Employment Development Department
State of California

SDI ONLINE TUTORIAL

File a Paid Family Leave Claim

Last Updated: January 2024

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Employment Development Department
State of California

File a Bonding Claim - New Mothers

Learn more about how individuals apply for bonding benefits after a pregnancy-related disability claim.

Get Started

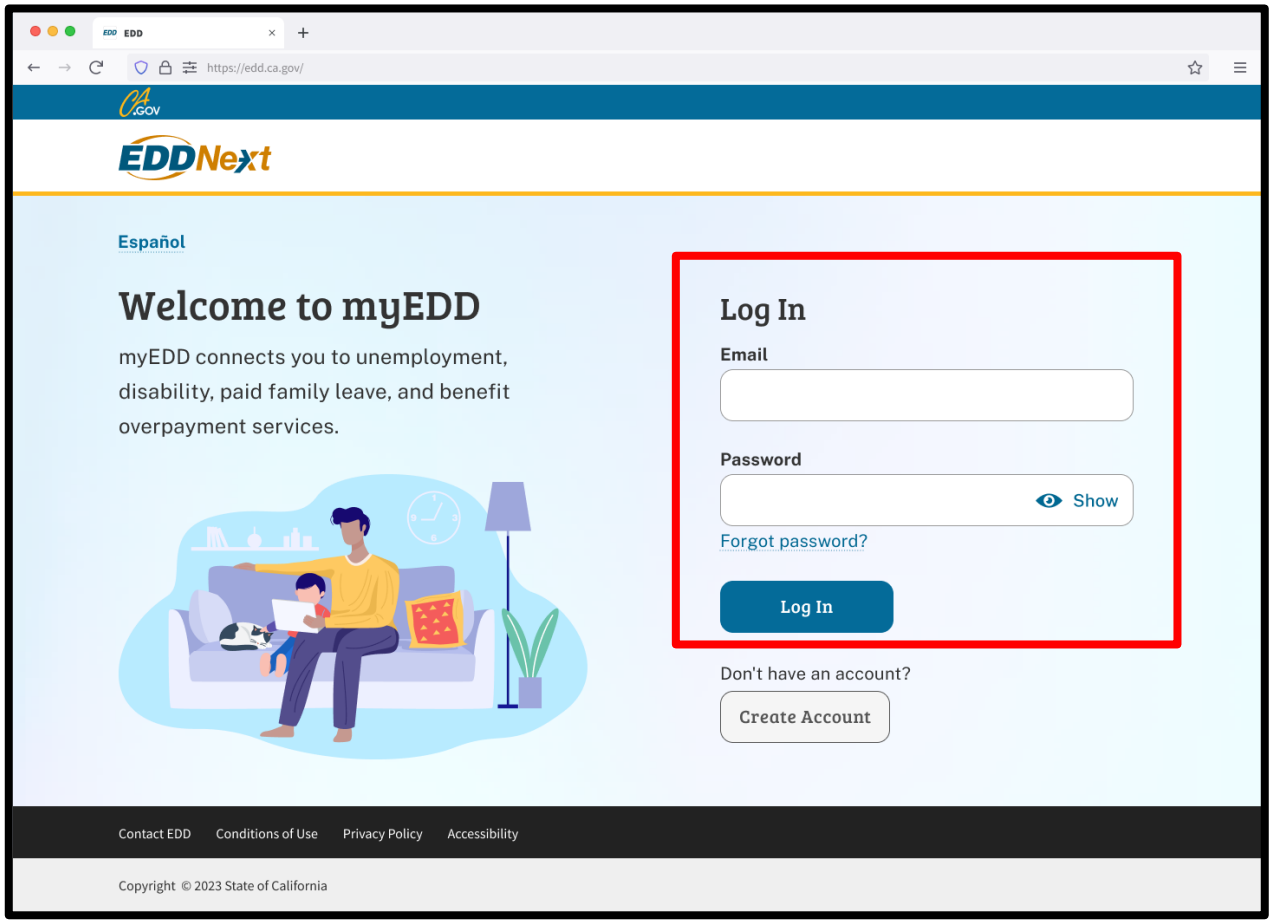
Applying for bonding benefits after a pregnancy-related disability claim

If you applied for a disability claim by:

- **Mail:** We automatically mail you a *Claim for Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) form when your final disability payment is delivered.
- **Online:** We automatically send a link to the DE 2501FP form to your account inbox when your final disability payment is issued.

Note

If you are a birth mother who did not have a pregnancy-related disability claim, or a new father, or a foster or adoptive parent, refer to File a Bonding Claim for New Mothers (without a pregnancy-related disability claim), Fathers, and Foster or Adoptive Parents.

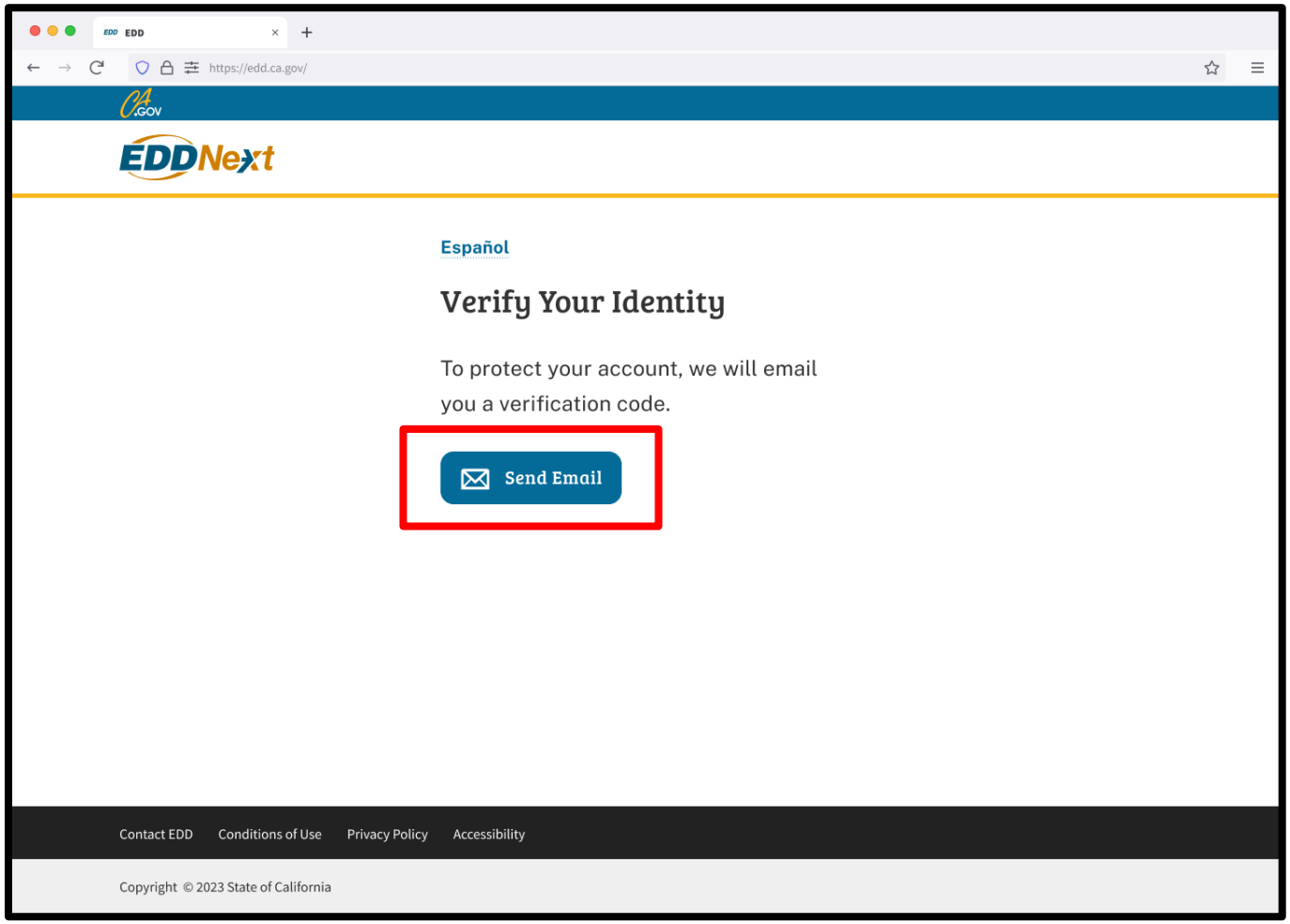


Note

For Spanish, select **Español**.

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

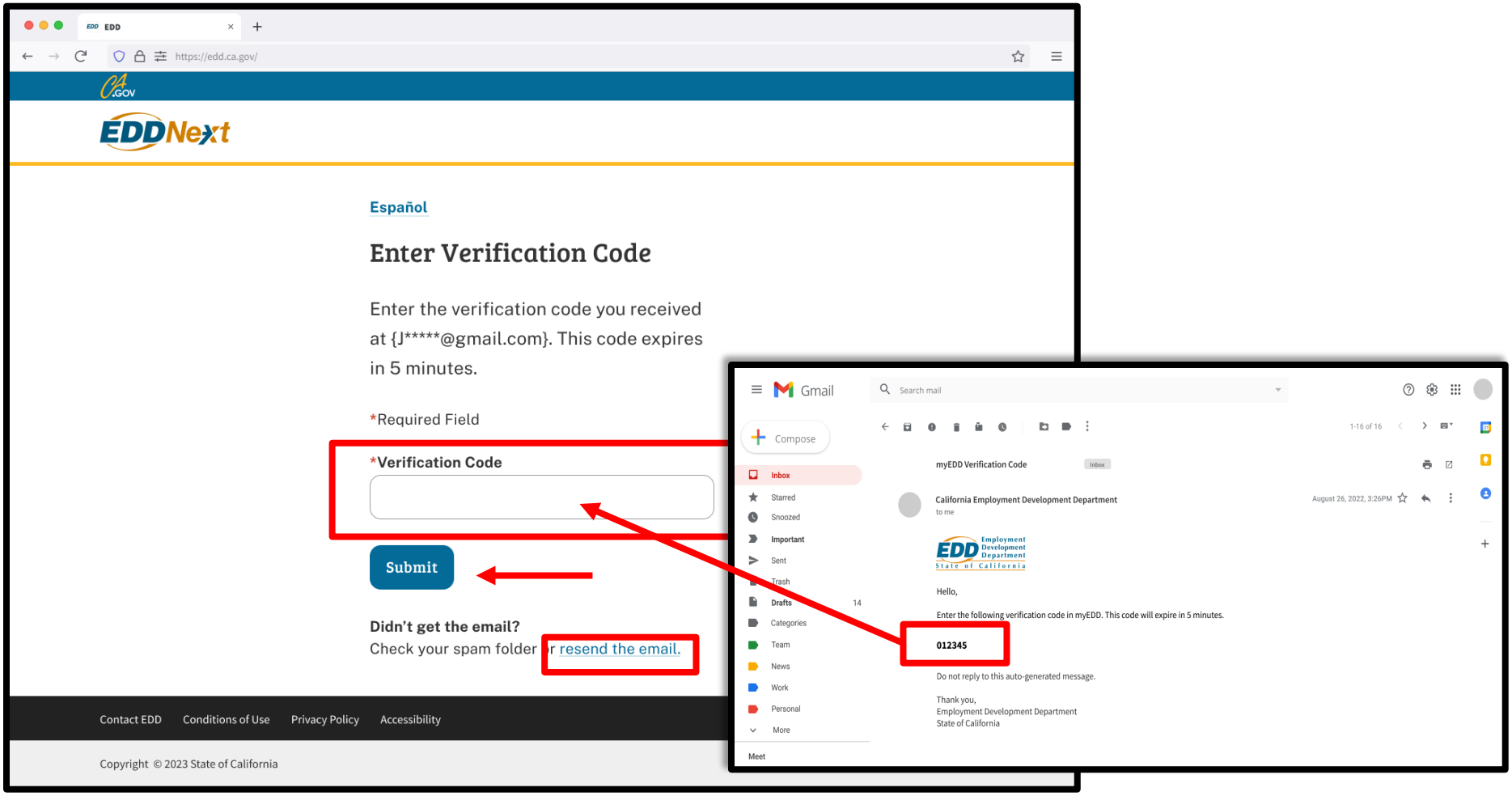
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

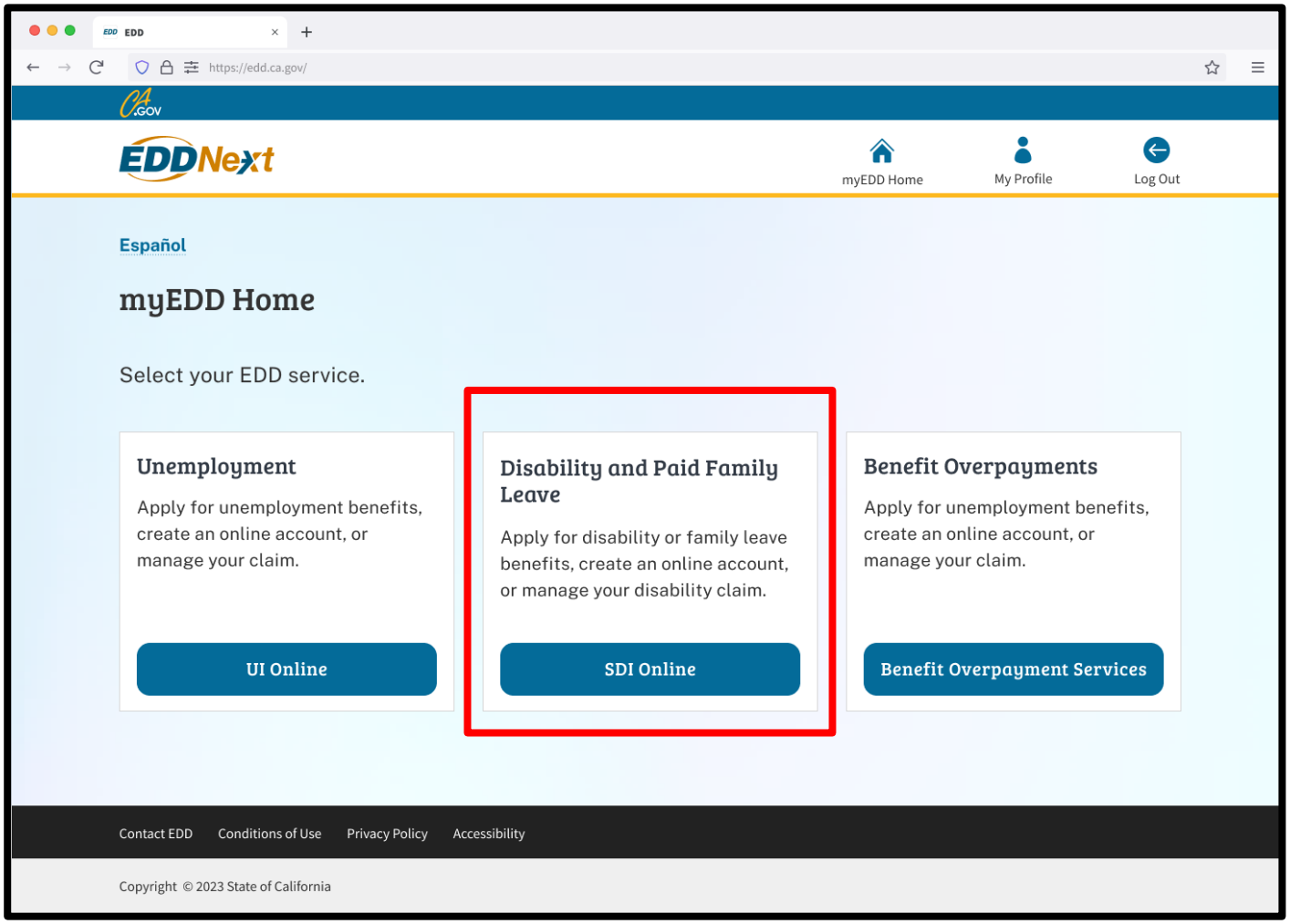
Select **Send Email.**

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.

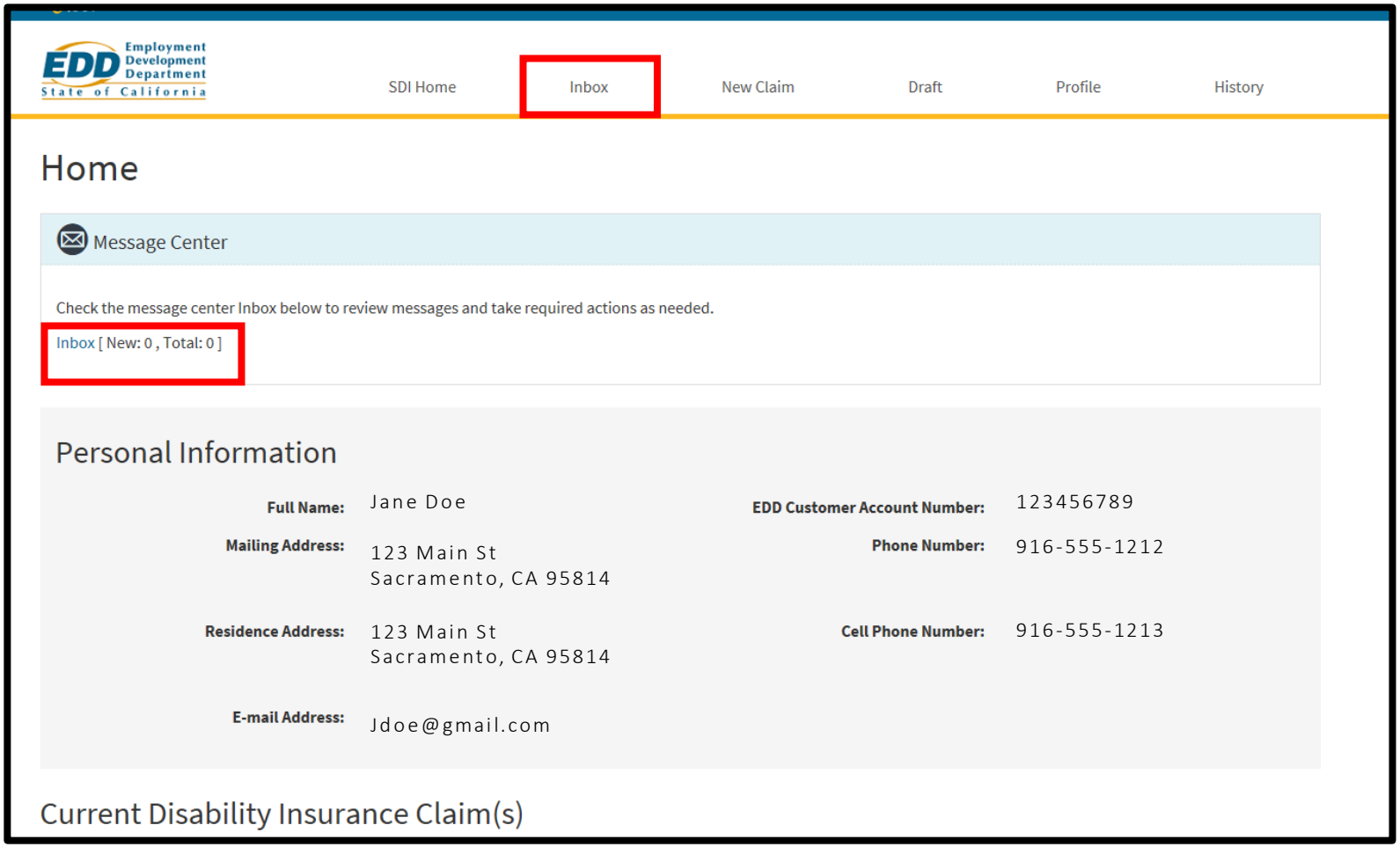
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



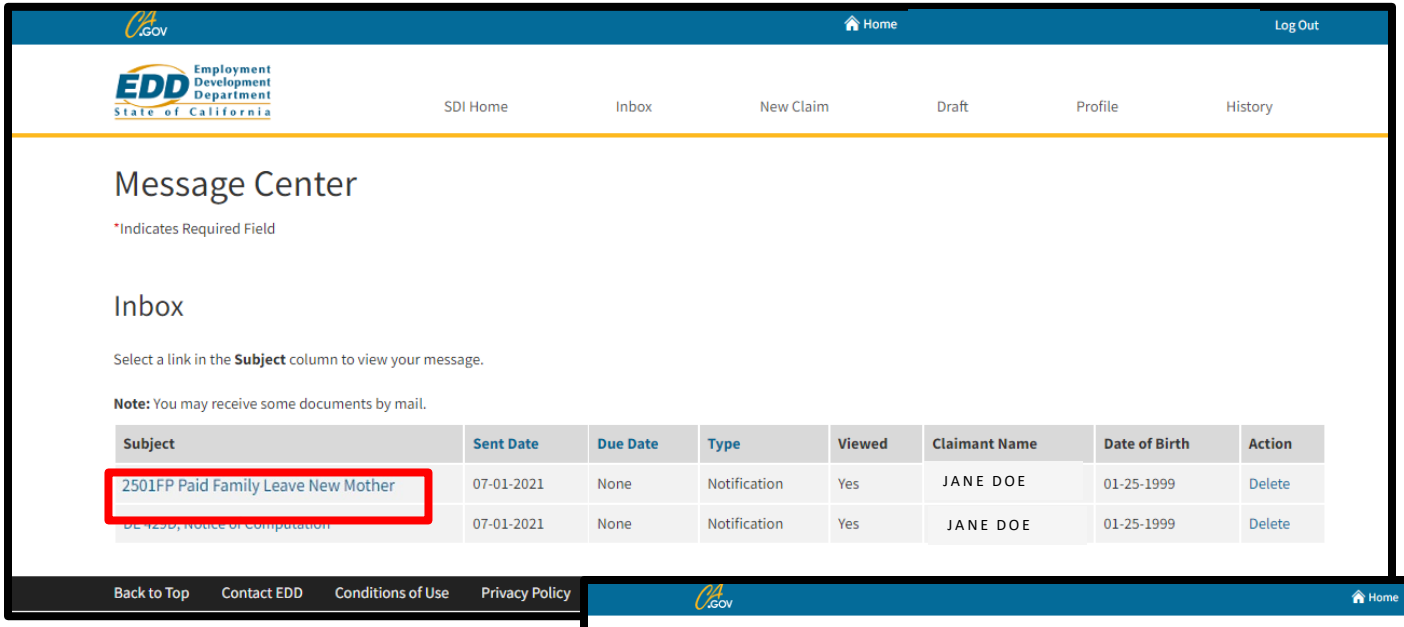
Note

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **SDI Online**.

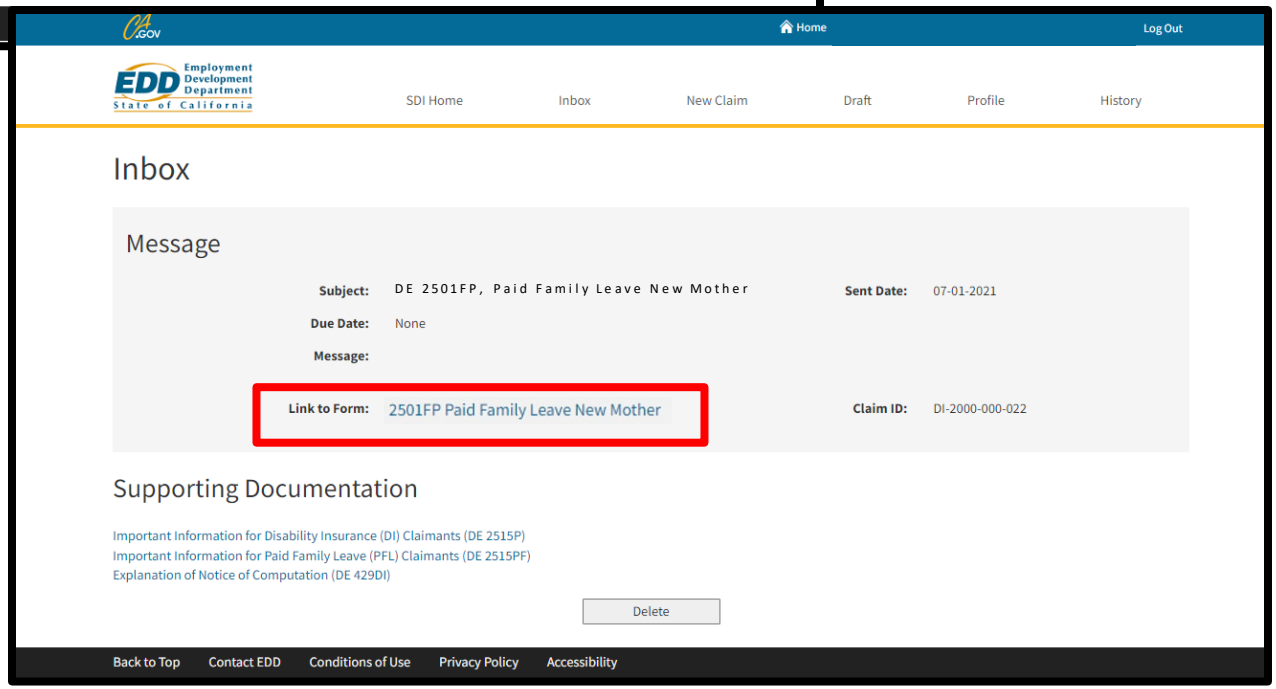


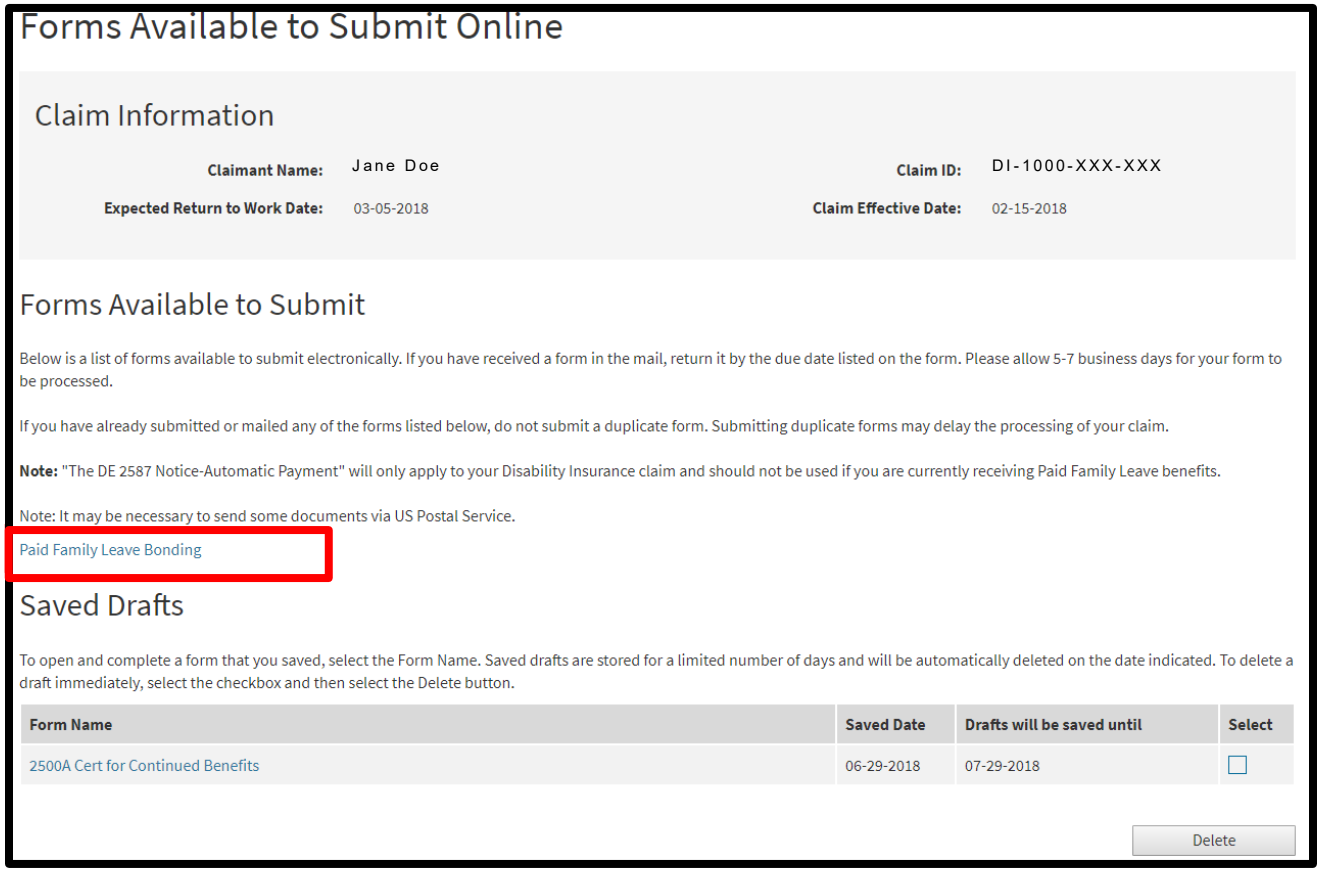
Select **Inbox** from the main menu or the Message Center.



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

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





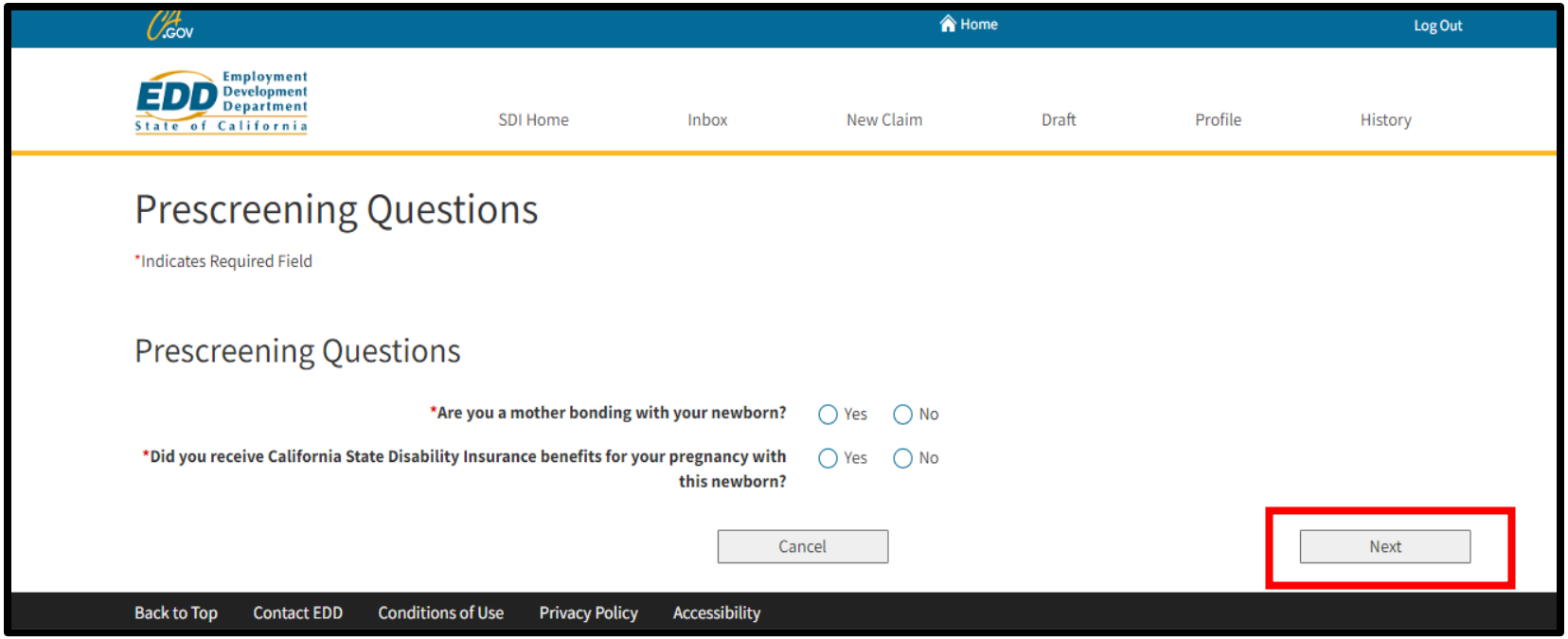
Select **Paid Family Leave Bonding** under Forms Available to Submit.

Note

Submit your claim 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.

Important

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

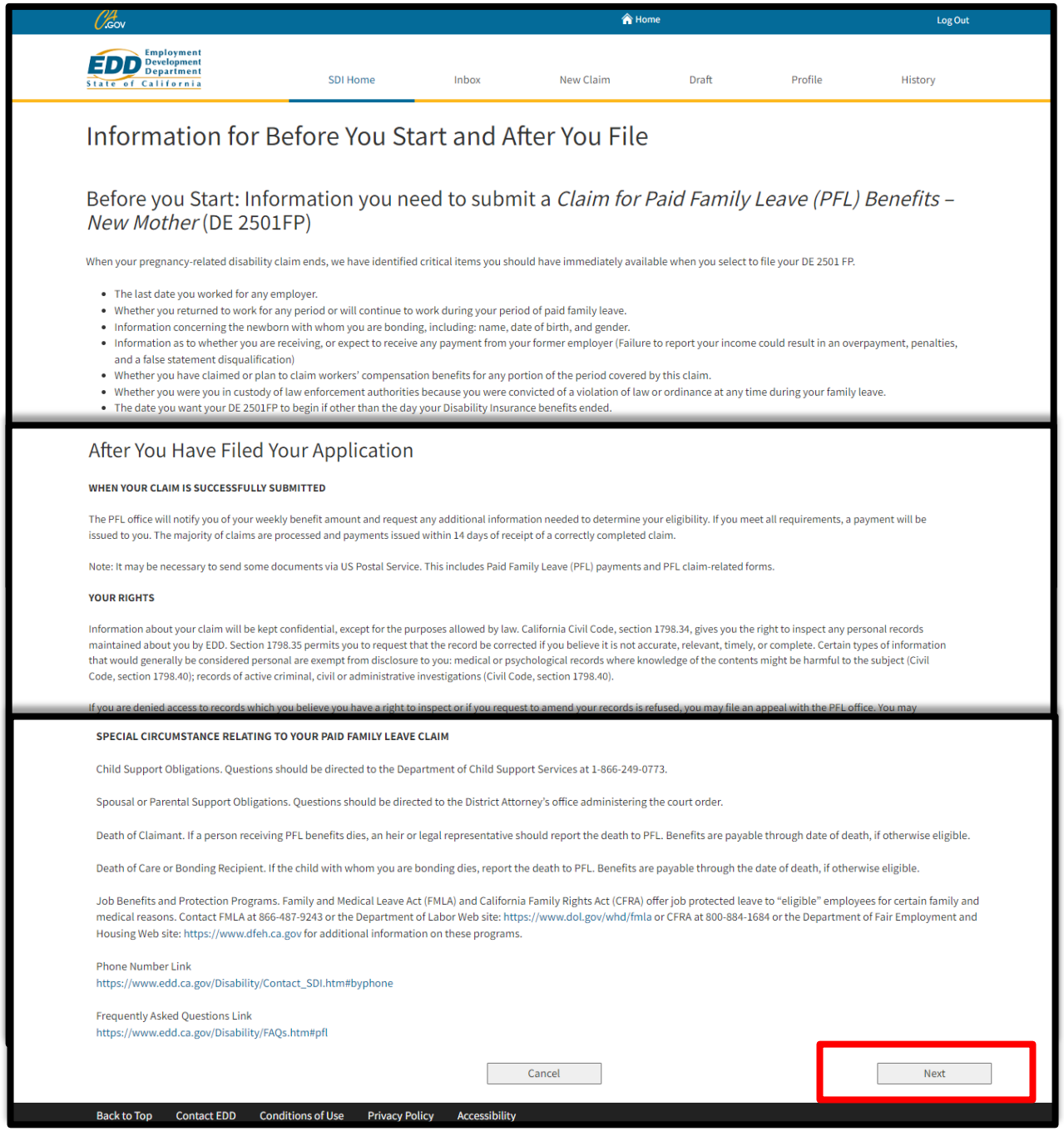


Next, answer the prescreening questions.

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

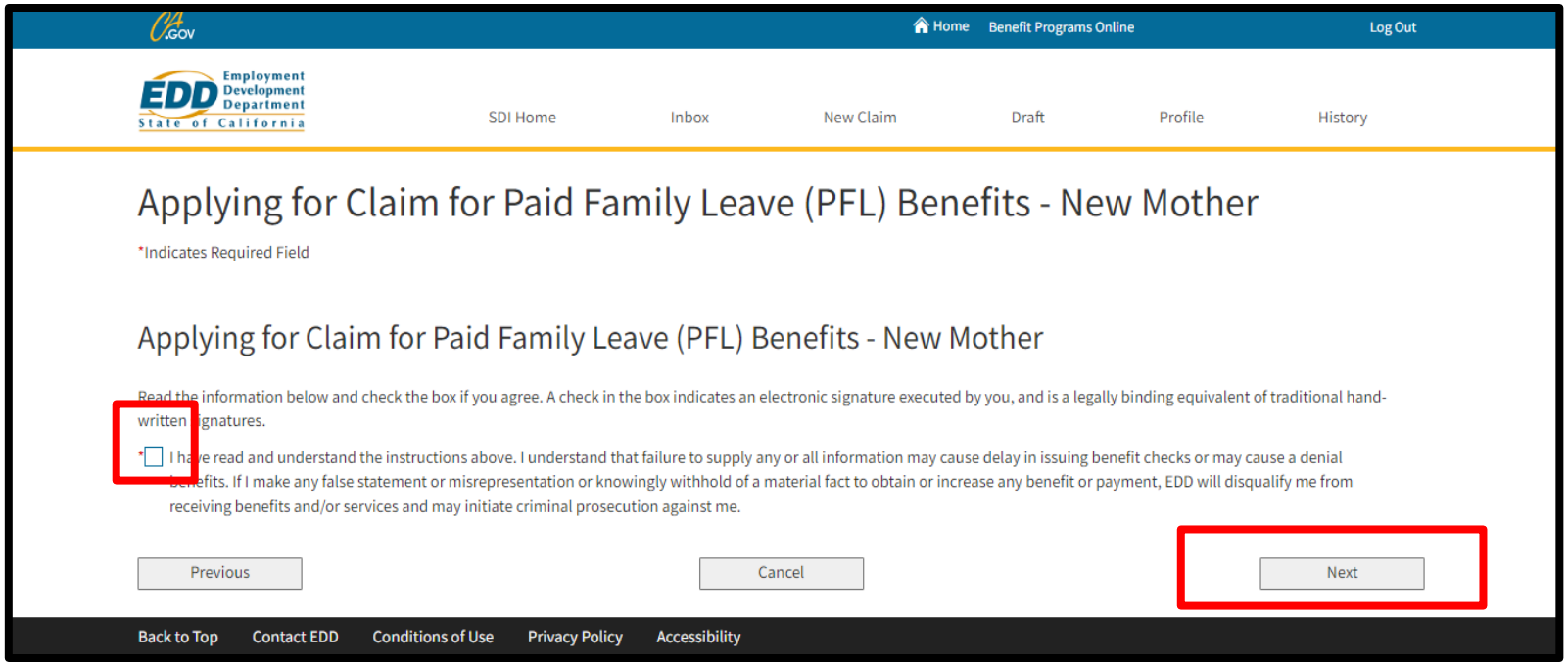
Note

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



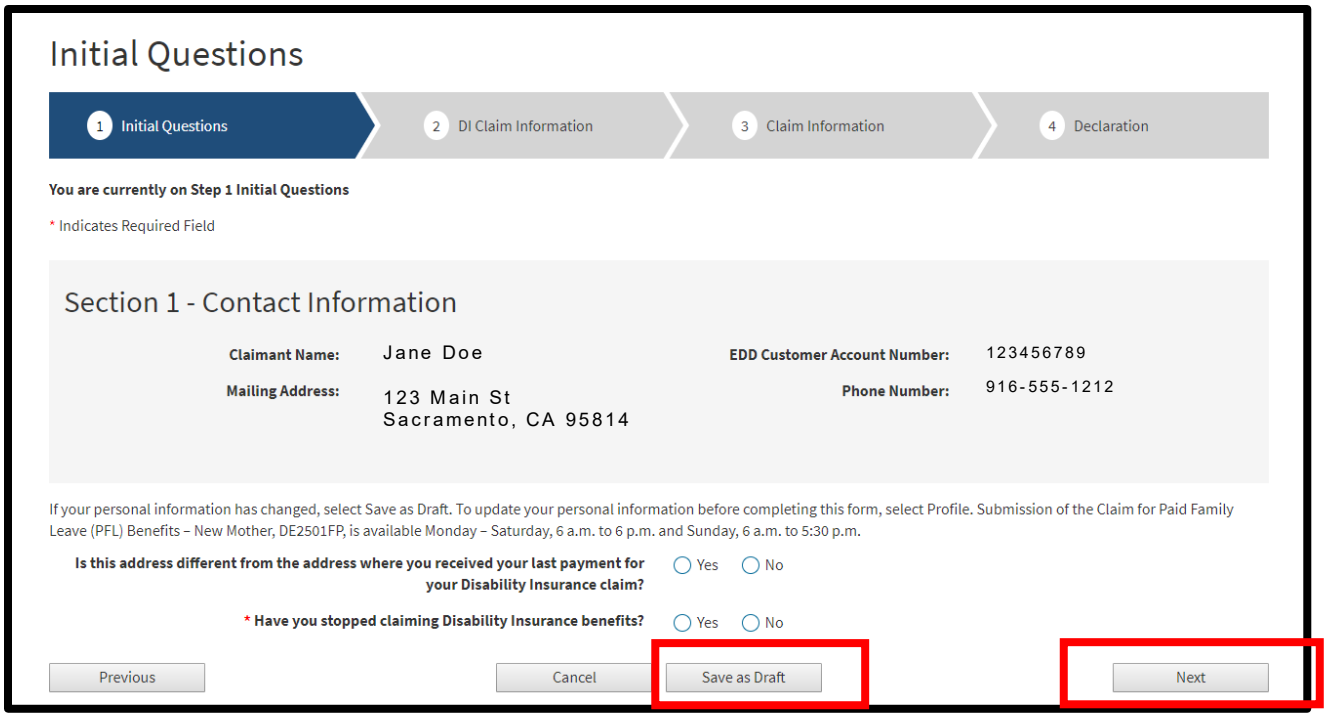
Carefully review the Information for Before You Start and After You File. It has important information you need to file a bonding claim.

Select **Next**.



Select the box to authorize an electronic signature.

Select **Next**.



Note

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

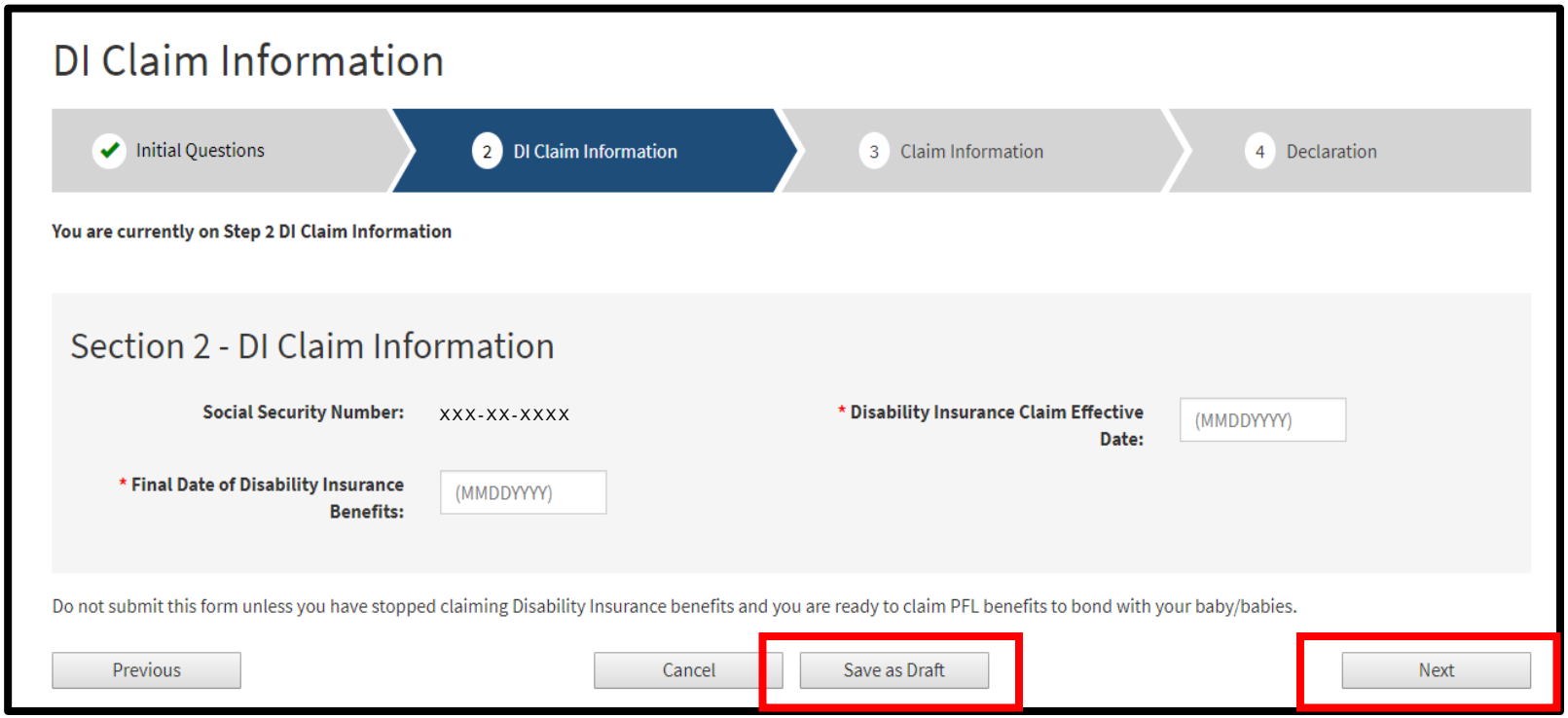
Select **Previous** to return to the previous screen.

