

EMPLOYMENT DEVELOPMENT DEPARTMENT

Amendment of Sections 2706-1, 2706-2, and Adoption of Section 2706-8 of Title 22, California Code of Regulations

IDENTITY AND WAGE VERIFICATION FOR STATE DISABILITY INSURANCE BENEFITS

Text of Proposed Amendments

NOTE: Language to be deleted is shown in ~~strikeout~~ format; language to be added is shown in underline format.

AMEND SECTION 2706-1 TO READ AS FOLLOWS:

§ 2706-1. Filing a First Claim for Disability Benefits.

(a) Any person or his or her authorized representative may file a first claim for disability benefits who has been continuously unemployed and disabled for a period of eight consecutive days, provided that a claimant has been examined by or under the care of a physician or practitioner during some portion of such period.

(b) "First claim" means the claim initially filed on a form prescribed by the department with respect to a period of disability. By filing the first claim, the claimant establishes his or her disability period and the department computes the weekly benefit amount and maximum benefits potentially payable for the disability period.

(c) Any individual who is unable to work and has a wage loss due to any of the causes specified in Section 2626 of the code for a period of eight days, may file a claim for benefits.

(d) A "properly completed first or continued claim" means a claim containing all the required items as prescribed in sub-sections (e) and (f).

(e) The claimant shall file the first or continued claim and shall provide his or her:

(1) legal name, and any other last name(s) used by the claimant;

(2) social security account number; and any other names and social security account numbers by which the claimant is or was known.

(A) The department may require the claimant to verify the social security account number as being the one issued to the claimant by the Social Security Administration if the information available to the department indicates that the social security account number presented by the claimant may belong to another individual, is not a valid social security account number, or was never issued by the Social Security Administration, or that the wages in the base period of the claim may belong to another individual.

(B) If the department requires a verification of the social security account number which the claimant has provided to the department during the claim application, the claimant must submit verification of his or her social security account number through the Social Security Administration, or submit to the department a copy of his or her annual statement issued by the Social Security Administration.

(3) date of birth;_

(4) gender;_

(5) mailing address and residence address if different from mailing address;_

(6) driver license number or identification card number, provided that the driver license or identification card was issued by a local, state, or federal agency, or a foreign government.

~~(6)~~ (7) date disability began;_

~~(7)~~ (8) last day worked at his or her last job and date returned to work, if any;_

~~(8)~~ (9) reason why he or she is no longer working at his or her last job;_

~~(9)~~ (10) name(s) and address(es) of his or her most recent employer(s);_

~~(10)~~ (11) name and location of each facility where he or she has been incarcerated or otherwise in custody of law enforcement authorities upon adjudication or conviction at any time during his or her disability;_

~~(11)~~ (12) facility name, address and phone number if he or she is residing in an alcoholic recovery home or a drug-free residential facility;_

~~(12)~~ (13) Workers' Compensation claim information as follows, if he or she has filed or intends to file for Workers' Compensation benefits:

(A) dates of injury on the job as shown on his/her Workers' Compensation claim;_

(B) Workers' Compensation carrier name and address;_

(C) Workers' Compensation claim number;_

(D) adjuster's name and telephone number;_

(E) employer's name and telephone number identified on the Workers' Compensation claim;_

(F) if the claimant is represented by counsel or other legal representative, provide the name, address and telephone number of such representative; and

(G) Workers' Compensation Appeals Board case number, if applicable;_

~~(13)~~ (14) authorization for the claimant's treating physician, practitioner, hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier to furnish and disclose to the department all facts concerning the claimant's disability;_

~~(14)~~ (15) signature certifying to his or her disability;_

~~(15)~~ (16) authorization for the department to disclose the claimant's information as listed herein from (e)(1) to (e)~~(9)~~(10) to the claimant's treating physician, practitioner, hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier;_

~~(16)~~ (17) such other information within the scope of eligibility requirements as the department may require.

(f) The claimant's physician or practitioner shall provide the following information on the department's designated form:

(1) claimant's name;_

(2) treating doctor's or practitioner's name, address and telephone number;_

(3) treating doctor's or practitioner's license number;_

(4) date(s) medical care was provided to the claimant;_

(5) date the claimant has been incapable of performing his or her regular or customary work;

(6) date claimant was released or is anticipated to be released to return to claimant's regular or customary work;

(7) diagnosis and diagnostic code(s) or procedure code prescribed in the International Classification of Diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms;

(8) determination regarding whether disclosure of the claimant's disability would be medically or psychologically detrimental to the claimant;

(9) determination regarding whether the completion of the doctor's certification is for the sole purpose of referral/recommendation to an alcoholic recovery home or drug-free residential facility;

(10) the treating doctor's or practitioner's certification and signature;

(11) such other information within the scope of eligibility requirements as the department may require.

NOTE: Authority cited: Sections 305, 306 and 2602, Unemployment Insurance Code.
Reference: Sections 2608, 2626, 2701.5 and 2706, Unemployment Insurance Code.

