501)**

The Health Insurance Portability and Accountability (HIPAA) Authorization needs to be completed and signed by the individual filing for disability benefits.

Part A - Claimant’s Statement is completed by the individual filing for disability benefits.
Claim for Disability Insurance (DI) Benefits (DE 2501)

Part B - Physician’s/Practitioner’s Certificate.

You, the licensed health professional, must complete all applicable information, including:

- Care and treatment dates.
- Date disability began.
- Estimated return to work date.
- Diagnosis or a list of symptoms.
- ICD codes.
- In the case of pregnancy, the estimated delivery date and number of days of disability per delivery type (42/56) or the date pregnancy ended and delivery type.
- Your license and personal information.
- Your signature.
Claim for Paid Family Leave (PFL) Benefits (DE 2501F)

PAGE 1

Part A - Statement of Claimant:

The individual filing for benefits should complete all applicable information, including:

- Personal Information
- Last day worked
- Date the family leave began
- Employer information
- Signature

Part A is required for all Paid Family Leave claim types:

- Bonding
- Care
- Military Assist
Claim for Paid Family Leave (PFL) Benefits (DE 2501F)

PAGE 3

Part B – Bonding Certification:
- For bonding claims only. The individual filing for benefits must complete all bonding information and sign the form.

Part C – Statement of Care Recipient:
- For care claims only. Your patient/care recipient or the individual filing for benefits must fill out the appropriate care information. The care recipient or their authorized representative must sign the form.

The individual filing for benefits will complete either Part B or Part C – but never both for one claim.

Note: Part B and Part C are not required for military assist claims.
Part D – Physician/Practitioner’s Certification

You (the licensed health professional) must complete all applicable information for care claims, including:

- Date disability began.
- First date care was needed.
- Date you expect recovery.
- Number of hours per day care is required.
- Diagnosis or a list of symptoms.
- ICD codes.
- Your information and license.
- Signature.

**Note:** Part D is not required for bonding or military assist claims.

Page 4 is left blank intentionally and not shown in this tutorial. Do not remove this page.
Part E – Military Assist Certification

The individual filing for benefits must complete all information for military assist claims, including:

- The military member’s personal information.
- Dates of covered duty.
- Qualifying event information.
- Signature.

**Note:** Part E is not required for bonding or care claims. It is only required for military assist claims.
Qualifying Event for Leave Documentation

If the family leave request is to meet with a third party, the individual filing for benefits must complete all of the information, including the contact information for the third party and a description of the event with dates.

The individual should make sure all pages are completed and all signatures are obtained before the claim form is mailed to the EDD for processing.

**Note:** The Qualifying Event for Leave Documentation is not required for bonding or care claims.
If you need help with SDI Online, call 1-855-342-3645.

Please do not give this number out to patients. This number is for licensed health professionals only. All other callers will be redirected.
Visit the State Disability Insurance website for additional resources and information.

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/or alternate formats need to be made by calling 1-866-490-8879 (voice), or through the California Relay Service at 711.