The system automatically fills certain portions of the claim form.

- 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 disability benefits, you cannot submit this claim form. Complete this form after your final disability payment is issued.



As a 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 form later.
- To continue, make sure the prefilled information is correct. Next, enter the dates your disability claim started and ended to ensure your bonding claim is processed correctly.
- Select **Next** to continue.

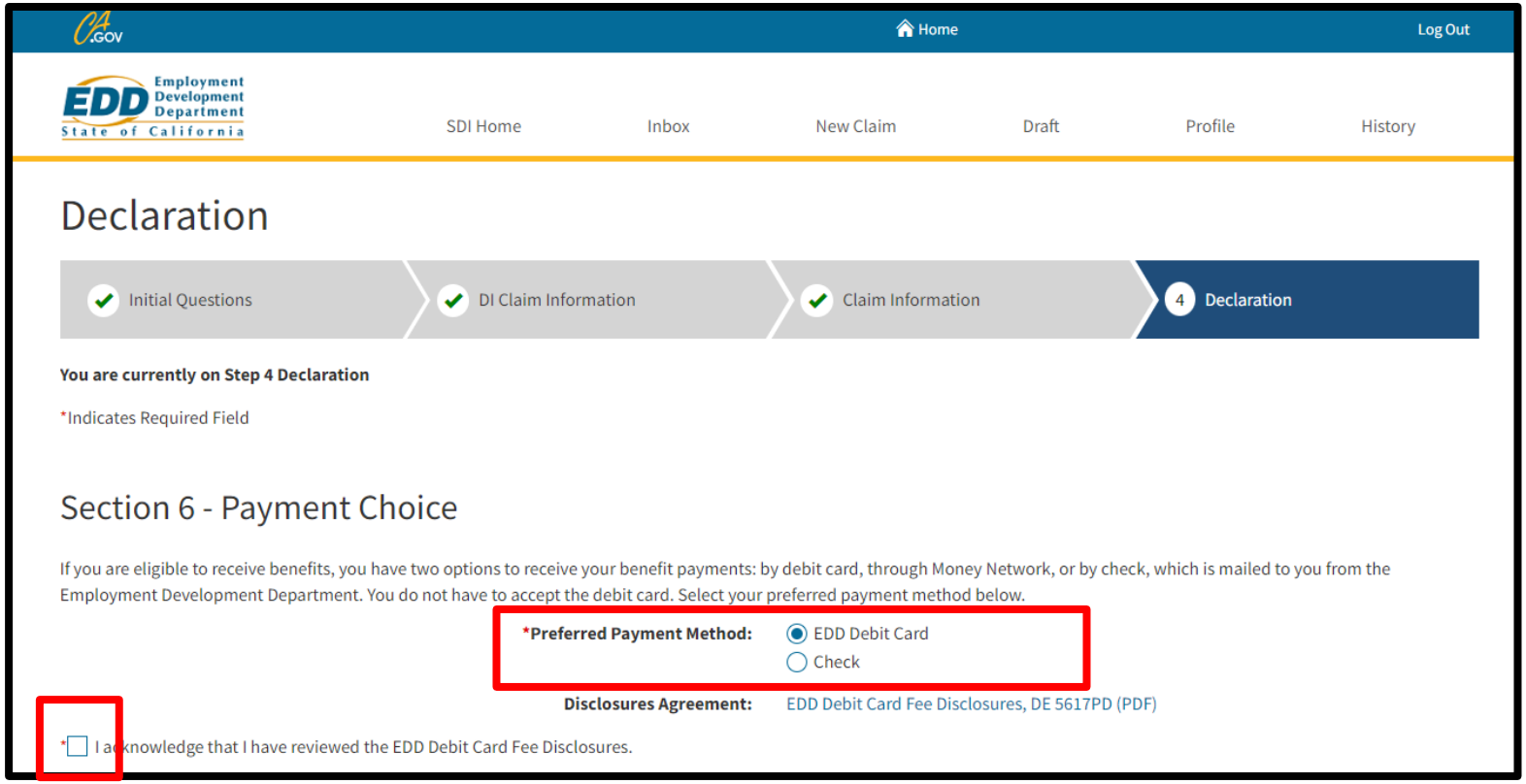
You must complete the following sections:

- 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.

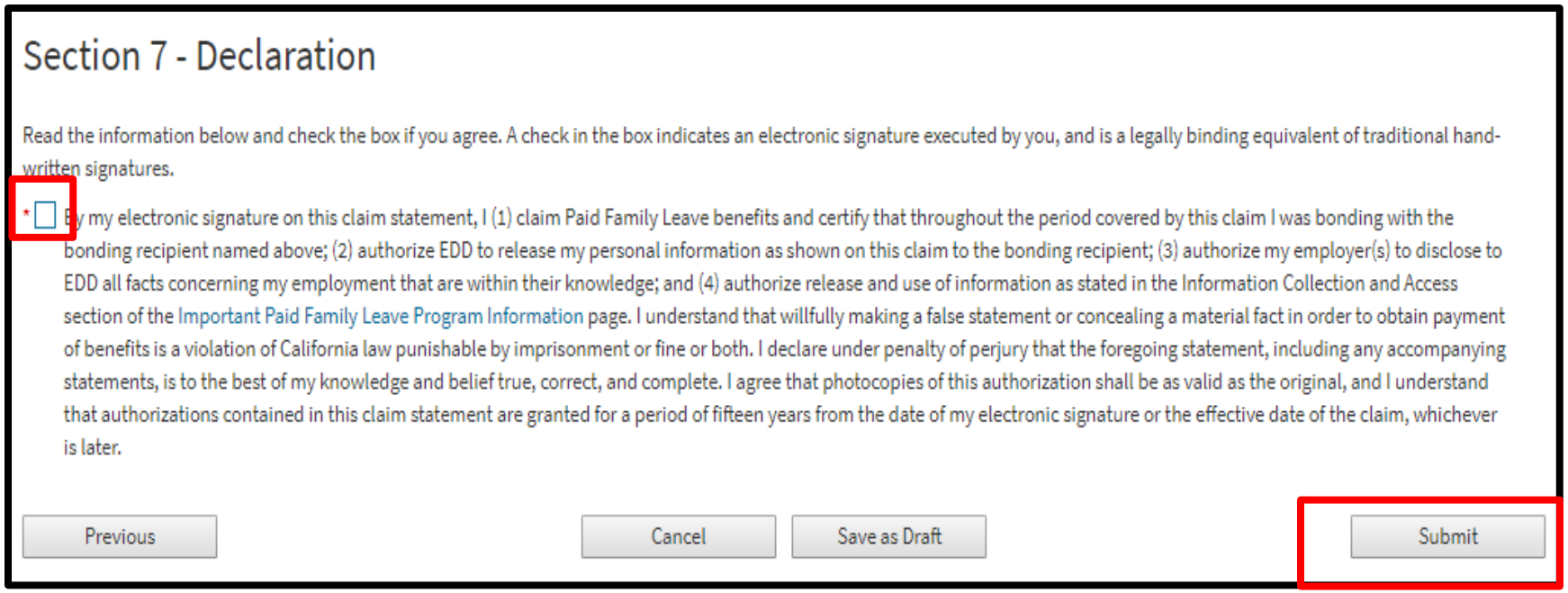
You must complete all required fields marked with a red asterisk (*).

Select **Next** to continue.



Complete Section 6 - Payment Choice by selecting how you want to get benefit payments from the options listed.

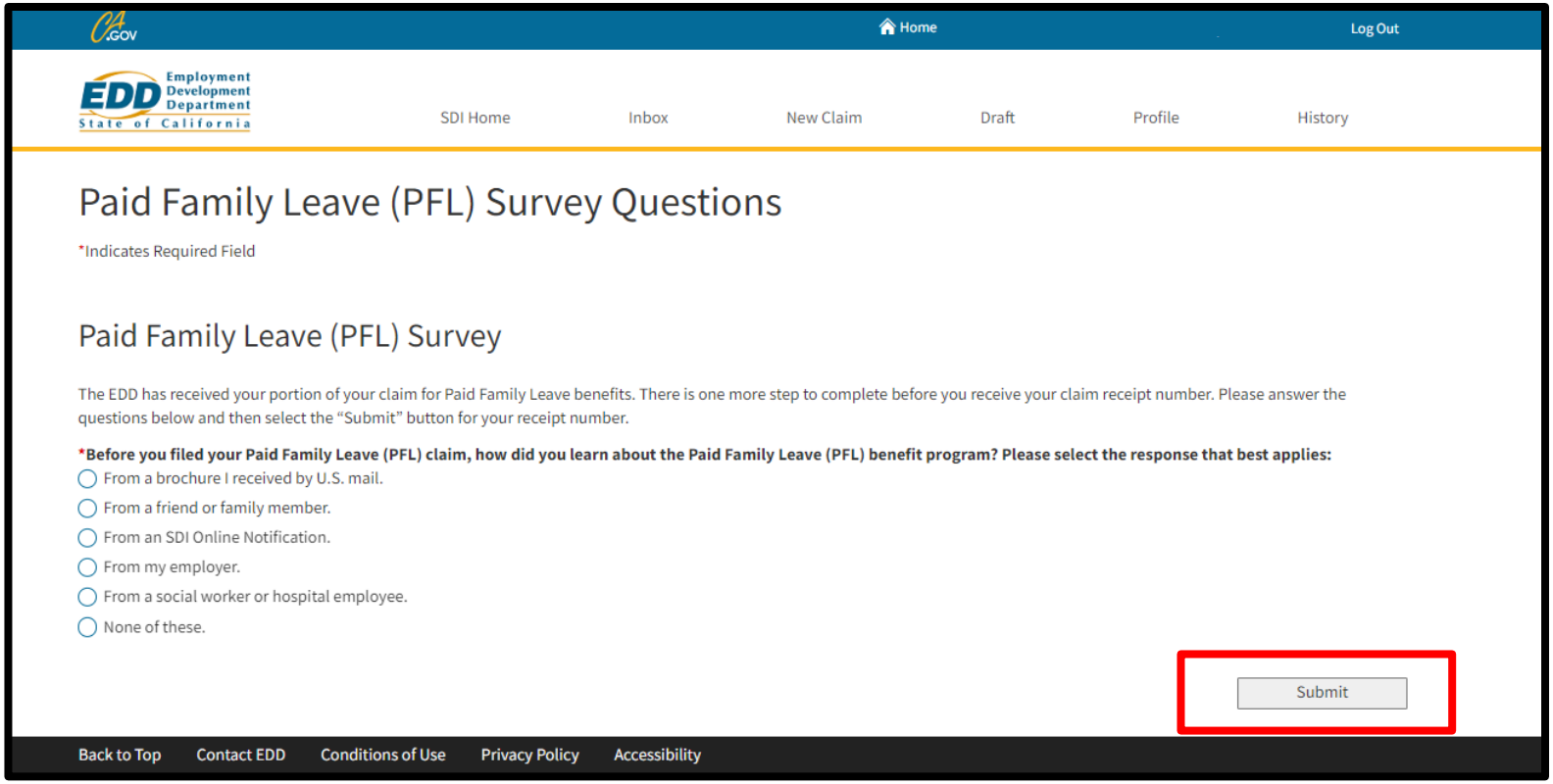
Select the **I acknowledge** box to confirm you have reviewed the disclosures.



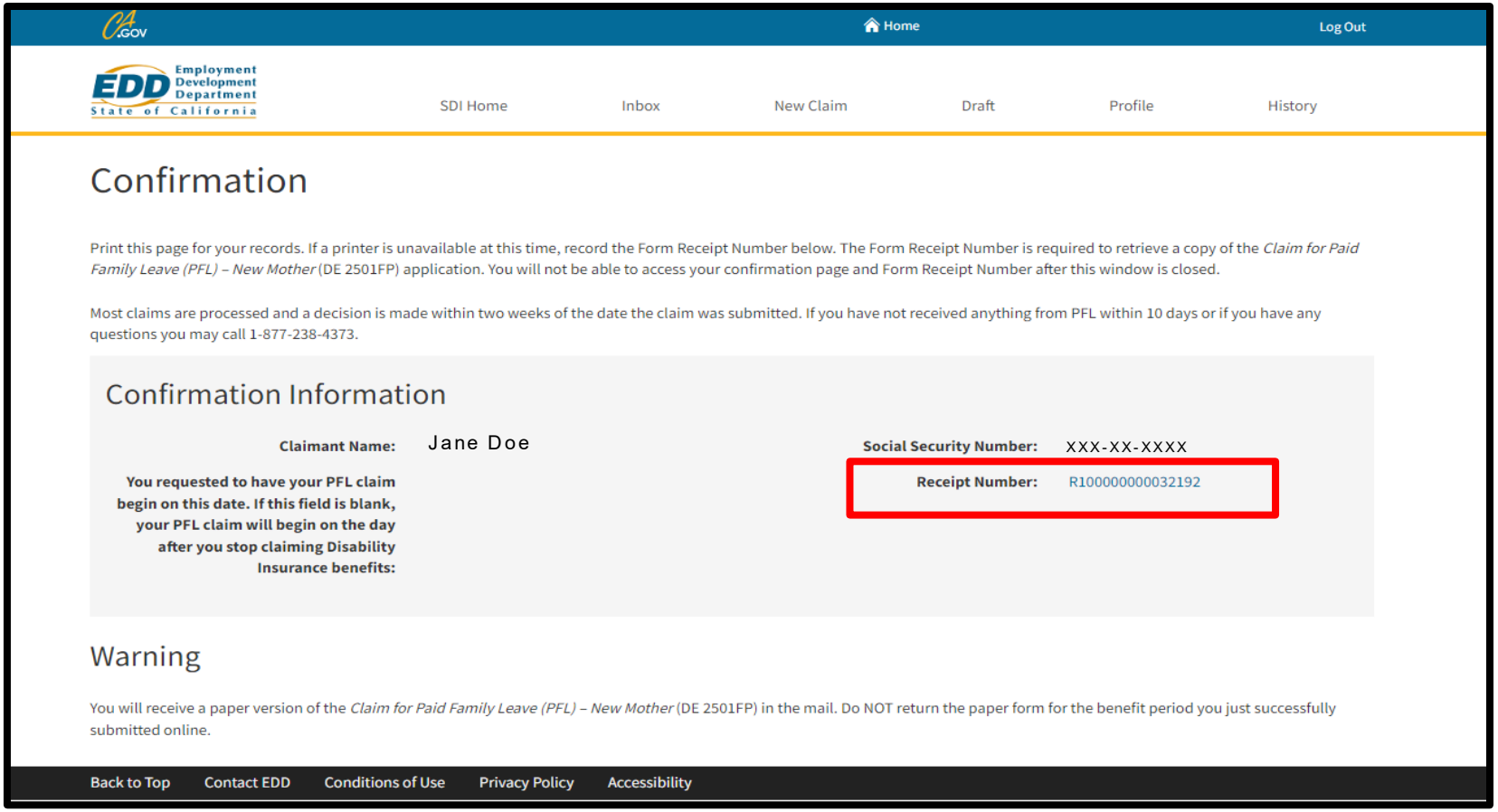
Next, select the box to authorize an electronic signature and the release of your information.

Note: You cannot modify the form after you select Submit.

Select **Submit** to send your claim form to us.



Complete the survey and select **Submit**.



On the Confirmation screen we assign your claim a **Receipt Number**. Save your Receipt Number for future reference. We will ask for it when you contact us.

Most claims are processed within 14 days. Do not submit another claim because it can delay your benefits.

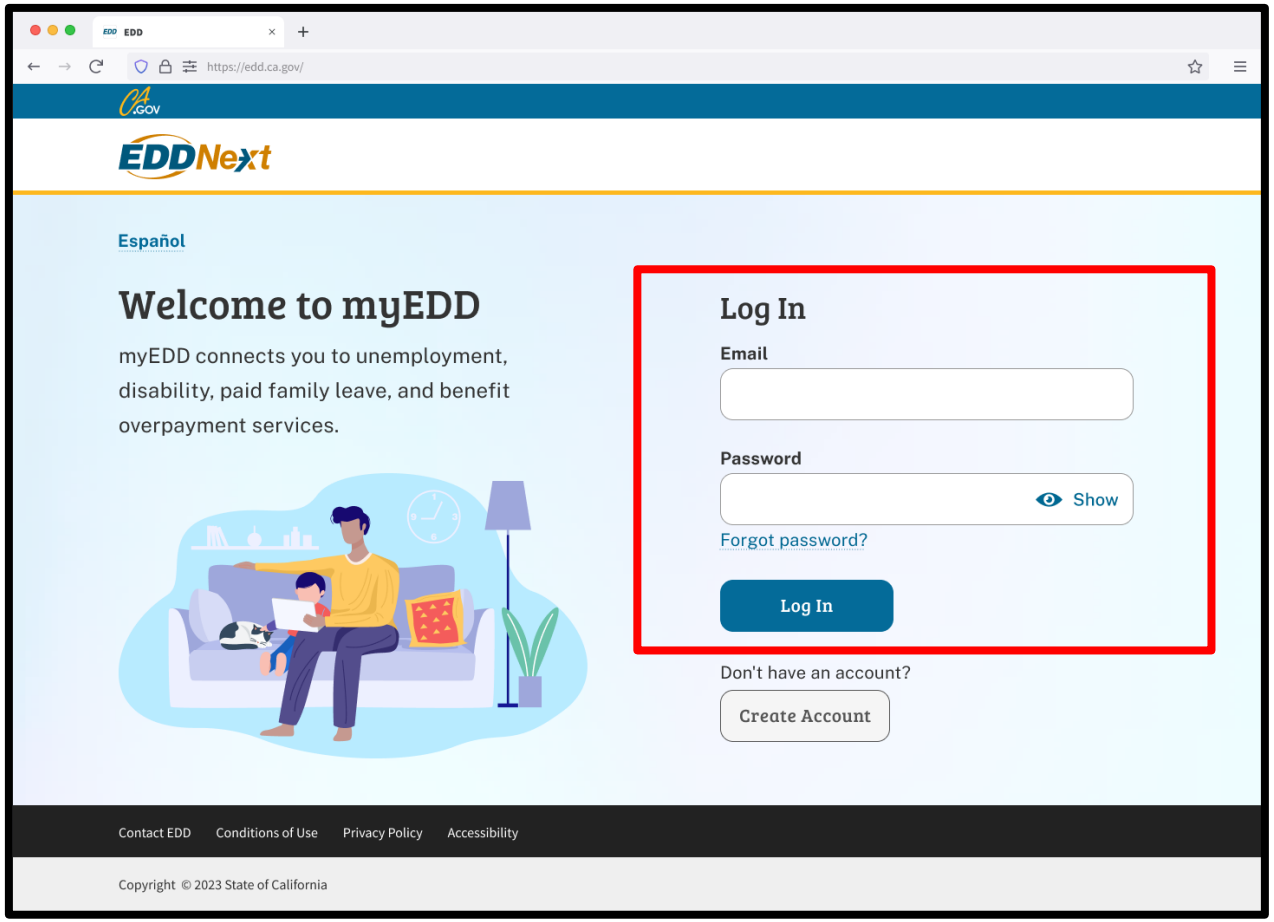
Employment Development Department
State of California

File a Bonding Claim

New Mothers (without a pregnancy-related disability claim), Fathers, and Foster or Adoptive Parents

Learn more about how new mothers (without a pregnancy-related disability claim), fathers, and foster care or adoptive parents file for bonding benefits.

Get Started

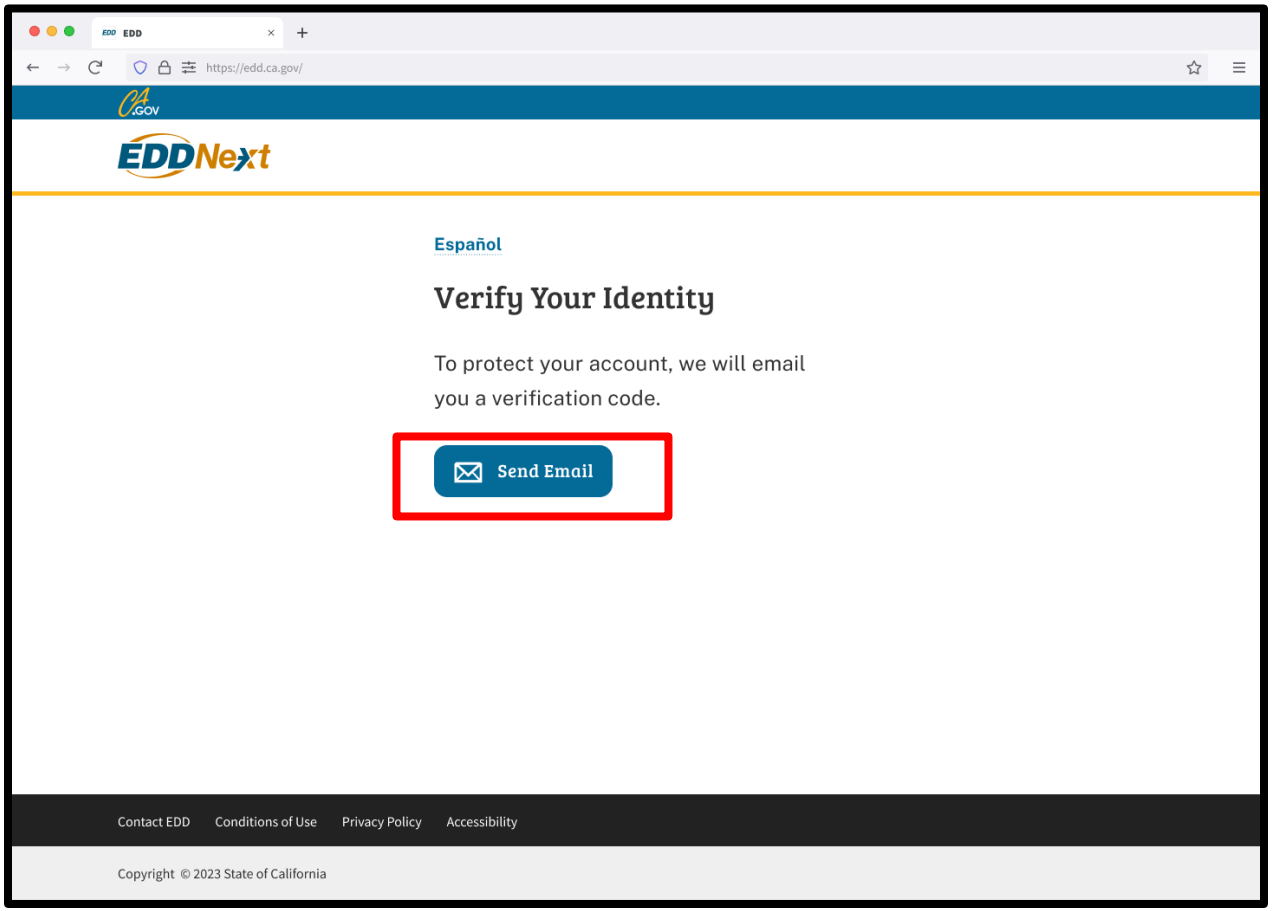


Note

For Spanish, select **Español**.

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

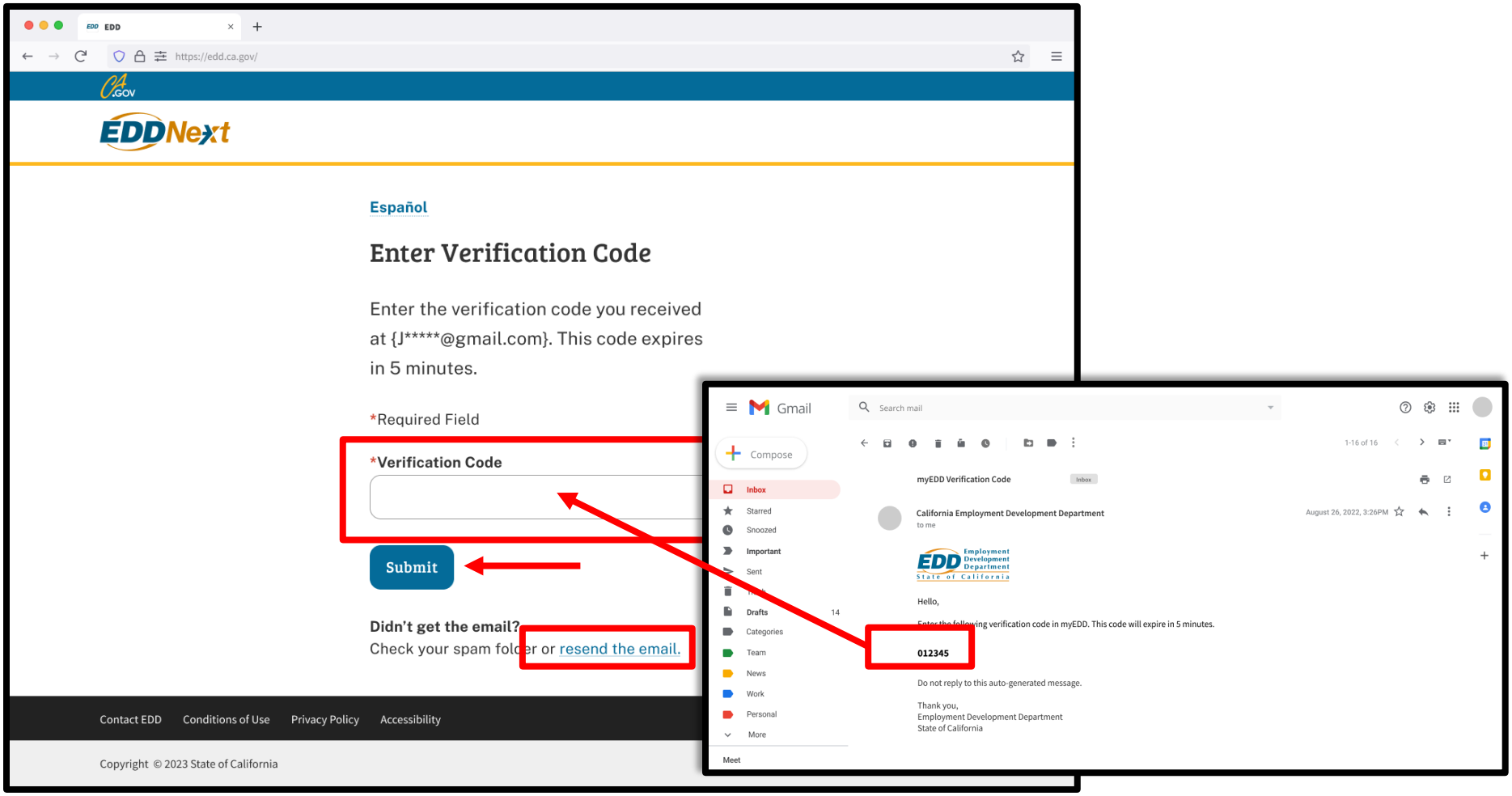
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

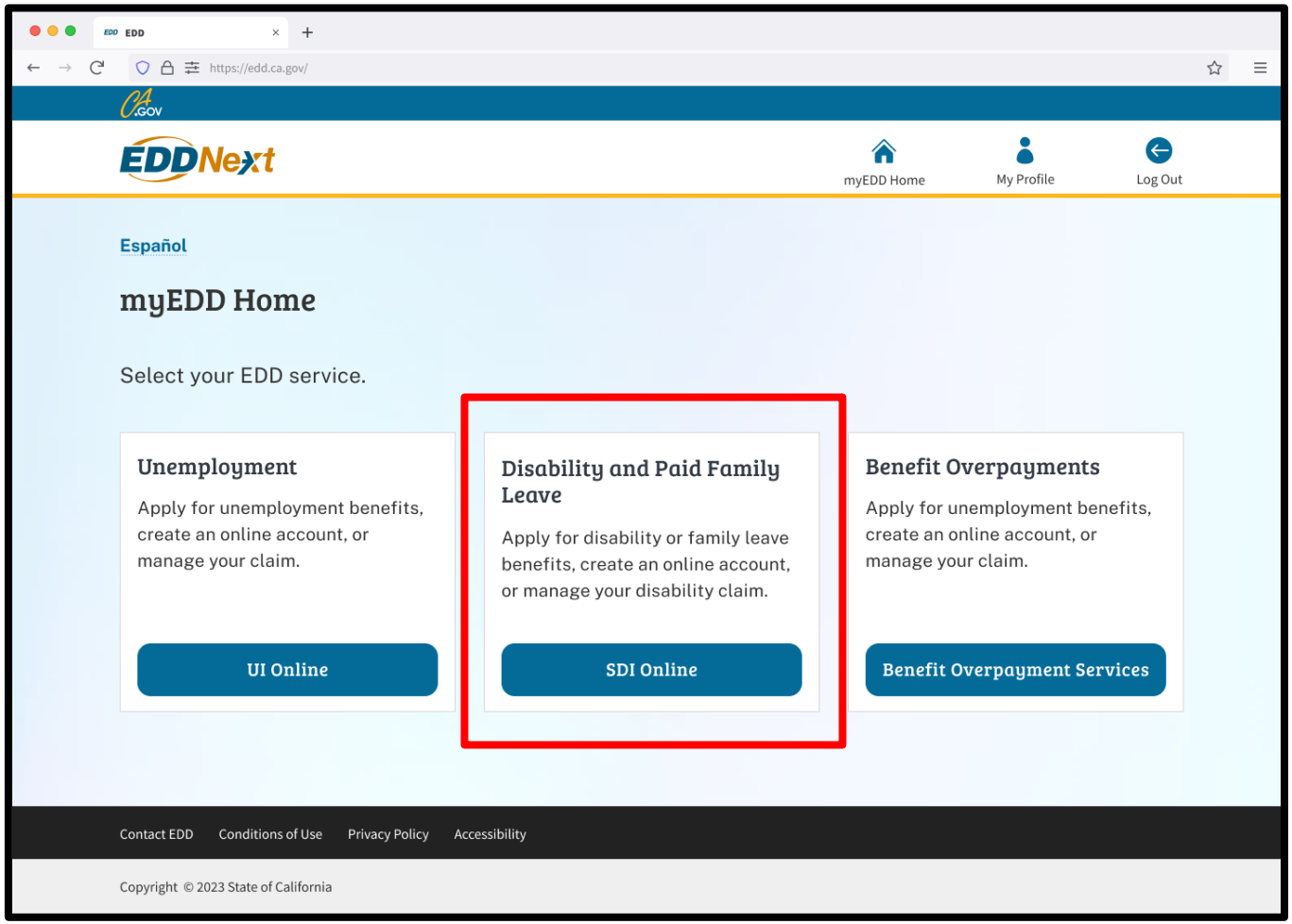
Select **Send Email.**

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.

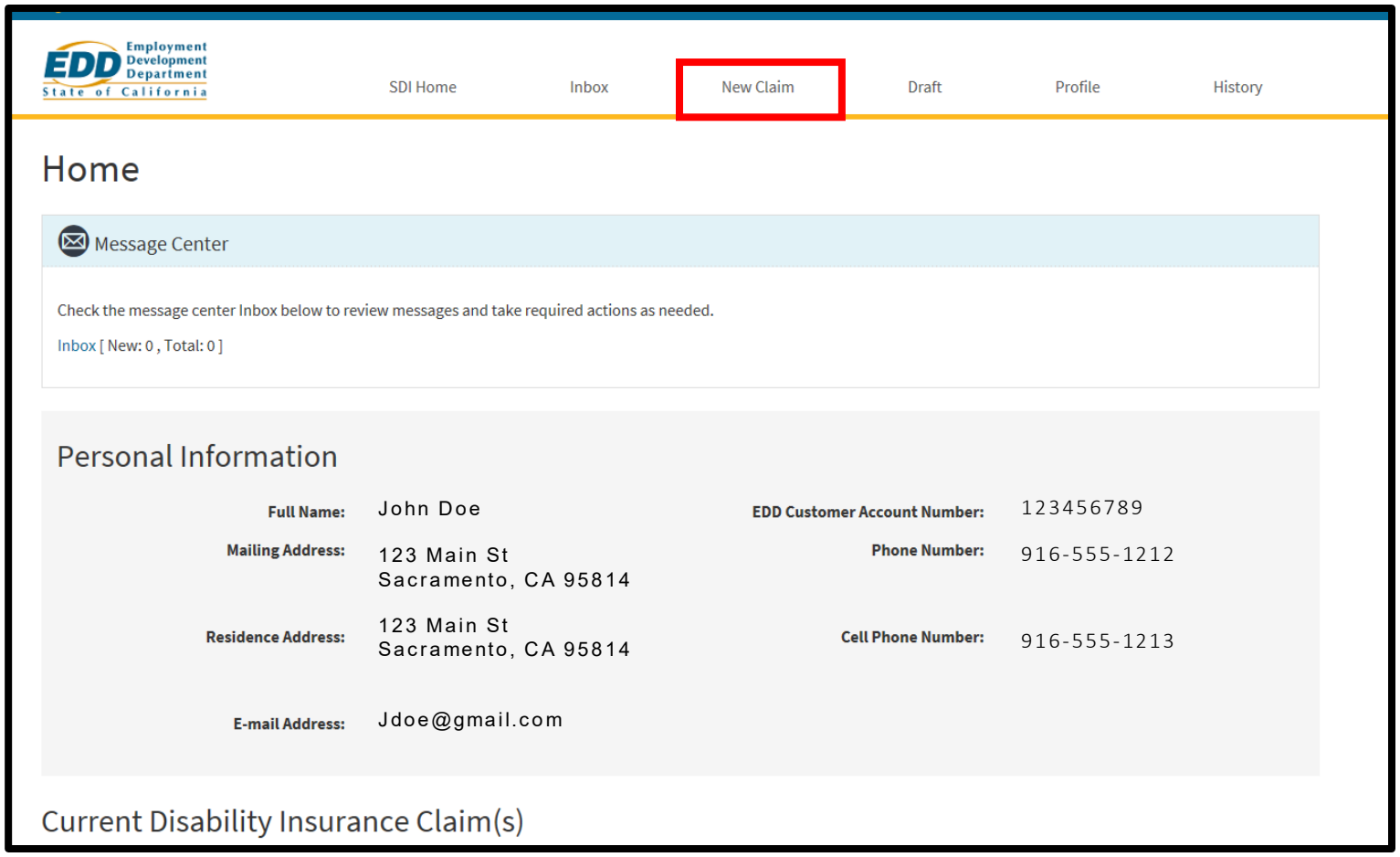
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



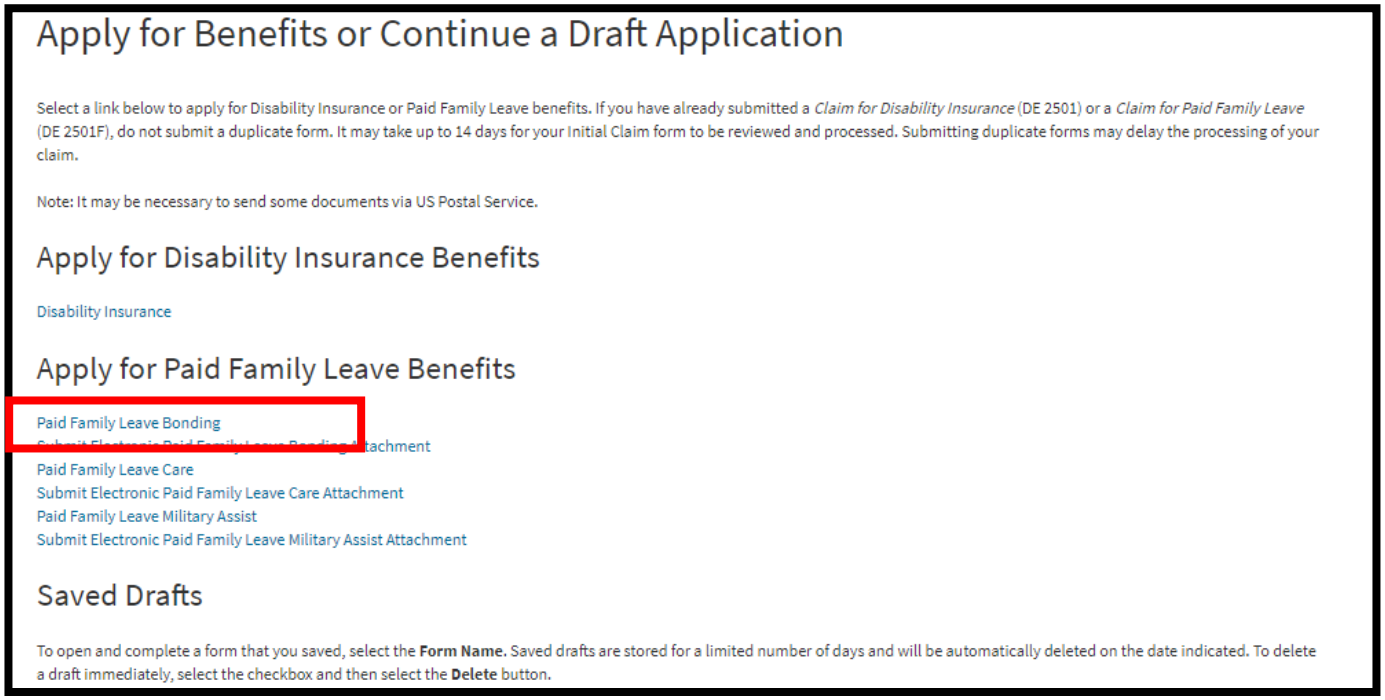
Note

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **SDI Online.**



Select **New Claim** from the main menu.



To apply for bonding benefits, select **Paid Family Leave Bonding** under Apply for Paid Family Leave Benefits.

If you are unsure which application to complete, review Types of Claims.

Note

Submit your claim 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.

Important

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

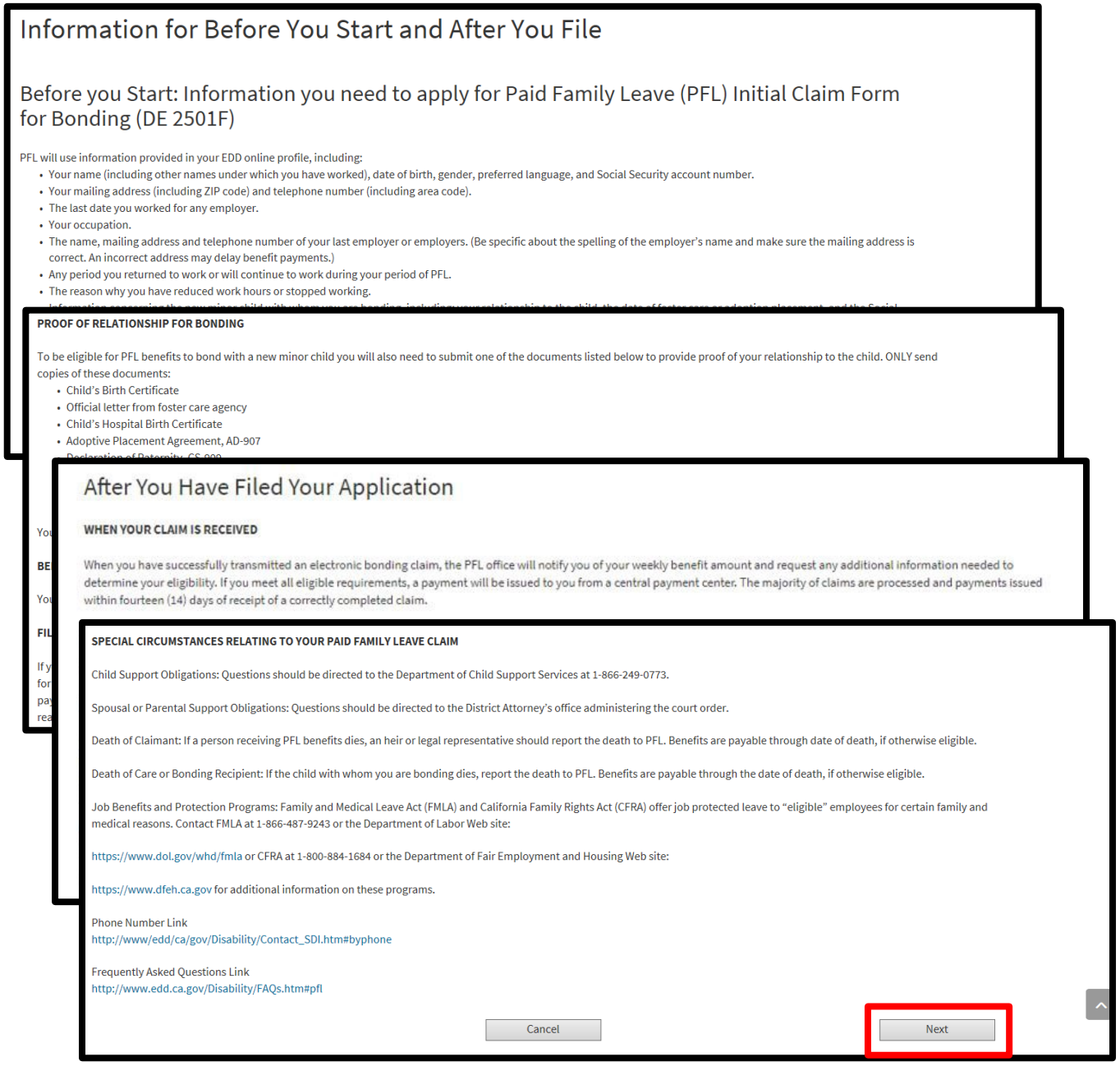
You must answer the prescreening questions:

- If you are a new mother applying for bonding benefits and **did not** file a pregnancy-related disability claim, select **Yes** for the first question and **No** for the second question.
- If you are a new father, or an adoptive, or foster parent applying for bonding benefits, select **No** for both questions.

You must complete the fields marked with a red asterisk (*).

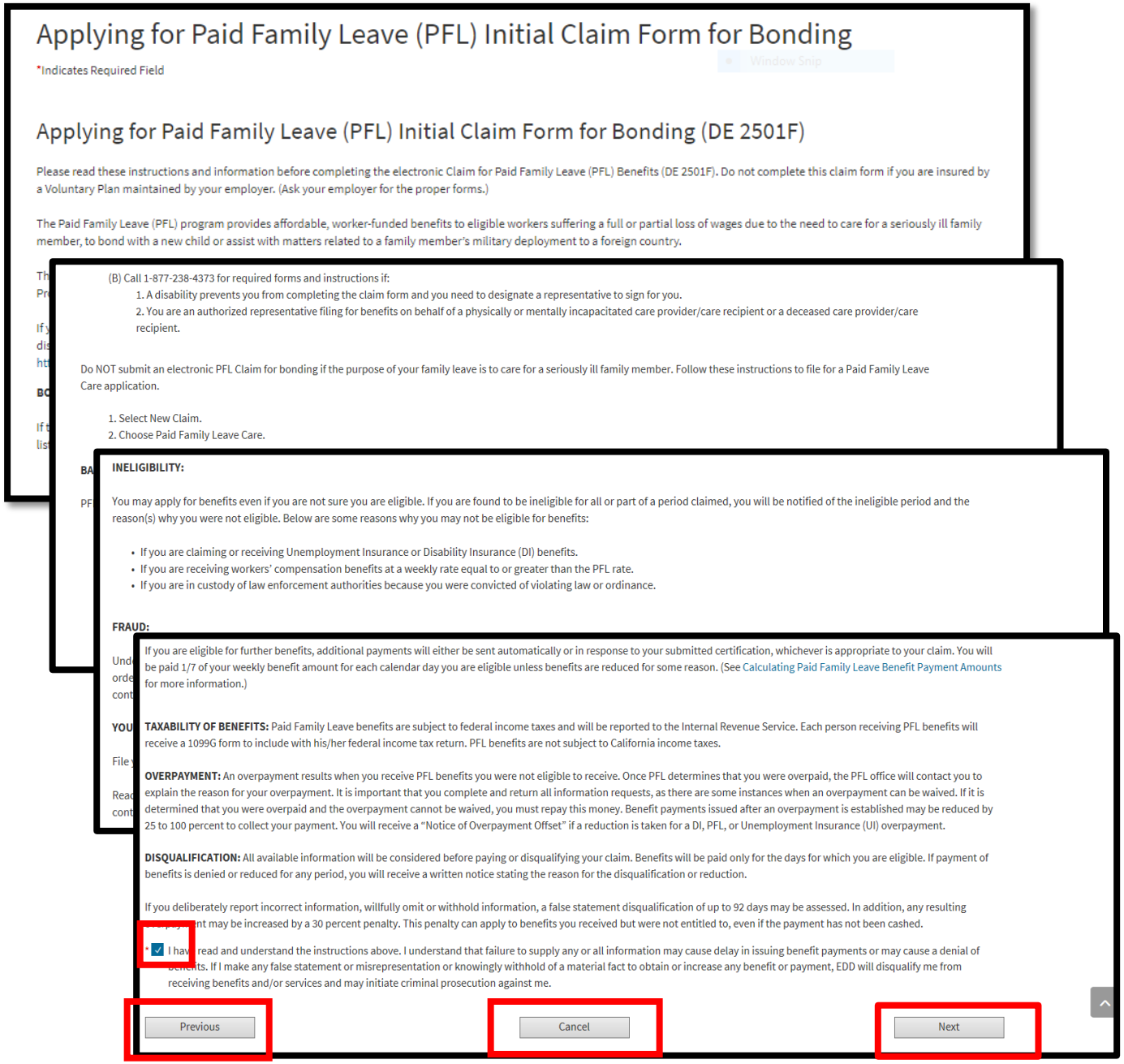
Note

Selecting **Cancel** will cancel the claim and return you to your homepage.