AMEND SECTION 2706-2 TO READ AS FOLLOWS:

§ 2706-2. Claim for Family Temporary Disability Insurance Benefits – Filing and Contents.

(a) “First claim” means the claim initially filed on a form prescribed by the department with respect to a 12-month period of family care leave. By filing the first claim, the claimant establishes his or her 12-month period and the department computes the weekly benefit amount and maximum benefits potentially payable for the 12-month period.

(b) Any individual who has taken time off from his or her work for a period of eight days to care for a seriously ill child, spouse, parent, registered domestic partner, or to bond with a new child, as they are defined in section 3302 of the code, may file a claim for benefits.

(c) A “properly completed first or re-established claim” means a claim containing all the required items as prescribed in ~~this section~~ subdivisions (d), (e) and (f) of this section.

(d) The claimant shall file the first or re-established claim and shall provide his or her:

(1) legal name, and any other last name(s) used by ~~which~~ the claimant ~~is or was~~ known.

(2) social security account number, and any other names and social security account numbers by which the claimant is or was known.

(A) The department may require the claimant to verify the social security account number as being the one issued to the claimant by the Social Security Administration if the information available to the department indicates that the social security account number presented by the claimant may belong to another individual, is not a valid social security account number, or was never issued by the Social Security Administration, or that the wages in the base period of the claim may belong to another individual.

(B) If the department requires verification of the social security account number which the claimant has provided to the department during the claim application, the claimant must submit verification of his or her social security account number through the Social Security Administration, or submit to the department a copy of his or her annual statement issued by the Social Security Administration.

(3) date of birth.

(4) gender.

(5) mailing address.

(6) driver license number or identification card number, provided that the driver license or identification card was issued by a local, state, or federal agency, or a foreign government.

~~(6)~~(7) last day worked at his or her last job.

~~(7)~~(8) reason why he or she is no longer working at his or her last job.

~~(8)~~(9) occupation.

~~(9)~~(10) name(s) and address(es) of his or her most recent employer(s).

~~(10)~~(11) date on which he or she requests benefits to begin.

~~(11)~~(12) care or bonding recipient’s legal name.

~~(42)~~(13) relationship to the care recipient. The claimant may be required to provide evidence of the relationship to the family member to support the claim such as a birth or marriage certificate or proof of a registered domestic partnership.

~~(43)~~(14) statement attesting whether any other family member is ready, willing, able and available to provide care for the same period of time in a day.

~~(44)~~(15) signature.

~~(45)~~(16) authorization for the department to disclose the claimant's information as listed herein from (d)(1) to (d)~~(44)~~(15) to the care recipient's treating physician or practitioner and to the care recipient.

~~(46)~~(17) such other information within the scope of eligibility requirements as the department may require.

(e) The claimant shall complete the bonding certification if applying for benefits to bond with a new child and shall set forth the new child's:

(1) social security account number, if issued. Absence of child's social security account number shall not disqualify the claimant.

(2) relationship to the claimant.

(3) date of foster care, guardianship, or adoption placement of the new child with the claimant or family member.

(4) legal name.

(5) date of birth.

(6) gender.

(7) residence address.

(8) documentary evidence, pursuant to section 2708(c)-1 of these regulations.

(9) claimant's signature.

(10) such other information as the department may require.

(f) The claimant shall also provide the information as specified below about the following persons:

(1) for a care recipient, the claimant shall provide the care recipient's:

(A) legal name.

(B) social security account number, if issued. Absence of care recipient's social security account number shall not disqualify the claimant.

(C) date of birth.

(D) gender.

(E) residence address.

(F) signature or authorized representative's signature authorizing the treating physician or practitioner to release the care recipient's protected health information to the department and the claimant.

(2) The claimant shall gather from the treating physician or practitioner on the department's designated form:

(A) the name of the care recipient.

(B) the date of birth of the care recipient.

(C) a diagnosis and diagnostic code(s) prescribed in the International Classification of Diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms.

(D) the date, if known, on which the serious health condition of the care recipient commenced.

(E) the probable duration of the care recipient's serious health condition.

(F) an estimate of the duration of time that the care provider is needed to care for the care recipient.

(G) the number of hours per day that the care provider is needed to care for the care recipient.

(H) a statement that the care recipient's serious health condition warrants the participation of the care provider to provide care for the care recipient.

(I) a statement regarding whether disclosure of the doctor's certification would be medically or psychologically detrimental to the care recipient.

(J) the treating doctor's or practitioner's name and address.

(K) the treating doctor's or practitioner's license number.

(L) the treating doctor's or practitioner's signature.

(M) such other information within the scope of eligibility requirements as the department may require.

NOTE: Authority cited: Sections 305 and 306, Unemployment Insurance Code.

Reference: Sections 2701.5, 2706 and 3303.1, Unemployment Insurance Code.

