

## Religious Exemption Certificate

I certify that I depend upon prayer for healing in accordance with my practice of the creed, tenets, or principles of the organization or denomination named below. Therefore, I request exemption from the requirement to withhold State Disability Insurance (SDI) contributions from my wages as required by California Unemployment Insurance Code, section 2902. I understand if I am granted such an exemption, I am ineligible to receive Disability Insurance and Paid Family Leave benefits.

Organization or Denomination		
Requester Name (Please Print)		
First	MI	Last
Social Security Number - -	Phone Number (Including Area Code)	
Street Address and Apartment Number or PO Box		
City	State	ZIP Code
Employer Name	Employer Account Number	
Employer Business Name as Shown on <i>Quarterly Contribution Return and Report of Wages (Continuation)</i> (DE 9C)		
Employer Address		
City	State	ZIP Code
Requester Signature	Date Signed	

<b>For Department Use Only</b>		
Effective:	_____	
VP:	Yes	No
Approved:	_____	
Initials:	_____	

## Instructions

Be sure to use your employer's business name from their *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C). If you are unsure what that name is, check with your employer or supervisor.

Upon completion of this Certificate, make a copy for your records and send the original to:

Employment Development Department  
Disability Insurance Branch  
PO Box 826880  
Sacramento, CA 94280-0001

Your request will be approved only if you adhere to the faith or teaching of a bona fide religious sect, denomination, or organization whose creed, tenets, or principles require dependence upon prayer for healing.

If approved, your exemption will begin no earlier than the first day of the calendar quarter in which this form is received by the EDD. If you wish to select an effective date in the prior calendar quarter or in the subsequent calendar quarter in which this statement is filed, please attach a note to this statement making your request.

**Note:** An effective date in a prior calendar quarter may apply only to wages that were not previously reported.

Upon approval, the EDD will notify your employer that SDI contributions are not to be withheld from your wages. If you change employers, you will need to file a new form to establish exemption status with the new employer.

To terminate your exemption, please submit your request in writing to the address listed above.

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). TTY users, please call the California Relay Services at 711.