Review the Information for Before You Start and After You File. It has important information you need to file a bonding claim.

Select **Next**.



Continue to review the information on the next screen. It has more information about filing a bonding claim.

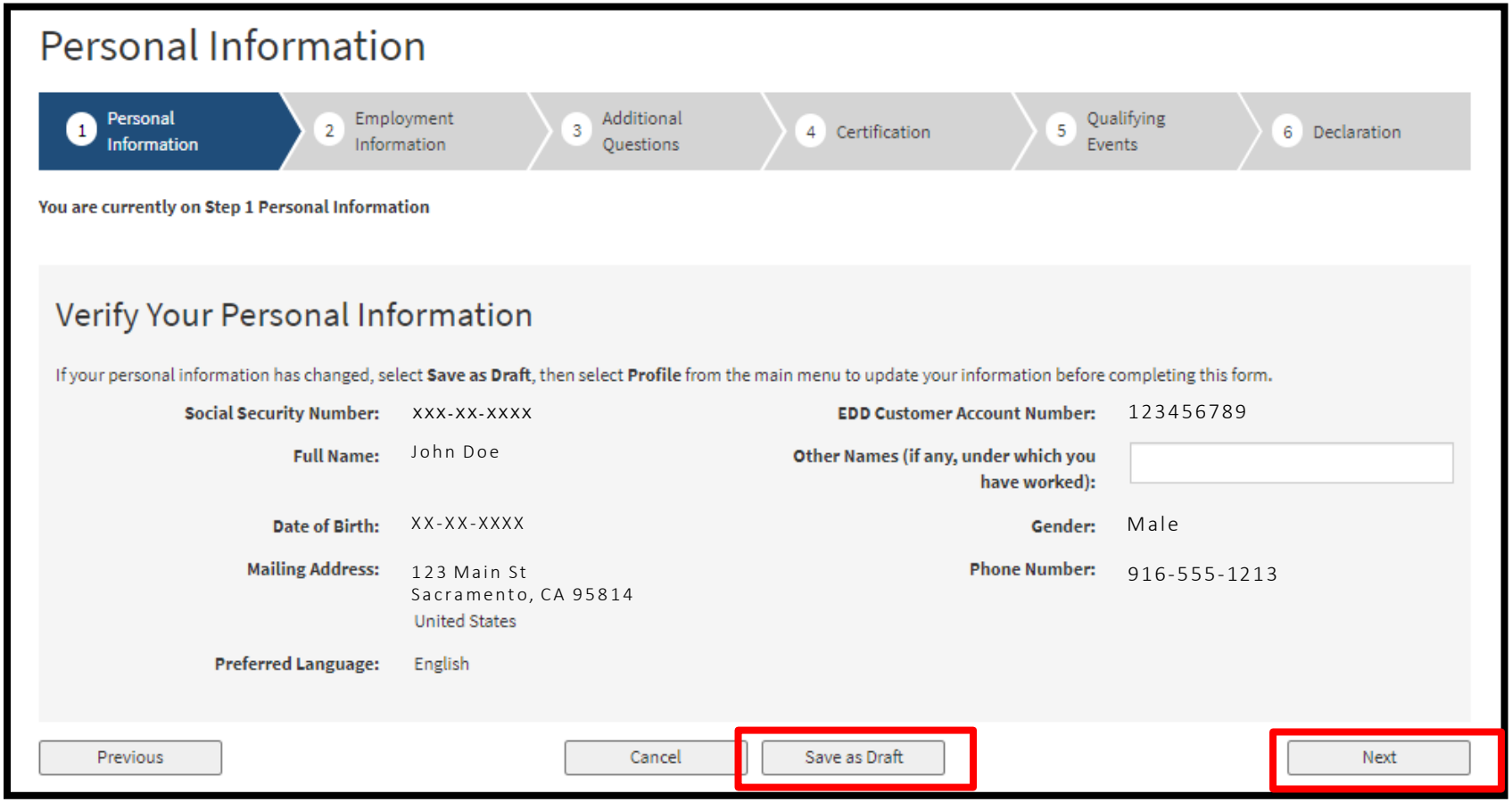
Select the box to agree to the terms.

Select **Next** to proceed.

Note

Select **Cancel** at any time to cancel your claim.

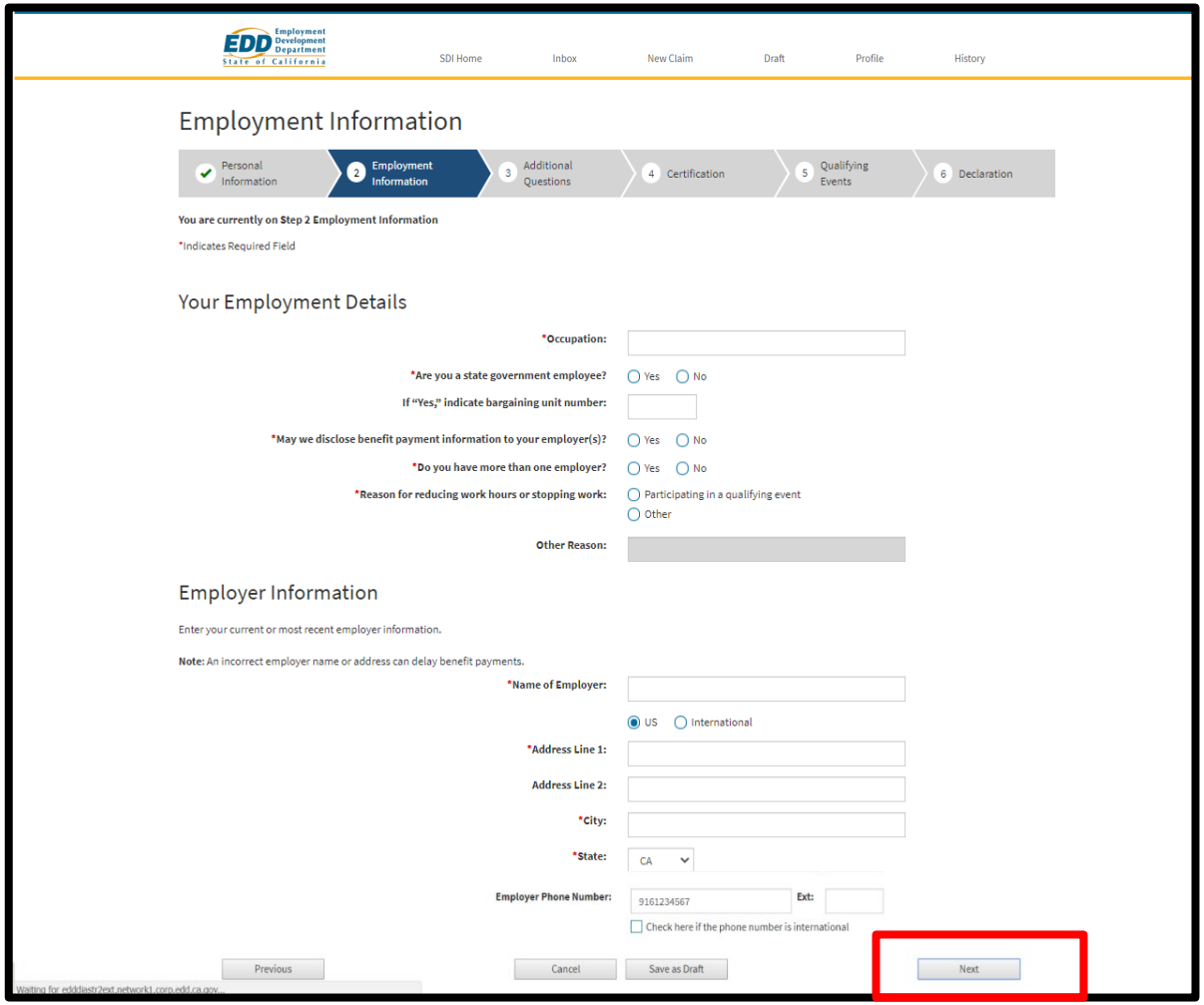
Select **Previous** to return to the previous screen.



The system automatically fills certain portions of the claim form.

Make sure the information is correct. If your personal information has changed, select **Save as Draft** and update your SDI Online profile.

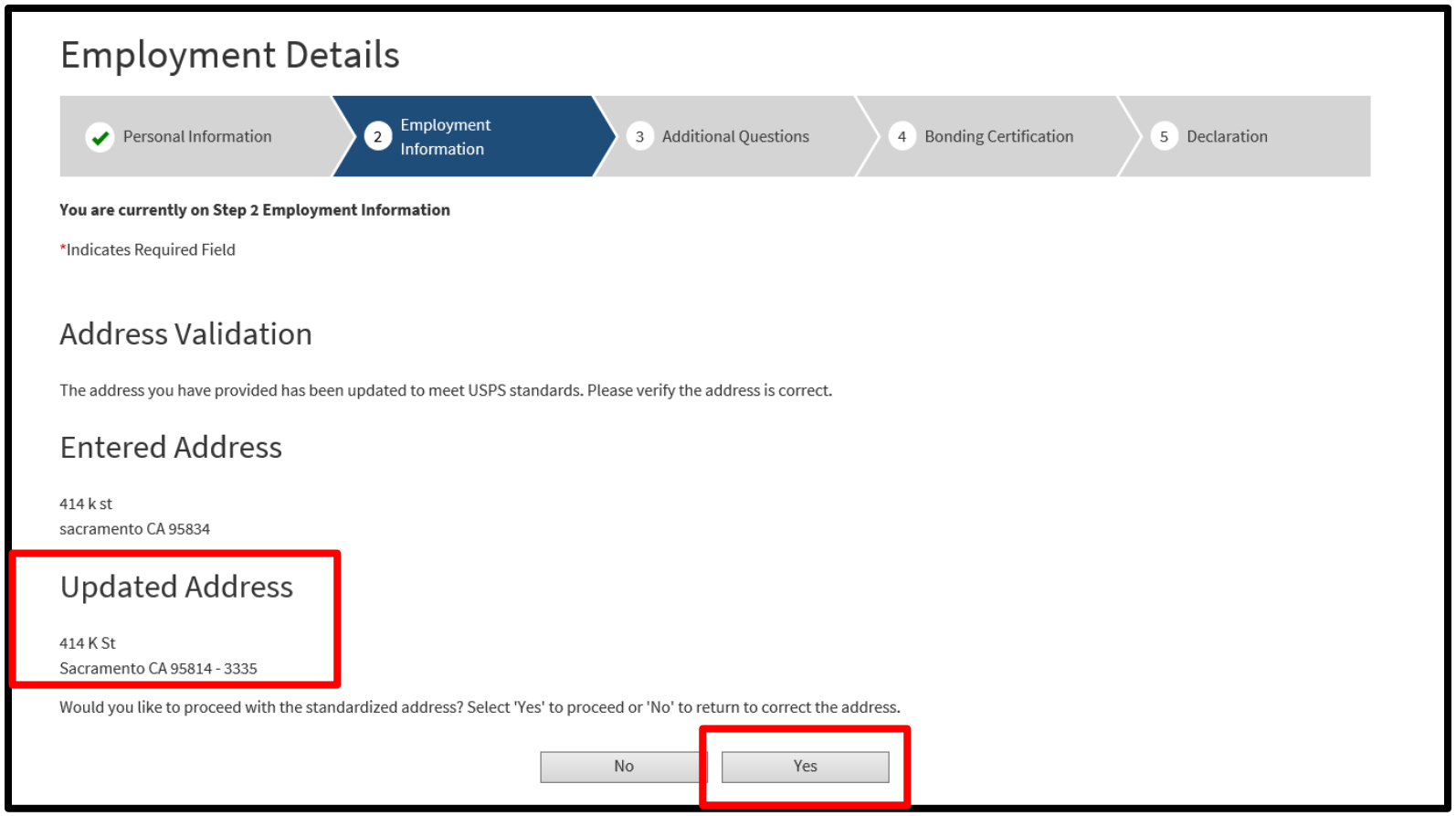
Select **Next** to continue.



On the Employment Information screen add your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub. Ask your employer if you are unsure what address to enter.

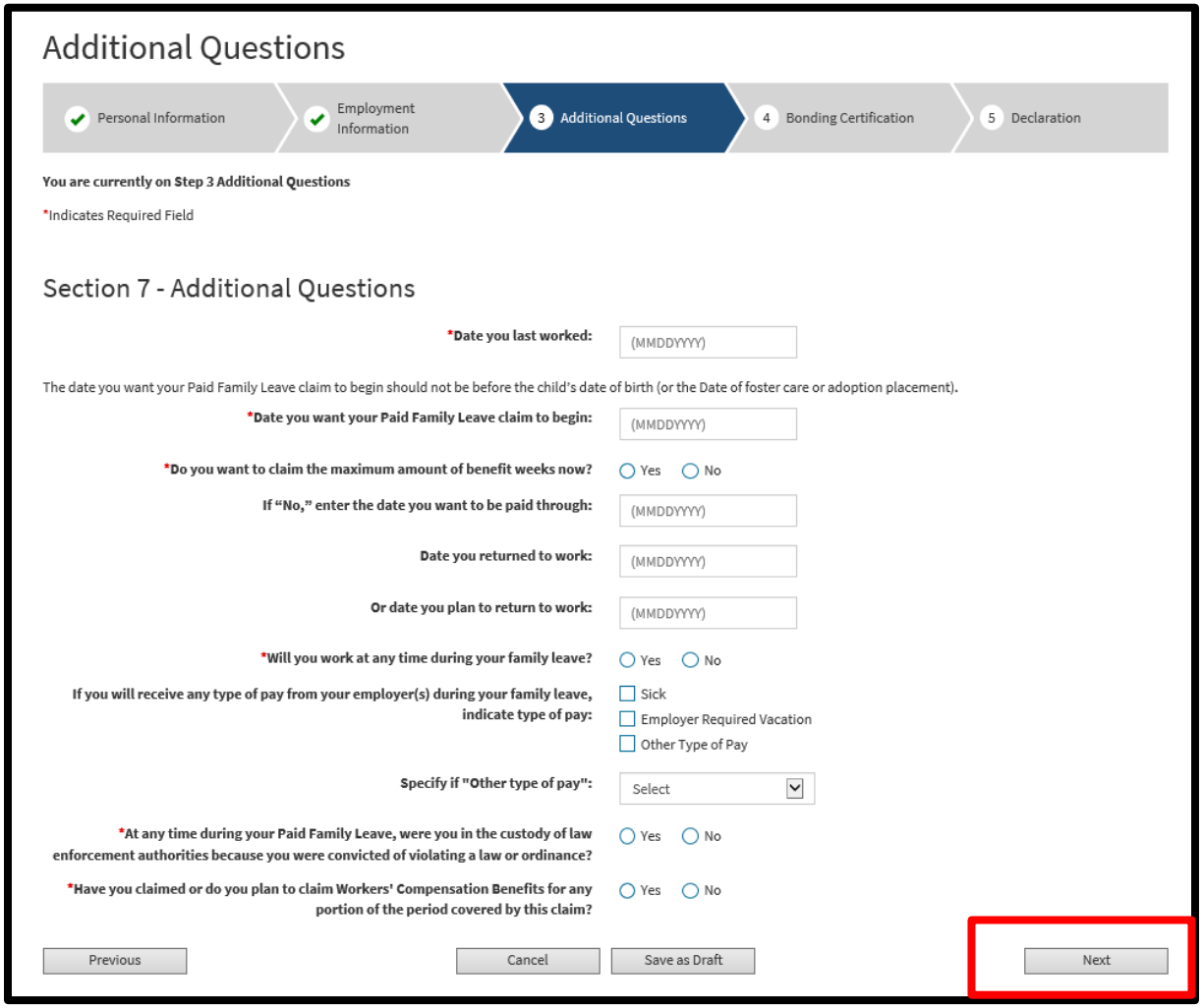
You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.



The system may adjust the employer address to follow USPS standards.

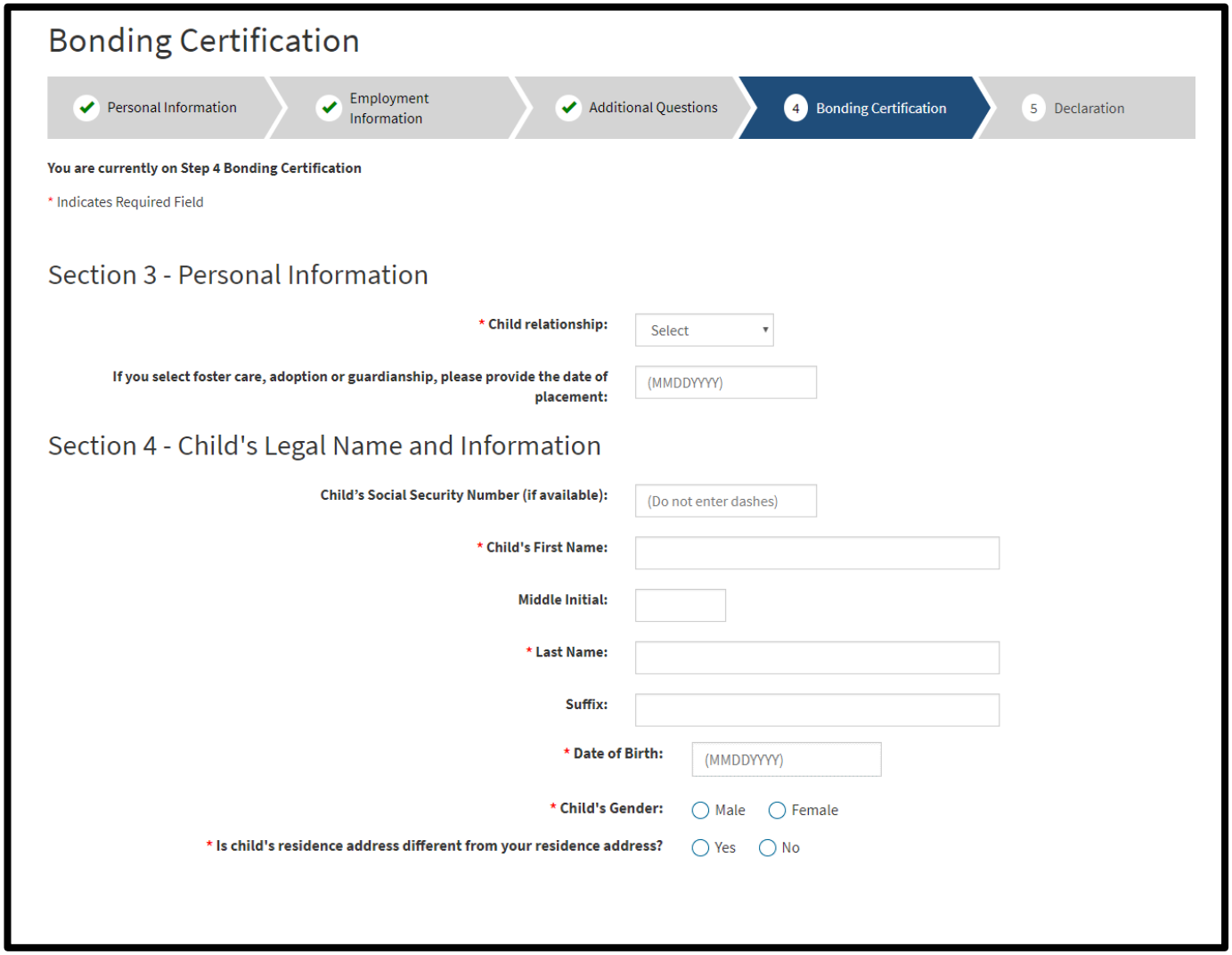
- Select **Yes** to confirm the updated address is correct.
- Select **No** to go back to the previous screen and re-enter the address.



Complete Section 7 - Additional Questions and confirm the dates are correct to avoid a delay or incorrect payment of benefits.

You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.



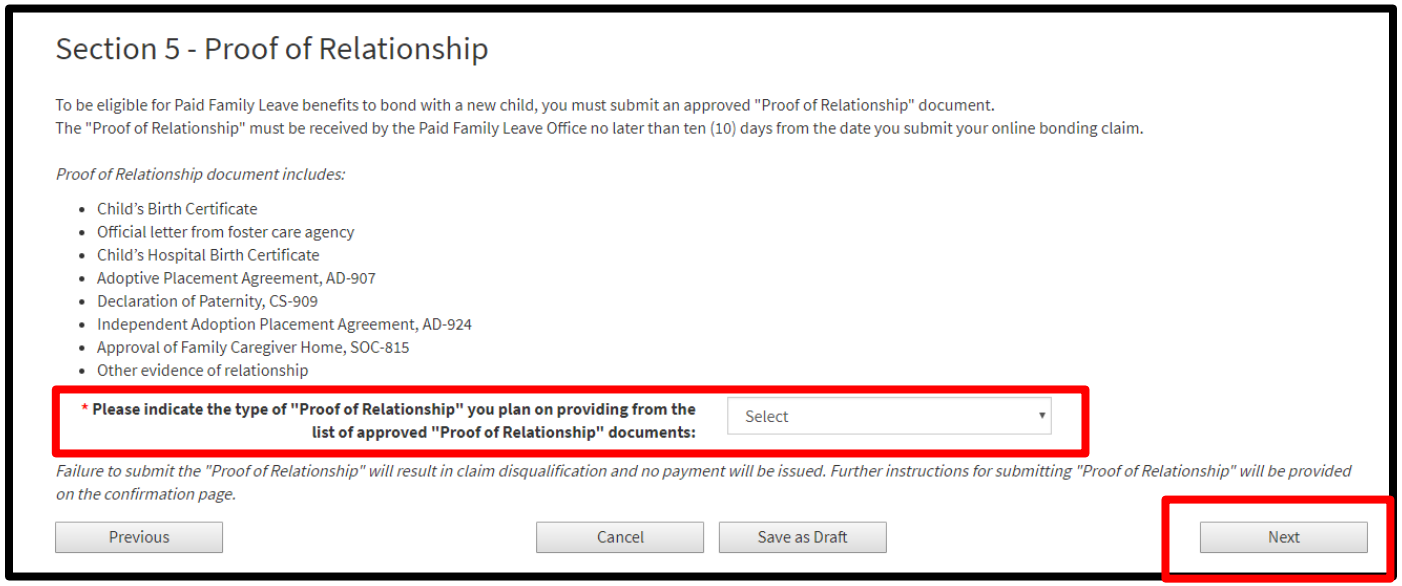
In the Section 3 - Personal Information, select your relationship to the child you are bonding.

Complete Section 4 - Child's Legal Name and Information with the child's information.

You must complete the fields marked with a red asterisk (*).

Note

If the child's legal residence is different than yours, select **Yes** to enter the child's legal address on another screen.



To be eligible for bonding benefits, you must provide an approved Proof of Relationship document after you submit your claim. Upload or mail one of the accepted documents within 10 days from the date you send us your online bonding claim.

Select the type of Proof of Relationship document you plan on giving us after completing the online claim.

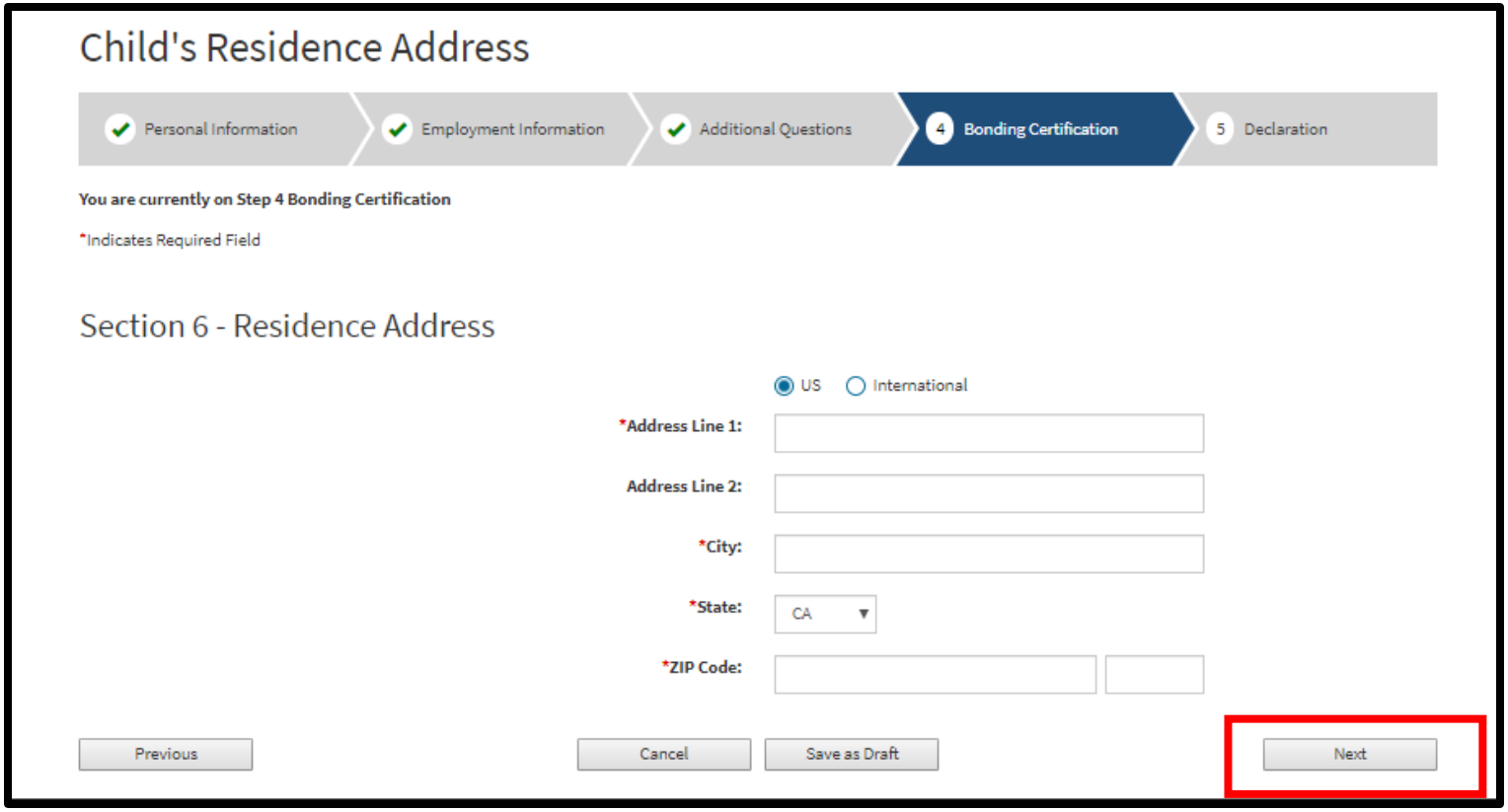
Instructions to upload or mail your proof of relationship documents are available on the Confirmation screen.

Select **Next** to continue.

Note

The accepted "Proof of Relationship" document options are:

- Child's birth certificate
- Official letter from foster care agency
- Child's hospital birth certificate
- Adoptive Placement Agreement, AD-907
- Declaration of Paternity, CS-909
- Independent Adoption Placement Agreement, AD-924
- Approval of Family Caregiver Home, SOC-815
- Other evidence of relationship

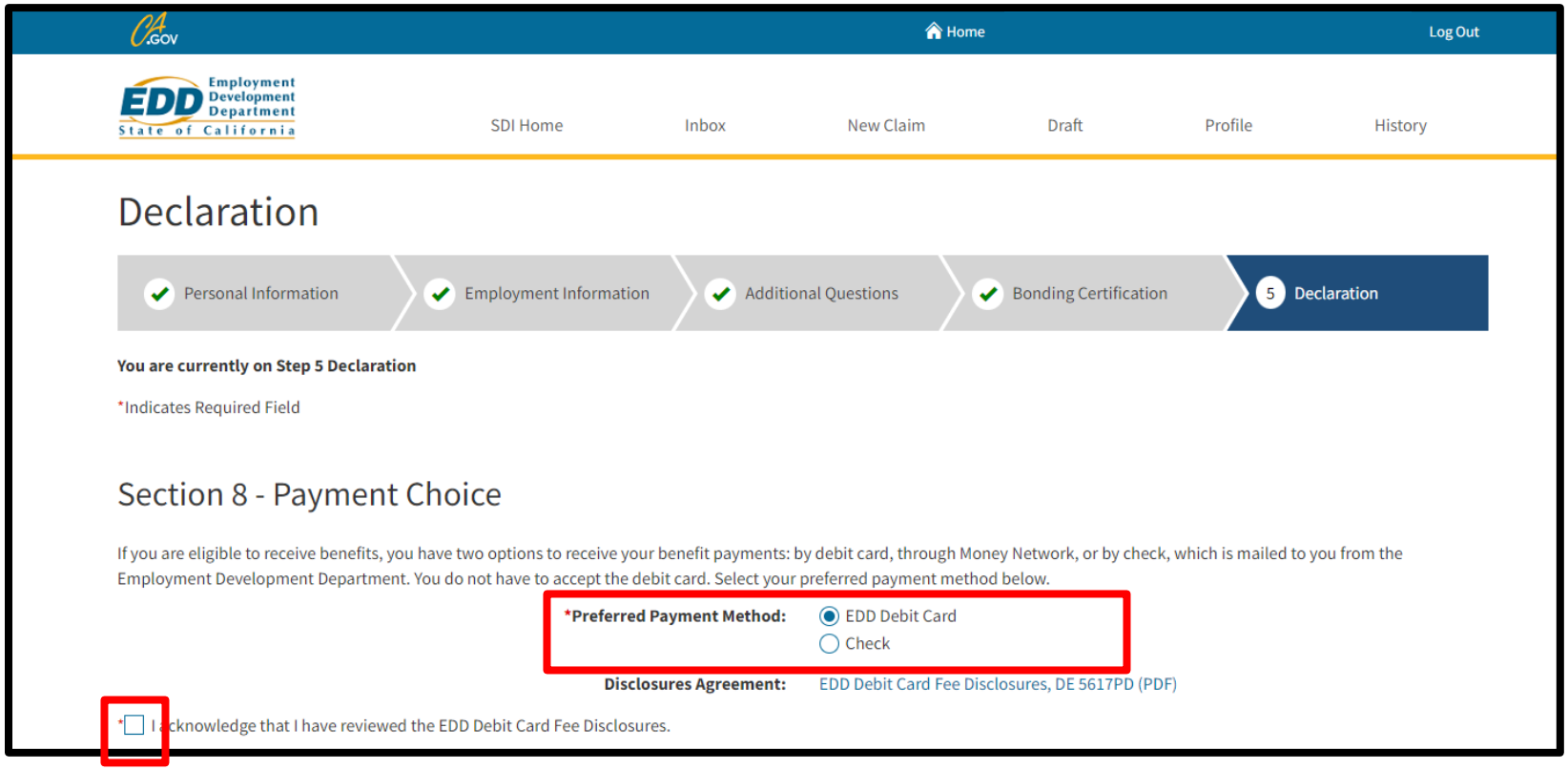


If you selected **Yes** to "Is the child's residence address different from your resident address?" you must enter the child's residential address in Section 6 – Residence Address.

You must complete the fields marked with a red asterisk (*).

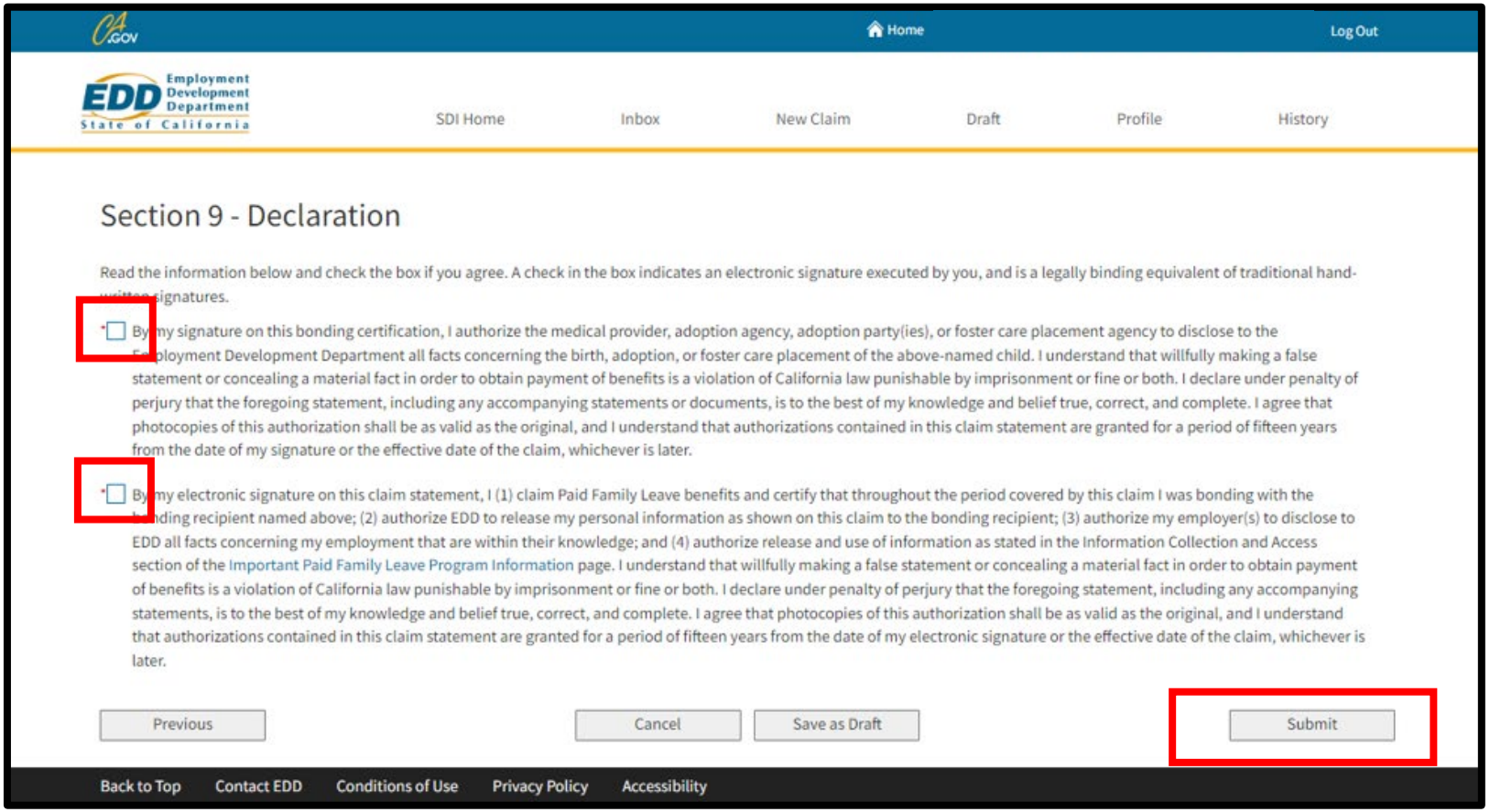
If you selected **No** to the above question, skip to the next page.

Select **Next** to continue.



Complete Section 8 - Payment Choice to select how you want to get benefit payments from the options listed.

Select the **I acknowledge** box to confirm you have reviewed the disclosures.

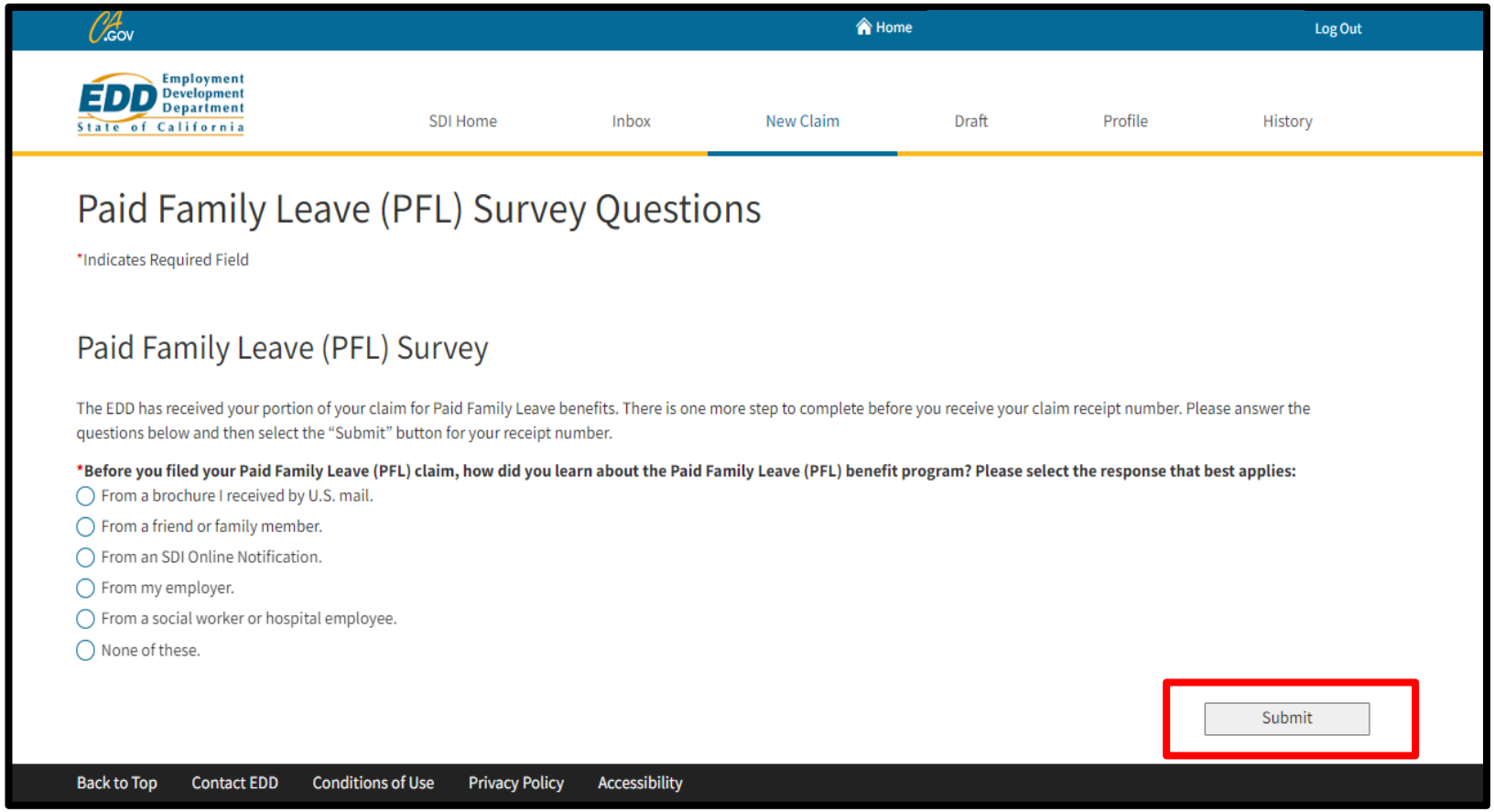


Select both check boxes to authorize an electronic signature and the release of your information.

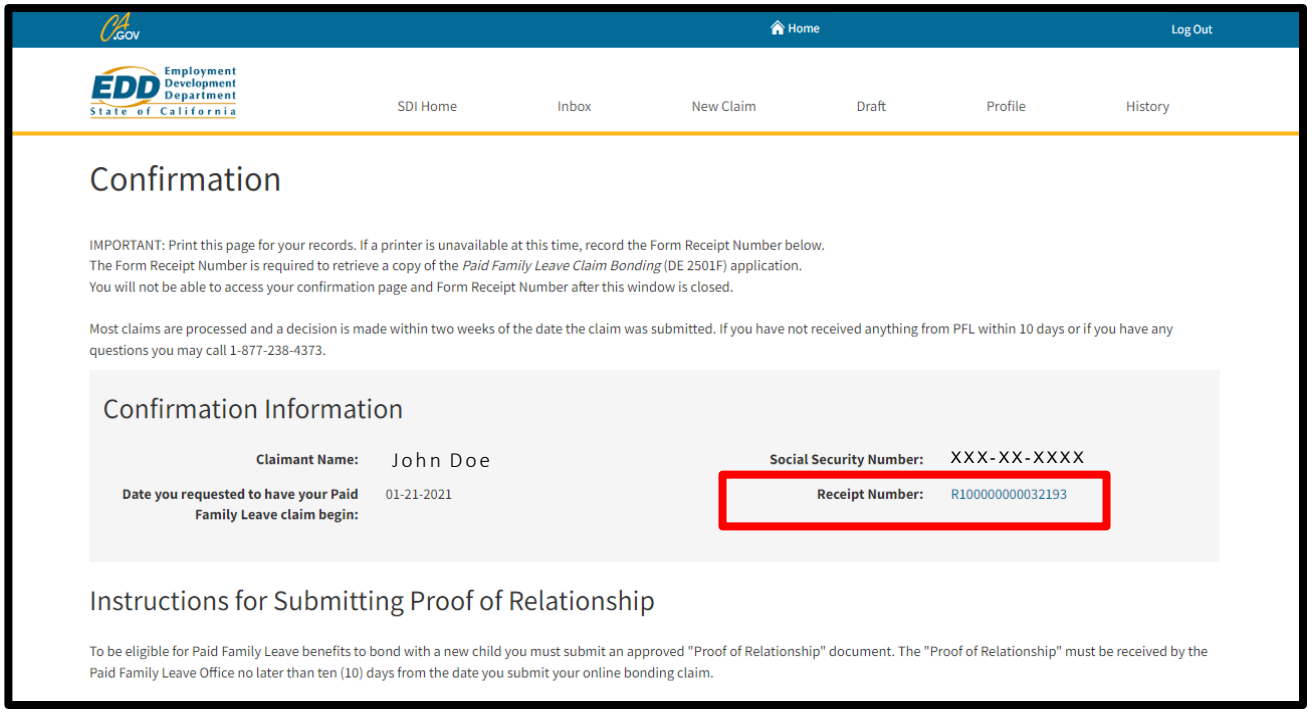
You must complete the fields marked with a red asterisk (*).

Note: You cannot modify the form after you select Submit.

Select **Submit** to send your online claim to us.



Complete the survey and select **Submit** to proceed to the next step.



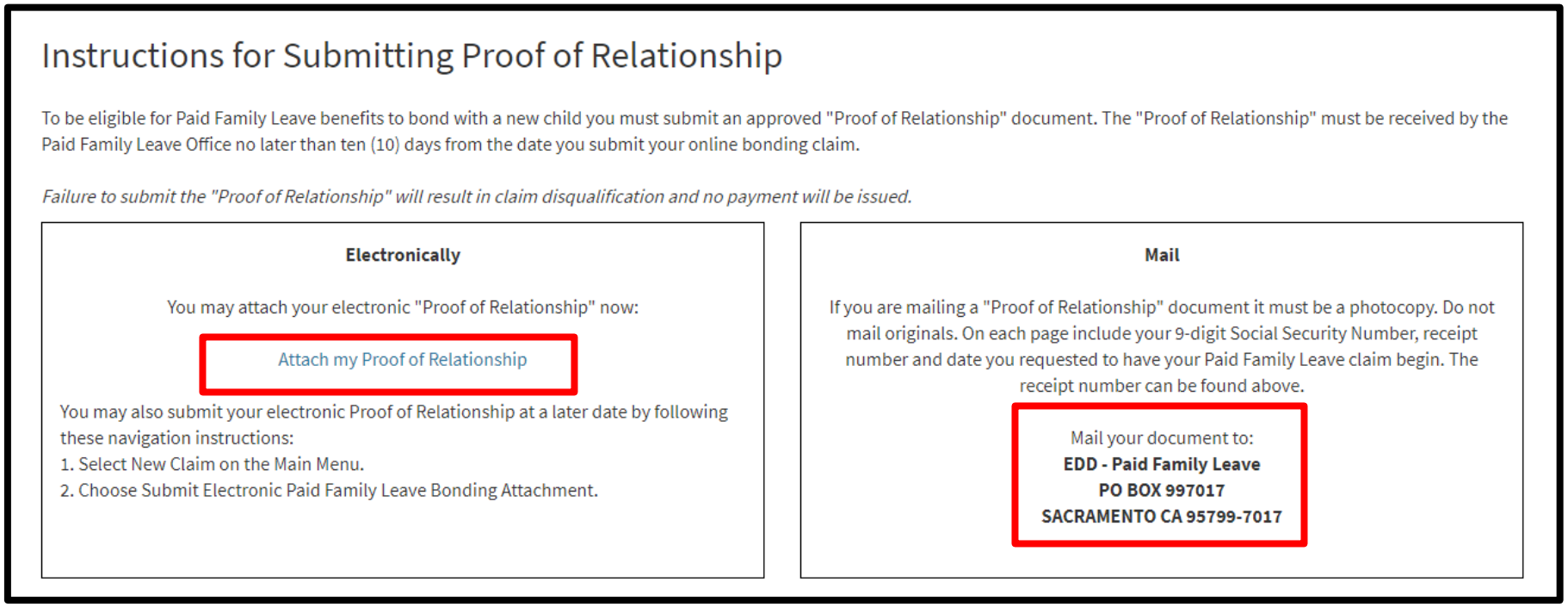
We assign your claim a Receipt Number on the Confirmation screen.

Note

Save the Receipt Number. You need this number to upload your supporting documentation to the correct online claim.

Important

Your claim is not complete. The Confirmation screen provides instructions to upload the other documentation for your bonding claim.



To complete your bonding claim, you must submit your Proof of Relationship online or by mail.