ADOPT SECTION 2706-8 TO READ AS FOLLOWS:

§ 2706-8. Identity and Wage Verification for State Disability Insurance Benefits.

(a) For the purpose of this section, the following terms are defined as follows:

(b) "Social Security Number," and "Social Security Account Number," both mean the nine-digit account number issued by the Social Security Administration to an individual for the purpose of recording that individual's earnings or for use by that individual when required by federal law to receive a benefit or service.

(c) "Social Security Number Verification" means verification of the social security number, received by the department from the claimant, by either submission of a copy of the claimant's annual statement issued to the claimant by the Social Security Administration, or by verification of that claimant's social security number submitted to the department directly from the Social Security Administration.

(d) "Photo Identification" means an unexpired official document, excluding a voter identification card, issued by a local, state, or federal agency, or a foreign government entity, which contains a claimant's photograph, first and last name, and date of birth.

(e) "Date of Birth Verification" means a certified birth certificate issued by a local, state, or federal agency, or a foreign government entity, or other official certification of the claimant's birth.

(f) "Address Verification" means verification of an original utility bill (e.g., electricity, gas, garbage, water, or sewer), television service bill (e.g., cable, satellite), internet service bill, telephone or cellular bill, insurance document or other correspondence from a bank or similar institution, a current residential rental or lease agreement; or a mortgage statement; provided the document shows the claimant's name and residence address. If the claimant does not have a residence address but has a Post Office Box or a Personal Mail Box, address verification must consist of the individual providing proof that he or she is the renter or the authorized user of the box.

(g) "Proof of Wages Earned" means a copy of that claimant's Wage and Tax Statement(s) (Form W-2), issued for the base period of the claim, or Income Tax Declaration(s) for the base period of the claim, or check stubs issued by the claimant's employer(s) during the base period of the claim, or a pay statement issued by the claimant's employer(s) for the base period of the claim. The check stubs or pay statement must contain the claimant's:

(1) first name or initial and last name.

(2) social security number.

(3) name of employer.

(4) the date the check stub or pay statement was issued, or the pay period for which the check stub or pay statement was issued.

(h) A claimant will be required to provide information to the department as described in sections 2706-1, 2706-2, 2706-3, or 2706-6 of this Division. The information provided by the claimant must be sufficient for the department to:

(1) establish the identity of the claimant.

(2) verify that the wages reported under the social security number provided belong to the claimant.

(3) verify that any other wages claimed as earned during the base period belong to the claimant.

(i) If the information provided to the department by the claimant under sections 2706-1, 2706-2, 2706-3, or 2706-6 of this division does not sufficiently establish the identity of the claimant, or if the department cannot verify that the wages reported under the social security number, and any other wages claimed as earned during the base period belong to the claimant, the department shall:

(1) Require the claimant to verify his or her identity claimed, by presenting a photo identification and at least one of the following document(s) as defined in subdivisions (c), (e), (f) and (g) of this section:

(A) Social security number verification.

(B) Date of birth verification.

(C) Address verification.

(D) Proof of wages earned.

(2) Request the last employer of the claimant, and if deemed necessary by the department, all of the claimant's base period employers, to provide the following information:

(A) Any other names used by the individual who earned the wages.

(B) Any other social security numbers used by the individual who earned the wages.

(C) Dates of employment for the individual who earned the wages.

(D) Last known telephone number for the individual who earned the wages.

(E) Last known mailing and residence addresses of the individual who earned the wages.

(F) Date of birth provided by the claimant at date of hire.

(G) Verification of claimant's photo identification, if deemed necessary by the department.

(i) If the information available to the department indicates that the identity of the claimant may not be the same as the individual who earned the wages reported to the department, the department may request the individual who claims to be the true owner of the identity to certify under penalty of perjury whether or not he or she filed the claim for unemployment compensation disability benefits, and to provide the documentation requested by the department in order to prove the identity, and the wages earned during the base period.

(k) The claimant shall be allowed a reasonable amount of time, as determined by the department, to provide the information requested pursuant to sections 2706-1 (e) and 2706-2 (d) of these regulations. The claimant shall have the right to request additional time to provide the requested information to the department.

(l) If, within ten (10) days from the mailing date of the request to provide the additional documentation, the claimant has not supplied the requested information, and has not contacted the department to request additional time to provide the requested information, the department shall grant or deny the benefits based on the information available to the department, pursuant to sections 2706 and 2706-1 of the code.

(m) The burden of proof shall rest with the claimant to verify his/her identity and wages claimed. In the event the claimant is unable to meet the requirements of this section to the department's satisfaction; the department shall take the necessary steps to protect the record of the true owner of the social security number. When a claim has not been filed by, and/or wages have not been earned by the true owner of the social

security number, the department may remove claim and wage information from the true owner's records, and transfer the information to the claimant's records who is currently applying for benefits.

Note: Authority cited: Sections 305 and 306, Unemployment Insurance Code.
Reference: Sections 1085, 1092, 2675, and 2706, Unemployment Insurance Code.