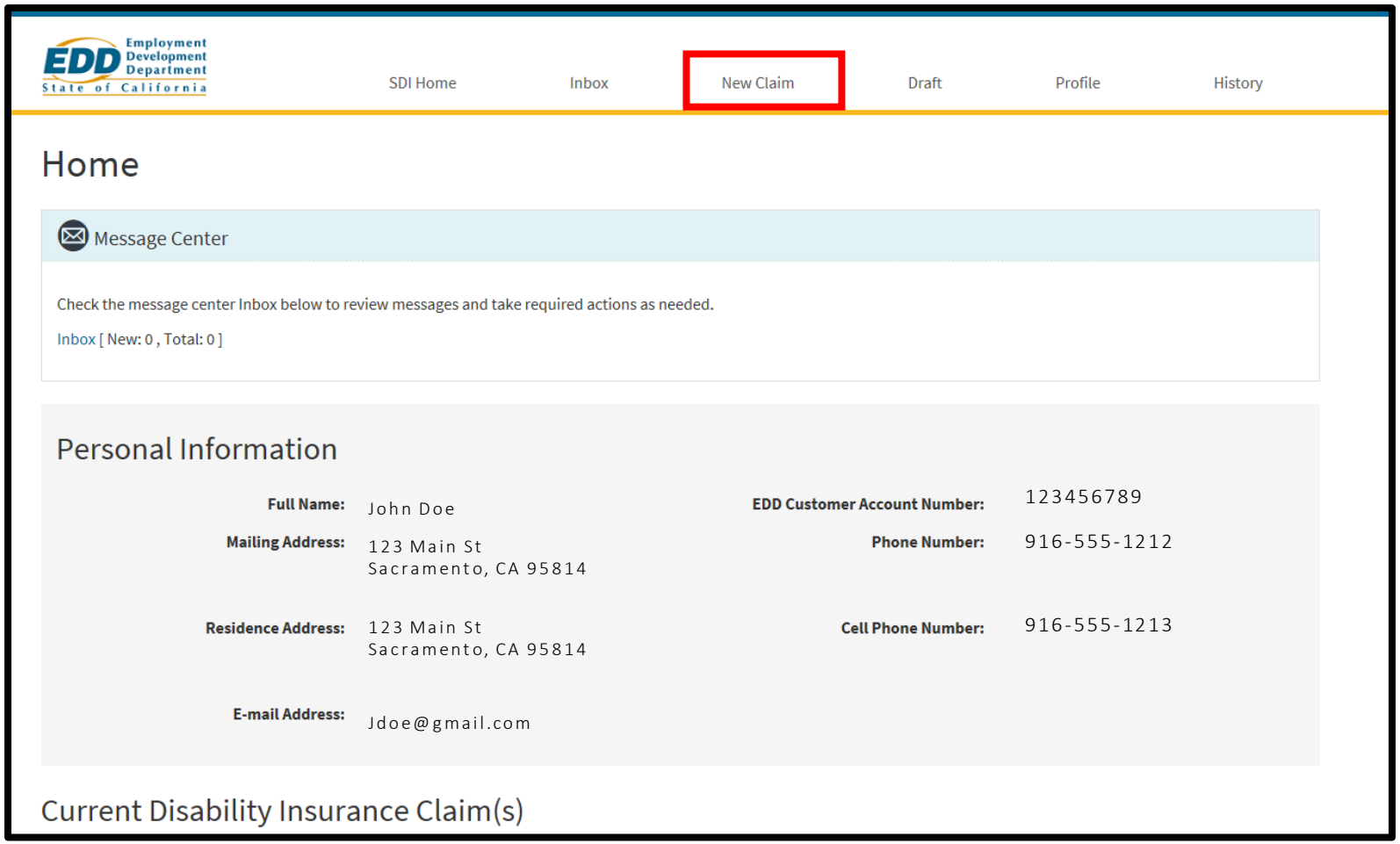
- To submit it online, select **Attach my Proof of Relationship** and follow the instructions. Review Submit Supporting Bonding Claim Documents for instructions.
- To submit by mail, send copies of your proof of relationship documents to the address on the screen. Do not mail originals. On each page include your nine-digit Social Security number, Receipt Number, and your requested claim start date.

Employment Development Department
State of California

Submit Supporting Bonding Claim Documents

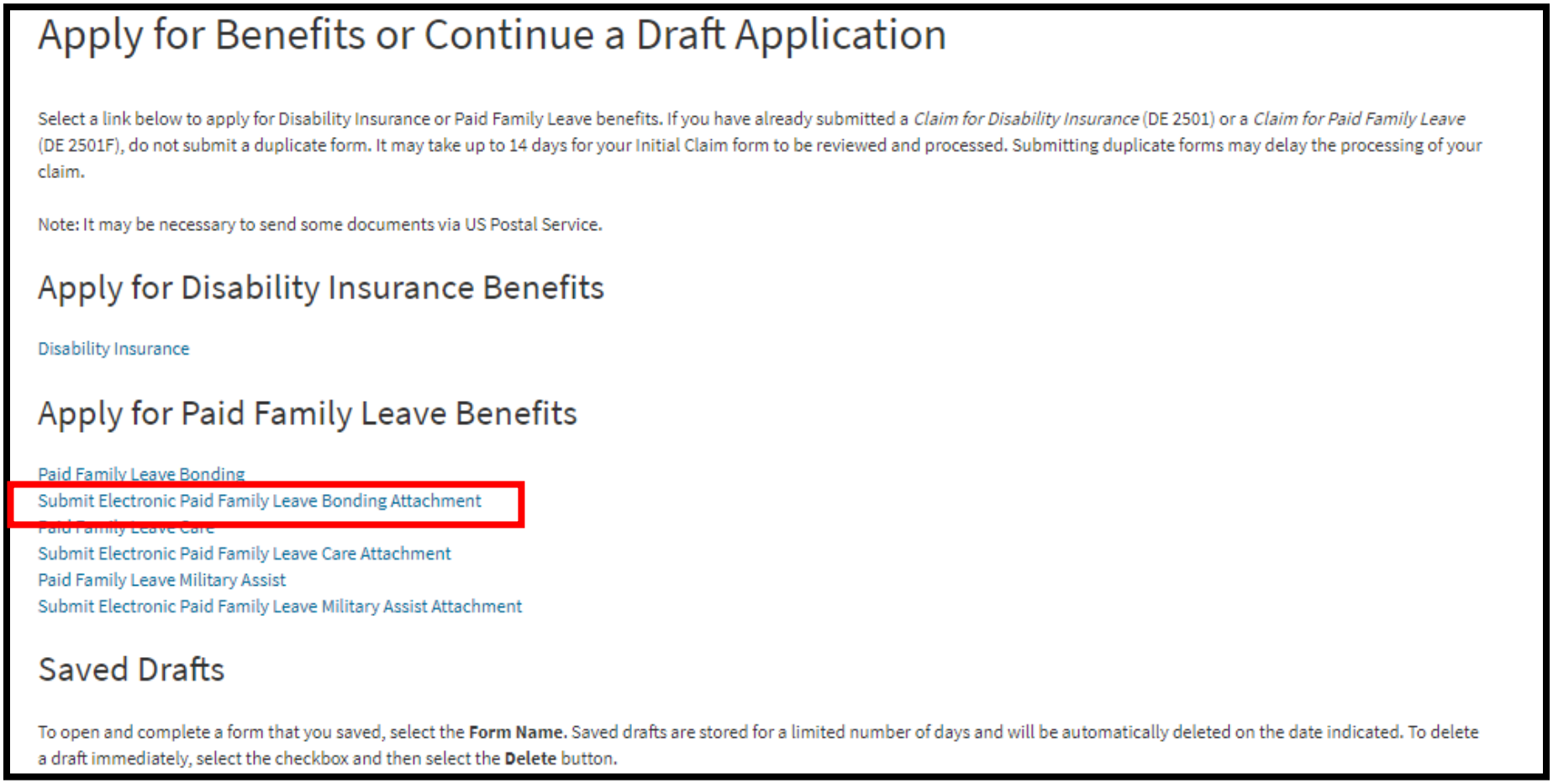
Learn more about how to submit your proof of relationship documents to complete your claim for bonding benefits.

Get Started

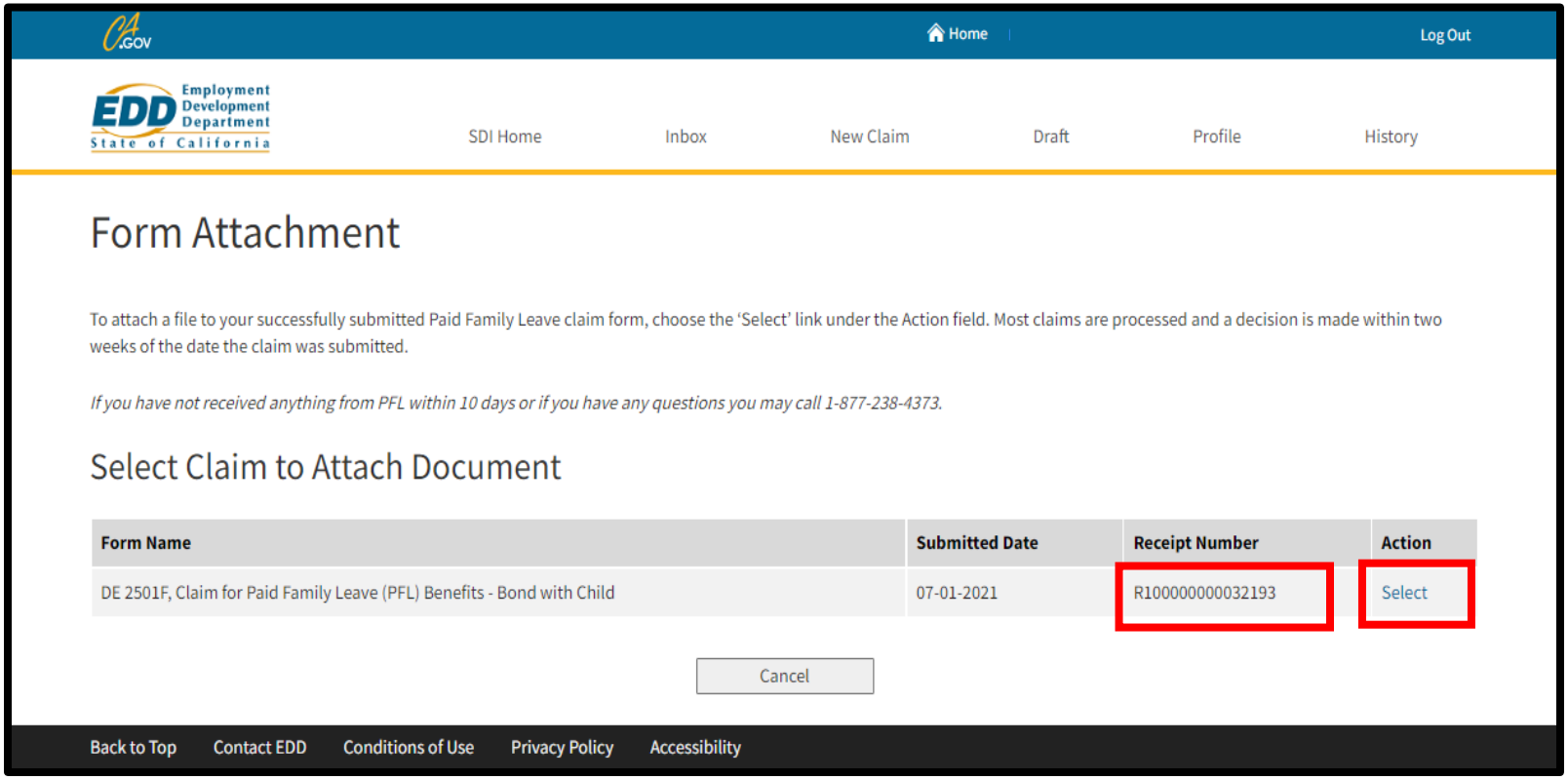


To submit your Proof of Relationship document or if you need to submit more than one document (e.g., birth certificates for twins or to resubmit a document):

- Select **New Claim** from the main menu.

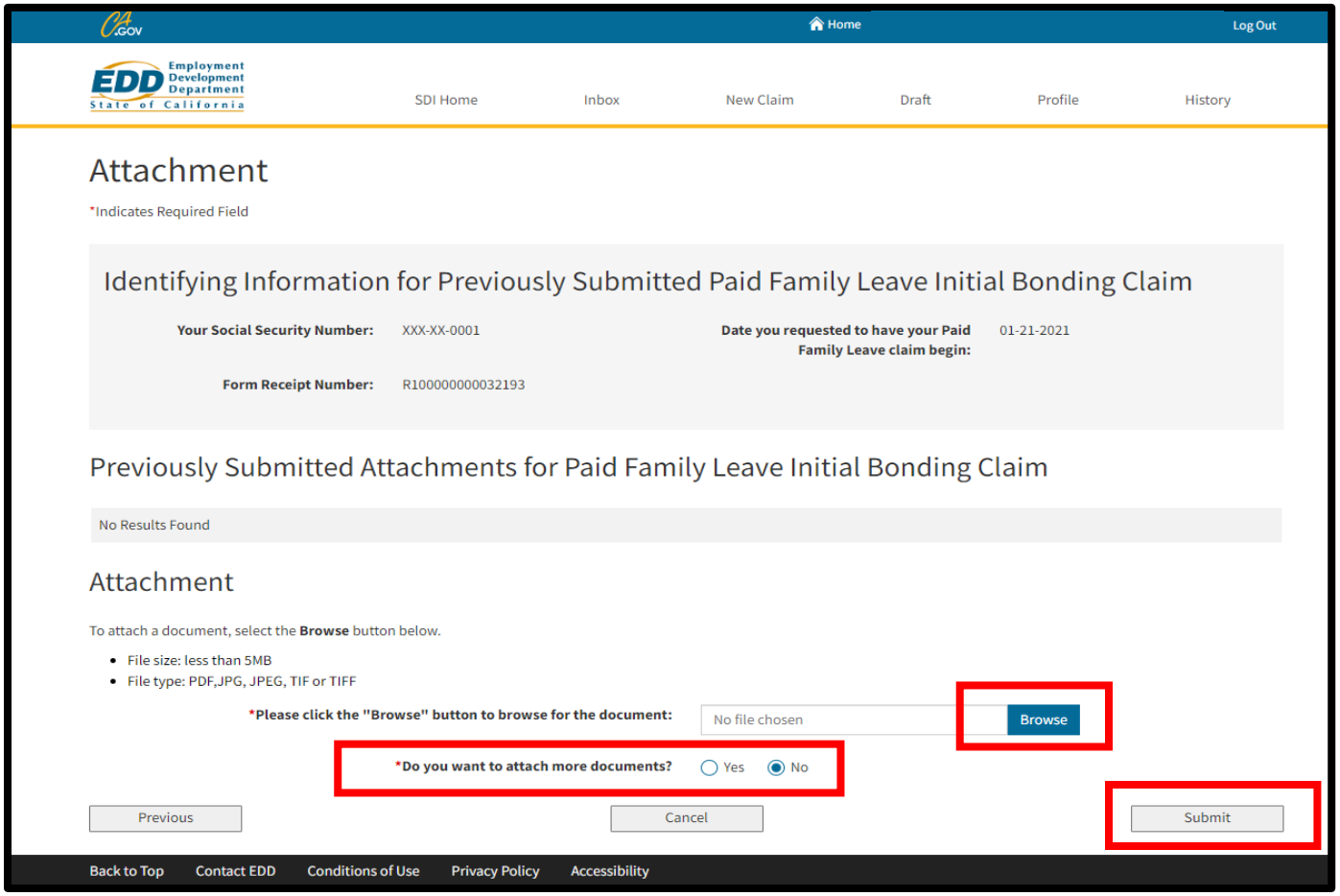


Select **Submit Electronic Paid Family Leave Bonding Attachment** under Apply for Paid Family Leave Benefits.



Make sure the Receipt Number matches the number you got when you submitted the online claim.

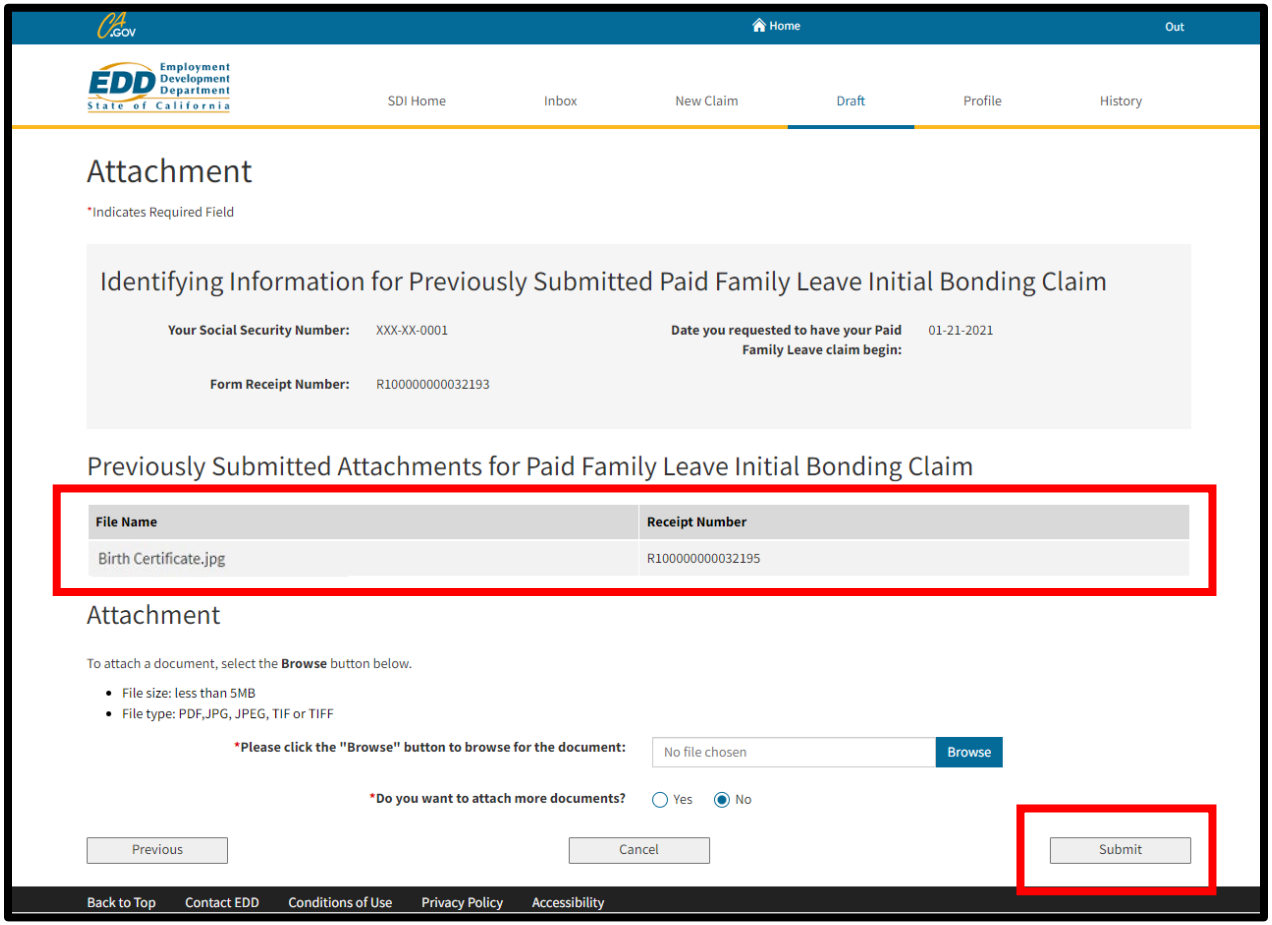
If it matches your claim, choose **Select** from the Action column to attach a document to your claim.



To upload a document, select **Browse**.

To upload more than one document, select **Yes** and then select **Browse**. After uploading one document, the system sends you back to the Attachment screen to continue uploading documents.

When you are done uploading, select **No** and then **Submit.**



The Attachment screen confirms that the attachment was uploaded.

Save the **Receipt Number** for future reference. Select **Submit**.

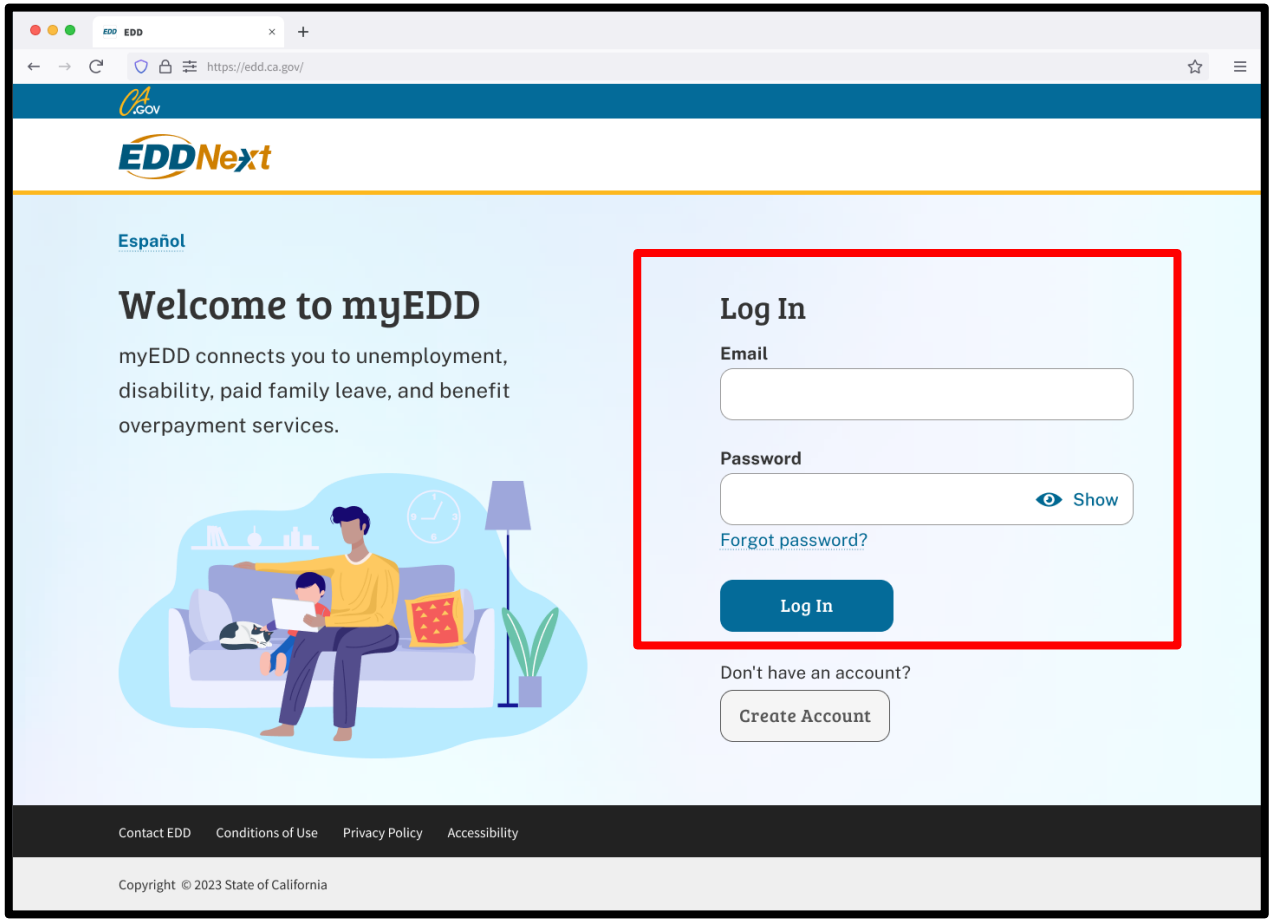
Your bonding claim is now complete. It can take up to 14 days to process your claim.

Employment Development Department
State of California

File a Care Claim

Learn more about how individuals providing care to a seriously ill or injured family member apply for care benefits.

Get Started

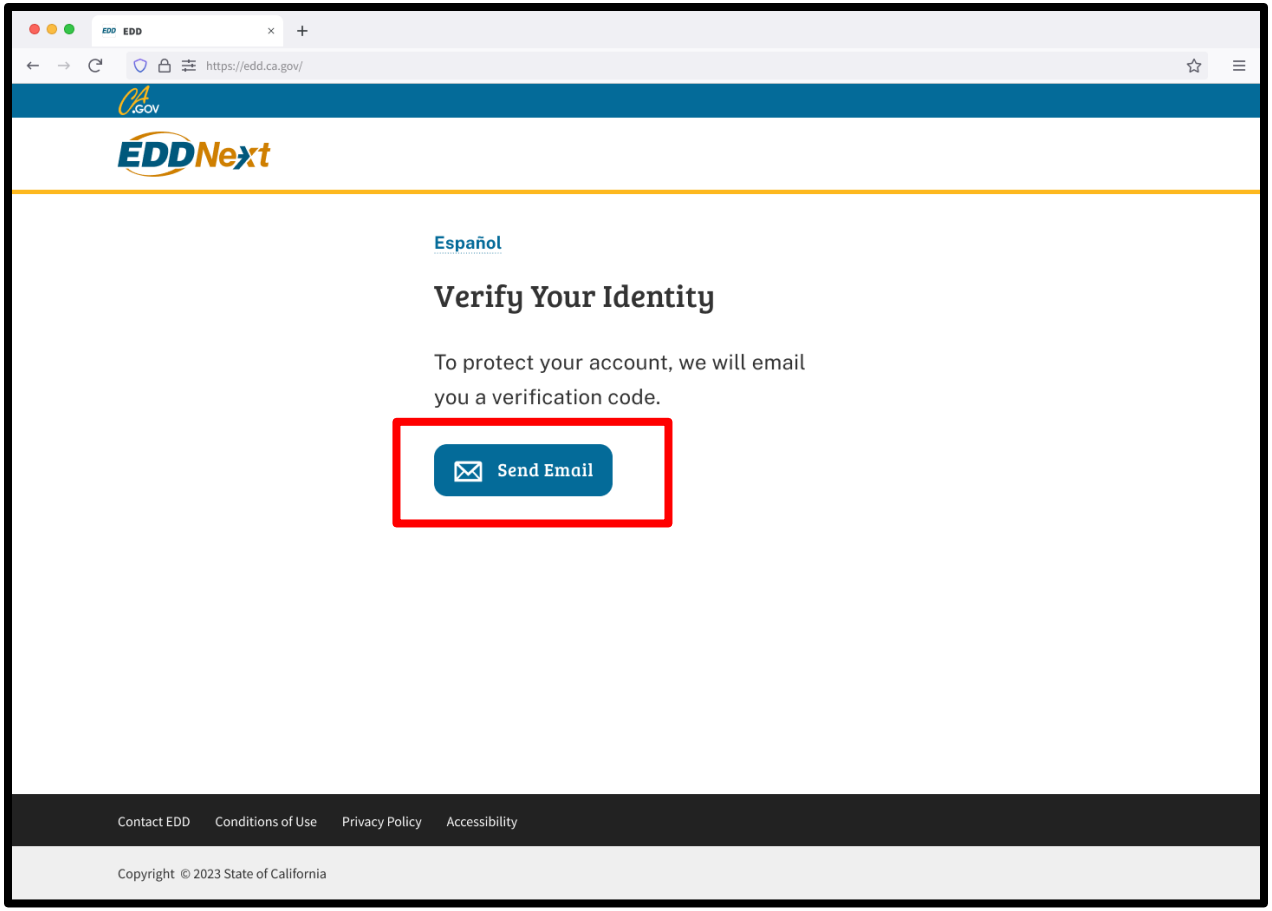


Note

For Spanish, select **Español**.

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

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



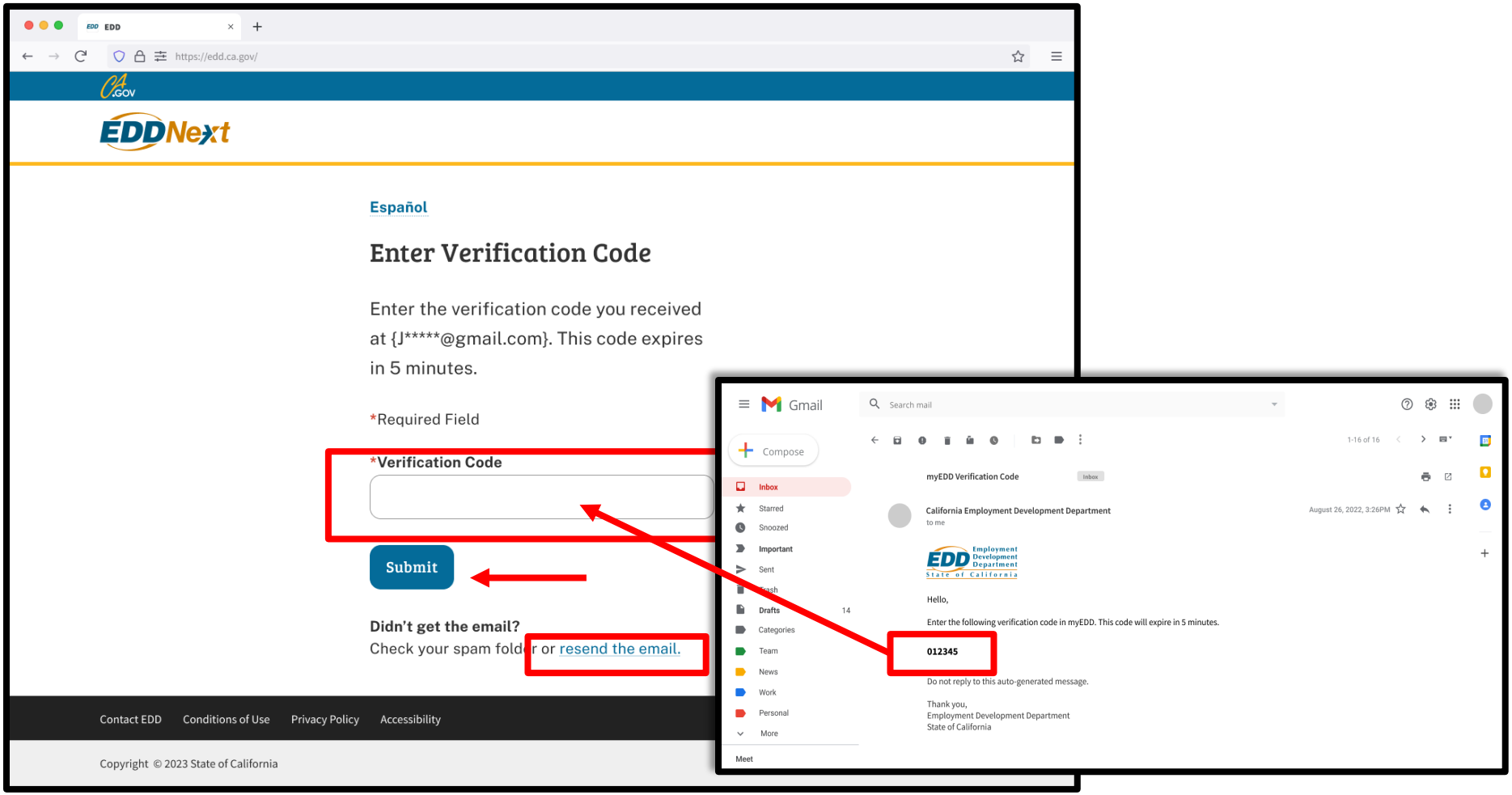
Note

You can verify your identity through email even if your preferred verification option is text or voice.

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.

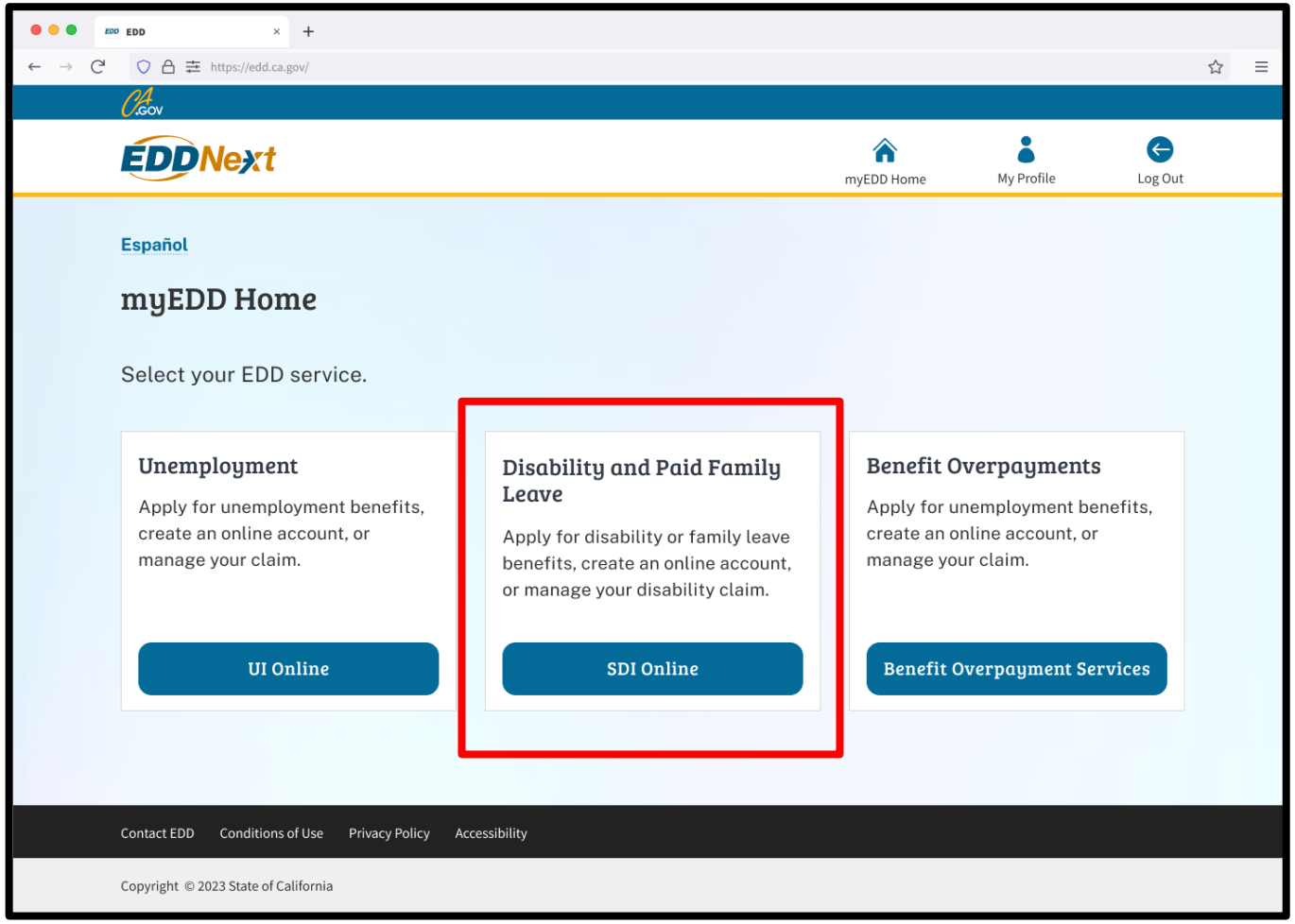
Select **Send Email**.

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.

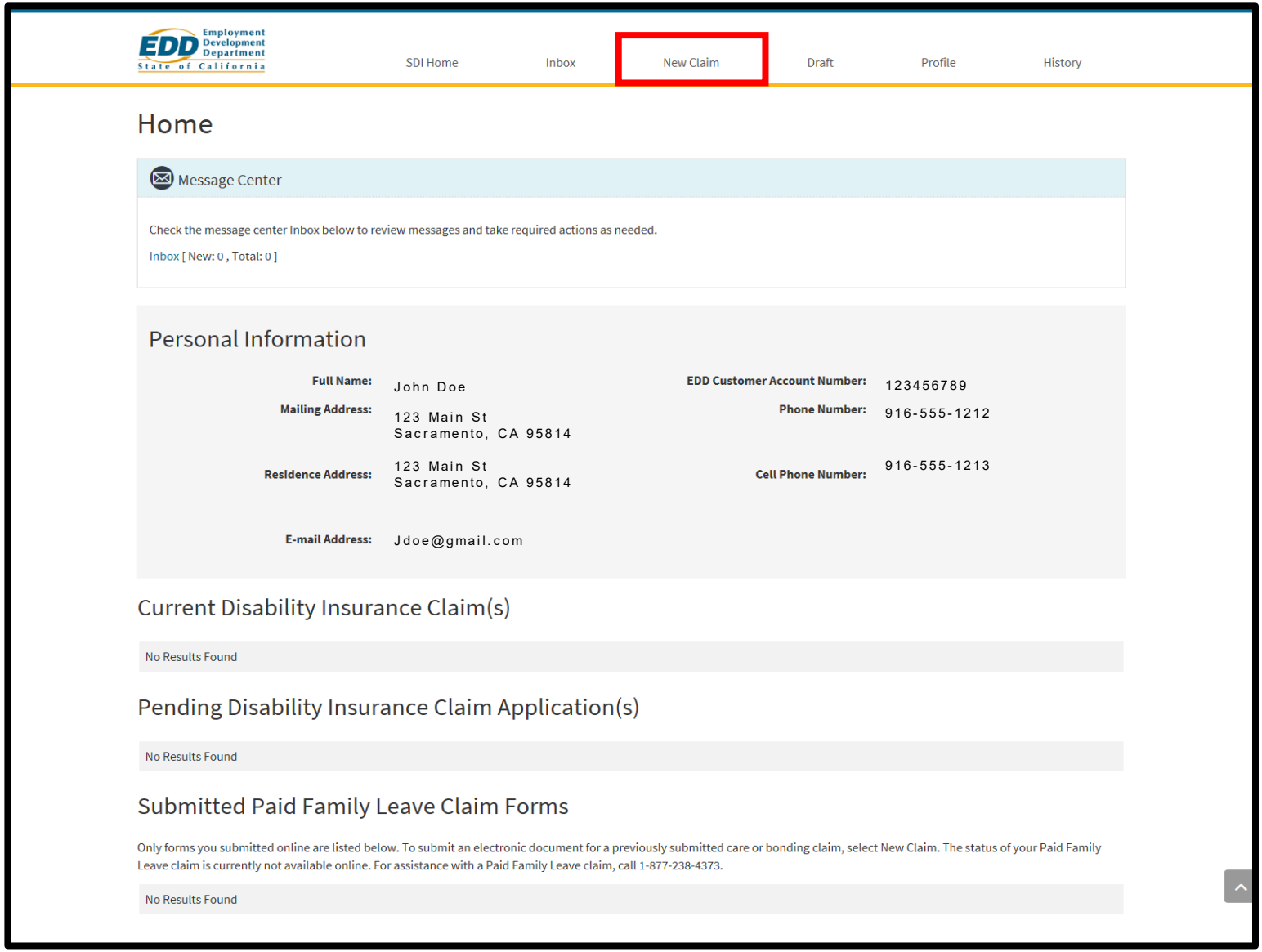
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



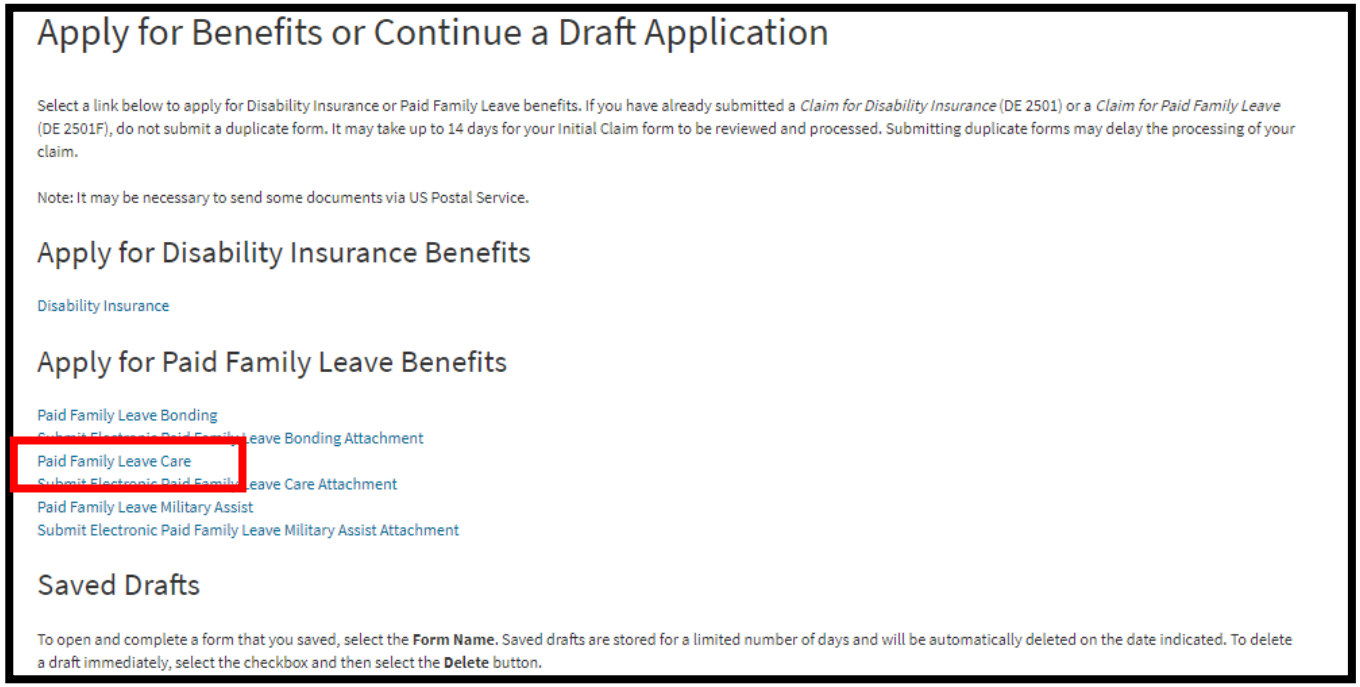
Note

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **SDI Online.**



Select **New Claim** from the main menu.



To apply for care benefits, select **Paid Family Leave Care** under Apply for Paid Family Leave Benefits.

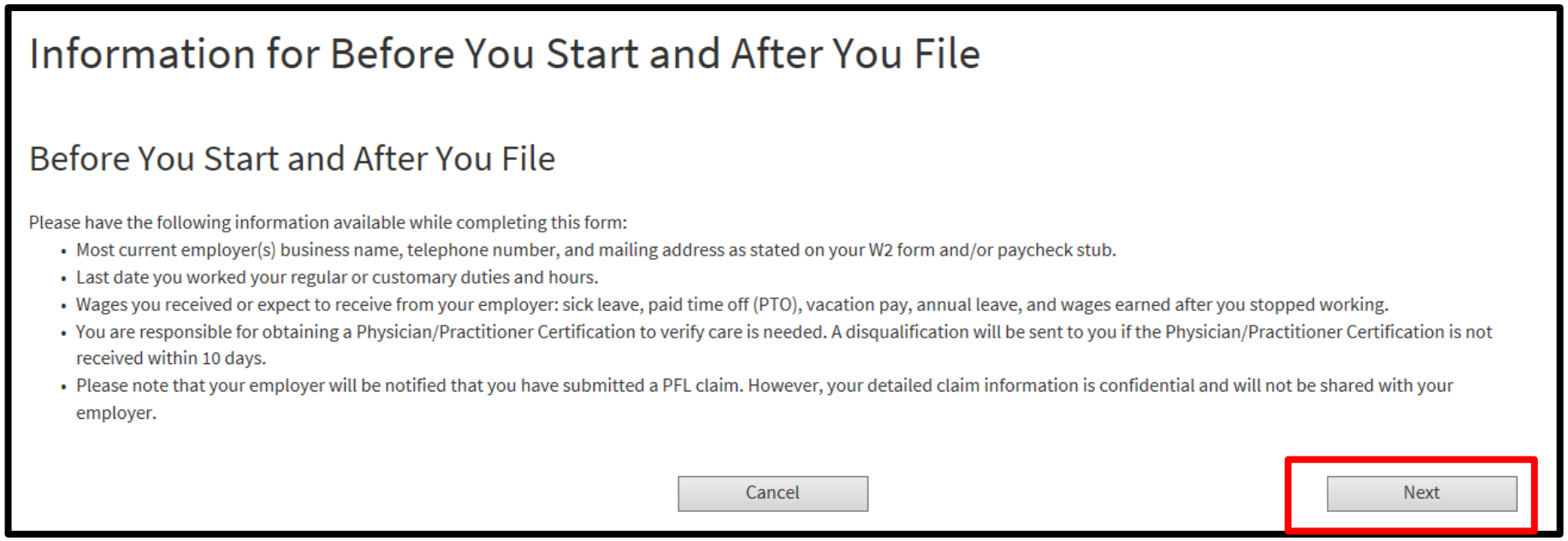
If you are unsure which application to complete, review Types of Claims.

Note

Submit your claim 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.

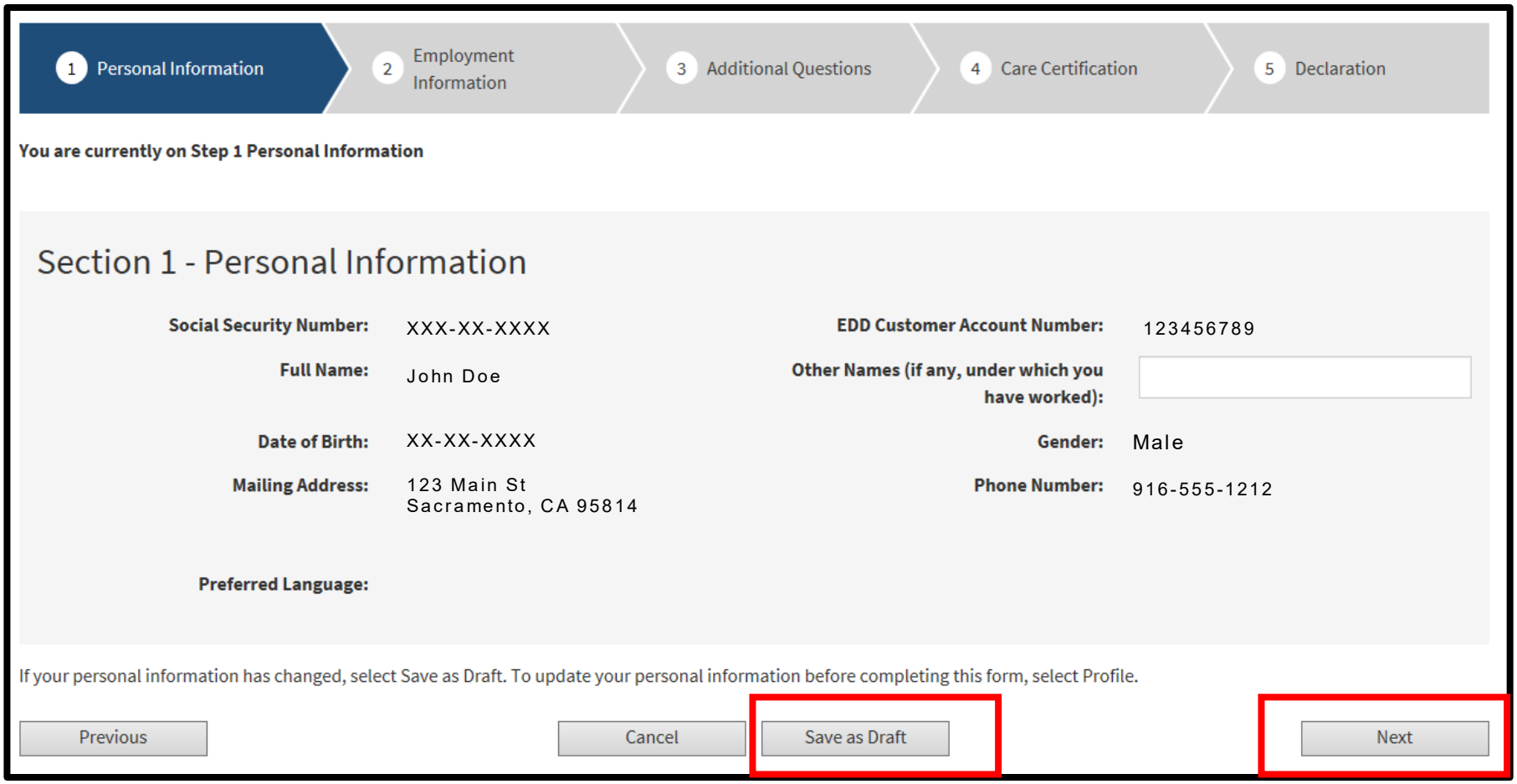
Important

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



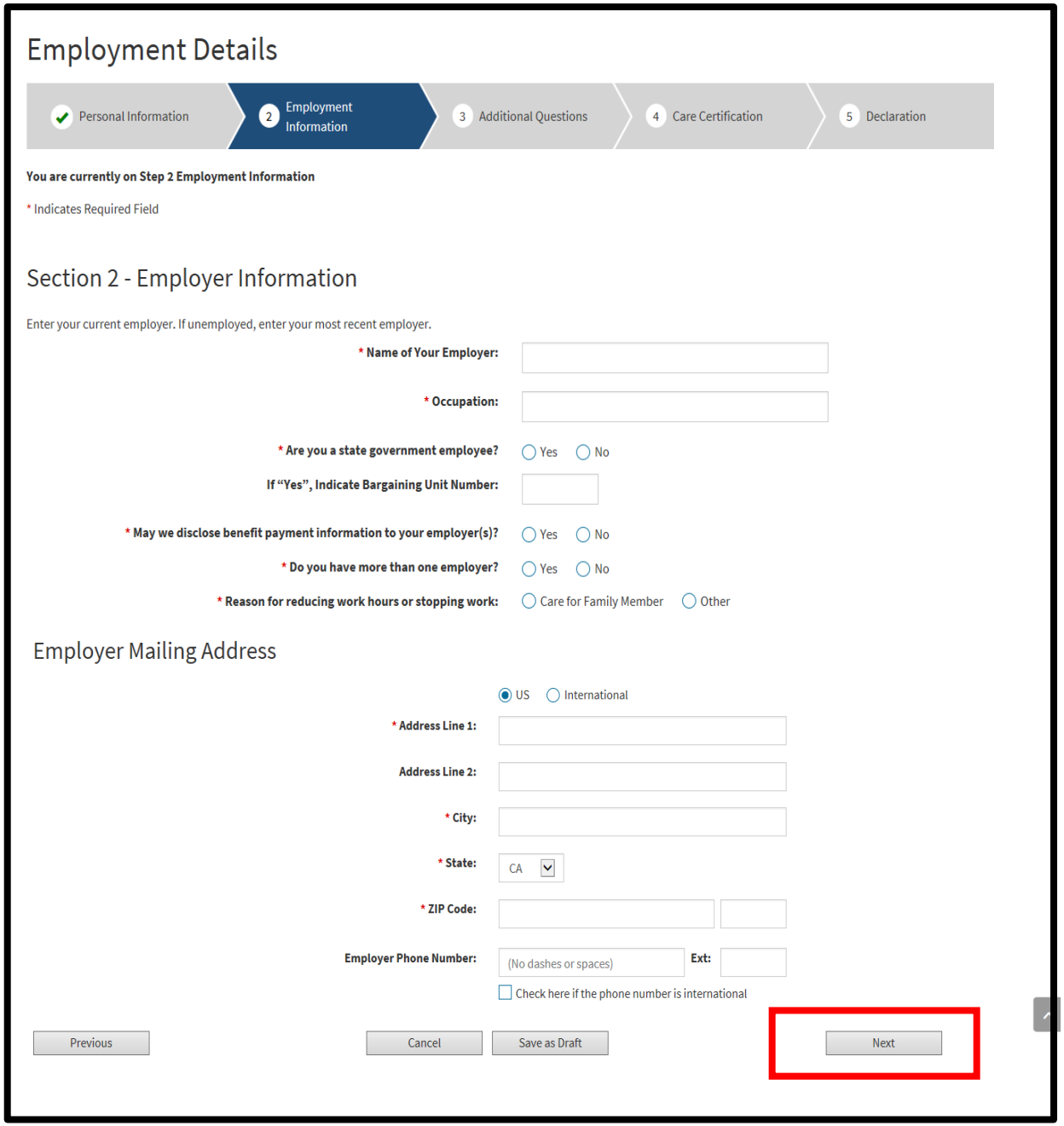
Review the Information for Before You Start and After You File. It has important information you need to file a care claim.

Select **Next.**



The system automatically fills certain portions of the claim form.

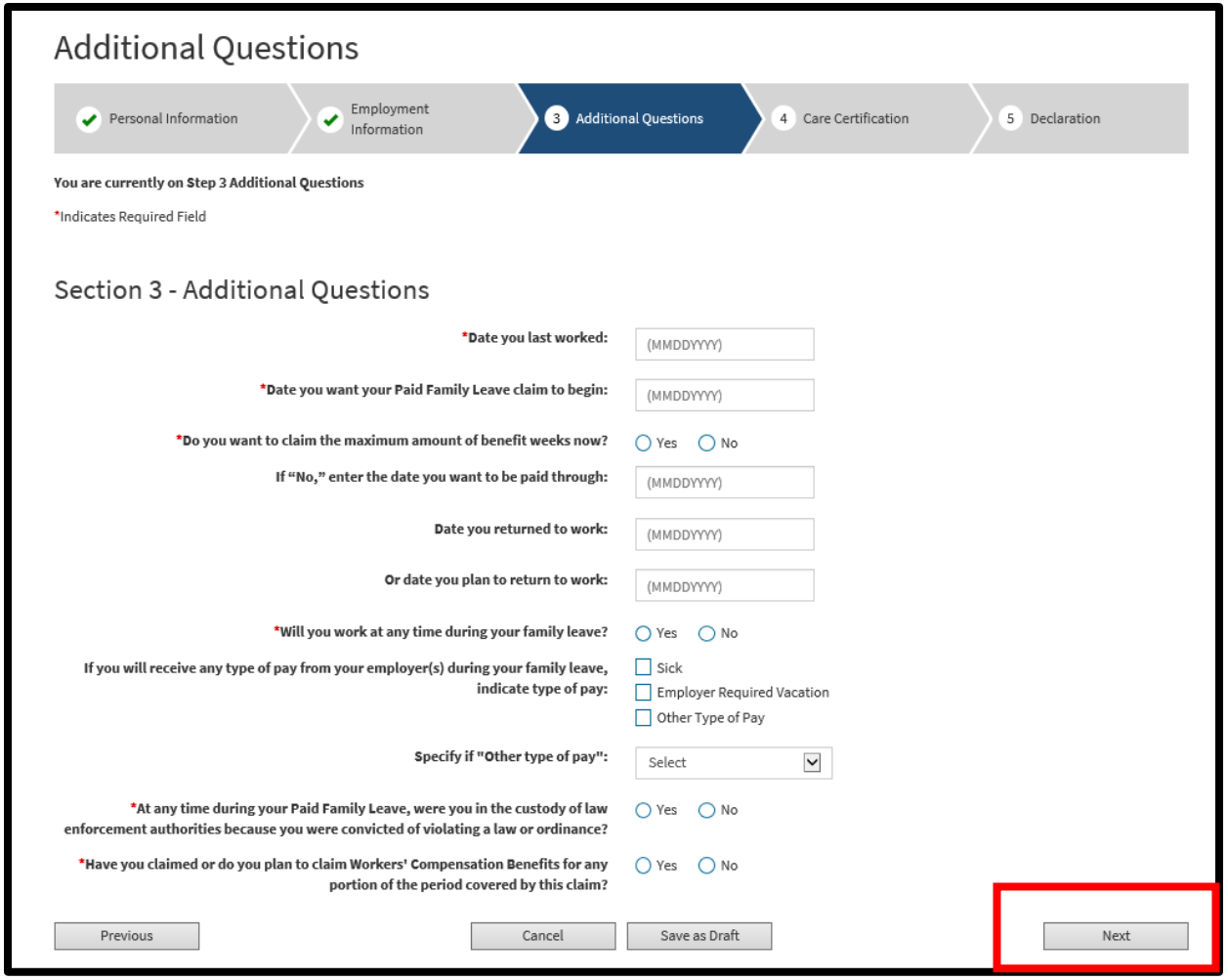
- Make sure the information is correct. If your personal information has changed, select **Save as Draft** and update your SDI Online profile.
- Select **Next** to continue.



Complete Section 2 - Employer Information with your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub. If you're unsure what address to enter, ask your employer.

You must complete the fields marked with a red asterisk (*).

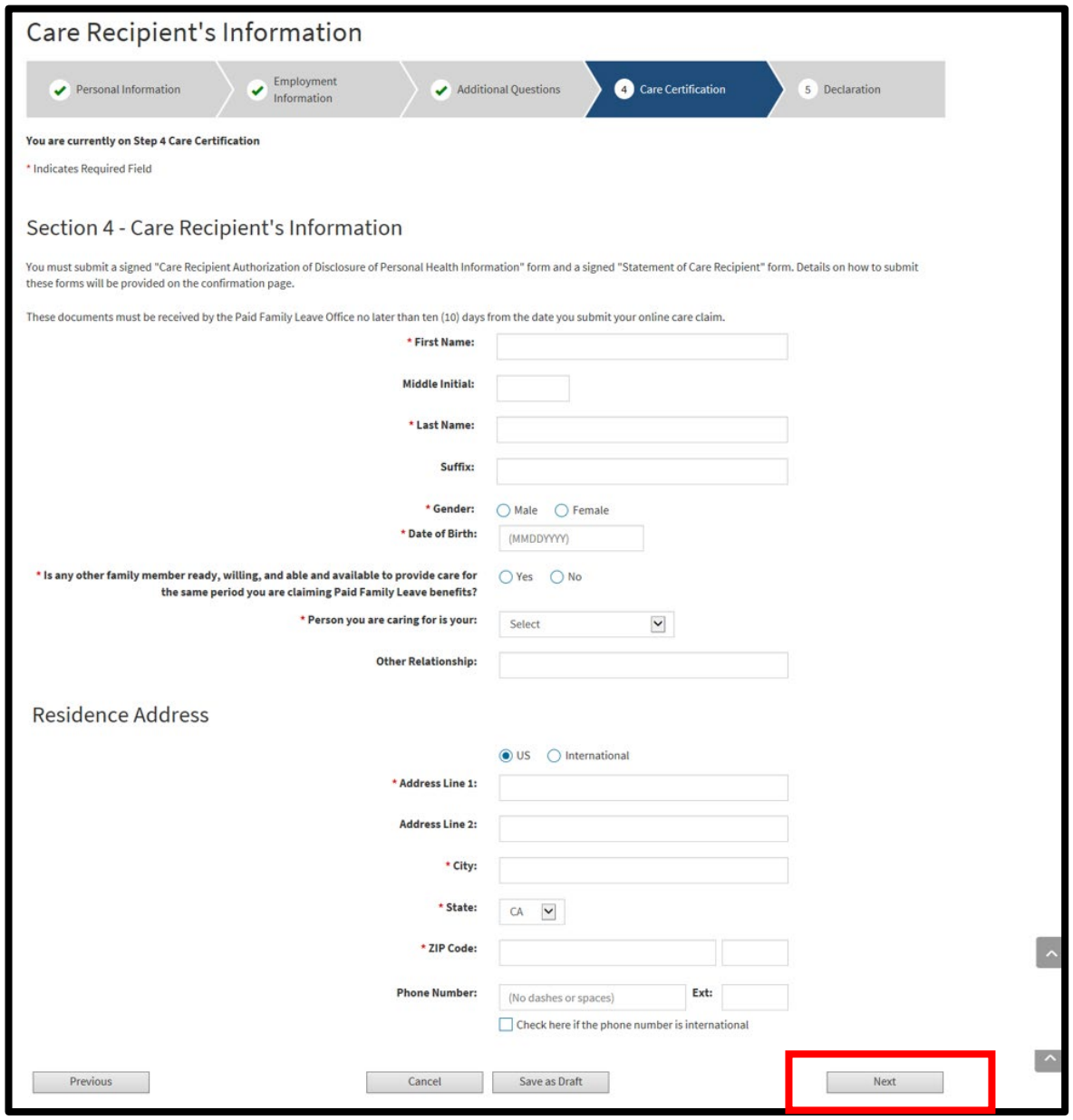
Select **Next** to continue.



Complete Section 3 - Additional Questions and confirm all dates are correct to avoid a delay or incorrect payment of benefits.

You must complete the fields marked with a red asterisk (*).

Select **Next**.

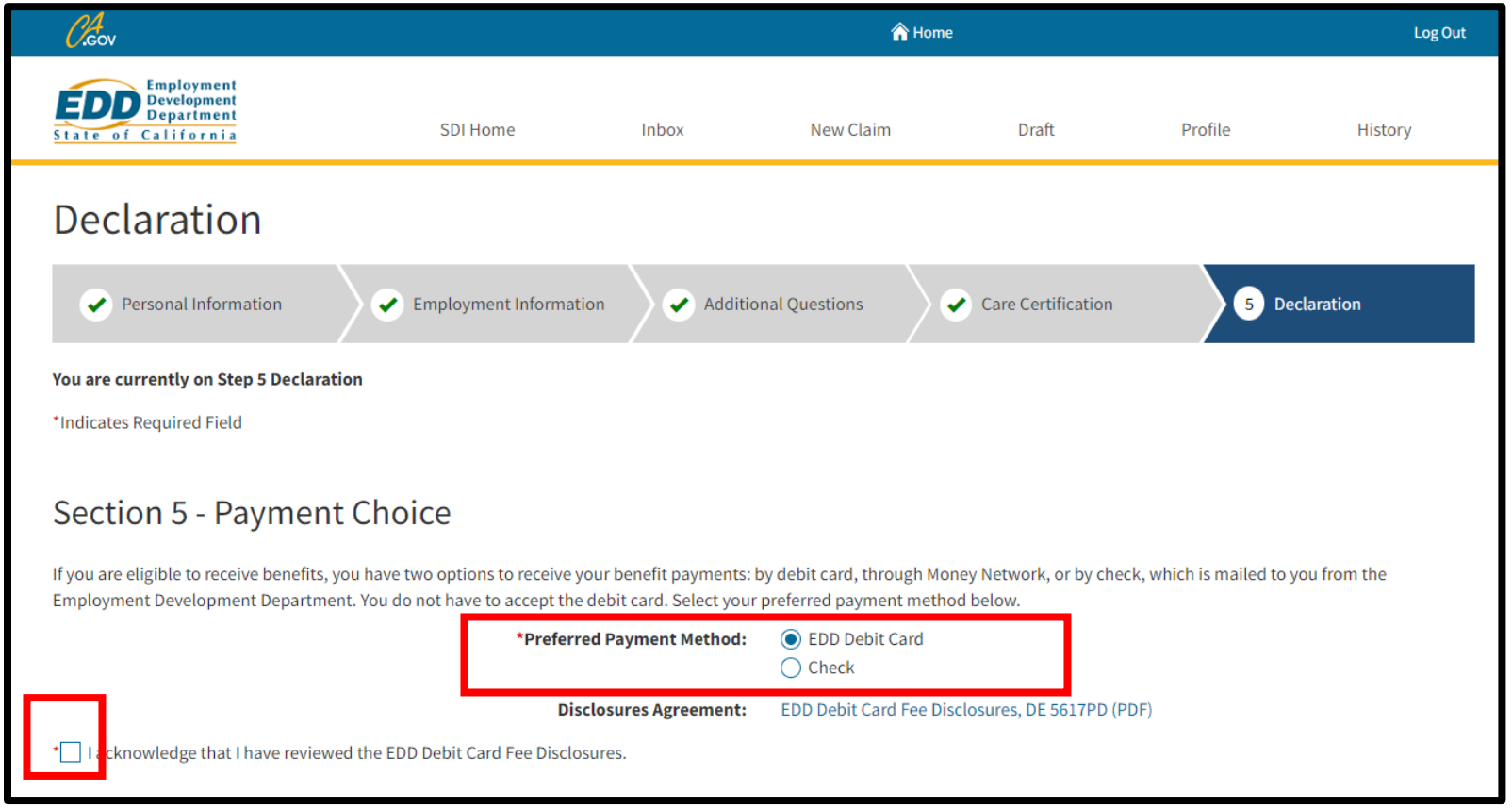


Complete Section 4 - Care Recipient's Information and Residence Address with information about the person you are caring for.

Details on how to submit a signed Statement of Care Recipient form are available on the Confirmation screen.

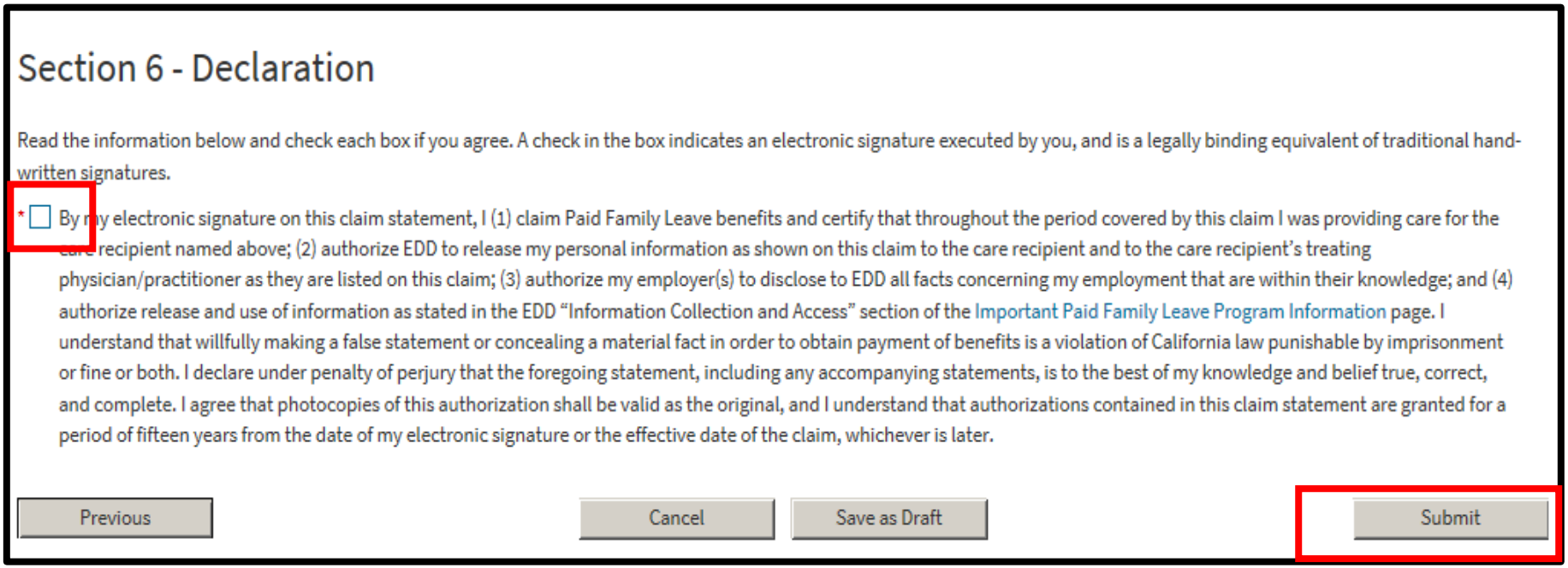
You must complete the fields marked with a red asterisk (*).

Select **Next**.



Complete Section 5 - Payment Choice to select how you want to get benefit payments from the options listed.

Select the **I acknowledge** box to confirm you have reviewed the disclosures.



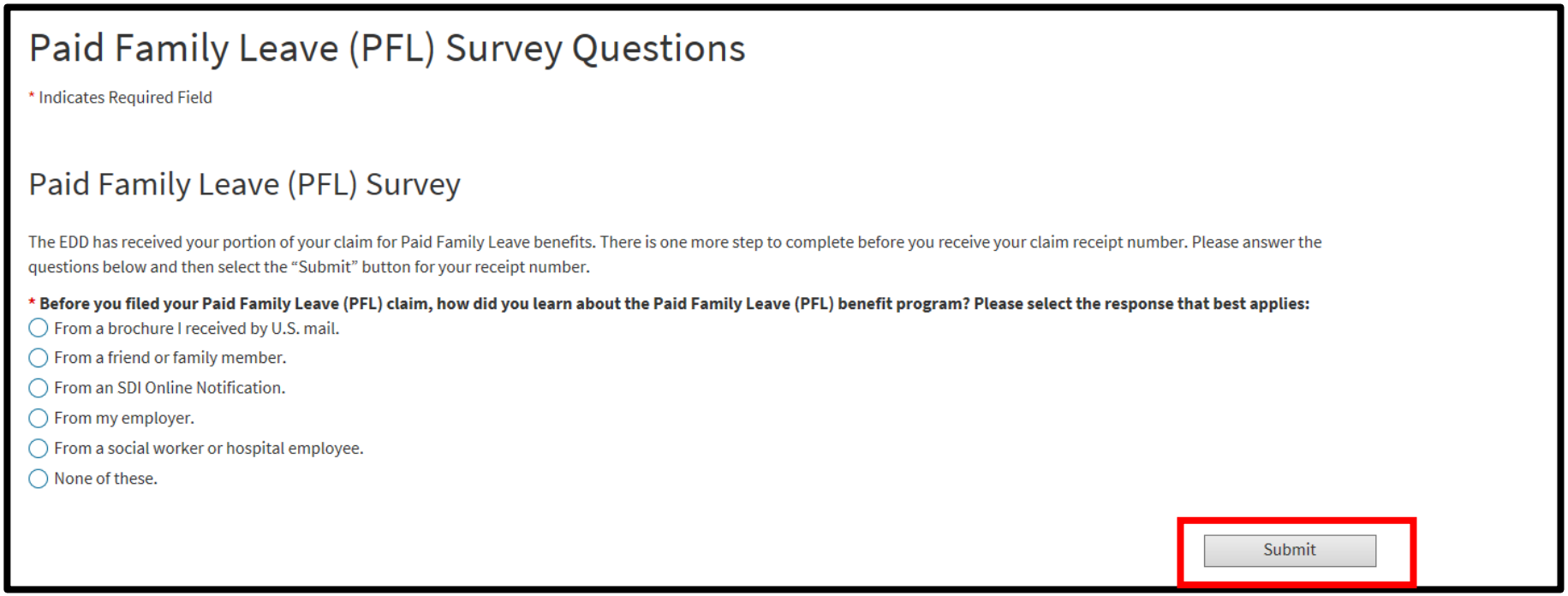
In Section 6 – Declaration, select the box to authorize an electronic signature. You must select this box to complete your claim.

Note: You cannot modify the form after you select Submit.

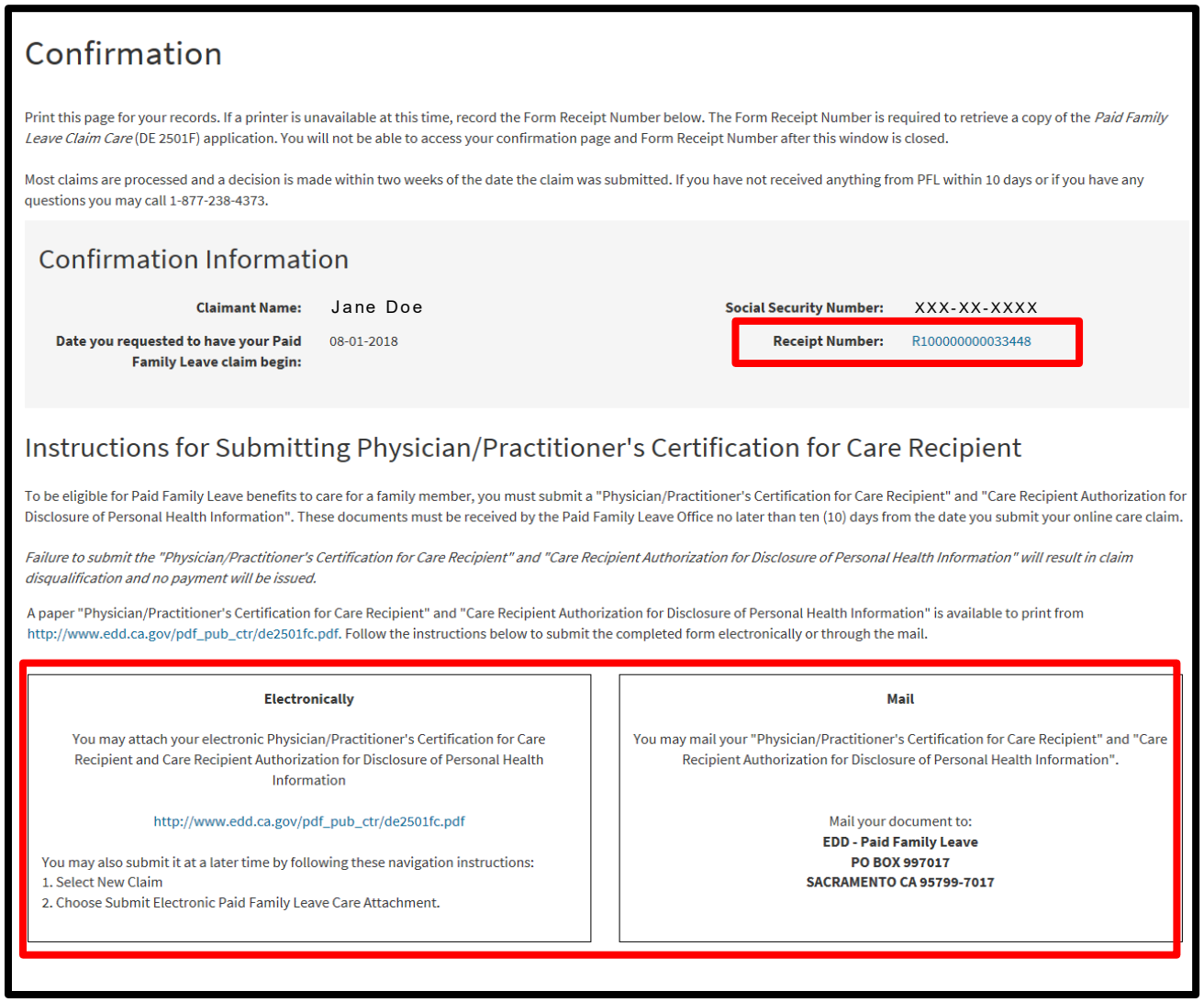
Select **Submit** to send the online portion of your claim to us.

Important

Your claim is not complete. The Confirmation screen provides instructions to submit the Statement of Care Recipient and the Physician's/Practitioner's Certification sections of the *Claim for Paid Family Leave (PFL) Care Benefits* (DE 2501FC).



Complete the survey and select **Submit**.



Confirmation

Print this page for your records. If a printer is unavailable at this time, record the Form Receipt Number below. The Form Receipt Number is required to retrieve a copy of the *Paid Family Leave Claim Care* (DE 2501F) application. You will not be able to access your confirmation page and Form Receipt Number after this window is closed.

Most claims are processed and a decision is made within two weeks of the date the claim was submitted. If you have not received anything from PFL within 10 days or if you have any questions you may call 1-877-238-4373.

Confirmation Information

Claimant Name: Jane Doe

Social Security Number: XXX-XX-XXXX

Date you requested to have your Paid Family Leave claim begin: 08-01-2018

Receipt Number: R100000000033448

Instructions for Submitting Physician/Practitioner's Certification for Care Recipient

To be eligible for Paid Family Leave benefits to care for a family member, you must submit a "Physician/Practitioner's Certification for Care Recipient" and "Care Recipient Authorization for Disclosure of Personal Health Information". These documents must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online care claim.

Failure to submit the "Physician/Practitioner's Certification for Care Recipient" and "Care Recipient Authorization for Disclosure of Personal Health Information" will result in claim disqualification and no payment will be issued.

A paper "Physician/Practitioner's Certification for Care Recipient" and "Care Recipient Authorization for Disclosure of Personal Health Information" is available to print from http://www.edd.ca.gov/pdf_pub_ctr/de2501fc.pdf. Follow the instructions below to submit the completed form electronically or through the mail.

Electronically

You may attach your electronic Physician/Practitioner's Certification for Care Recipient and Care Recipient Authorization for Disclosure of Personal Health Information

http://www.edd.ca.gov/pdf_pub_ctr/de2501fc.pdf

You may also submit it at a later time by following these navigation instructions:
1. Select New Claim
2. Choose Submit Electronic Paid Family Leave Care Attachment.

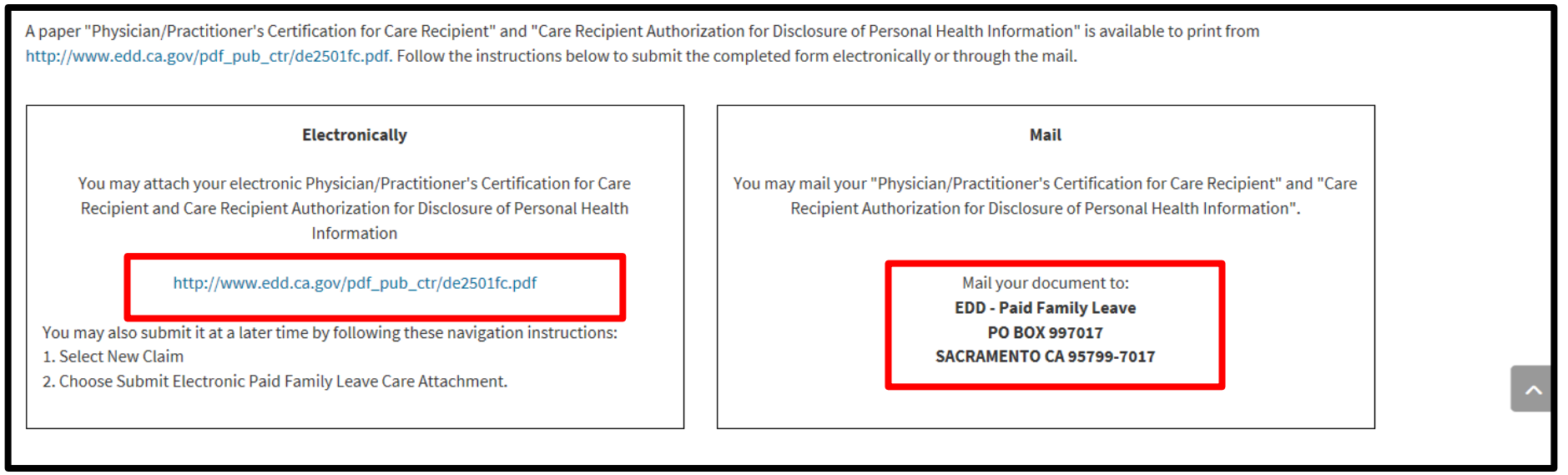
Mail

You may mail your "Physician/Practitioner's Certification for Care Recipient" and "Care Recipient Authorization for Disclosure of Personal Health Information".

Mail your document to:
EDD - Paid Family Leave
PO BOX 997017
SACRAMENTO CA 95799-7017

We assign your claim a **Receipt Number** on the Confirmation screen.

Save the **Receipt Number** for future reference**.** You need this number to upload the supporting documentation to the correct online claim.


A paper "Physician/Practitioner's Certification for Care Recipient" and "Care Recipient Authorization for Disclosure of Personal Health Information" is available to print from http://www.edd.ca.gov/pdf_pub_ctr/de2501fc.pdf. Follow the instructions below to submit the completed form electronically or through the mail.

Electronically

You may attach your electronic Physician/Practitioner's Certification for Care Recipient and Care Recipient Authorization for Disclosure of Personal Health Information

http://www.edd.ca.gov/pdf_pub_ctr/de2501fc.pdf

You may also submit it at a later time by following these navigation instructions:
1. Select New Claim
2. Choose Submit Electronic Paid Family Leave Care Attachment.

Mail

You may mail your "Physician/Practitioner's Certification for Care Recipient" and "Care Recipient Authorization for Disclosure of Personal Health Information".

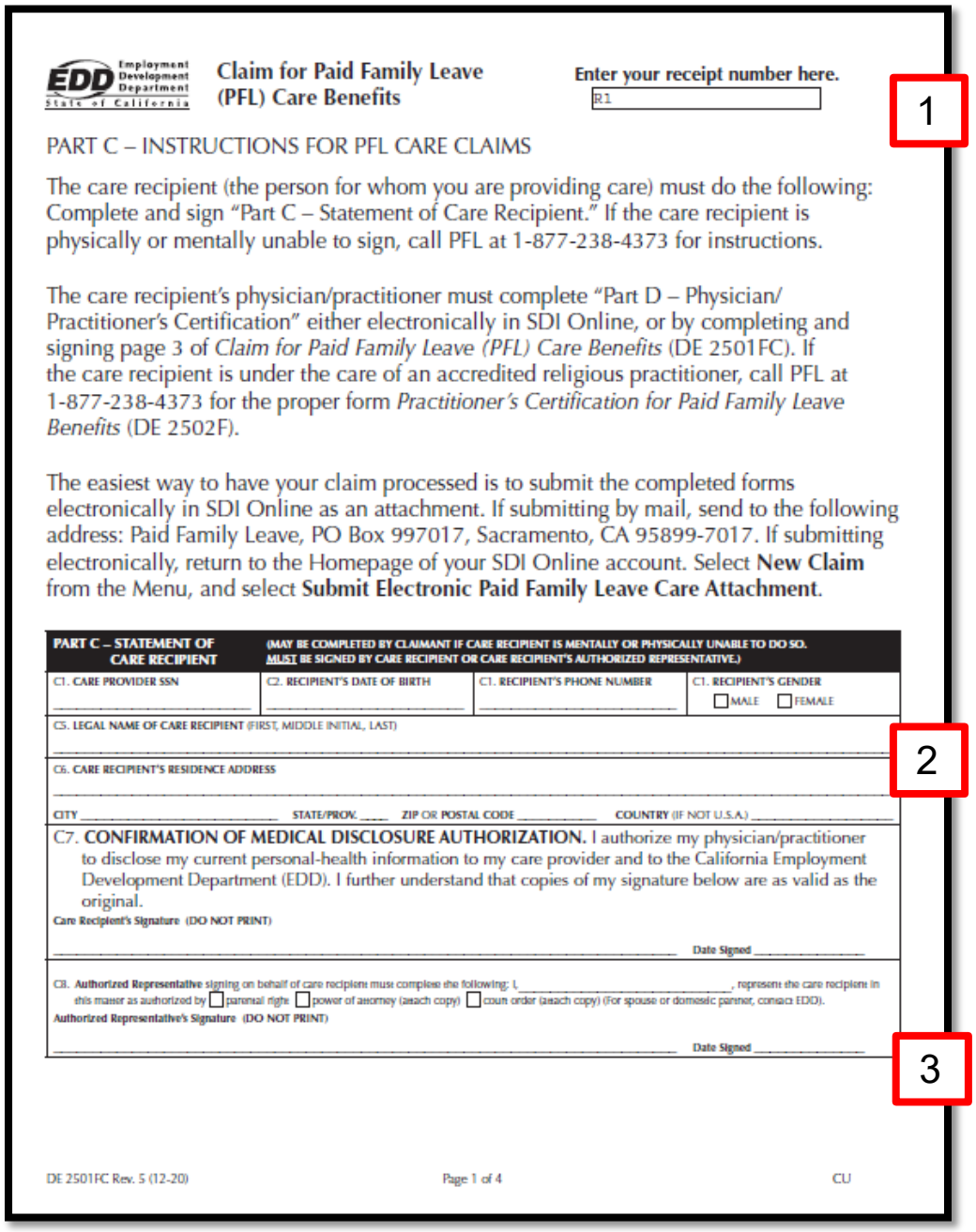
Mail your document to:
EDD - Paid Family Leave
PO BOX 997017
SACRAMENTO CA 95799-7017

On the Confirmation screen, select the link and print the *Claim for Paid Family Leave (PFL) Care Benefits* (DE 2501FC) form. It is your responsibility to make sure this form is completed and signed by all parties and sent to us within 10 days.

- To send the DE 2501FC online, save it to your computer as a PDF, JPG, JPEG, TIF, or TIFF file.
- Or you can mail it to the address on the screen.

Note

You can print the DE 2501FC in English and Spanish from Paid Family Leave Forms and Publications.



Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Care Benefits

Enter your receipt number here.
R1

1

PART C – INSTRUCTIONS FOR PFL CARE CLAIMS

The care recipient (the person for whom you are providing care) must do the following: Complete and sign "Part C – Statement of Care Recipient." If the care recipient is physically or mentally unable to sign, call PFL at 1-877-238-4373 for instructions.

The care recipient's physician/practitioner must complete "Part D – Physician/ Practitioner's Certification" either electronically in SDI Online, or by completing and signing page 3 of *Claim for Paid Family Leave (PFL) Care Benefits* (DE 2501FC). If the care recipient is under the care of an accredited religious practitioner, call PFL at 1-877-238-4373 for the proper form *Practitioner's Certification for Paid Family Leave Benefits* (DE 2502F).

The easiest way to have your claim processed is to submit the completed forms electronically in SDI Online as an attachment. If submitting by mail, send to the following address: Paid Family Leave, PO Box 997017, Sacramento, CA 95899-7017. If submitting electronically, return to the Homepage of your SDI Online account. Select **New Claim** from the Menu, and select **Submit Electronic Paid Family Leave Care Attachment**.

PART C – STATEMENT OF CARE RECIPIENT (MAY BE COMPLETED BY CLAIMANT IF CARE RECIPIENT IS MENTALLY OR PHYSICALLY UNABLE TO DO SO. MUST BE SIGNED BY CARE RECIPIENT OR CARE RECIPIENT'S AUTHORIZED REPRESENTATIVE.)

C1. CARE PROVIDER SSN | C2. RECIPIENT'S DATE OF BIRTH | C3. RECIPIENT'S PHONE NUMBER | C4. RECIPIENT'S GENDER ☐ MALE ☐ FEMALE

C5. LEGAL NAME OF CARE RECIPIENT (FIRST, MIDDLE INITIAL, LAST)

2

C6. CARE RECIPIENT'S RESIDENCE ADDRESS

CITY _____ STATE/PROV. _____ ZIP OR POSTAL CODE _____ COUNTRY (IF NOT U.S.A.) _____

C7. **CONFIRMATION OF MEDICAL DISCLOSURE AUTHORIZATION.** I authorize my physician/practitioner to disclose my current personal-health information to my care provider and to the California Employment Development Department (EDD). I further understand that copies of my signature below are as valid as the original.

Care Recipient's Signature (DO NOT PRINT)

Date Signed _____

C8. **Authorized Representative** signing on behalf of care recipient must complete the following: I, _____, represent the care recipient in this matter as authorized by ☐ parental right ☐ power of attorney (attach copy) ☐ court order (attach copy) (For spouse or domestic partner, contact EDD).

Authorized Representative's Signature (DO NOT PRINT)

Date Signed _____

3

DE 2501FC Rev. 5 (12-20) Page 1 of 4 CU

Claim for Paid Family Leave (PFL) Care Benefits (DE 2501FC)

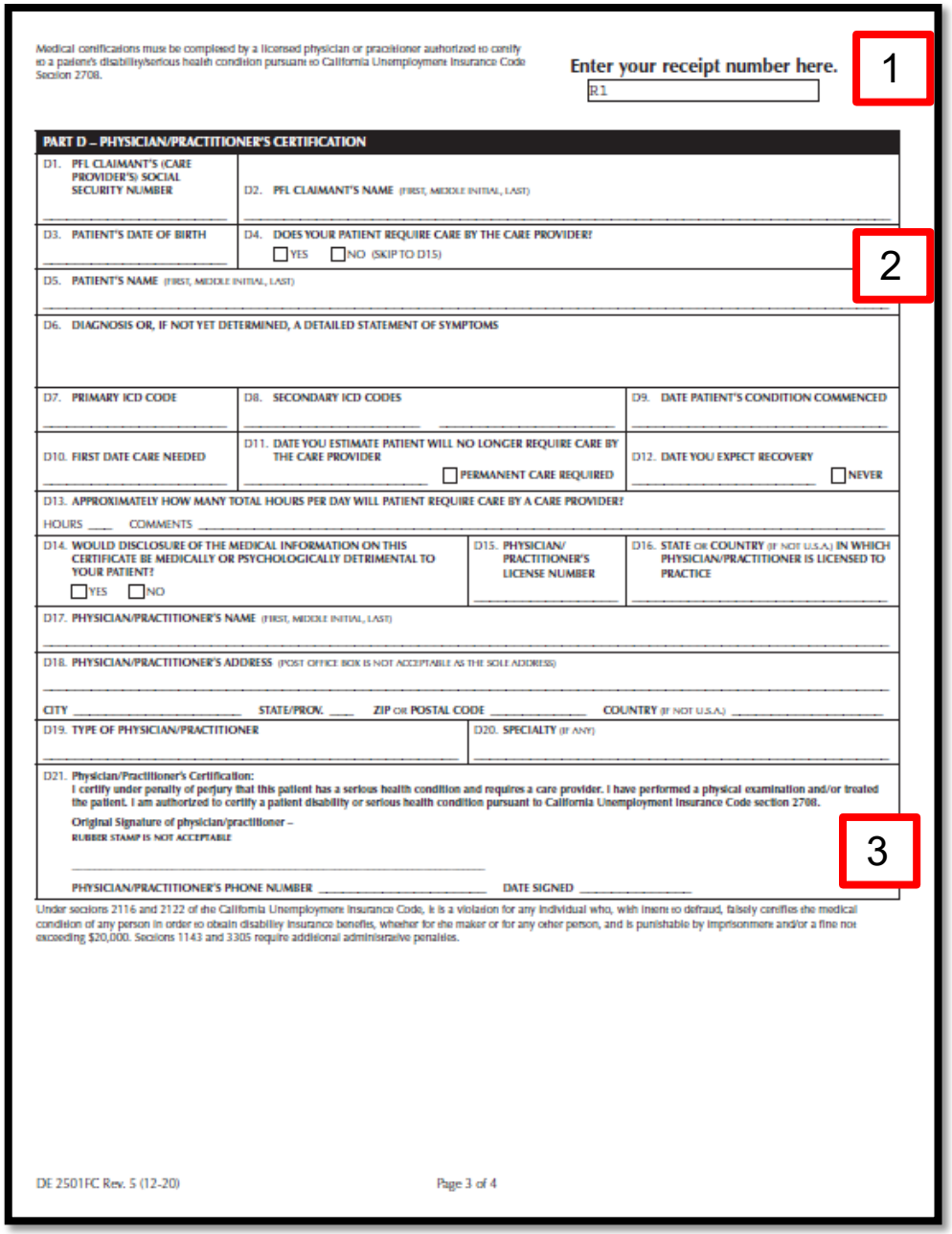
Page 1 is the Statement of Care Recipient, Part C.

To avoid delays:

1. Enter the **Receipt Number** of your claim in the top right corner.
2. Make sure you answer all questions.
3. The care recipient or their authorized representative must sign and date the bottom of this page.

Note

Page 2 is left blank intentionally and not shown in this tutorial.



Medical certifications must be completed by a licensed physician or practitioner authorized to certify to a patient's disability/serious health condition pursuant to California Unemployment Insurance Code Section 2708.

Enter your receipt number here.
R1

1

PART D – PHYSICIAN/PRACTITIONER'S CERTIFICATION

D1. PFL CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER

D2. PFL CLAIMANT'S NAME (FIRST, MIDDLE INITIAL, LAST)

D3. PATIENT'S DATE OF BIRTH

D4. DOES YOUR PATIENT REQUIRE CARE BY THE CARE PROVIDER? ☐ YES ☐ NO (SKIP TO D15)

2

D5. PATIENT'S NAME (FIRST, MIDDLE INITIAL, LAST)

D6. DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS

D7. PRIMARY ICD CODE

D8. SECONDARY ICD CODES

D9. DATE PATIENT'S CONDITION COMMENCED

D10. FIRST DATE CARE NEEDED

D11. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CARE PROVIDER ☐ PERMANENT CARE REQUIRED

D12. DATE YOU EXPECT RECOVERY ☐ NEVER

D13. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CARE BY A CARE PROVIDER?
HOURS ____ COMMENTS

D14. WOULD DISCLOSURE OF THE MEDICAL INFORMATION ON THIS CERTIFICATE BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? ☐ YES ☐ NO

D15. PHYSICIAN/ PRACTITIONER'S LICENSE NUMBER

D16. STATE OR COUNTRY (IF NOT U.S.A.) IN WHICH PHYSICIAN/PRACTITIONER IS LICENSED TO PRACTICE

D17. PHYSICIAN/PRACTITIONER'S NAME (FIRST, MIDDLE INITIAL, LAST)

D18. PHYSICIAN/PRACTITIONER'S ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE AS THE SOLE ADDRESS)
CITY ____ STATE/PROV. ____ ZIP OR POSTAL CODE ____ COUNTRY (IF NOT U.S.A.) ____

D19. TYPE OF PHYSICIAN/PRACTITIONER

D20. SPECIALTY (IF ANY)

D21. Physician/Practitioner's Certification:
I certify under penalty of perjury that this patient has a serious health condition and requires a care provider. I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code section 2708.
Original Signature of physician/practitioner – RUBBER STAMP IS NOT ACCEPTABLE

3

PHYSICIAN/PRACTITIONER'S PHONE NUMBER ____ DATE SIGNED ____

Under sections 2116 and 2122 of the California Unemployment Insurance Code, 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. Sections 1143 and 3305 require additional administrative penalties.

DE 2501FC Rev. 5 (12-20) Page 3 of 4

Claim for Paid Family Leave (PFL) Care Benefits (DE 2501FC), cont'd

Page 3 is the Physician/Practitioner's Certification, Part D.

To avoid delays:

1. Enter the **Receipt Number** of your claim in the top right corner.
2. The care recipient's licensed health professional must complete all relevant information.
3. Get a signature from the care recipient's licensed health professional before you upload or mail the form.

Note

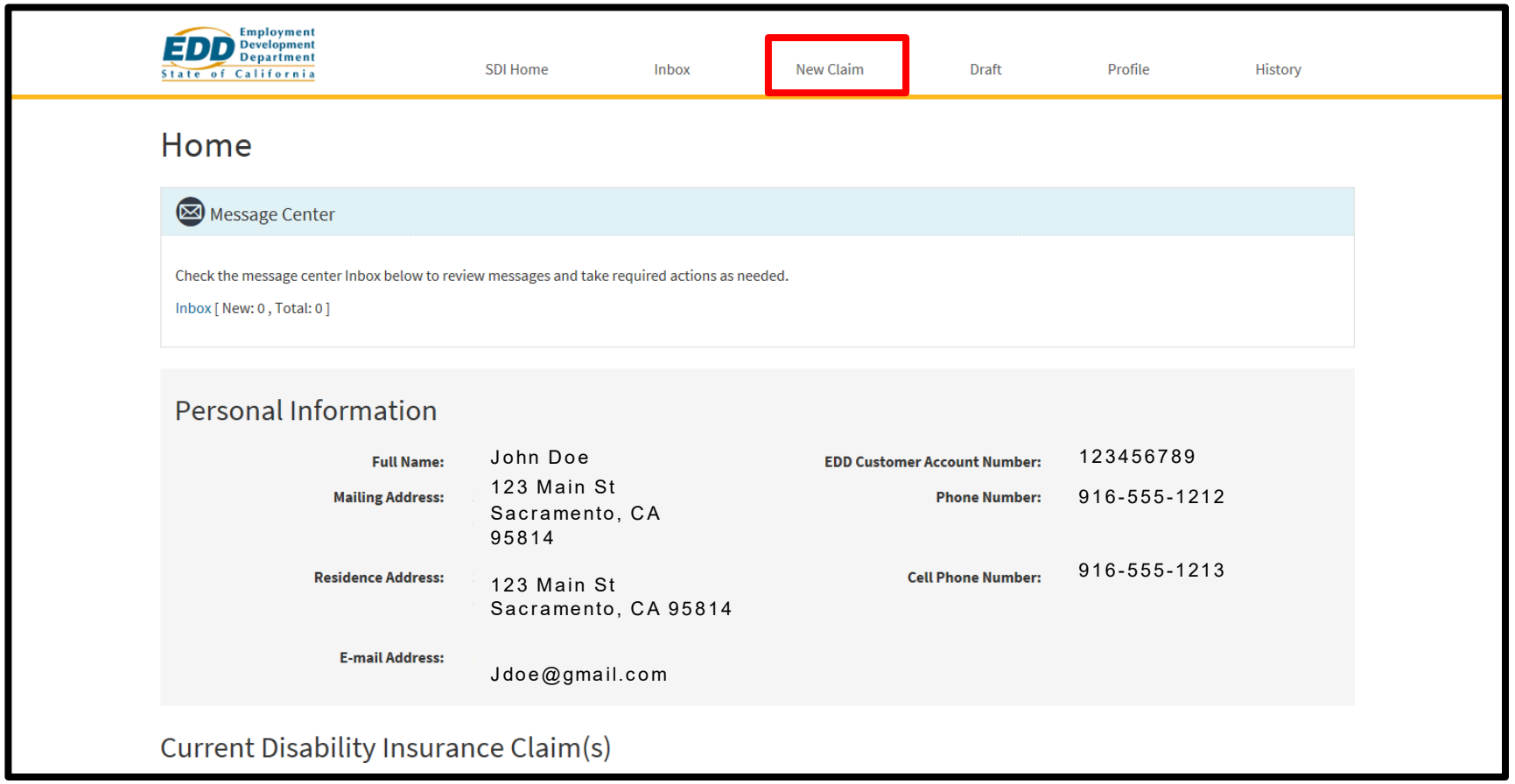
You may also give your **Receipt Number** to your care recipient's licensed health professional so they can submit the medical certificate through SDI Online. Ask the licensed health professional about how they submit a claim. Some submit them differently than others.

Employment Development Department
State of California

Submit Supporting Care Claim Documents

Learn more about how to submit supporting documents to complete your claim for care benefits.

Get Started

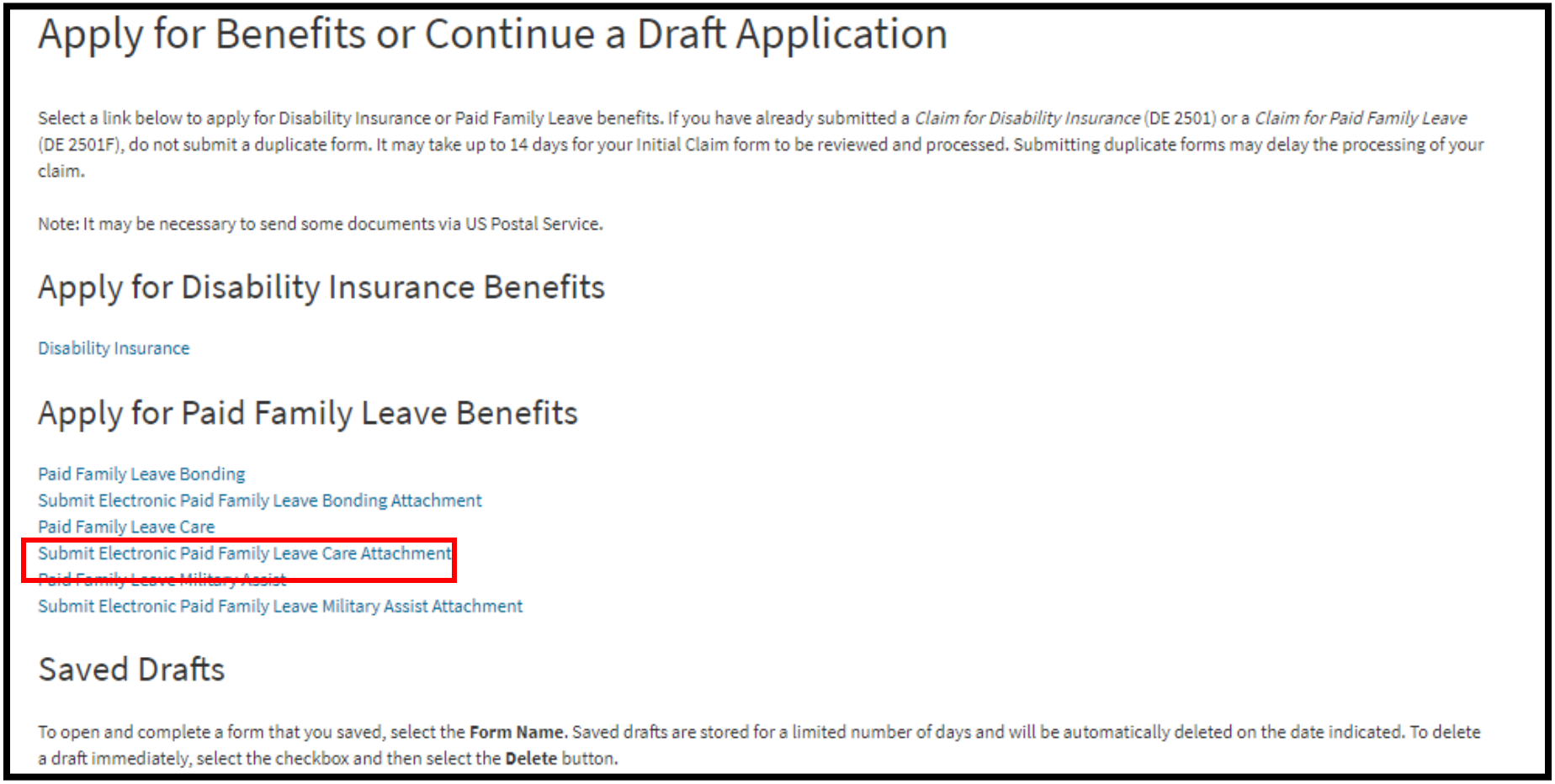


To submit your completed and signed *Claim for Paid Family Leave (PFL) Care Benefits* (DE 2501FC) form, return to your SDI Online homepage.

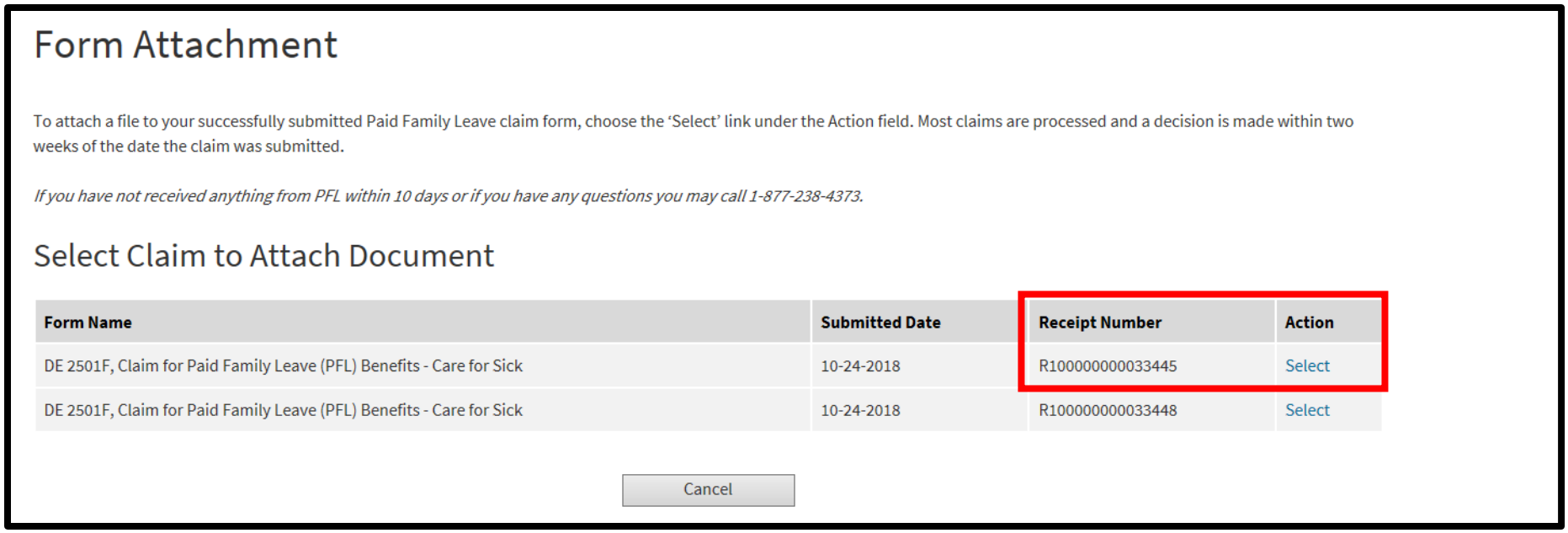
Select **New Claim** from the main menu.

Note

Send this form within 10 days from the date you filed your claim.

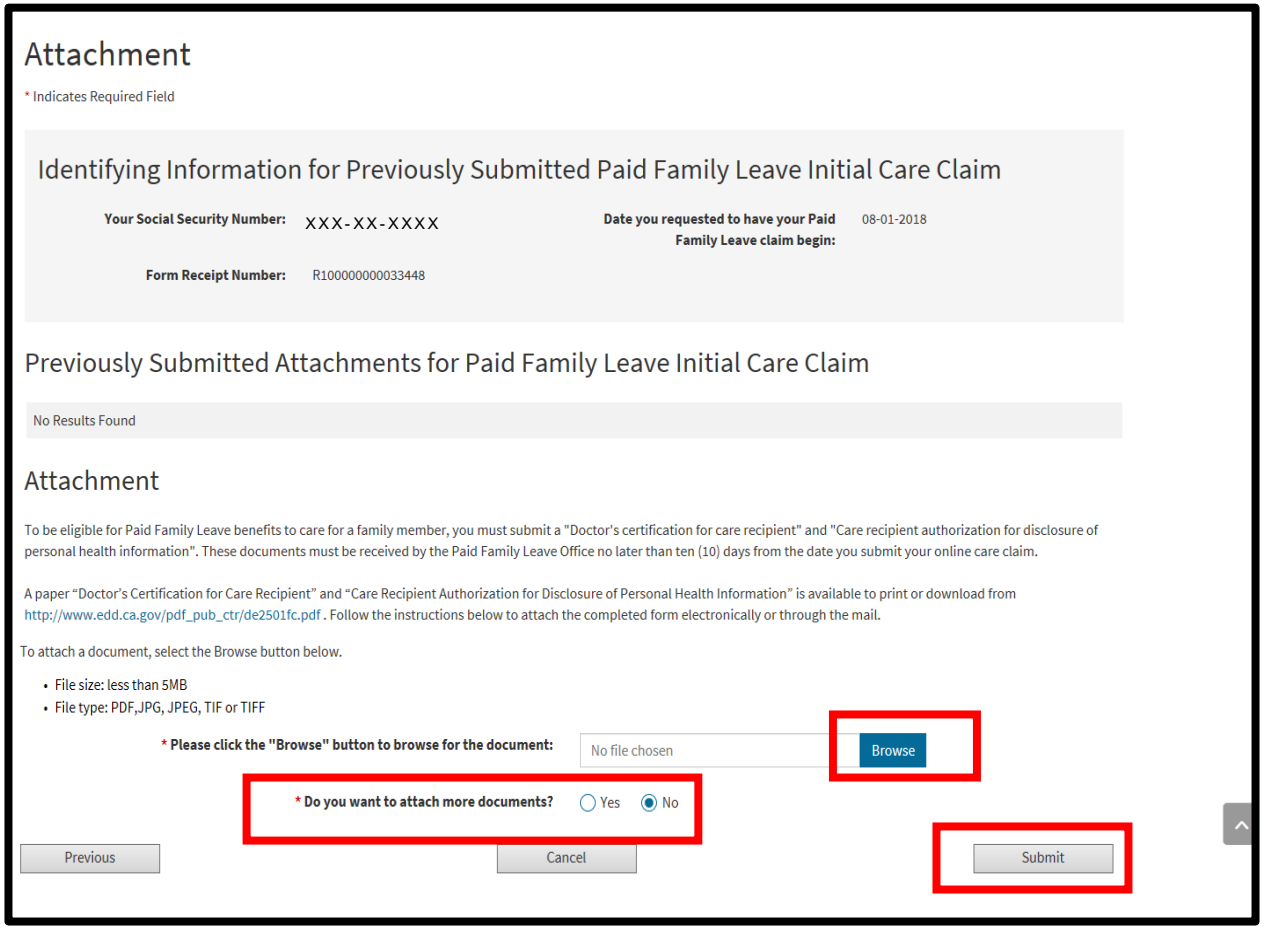


Select **Submit Electronic Paid Family Leave Care Attachment** under Apply for Paid Family Leave Benefits.



Make sure the **Receipt Number** on the screen matches the number you got when you filed the online portion of the claim.

If it matches, click **Select** from the Action column to attach a document to your claim.



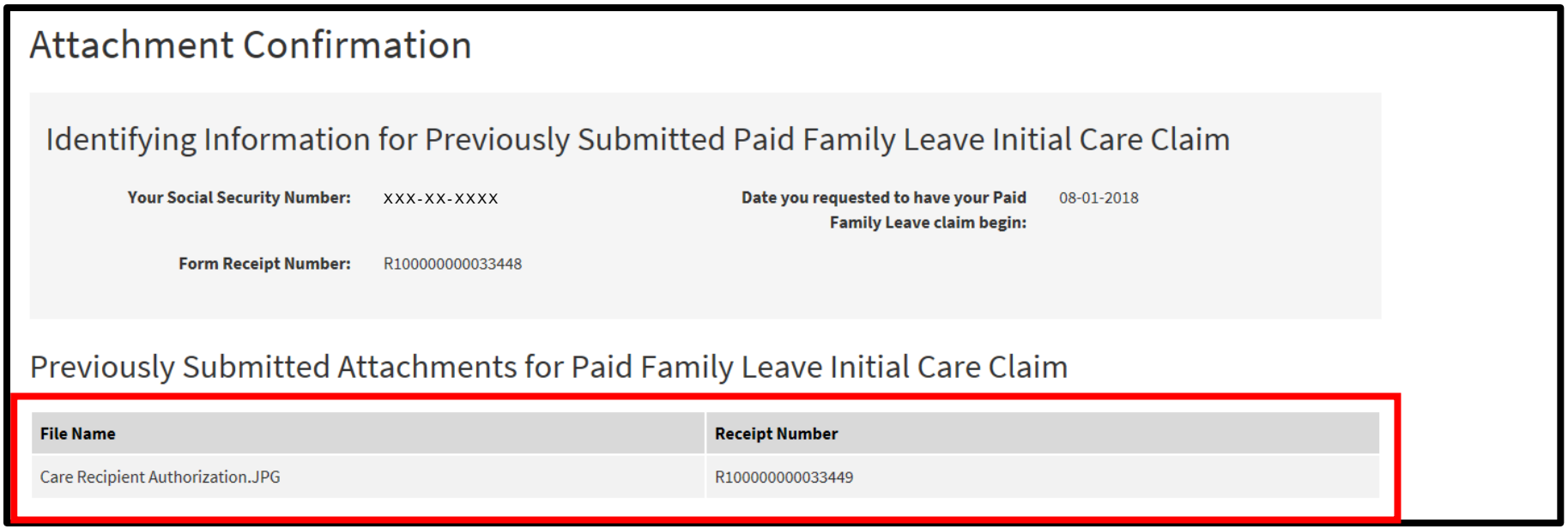
Select **Browse** to upload the document from your computer.

To upload more documents, select **Yes** to "Do you want to attach more documents" and then select **Submit**. This sends you back to the Attachment screen to continue uploading documents.

When you are done uploading, select **No** to "Do you want to attach more documents" and then select **Submit.**

Note

To upload a document, you must have the document saved on your computer as a PDF, JPG, JPEG, TIF, or TIFF file. All file sizes must be 5MB or less.



The Attachment Confirmation screen confirms the attachment was submitted.

Save the **Receipt Number** for future reference.

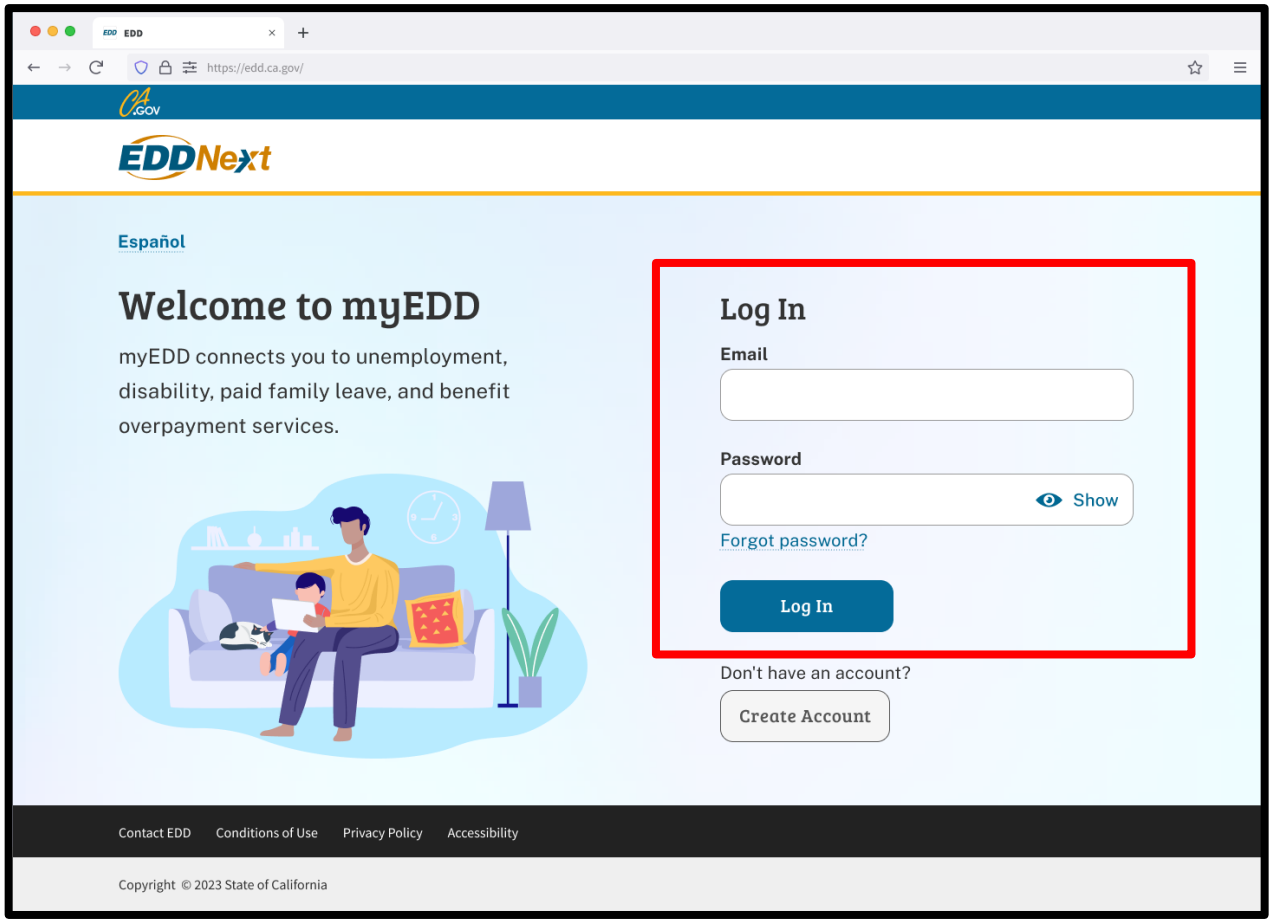
Your care claim is complete after you upload the Statement of Care Recipient and Physician/Practitioner's Certification of the DE 2501FC.

It can take up to 14 days to process your claim.

File a Military Assist Claim

For individuals participating in a qualifying event because of a family member's military deployment to a foreign country.

Get Started

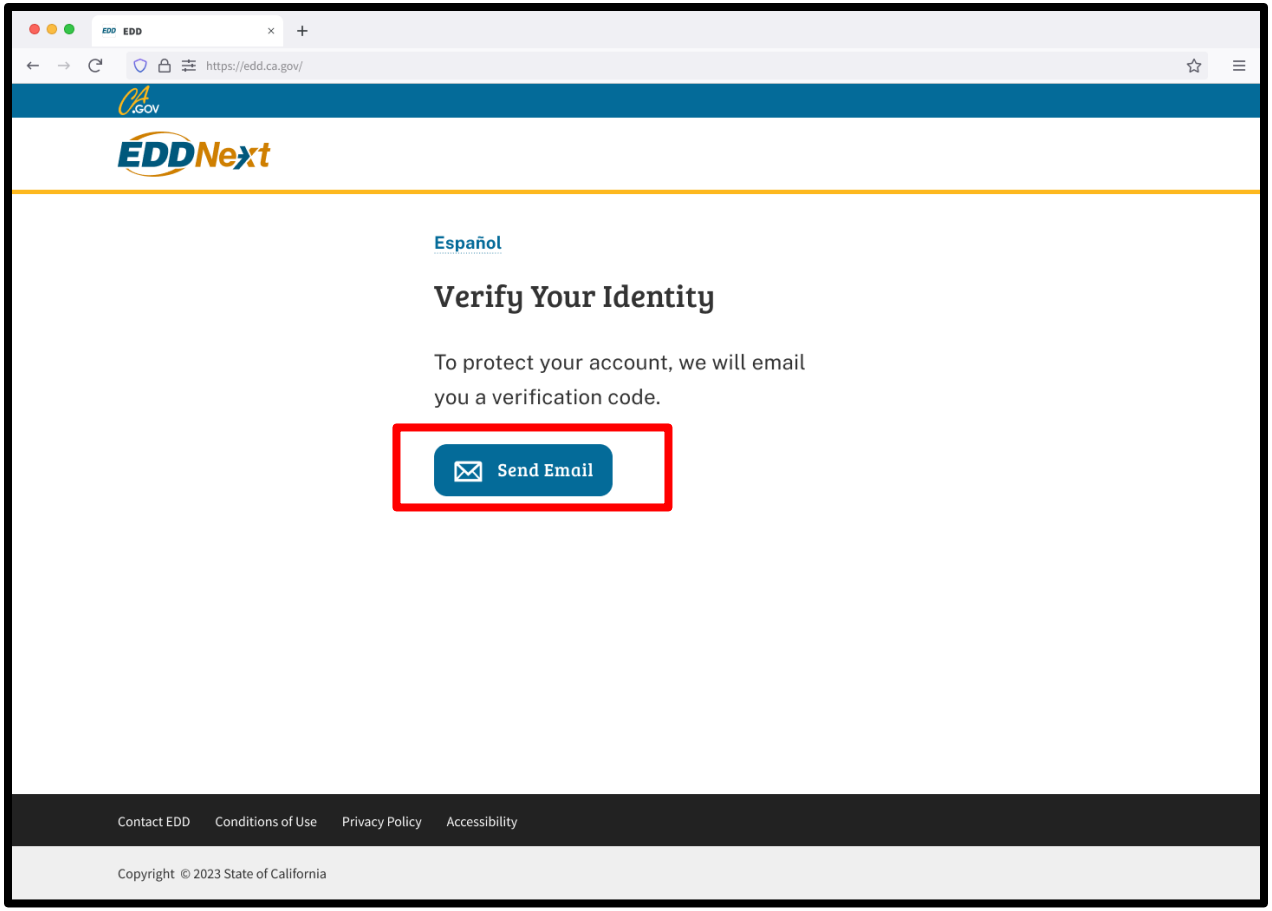


Note

For Spanish, select **Español**.

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

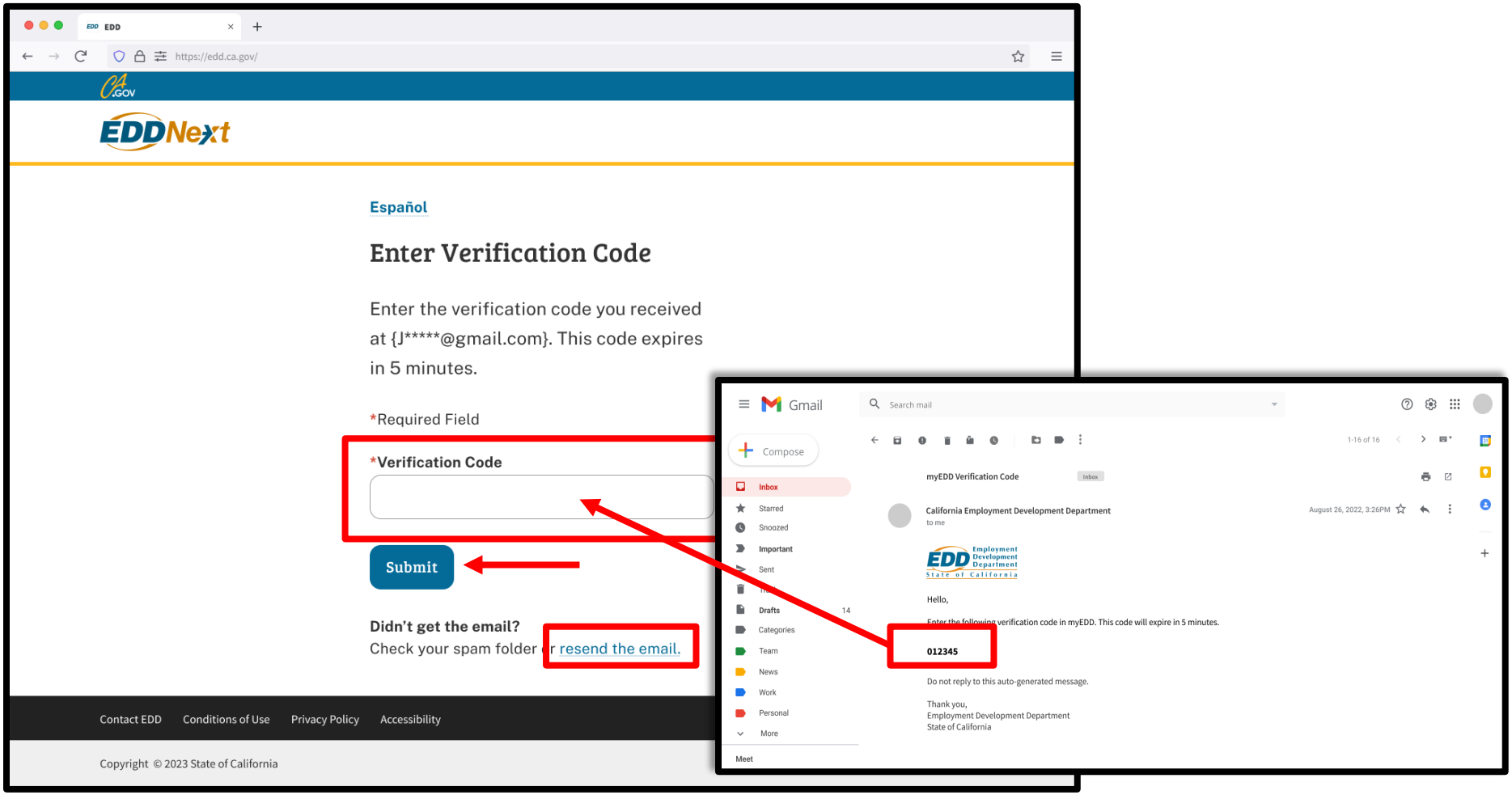
1. Visit myEDD.
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



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.

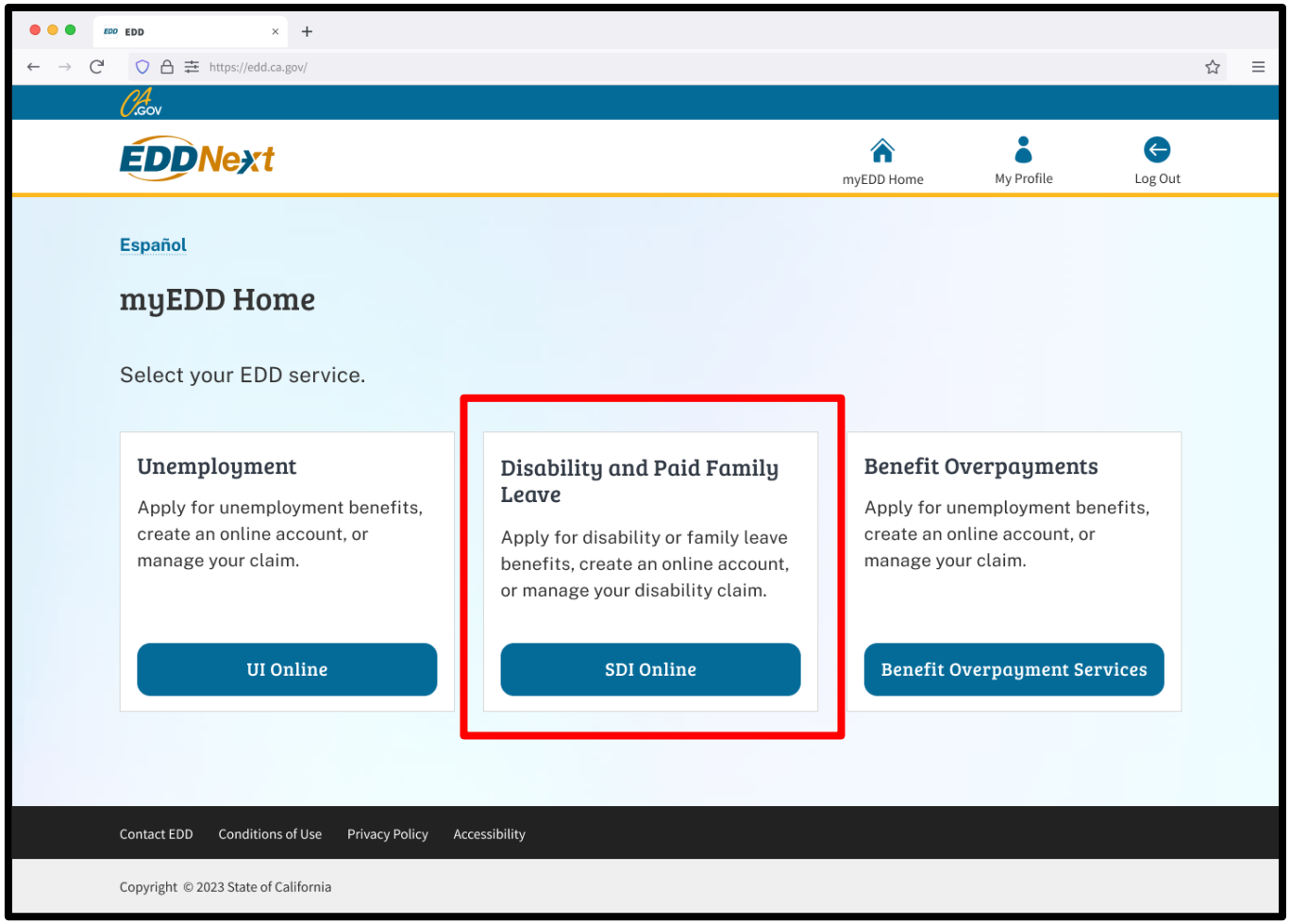
Select **Send Email**.

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.

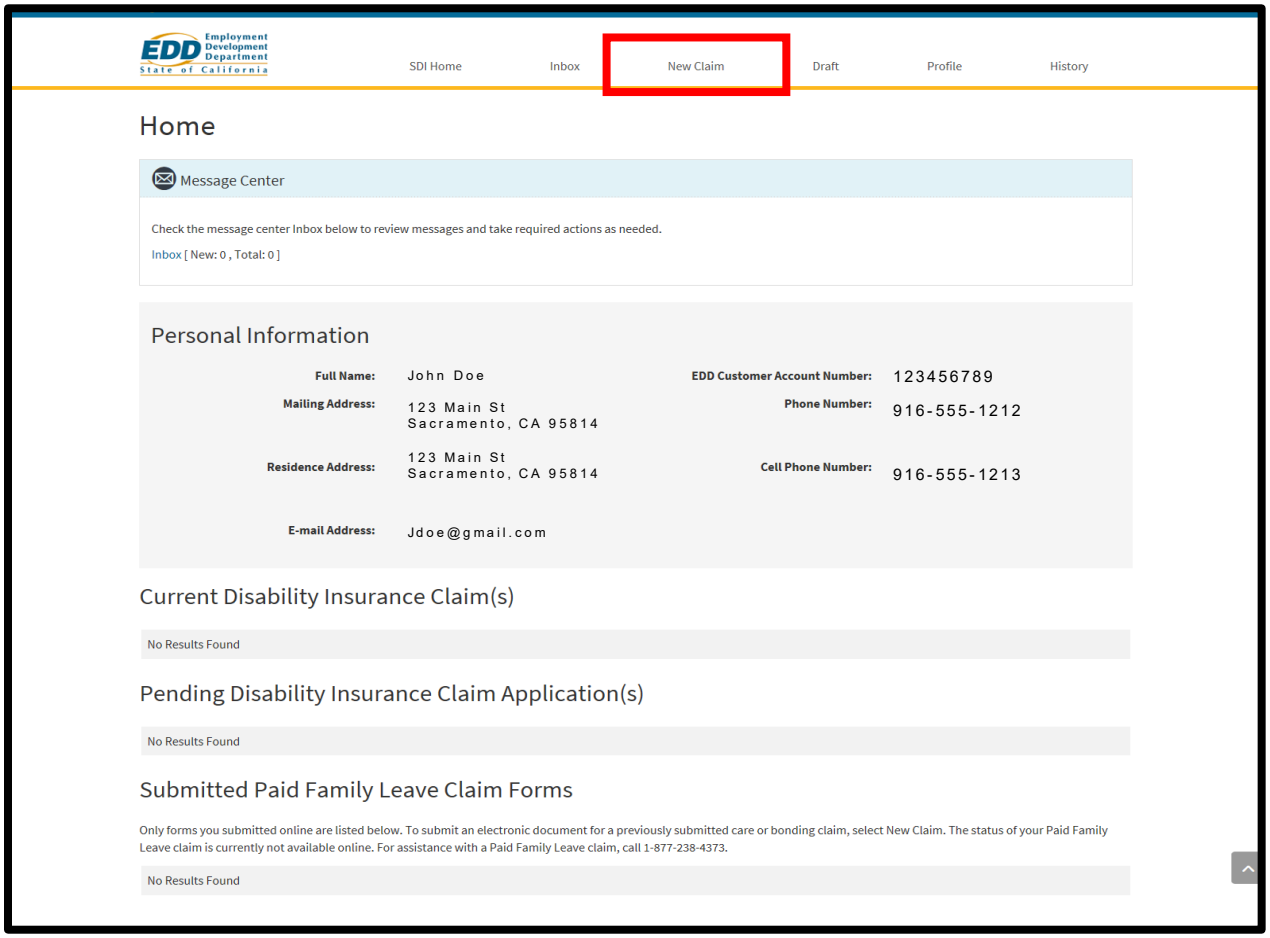
- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



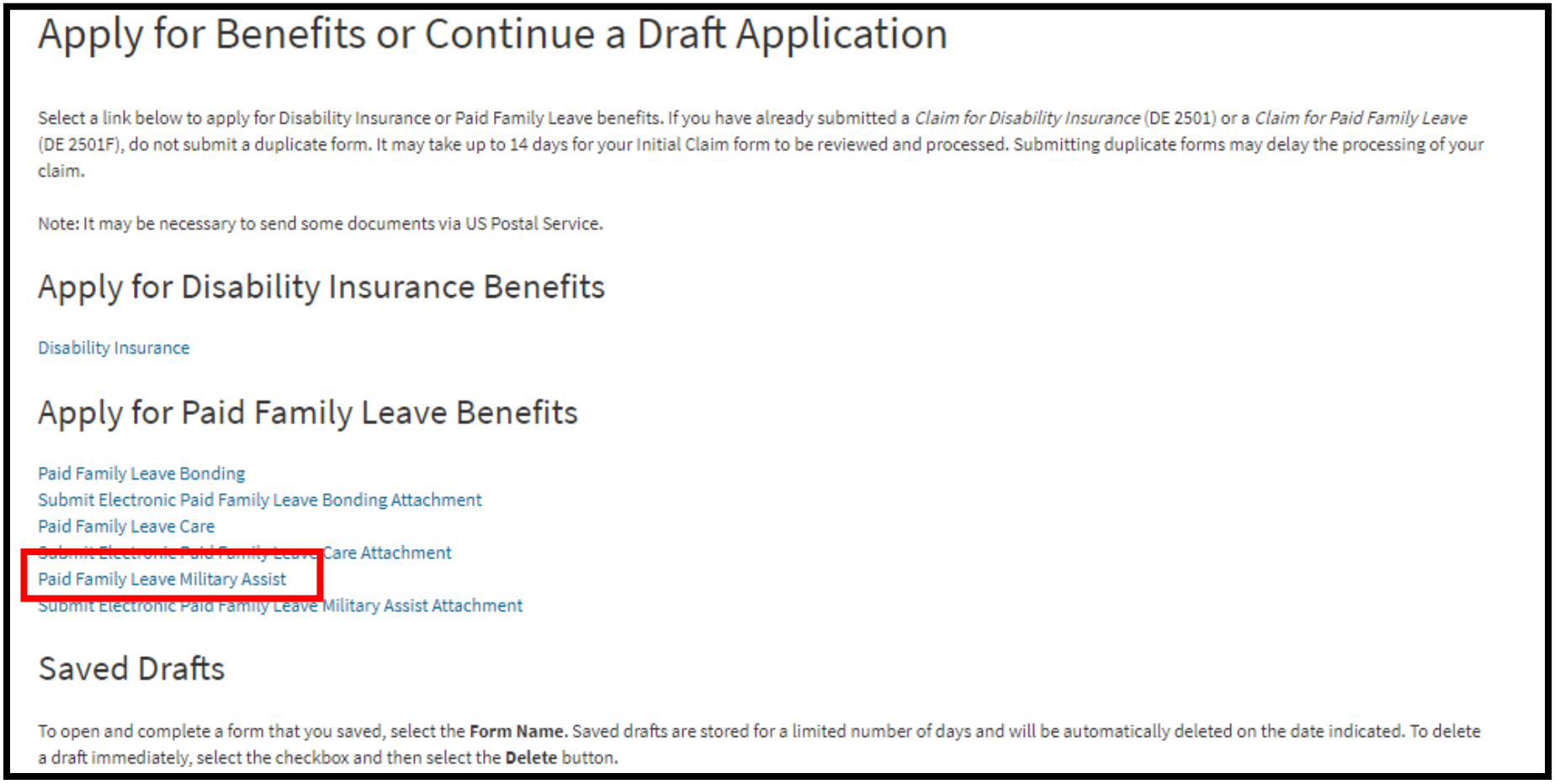
Note

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **SDI Online.**

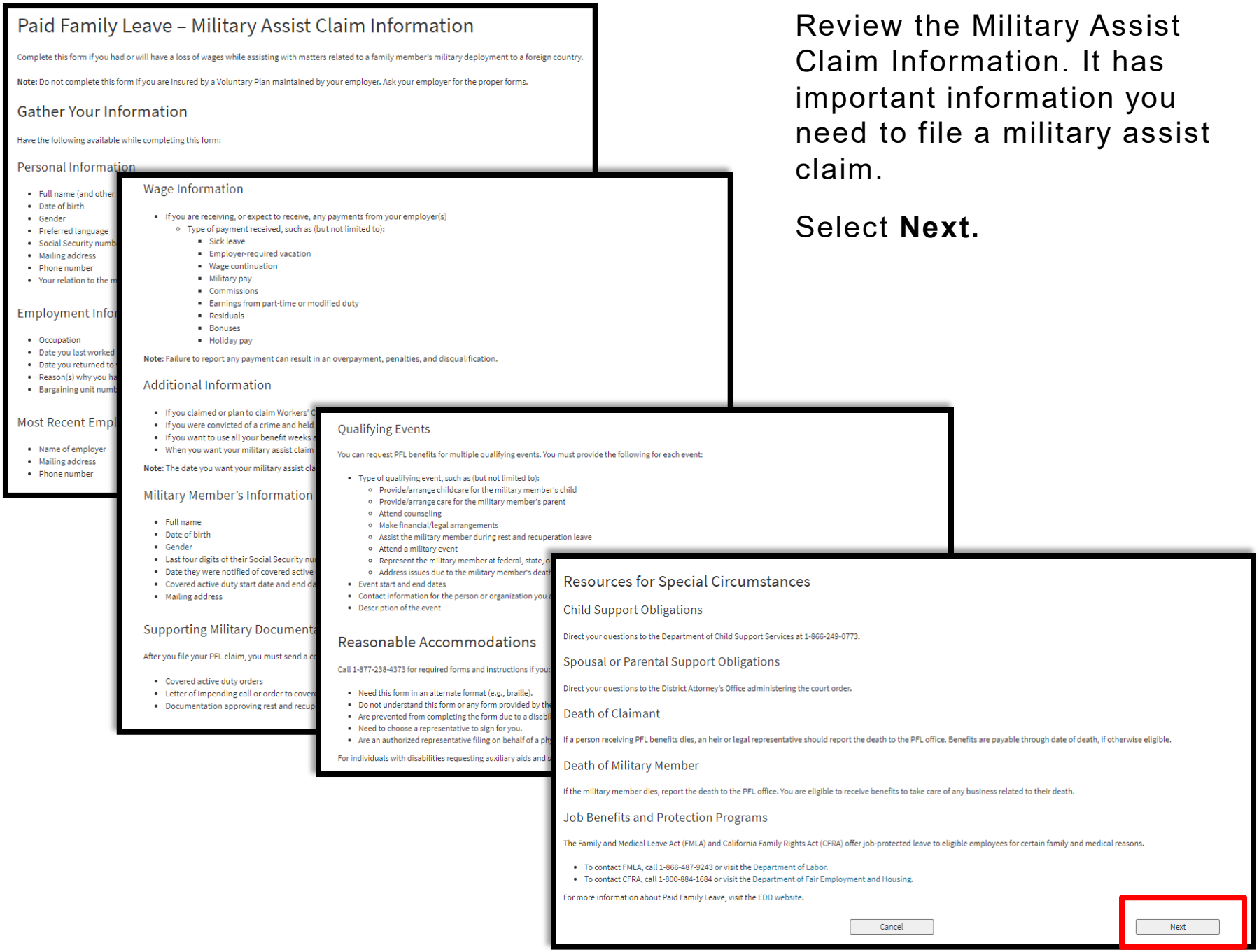


Select **New Claim** from the main menu.



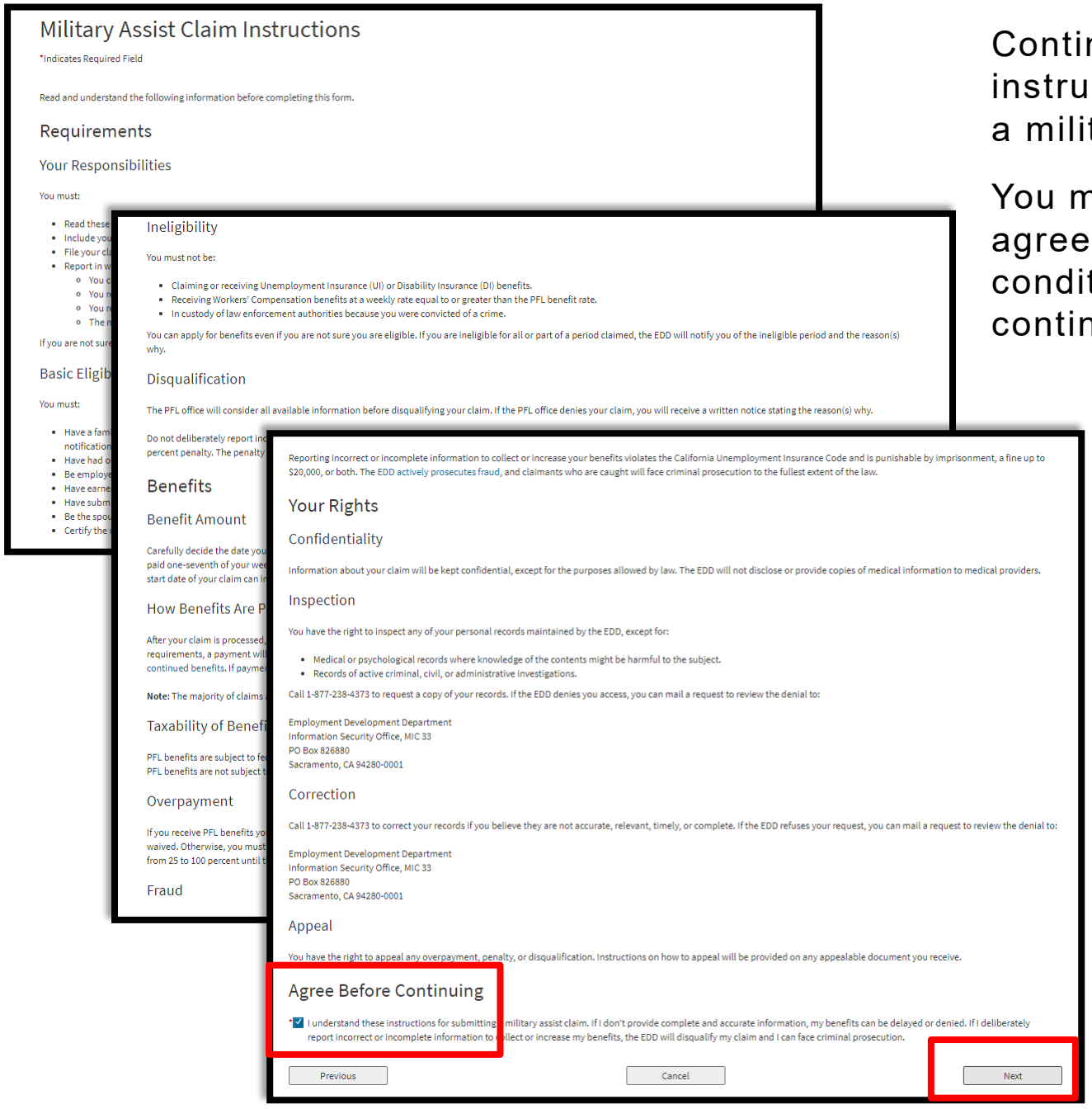
Select **Paid Family Leave Military Assist** under Apply for Paid Family Leave Benefits.

If unsure which application to complete, review the Types of Claims.



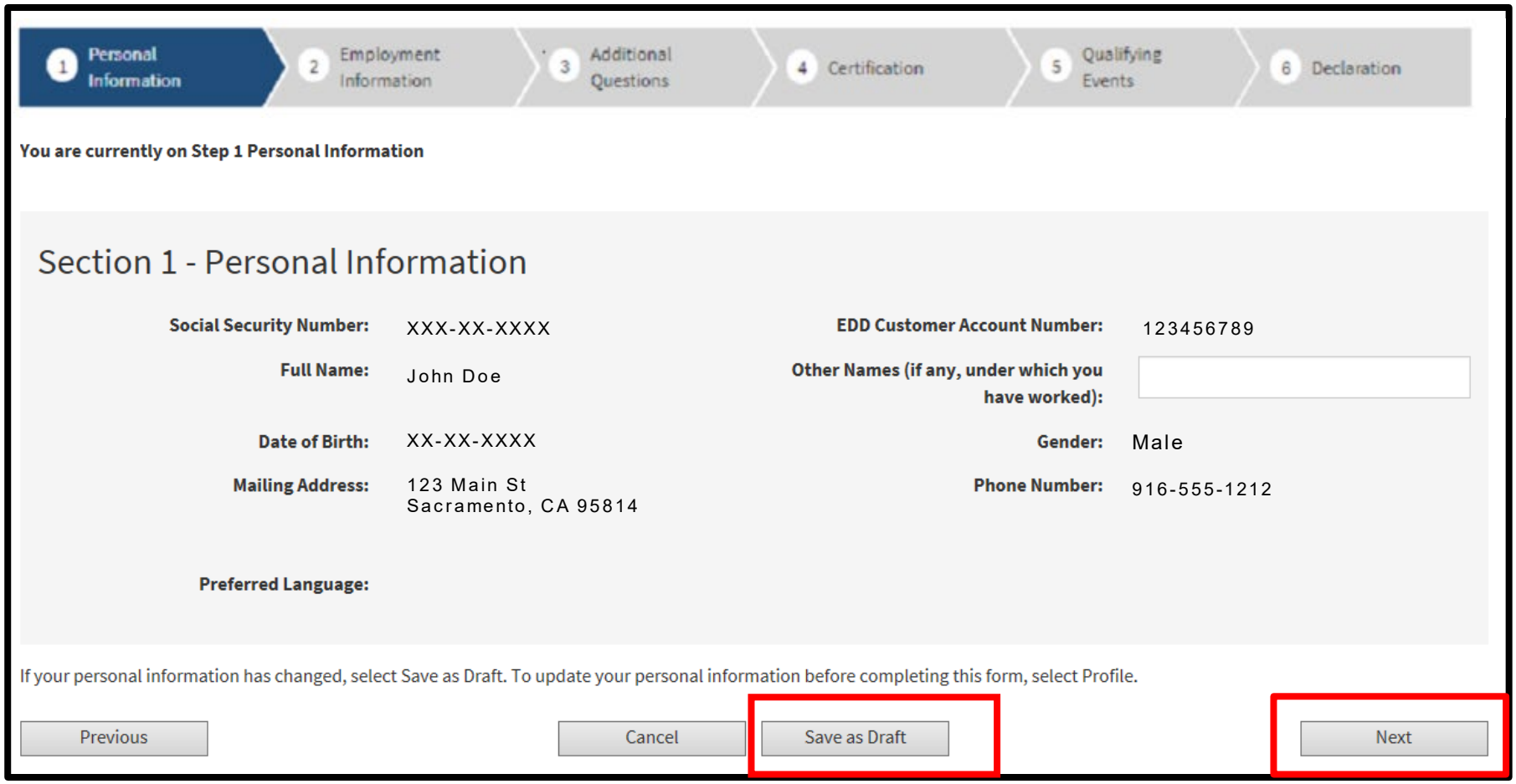
Review the Military Assist Claim Information. It has important information you need to file a military assist claim.

Select **Next.**



Continue to review the instructions on how to file a military assist claim.

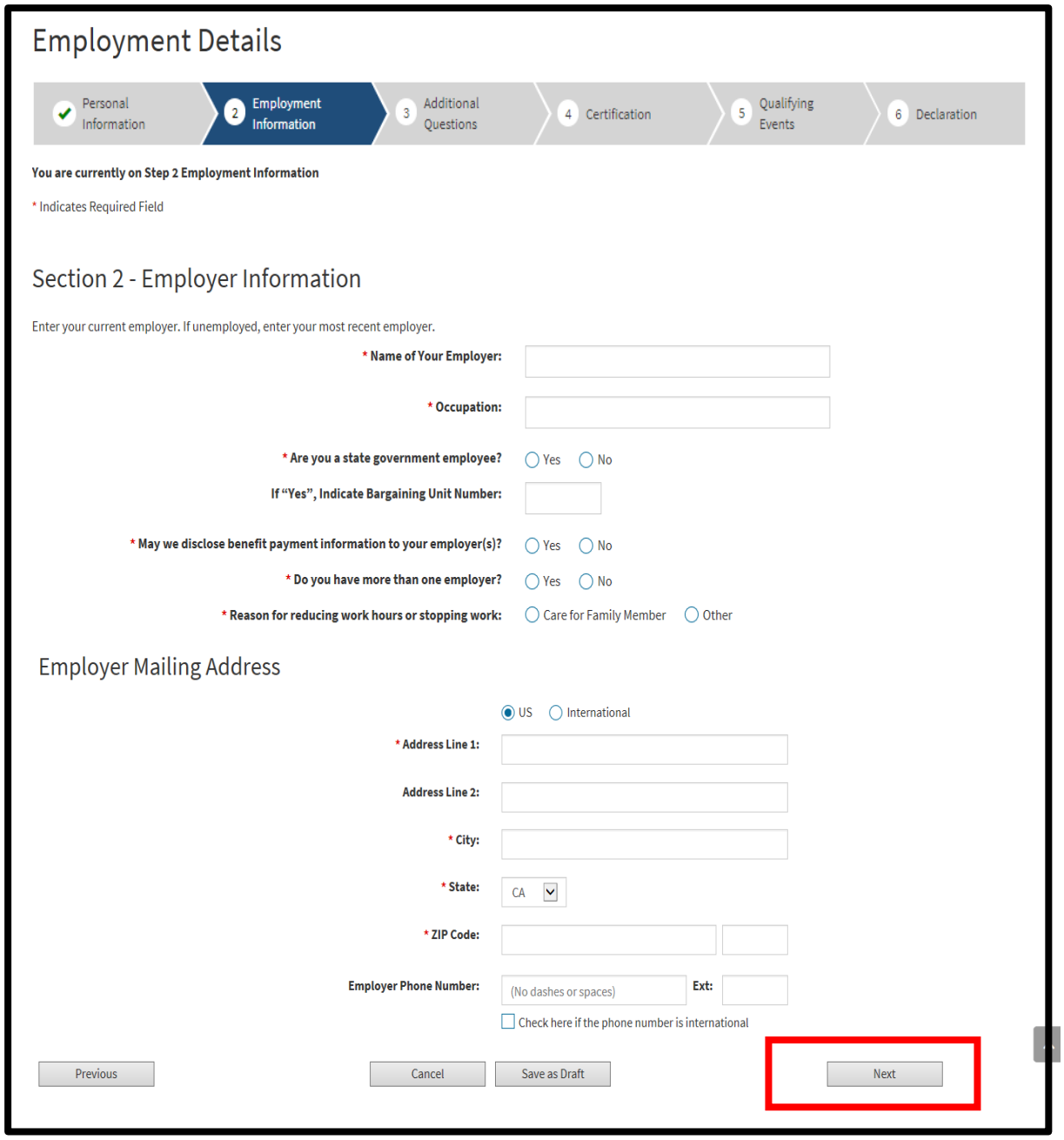
You must check the box to agree to our terms and conditions. Select **Next** to continue.



The system automatically fills certain portions of the claim form.

Make sure the information is correct. If your personal information has changed, select **Save as Draft** and update your SDI Online profile.

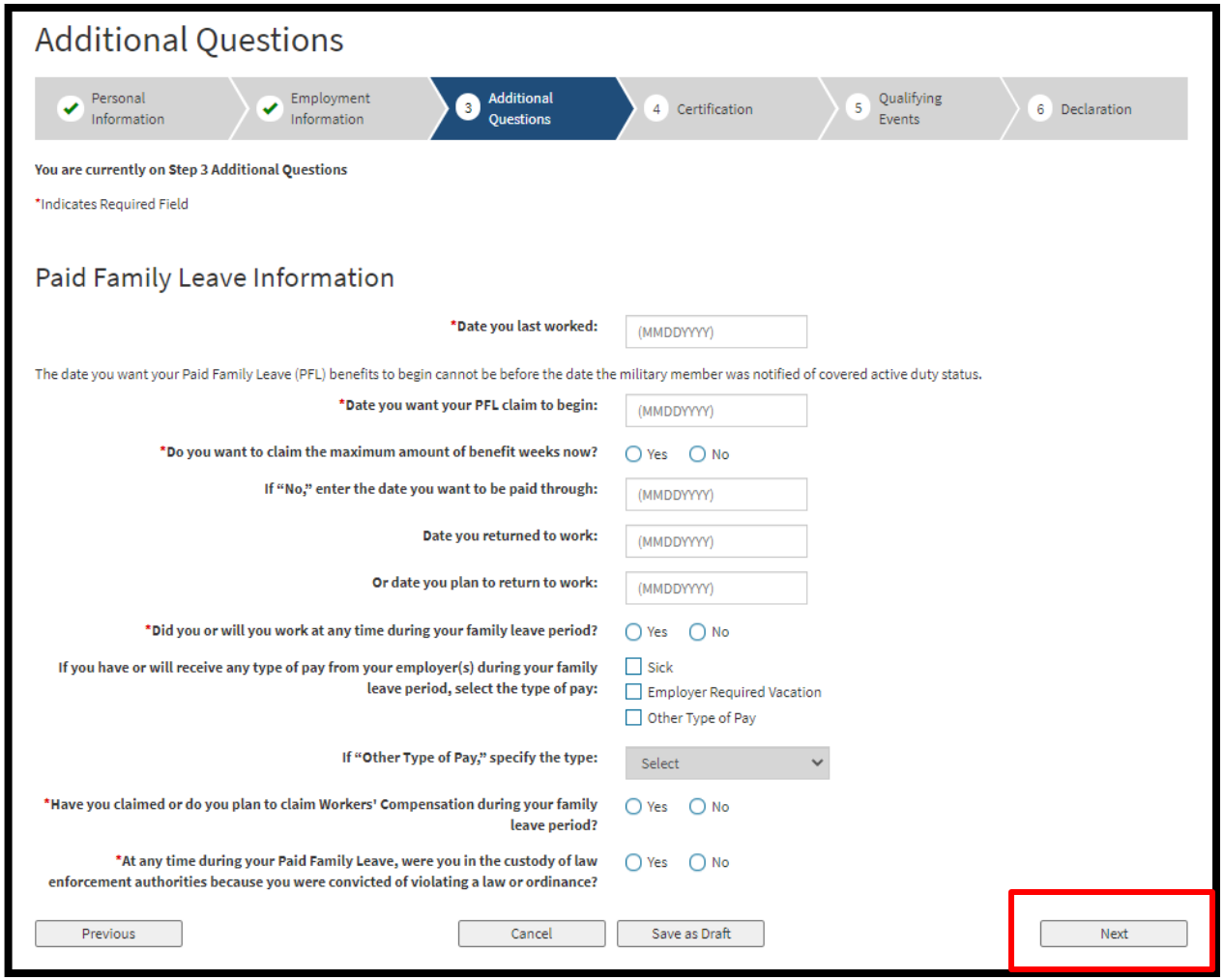
Select **Next** to continue.



Complete Section 2 - Employer Information with your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub. If you are unsure what address to enter, ask your employer.

You must complete the fields marked with a red asterisk (*).

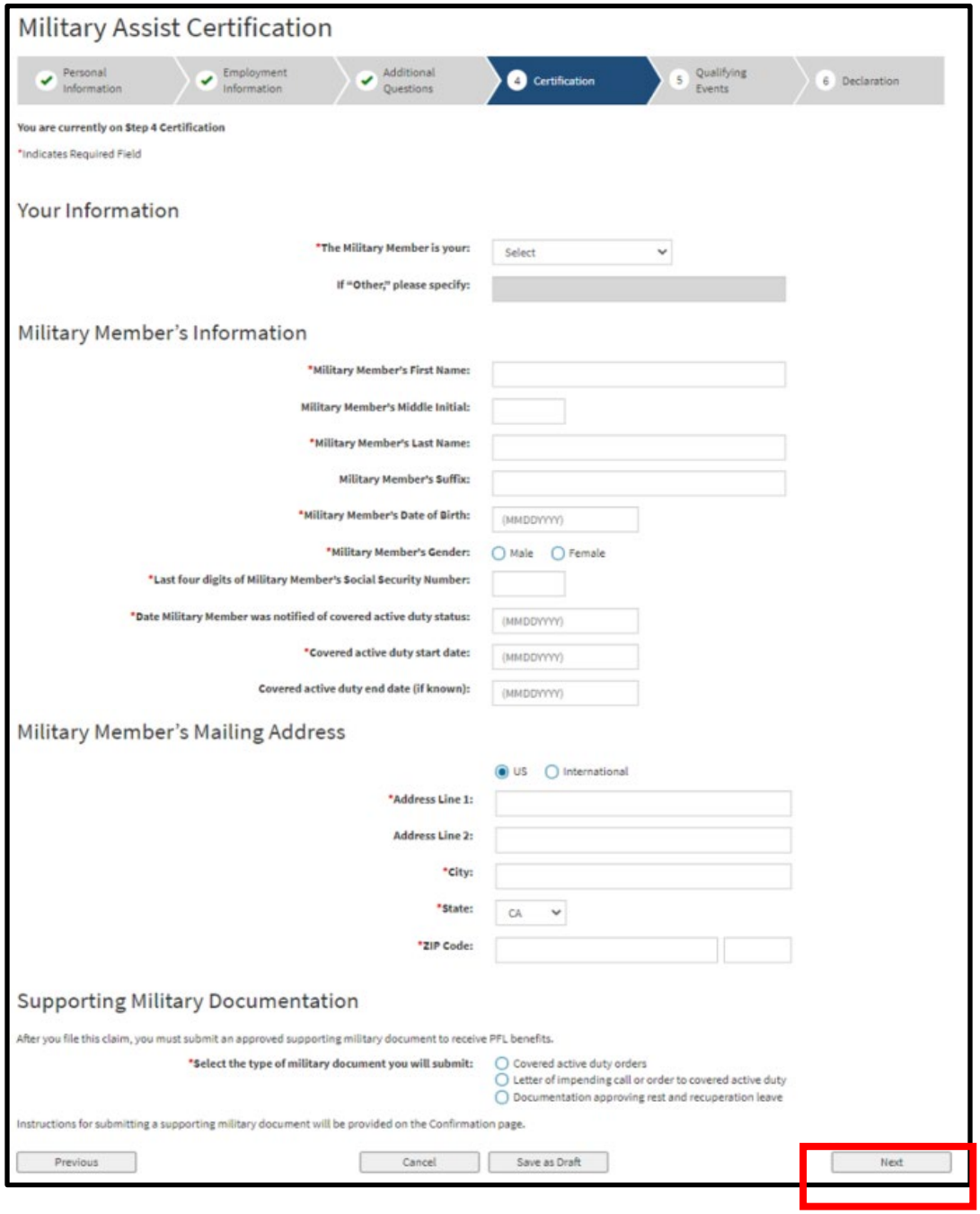
Select **Next**.



Complete the Paid Family Leave Information section and make sure all dates are correct to avoid a delay or incorrect payment of benefits.

You must complete the fields marked with a red asterisk (*).

Select **Next**.



Complete the following sections:

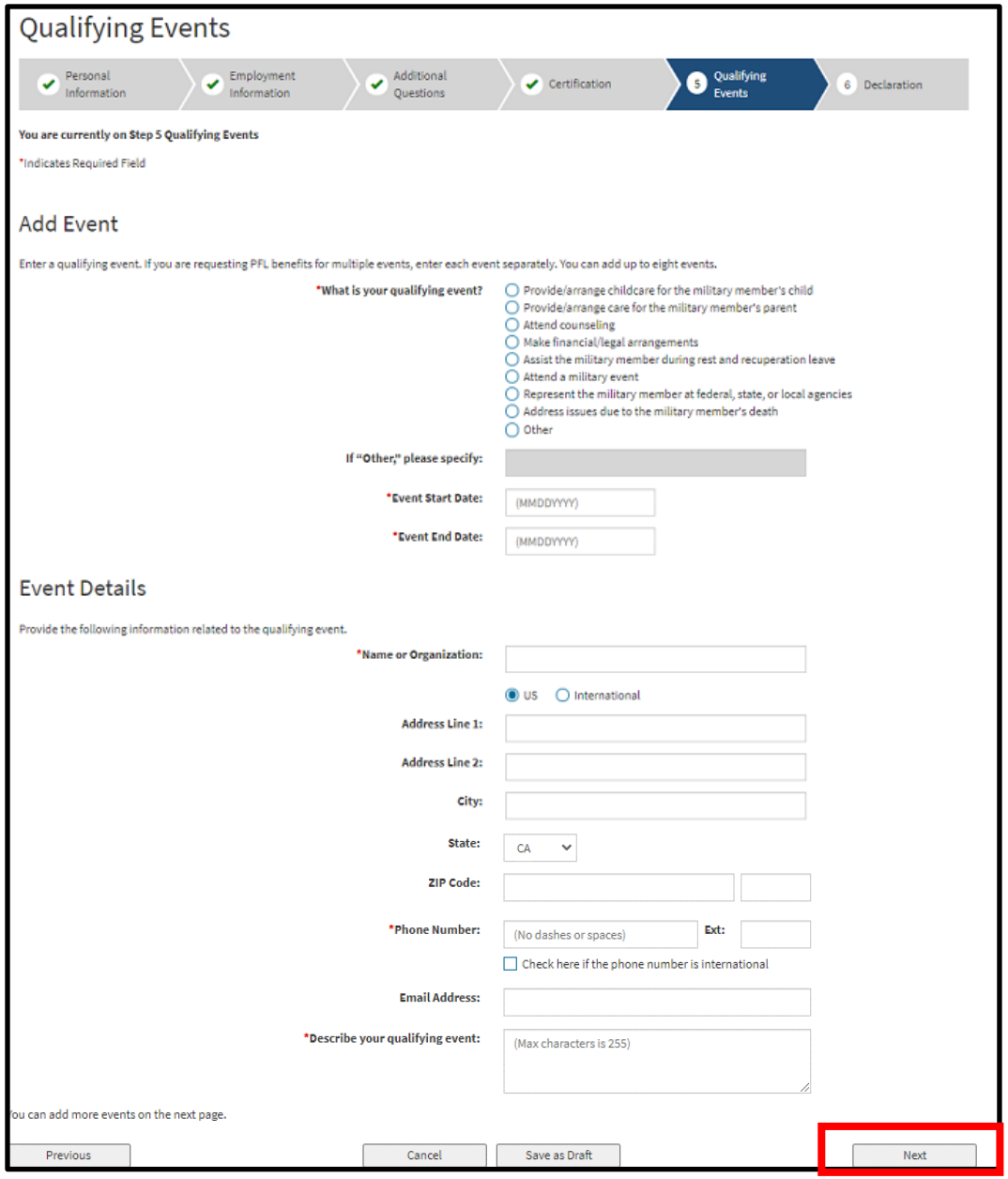
- Your Information
- Military Member's Information
- Military Member's Mailing Address
- Supporting Military Documentation

Make sure the information you enter is about the military member you are assisting.

You must complete the fields marked with a red asterisk (*).

Instructions on how to submit supporting military documentation are available on the Confirmation screen.

Select **Next**.



Complete the following sections:

- Add Event
- Event Details

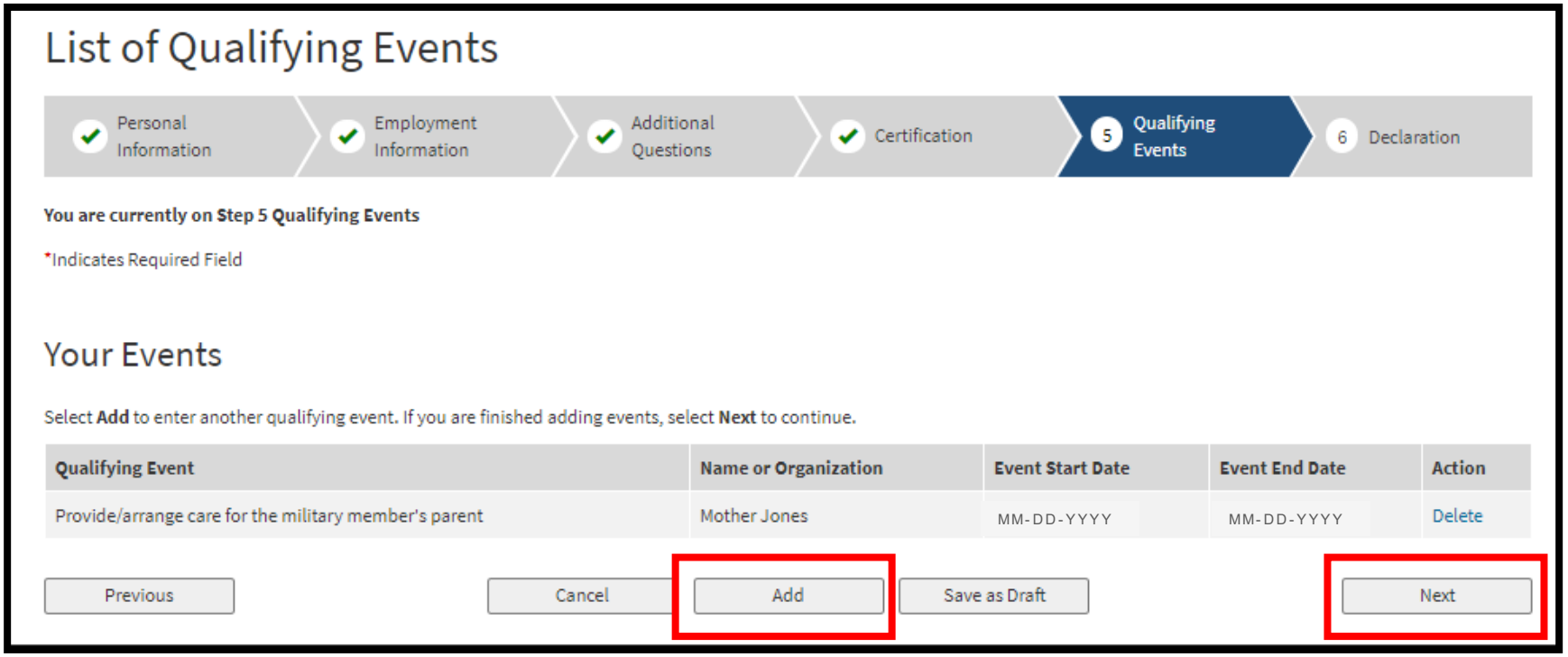
Make sure you enter information about the qualifying event you attend.

If requesting military assist benefits for multiple events:

- Enter each event separately.
- You can add up to eight events.
- Instructions to add additional events are located on the next page.

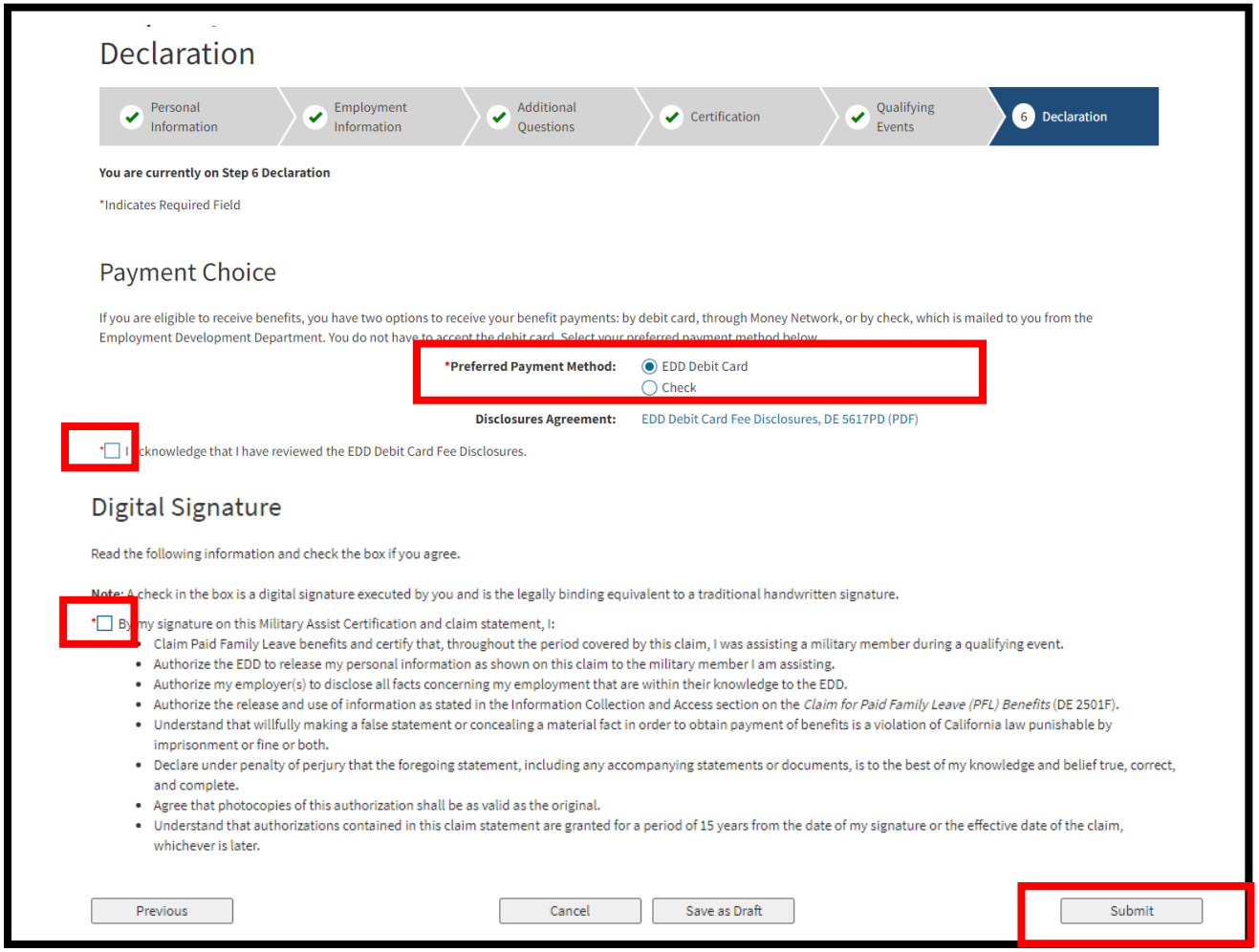
You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.



To add more than one event:

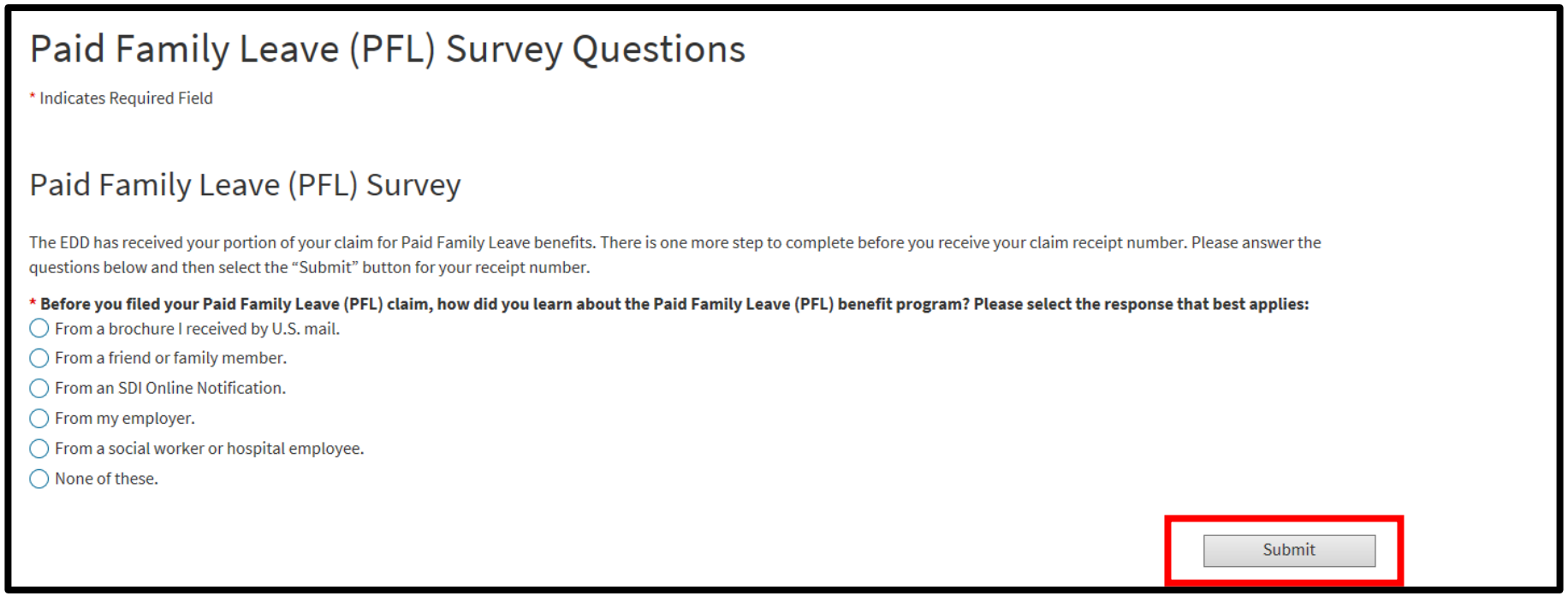
- Select **Add** and enter the event information.
- Select **Next** once all events have been added.



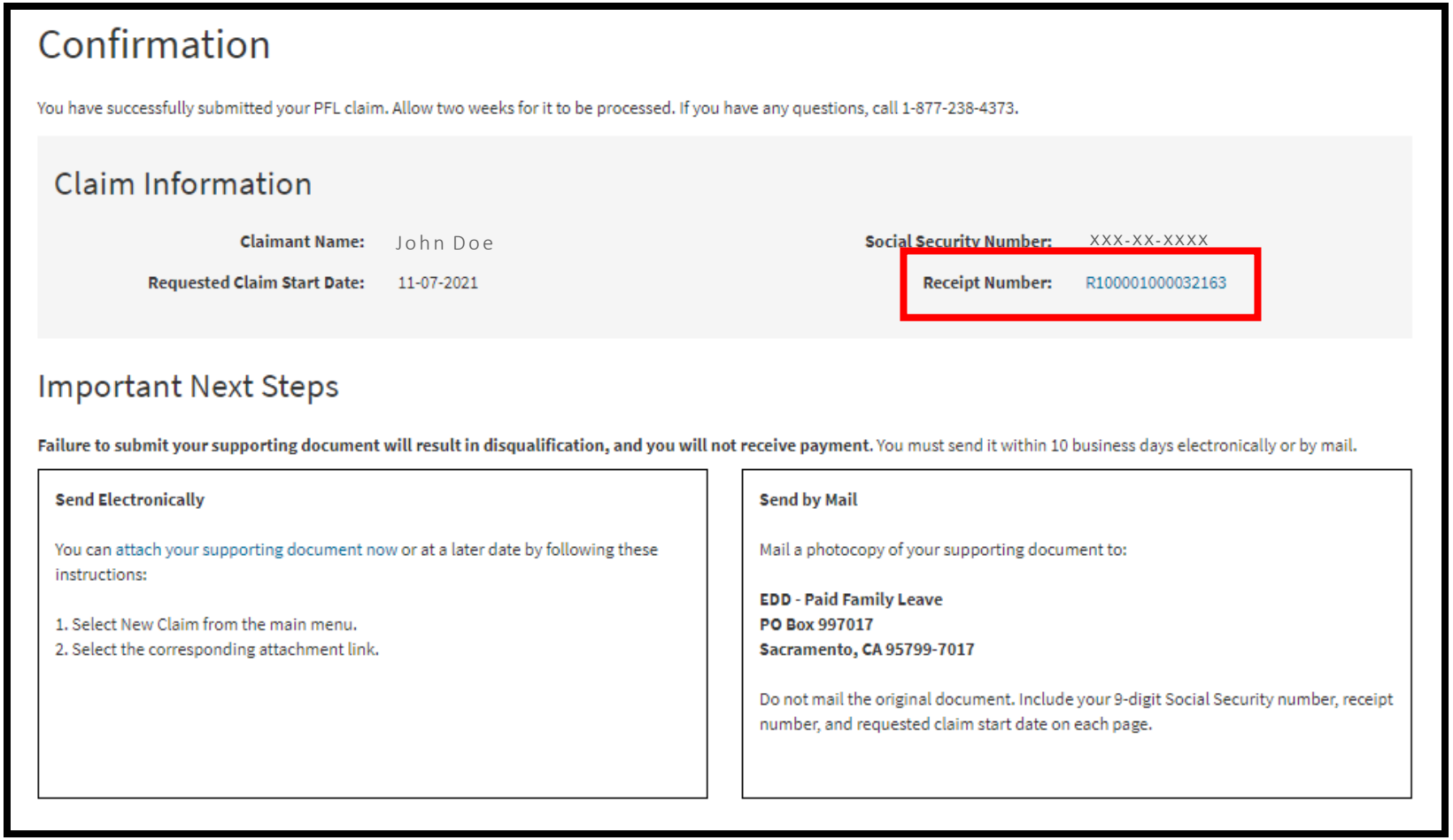
On the Declaration screen, select how you want to get your benefit payments from the options listed.

Next, select both boxes to acknowledge you have reviewed the disclosures and to provide a digital signature.

Select **Submit** to continue.



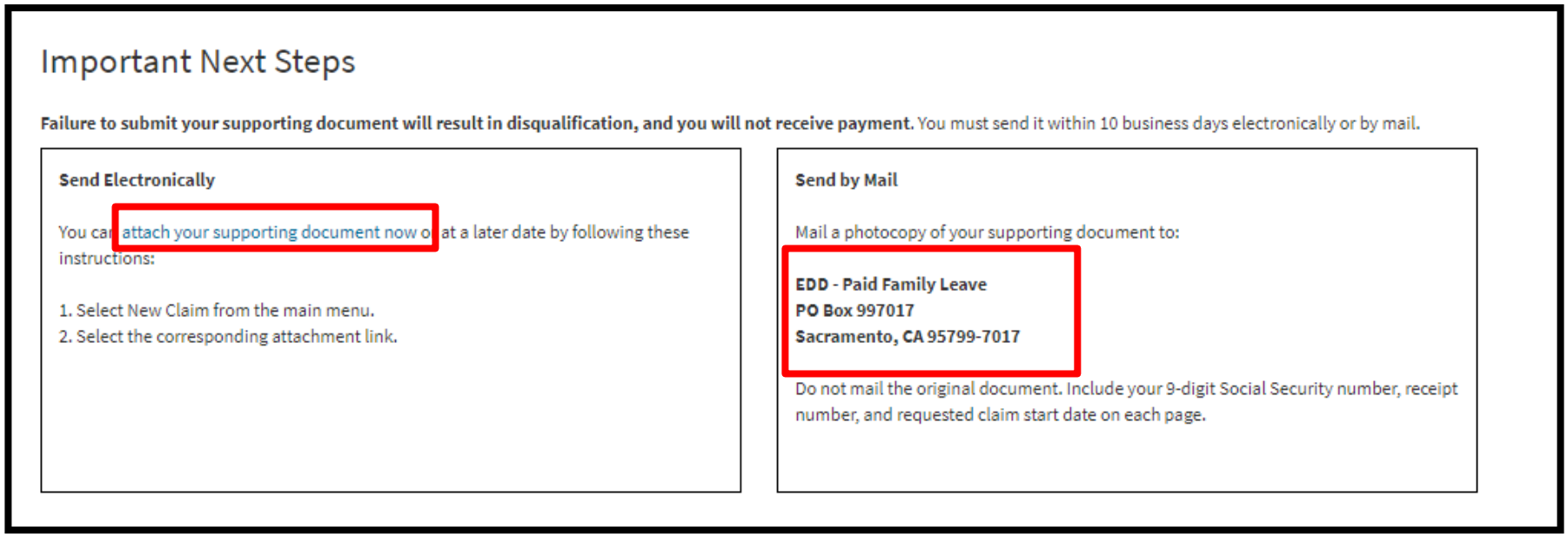
Complete the survey and select **Submit**.



We assign your claim a **Receipt Number** on the Confirmation screen.

Save the **Receipt Number.** You need this number to upload your supporting documentation to the correct online claim.

The Confirmation screen also gives you instructions on how to upload your documentation to your military assist claim.



To complete your military assist claim, you must send us your supporting military documentation and documentation of the qualifying event within 10 days.

To submit your documentation online:

- Select **attach your supporting document now**.
- Use the Submit Supporting Military Assist Claim Documents section of this tutorial for instructions.

To submit your documentation by mail:

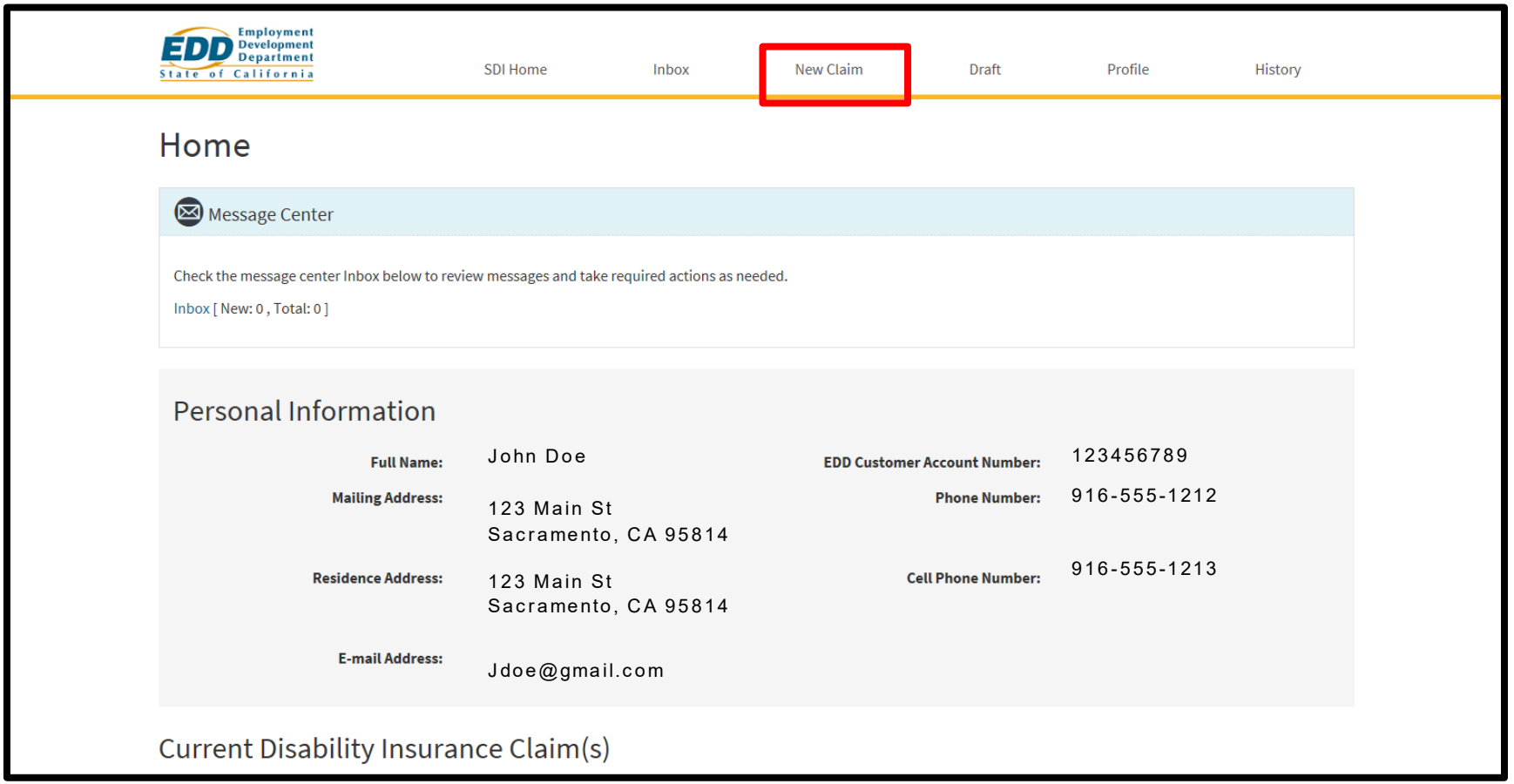
- Send copies of your supporting military documentation and documentation of the qualifying event to the address on the screen.
- Do not mail the original documents. Include your nine-digit Social Security number, Receipt Number, and the date you want your claim to start on each page.

Employment Development Department
State of California

Submit Supporting Military Assist Claim Documents

Learn more about how to submit supporting documents to complete your claim for military assist benefits.

Get Started

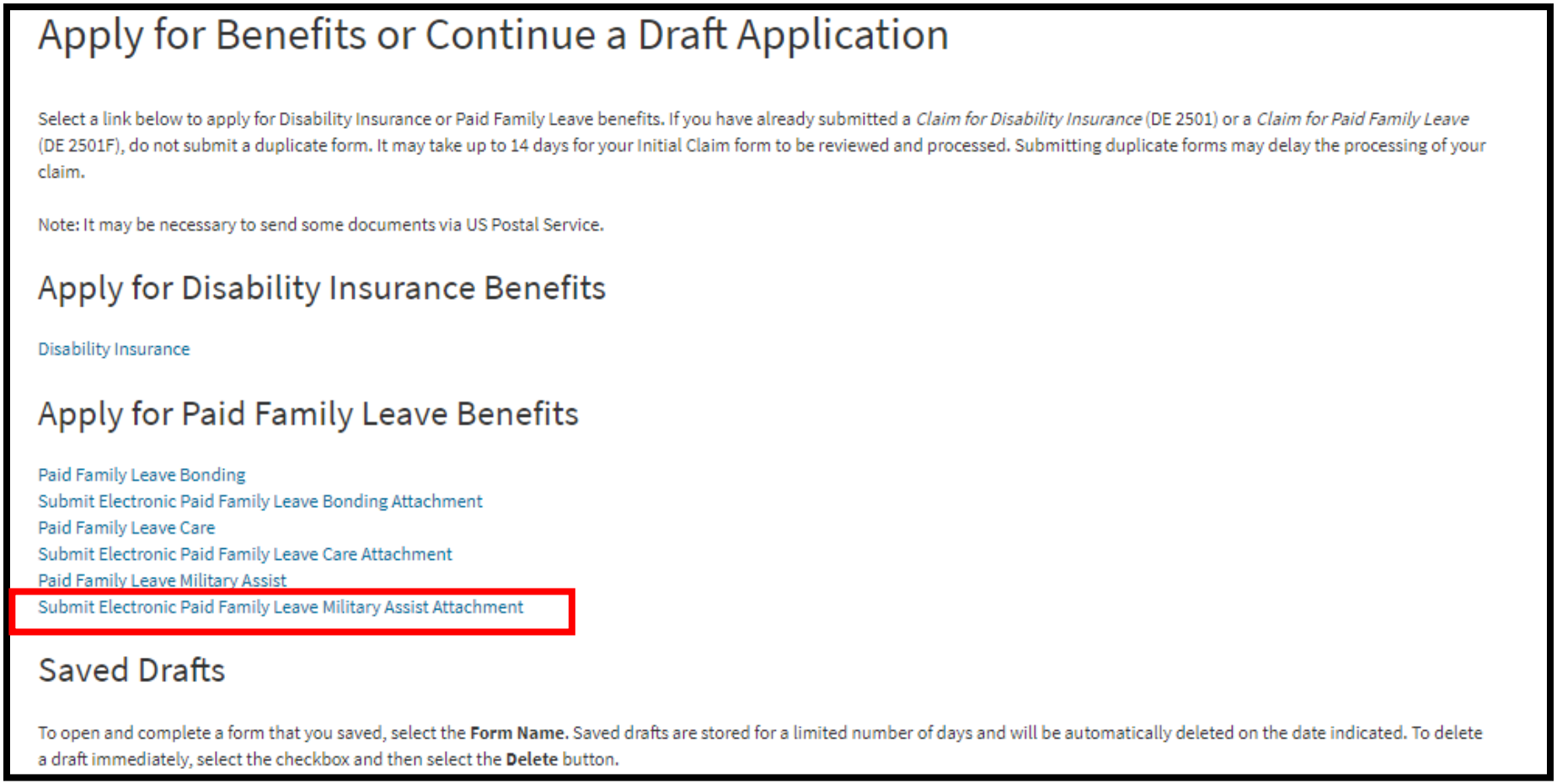


To upload the military documentation and documentation of the qualifying event we need for your online claim:

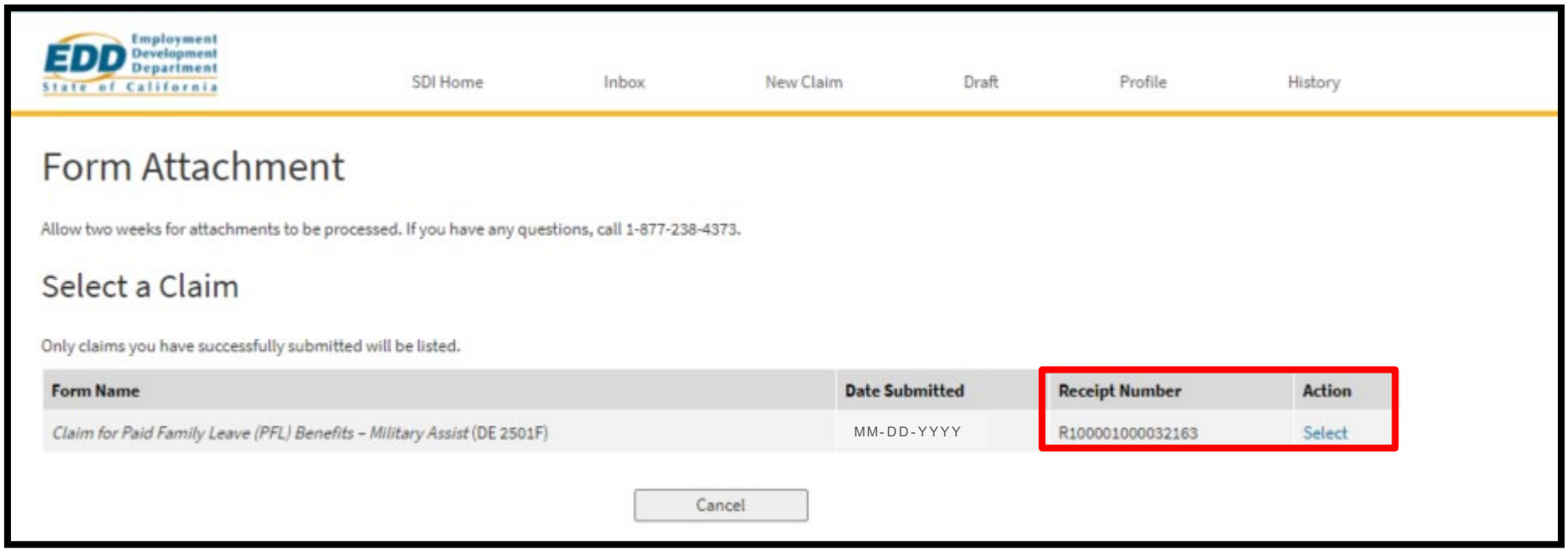
- Return to your homepage.
- Select **New Claim** from the main menu.

Important

You must send us these documents within 10 days from the date you filed your claim.

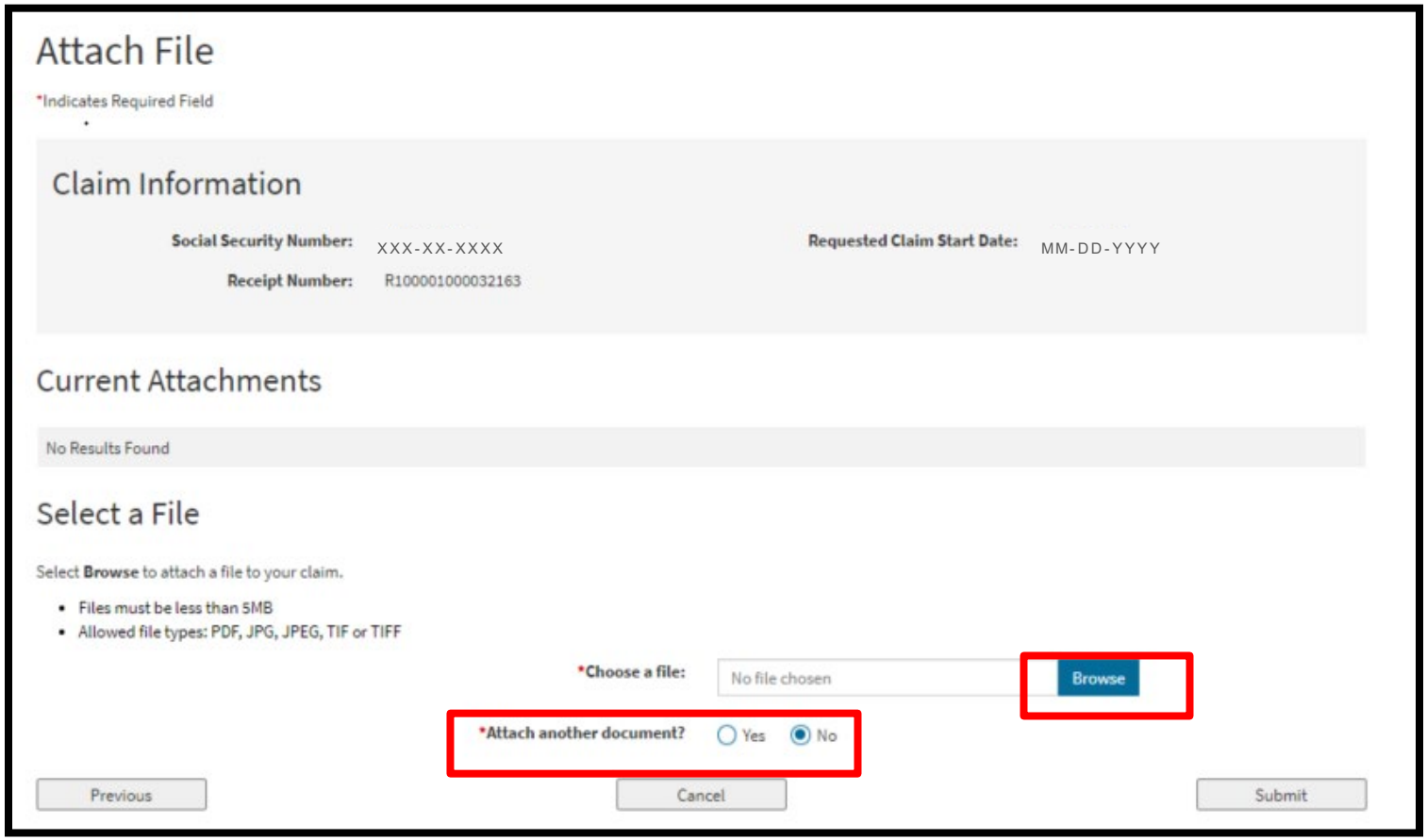


Select **Submit Electronic Paid Family Leave Military Assist Attachment** under Apply for Paid Family Leave Benefits.



Make sure the **Receipt Number** on the screen matches the number you got when you filed the online portion of the claim.

If it matches, choose **Select** from the Action column to attach a document to your claim.



Note

To upload a document, save the document to your computer or phone as a PDF, JPG, JPEG, TIF, or TIFF file. All file sizes must be 5MB or less.

Select **Browse** to upload a document from your computer or phone.

To upload another document, select **Yes** to “Attach another document?” and then select **Submit**. This sends you back to the Attachment screen to continue uploading documents.

When you are done uploading your documents, select **No** to “Attach another document?” and then select **Submit.**

The Attachment Confirmation screen confirms the attachment was submitted.

Save the **Receipt Number** for future reference.

Your military assist claim is complete when you send us the supporting military documentation and documentation of the qualifying event. Allow at least 14 days for the claim to process.

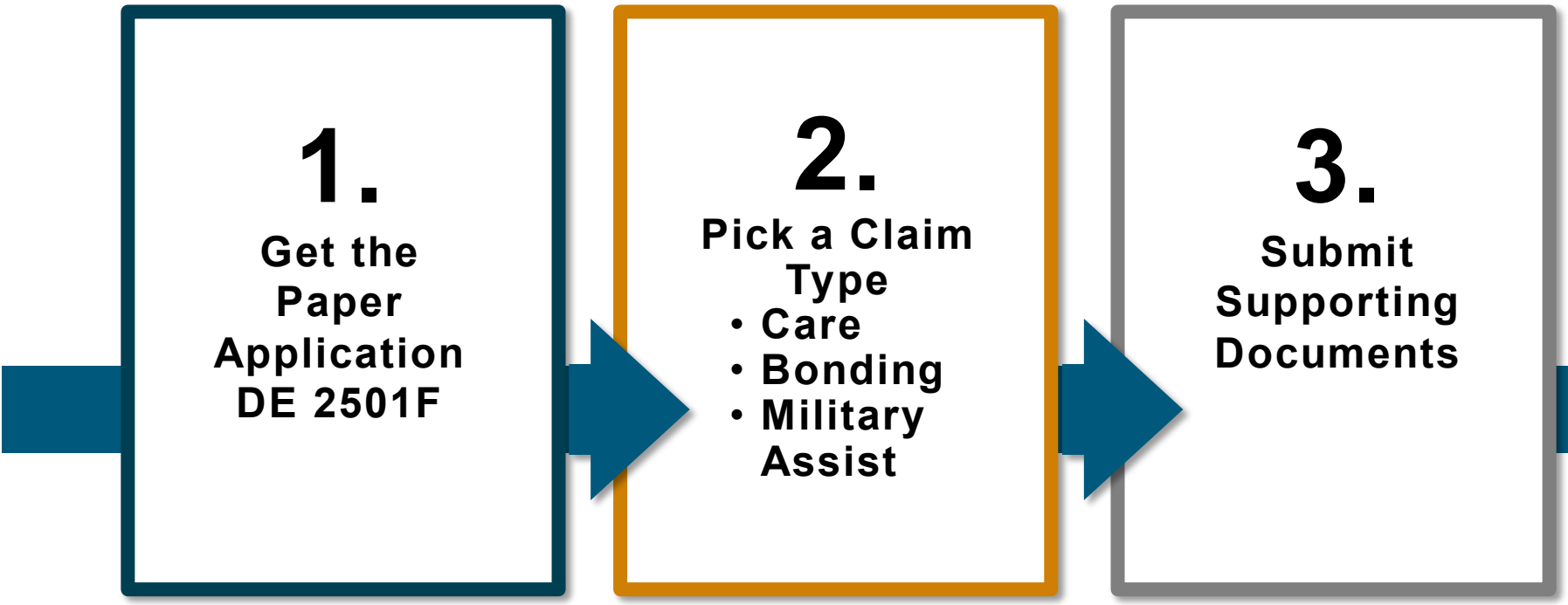
EDD Employment Development Department
State of California

Complete Paper Claim Forms

Learn more about how to complete your paper claim form for bonding, care, or military assist benefits.

Get Started

How to file a PFL claim



Important

If you already applied online, do not send a paper claim form. It can delay claim processing.

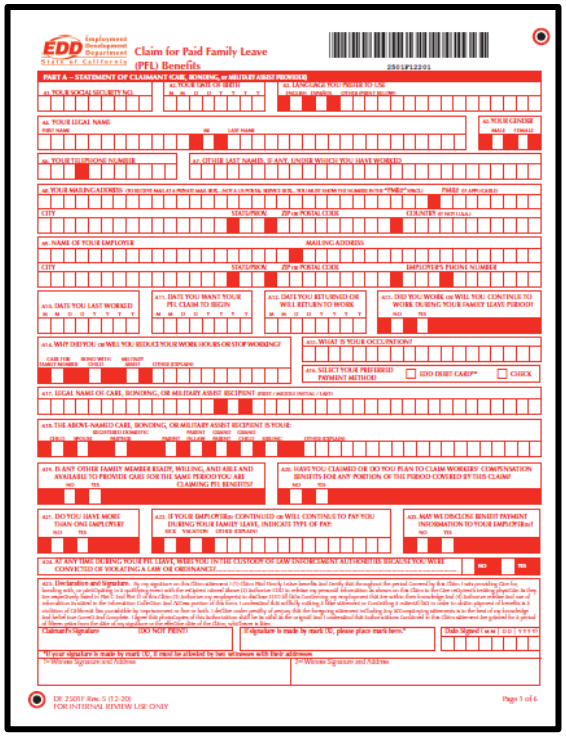
Get the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F)

- Order a form online to have it mailed to you.
- Visit an SDI Office.
- Call 1-877-238-4373 to request a paper form be mailed to you.
- Get the form from your licensed health professional or employer.

It may take up to 10 days to get in the mail.

Note

New mothers 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.


EDD Employment Development Department State of California

Claim for Paid Family Leave (PFL) Benefits

2501F12201

PART A – STATEMENT OF CLAIMANT CARE, BONDING, or MILITARY ASSIST PROVIDER

DE 2501F Rev. 5 (12-20)
FOR INTERNAL REVIEW USE ONLY

Page 1 of 6

SAMPLE
Claim for Paid Family Leave (PFL) Benefits
(DE 2501F)

Complete and review your portion of the DE 2501F form

Bonding claims are complete when the following documents are received:

- Part A: Statement of Claimant
- Part B: Bonding Certification
- Supporting Bonding Documentation

Care claims are complete when the following documents are received:

- Part A: Statement of Claimant
- Part C: Statement of Care Recipient
- Part D: Physician/Practitioner's Certification

Military assist claims are complete when the following documents are received:

- Part A: Statement of Claimant
- Part E: Military Assist Certification
- Supporting Military Documentation

To avoid processing delays when completing your paper claim form

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.

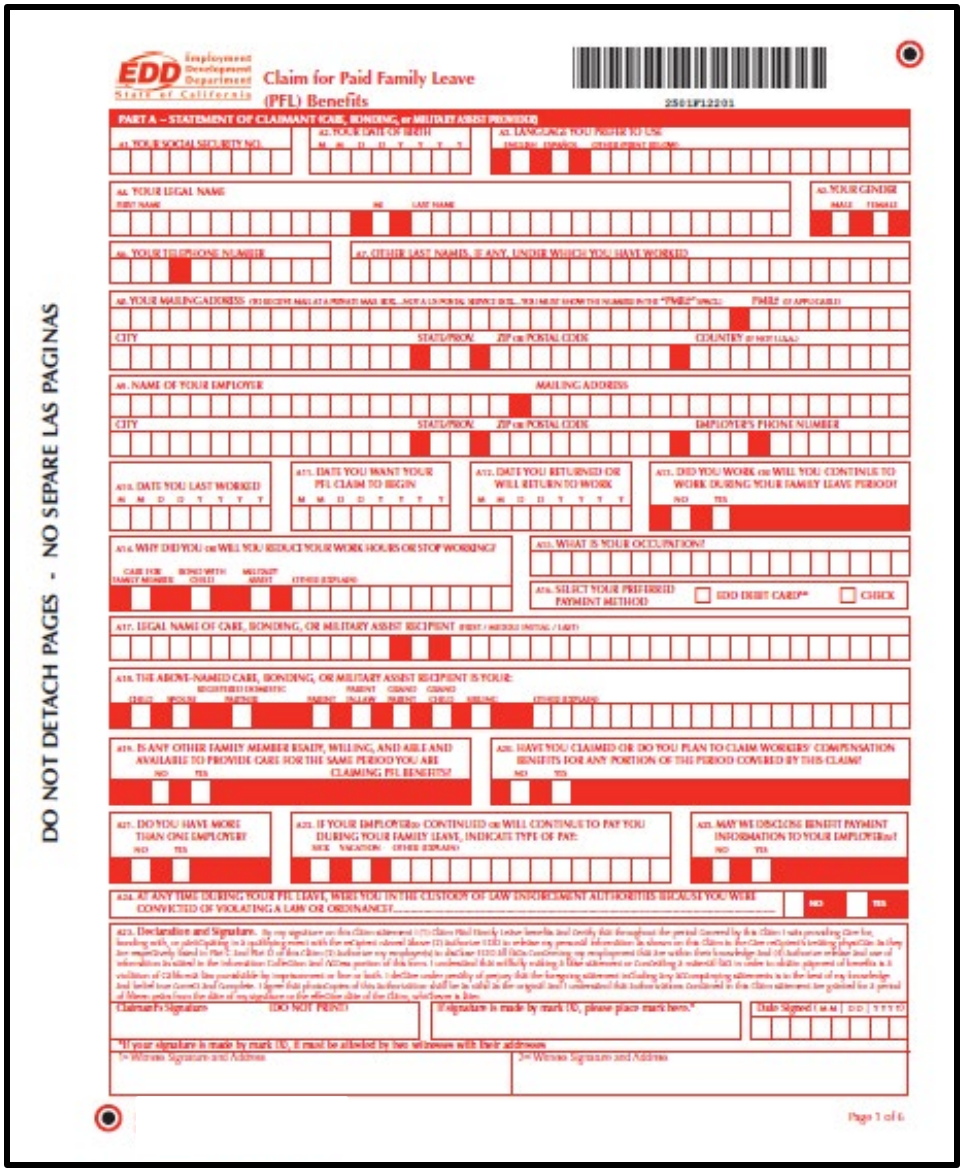
Claim for Paid Family Leave (PFL) Benefits (DE 2501F) - Page 1

Part A - Statement of Claimant:

- Complete all related information, including your personal information, last day worked and employer information. Make sure to sign and date the form.

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

- Bonding
- Care
- Military assist



Claim for Paid Family Leave (PFL) Benefits (DE 2501F) - Page 2

Part B - Bonding Certification:

- If you are filing a bonding claim, you must complete this section and sign the form.

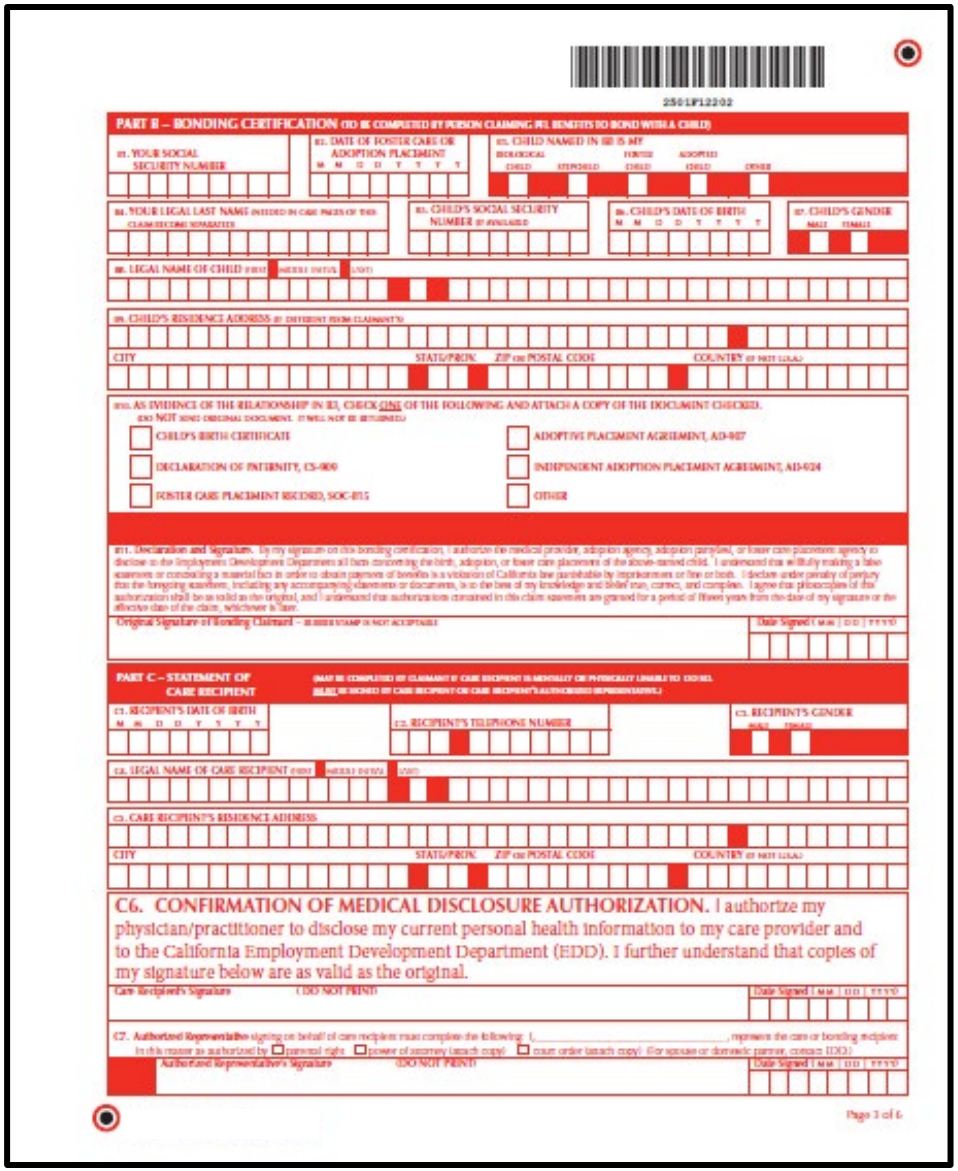
Part C - Statement of Care Recipient:

- If you are filing a care claim, you or the care recipient must complete this section. The care recipient or their authorized representative must sign the form.

Complete either Part B or Part C – **but never both** sections for one claim.

Note

Part B and Part C are not needed for military assist claims.



Claim for Paid Family Leave (PFL) Benefits (DE 2501F) - Page 3

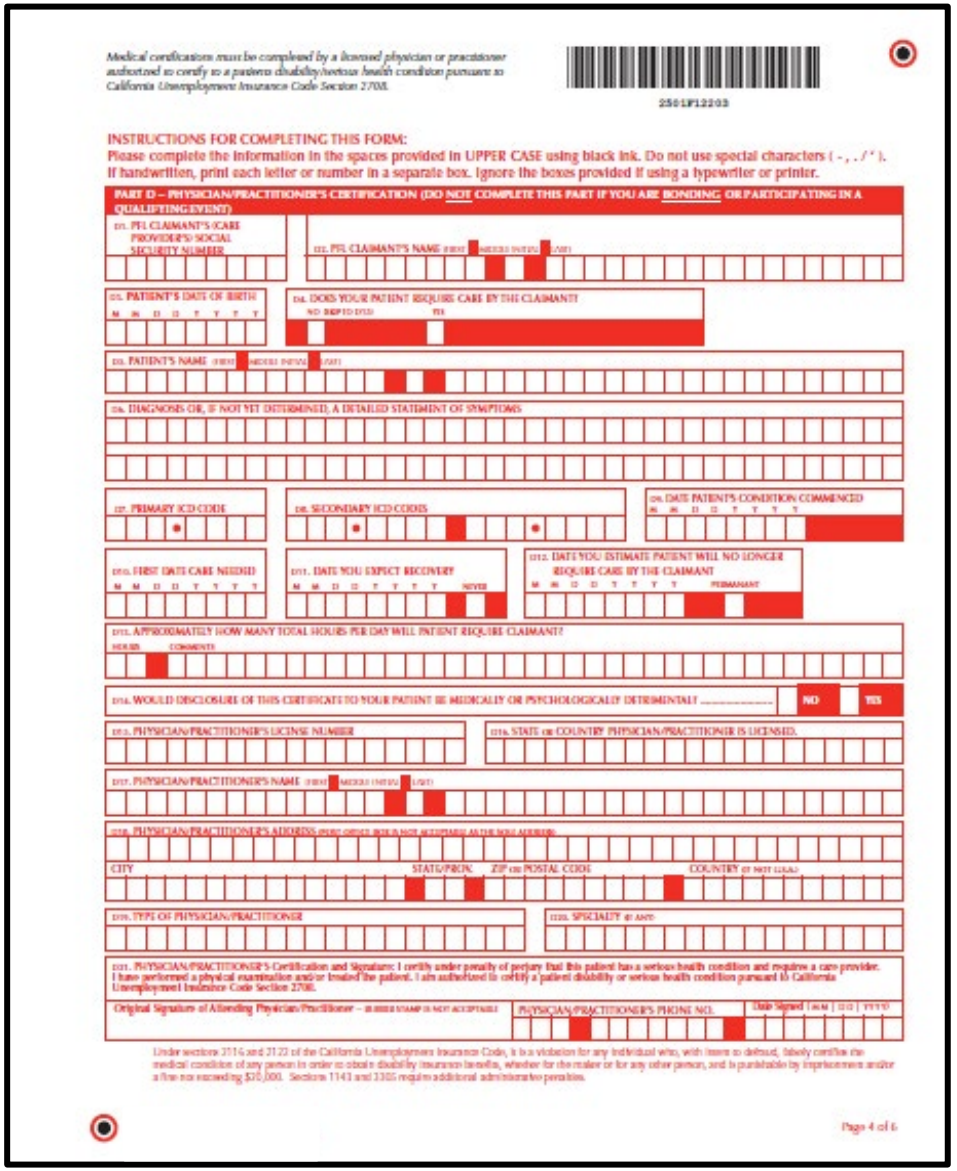
Part D - Physician/Practitioner's Certification:

- Your care recipient's licensed health professional must complete all patient information including dates, diagnosis codes, and signing the bottom of the form.

Page 4 is left blank intentionally and not shown in this tutorial. Do not remove this page.

Note

Part D is not needed for bonding or military assist claims. It is only for care claims.



Claim for Paid Family Leave (PFL) Benefits (DE 2501F) - Page 5

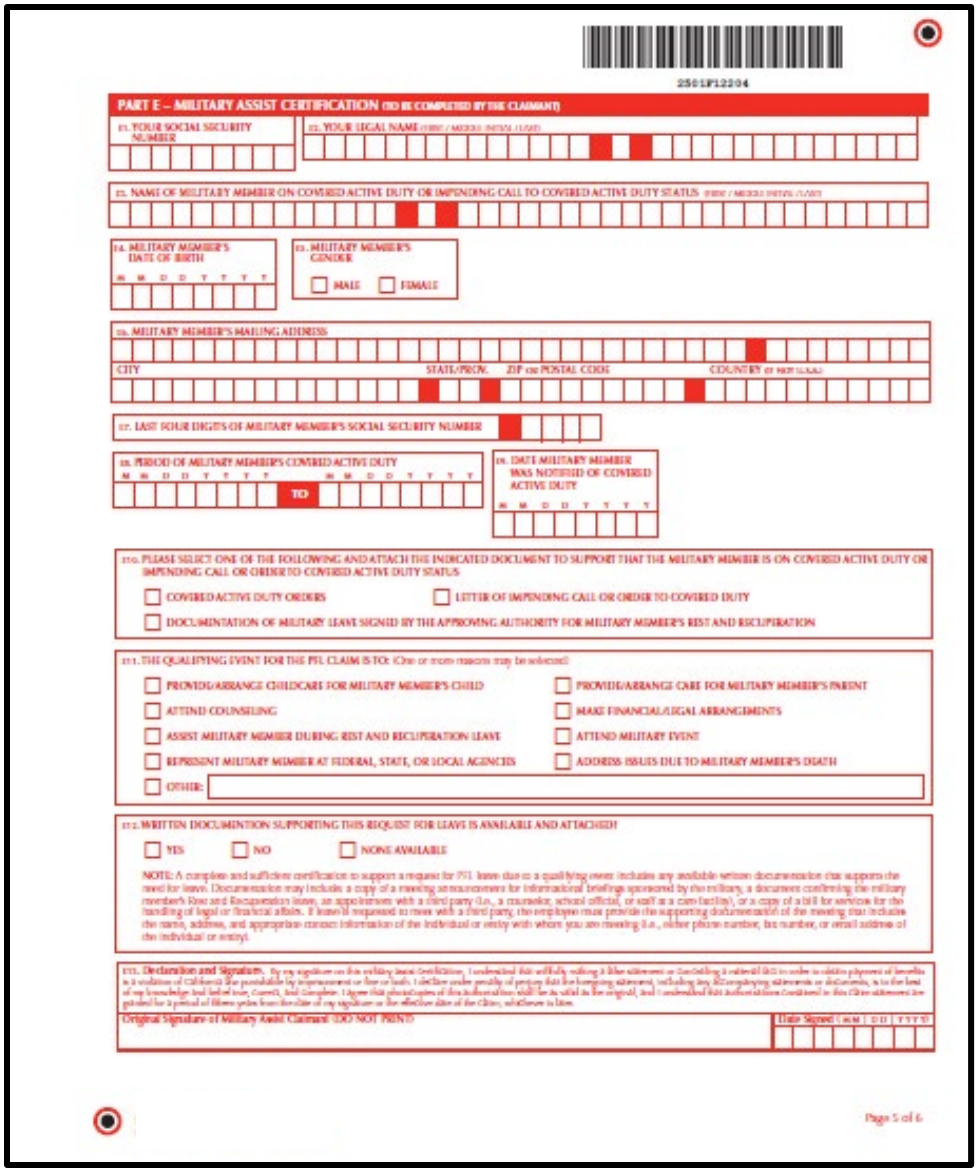
Part E – Military Assist Certification:

You must complete all information under Part E, including:

- The military member's personal information
- Dates of covered duty
- Qualifying event information
- Your signature

Note

Part E is not needed for bonding or care claims. It is only for military assist claims.



2501F12204

PART E – MILITARY ASSIST CERTIFICATION (TO BE COMPLETED BY THE CLAIMANT)

11. YOUR SOCIAL SECURITY NUMBER

12. YOUR LEGAL NAME (FIRST / MIDDLE INITIAL / LAST)

13. NAME OF MILITARY MEMBER ON COVERED ACTIVE DUTY OR IMPENDING CALL TO COVERED ACTIVE DUTY STATUS (FIRST / MIDDLE INITIAL / LAST)

14. MILITARY MEMBER'S DATE OF BIRTH (M M D D Y Y Y Y)

15. MILITARY MEMBER'S GENDER ☐ MALE ☐ FEMALE

16. MILITARY MEMBER'S MAILING ADDRESS

CITY | STATE/PROV. | ZIP or POSTAL CODE | COUNTRY (IF NOT U.S.A.)

17. LAST FOUR DIGITS OF MILITARY MEMBER'S SOCIAL SECURITY NUMBER

18. PERIOD OF MILITARY MEMBER'S COVERED ACTIVE DUTY (M M D D Y Y Y Y) TO (M M D D Y Y Y Y)

19. DATE MILITARY MEMBER WAS NOTIFIED OF COVERED ACTIVE DUTY (M M D D Y Y Y Y)

110. PLEASE SELECT ONE OF THE FOLLOWING AND ATTACH THE INDICATED DOCUMENT TO SUPPORT THAT THE MILITARY MEMBER IS ON COVERED ACTIVE DUTY OR IMPENDING CALL OR ORDER TO COVERED ACTIVE DUTY STATUS

☐ COVERED ACTIVE DUTY ORDERS ☐ LETTER OF IMPENDING CALL OR ORDER TO COVERED DUTY

☐ DOCUMENTATION OF MILITARY LEAVE SIGNED BY THE APPROVING AUTHORITY FOR MILITARY MEMBER'S REST AND RECUPERATION

111. THE QUALIFYING EVENT FOR THE PFL CLAIM IS TO: (One or more reasons may be selected)

☐ PROVIDE/ARRANGE CHILDCARE FOR MILITARY MEMBER'S CHILD ☐ PROVIDE/ARRANGE CARE FOR MILITARY MEMBER'S PARENT

☐ ATTEND COUNSELING ☐ MAKE FINANCIAL/LEGAL ARRANGEMENTS

☐ ASSIST MILITARY MEMBER DURING REST AND RECUPERATION LEAVE ☐ ATTEND MILITARY EVENT

☐ REPRESENT MILITARY MEMBER AT FEDERAL, STATE, OR LOCAL AGENCIES ☐ ADDRESS ISSUES DUE TO MILITARY MEMBER'S DEATH

☐ OTHER:

112. WRITTEN DOCUMENTATION SUPPORTING THIS REQUEST FOR LEAVE IS AVAILABLE AND ATTACHED?

☐ YES ☐ NO ☐ NONE AVAILABLE

NOTE: A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation that supports the need for leave. Documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, an appointment with a third party (i.e., a counselor, school official, or staff at a care facility), or a copy of a bill for services for the handling of legal or financial affairs. If leave is requested to meet with a third party, the employee must provide the supporting documentation of the meeting that includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either phone number, fax number, or email address of the individual or entity).

113. Declaration and Signature. By my signature on this military leave Certification, 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 statements, including any accompanying statements or documents, 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 Authorization Conditions in this Claim statement are guided for a period of fifteen years from the date of my signature or the effective date of the Claim, whichever is later.

Original Signature of Military Assist Claimant (DO NOT PRINT) | Date Signed (M M D D Y Y Y Y)

Page 5 of 6

Claim for Paid Family Leave (PFL) Benefits (DE 2501F) - Page 6

Part E - Qualifying Event for Leave Documentation:

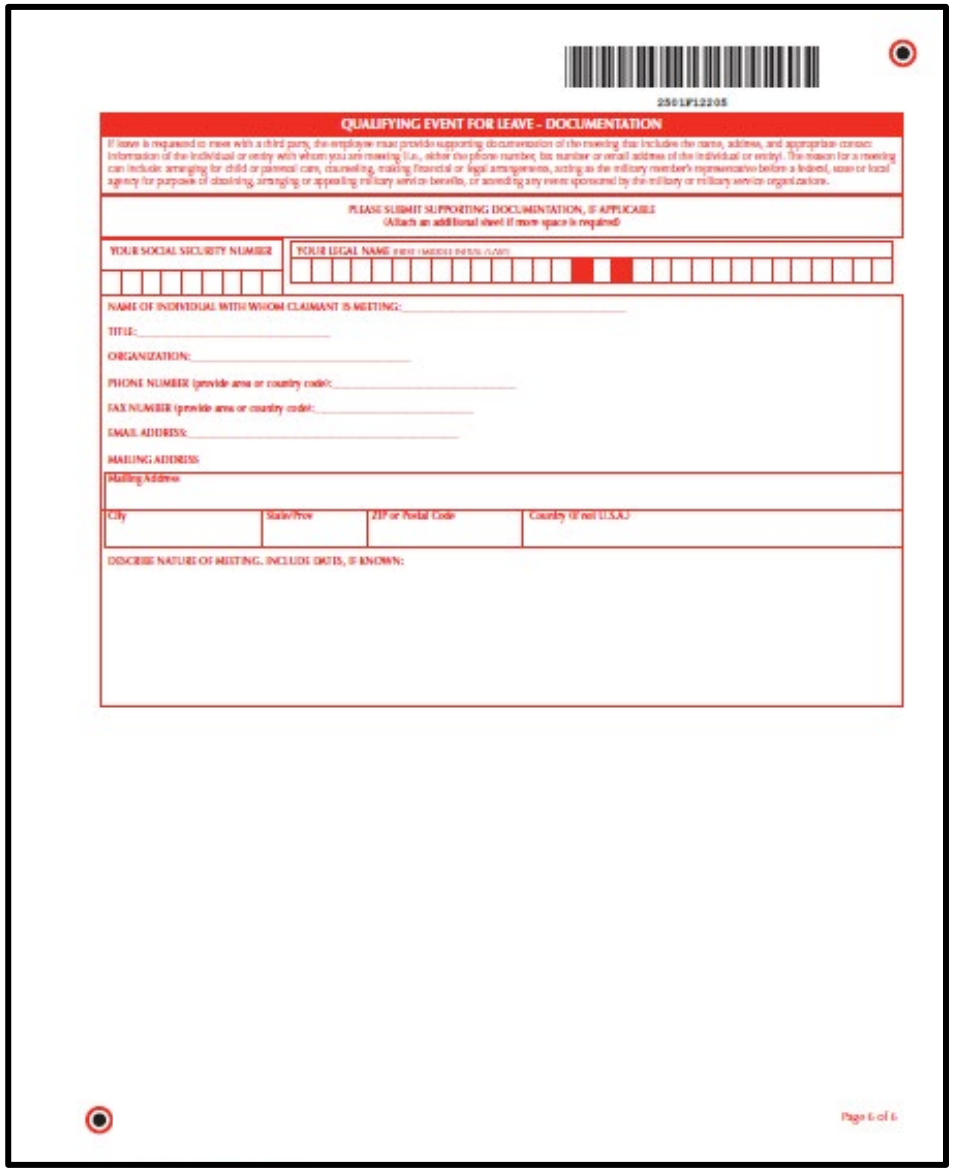
If you're requesting leave to meet with a third party, you must include:

- Third party contact information.
- Description of the event, including dates.

Make sure to complete all pages needed and sign the claim form before mailing to us.

Note

The Qualifying Event for Leave Documentation is not needed for bonding or care claims.



2501F12205

QUALIFYING EVENT FOR LEAVE – DOCUMENTATION

If leave is requested to meet with a third party, the employee must provide supporting documentation of the meeting that includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the phone number, fax number or email address of the individual or entity). The reason for a meeting can include: arranging for child or personal care, counseling, making financial or legal arrangements, acting as the military member's representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or attending any events sponsored by the military or military service organizations.

PLEASE SUBMIT SUPPORTING DOCUMENTATION, IF APPLICABLE
(Attach an additional sheet if more space is required)

YOUR SOCIAL SECURITY NUMBER

YOUR LEGAL NAME (FIRST, MIDDLE INITIAL, LAST)

NAME OF INDIVIDUAL WITH WHOM CLAIMANT IS MEETING:

TITLE:

ORGANIZATION:

PHONE NUMBER (provide area or country code):

FAX NUMBER (provide area or country code):

EMAIL ADDRESS:

MAILING ADDRESS:

Mailing Address

City | State/Prov | ZIP or Postal Code | Country (if not U.S.A.)

DESCRIBE NATURE OF MEETING, INCLUDE DATES, IF KNOWN:

Page 6 of 6

Mail in your completed claim form

Use the pre-addressed envelope to mail to:

State of California
Employment Development Department
P.O. Box 989315
West Sacramento, CA 95798-9315

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

CONTACT US

1-877-238-4373

– Helpful Links –

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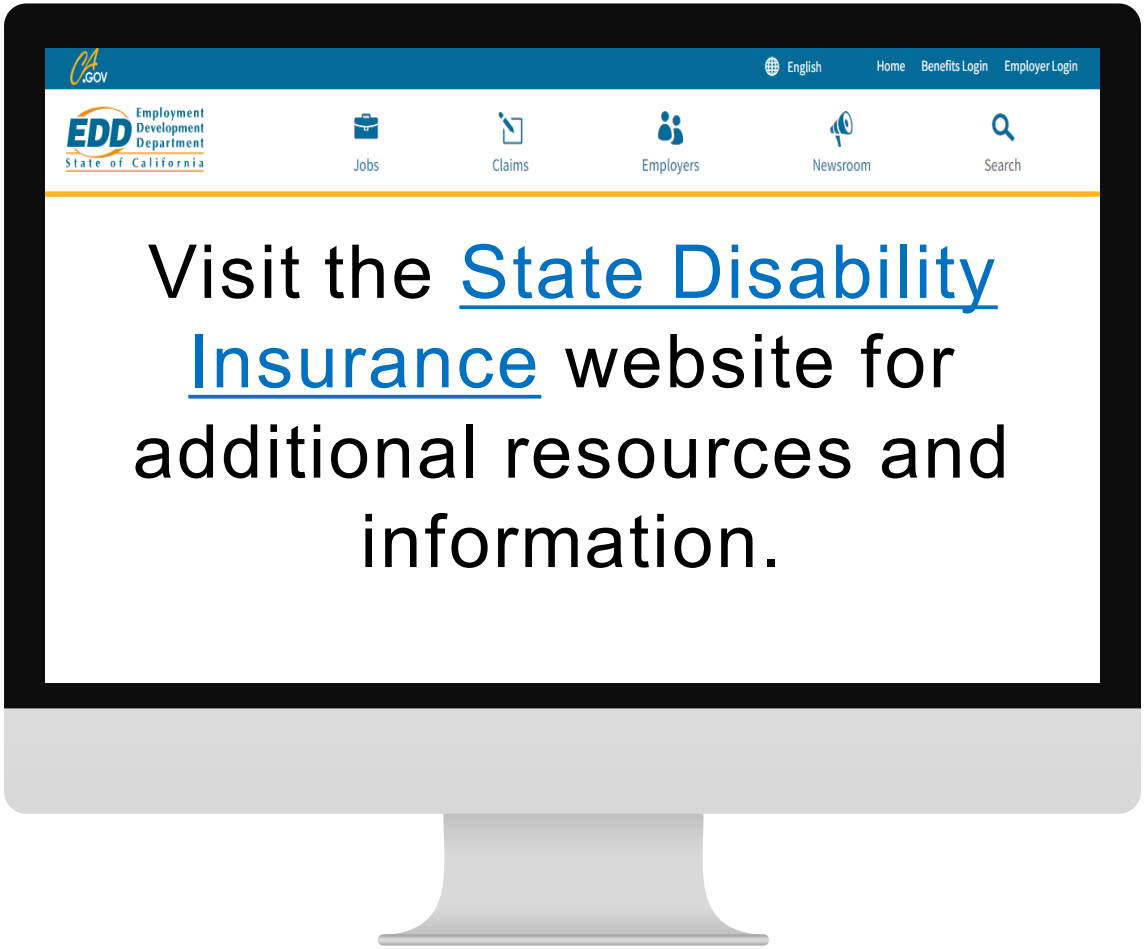
Contact Us

Accessibility

Language Resources

– Follow us –



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