SDI Online Tutorial:
Claimant Registration, Online Access, and Claim Filing
SDI Online Tutorial: Registration
To create an SDI Online account, visit www.edd.ca.gov/disability.

On the State Disability Insurance overview page select any SDI Online link.

You will be directed to the State Disability Insurance (SDI) Online page.
Select the **SDI Online Registration** link.

You will be directed to the **SDI Registration Instructions** page.
On the SDI Registration Instructions page, select the Continue to Claimant Registration link.
On the Security Check page, type the text displayed then select **Next**.

Select **Try Another** to change the text shown.

Select **Vision Impaired** to listen to the words.
Read the Terms and Conditions and select I Agree.

Selecting I Do Not Agree prevents an account from being established.
On the Account Verification Information page, complete the fields, then select Next.

Mandatory fields are marked with a red asterisk (*).
Create a Username and Password. Select the security questions and provide an answer for each question.

Select a Personal Image and create a caption for the image. Then select Next.

Note: Selecting Refresh to get new set of personal images erases the Password entered at the top of the page.
On the **Personal Profile Information** page, enter the required information, then select **Submit**.
When the account is successfully created, the **Account Setup Confirmation** page will appear.

Select **Login** to access your newly created account.
SDI Online Tutorial: Logging into Your Account
To file a claim for Disability Insurance (DI) or Paid Family Leave (PFL) online, you must first have an SDI Online account. If you do not have an account, please refer to the SDI Online Tutorial: Registration.

On the State Disability Insurance overview page select any SDI Online link.
To access your account, select the **SDI Online Login** link.
On the SDI Online Login page, enter your username and select **Submit**.
In some instances, you may be asked to respond to one or more of the security questions established when creating the account.

Type the answer to the security question(s) and select **Next**.
Confirm the Personal Image and enter your Password. Then select Log In.

**Note:** The Personal Image helps identify that you are accessing the real EDD website.
SDI Online Tutorial: Filing a Disability Insurance (DI) Claim
Once you have successfully logged into your account, you will be directed to the **Home** page.

Select **File a New Claim** from the Main Menu.
Select the Disability Insurance link.
This page provides important information you will need to file a DI claim.

Read this page and select **Next** to proceed.

### Disability Insurance Claim Filing Instructions

#### Before You Start and After You File

Please have the following information available while completing this form:

- Most current employer(s) business name, telephone number, and mailing address as stated on your W2 form and/or paycheck stub.
- Last date you worked your regular or customary duties and hours.
- Date you began working at less than full duty or modified duty.
- Wages you received or expect to receive from your employer: sick leave, paid time off (PTO), vacation pay, annual leave, and wages earned after you stopped working.
- Workers' Compensation claim information, if applicable.
- The name, address, and telephone number, if any, of the Alcoholic Recovery Home or Drug-Free Facility where you are currently receiving in-patient treatment.
- You are responsible for obtaining a Physician/Practitioner Certification for your disability. Your claim will be returned if the Physician/Practitioner Certification is not received within 30 days. Please note that your employer will be notified that you have submitted a DI claim. However, your detailed claim information is confidential and will not be shared with your employer.
Information from your SDI Online account will automatically populate in portions of the application.

Verify the information and complete any open fields, as appropriate. Then select **Next**.

**Note:** Select **Save as Draft** at any point in the process to complete the form at a later time.
Complete the Employment Information section and select Next.

Mandatory fields are marked with a red asterisk (*).
To search your employer, select a search option from the drop down menu. Search options include “Begins With,” “Exact,” and “Sounds Like.”

Enter the Employer Name then select **Search**.
Under the **Action** column select the correct employer name from the list provided.

If the employer name is not listed under **Search Results**, select **Not Found** to be directed to a screen where the employer information can be added.
Complete the **Employer Contact Information** and **Employment Information** sections, then select **Next**.
Verify that the employer information is correct and select **Next**.

### Employment Summary

1. Personal Information
2. Initial Questions
3. Employment Information
4. Additional Information
5. Certification

You are currently on **Step 3 Employment Information**

#### Section 4A - List of Employers

Please click the "Add" button to add information about your last or current employer. You must add at least one employer.

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer Address</th>
<th>Last Day Worked</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAR ABC Employer</td>
<td>123 Main St Anytown, CA 95814</td>
<td>05-14-2012</td>
<td>Delete</td>
</tr>
</tbody>
</table>

[Previous] [Next] [Add] [Save as Draft] [Cancel]
If your employer is not found, selecting **Not Found** on the Search Results will direct you to this page.

Select **Add** to provide information about your last or current employer.
Complete all pertinent employer information and select **Next**.

### Employment Details (Add Employer)

*Indicates Required Field

**Section 4D - Employer Contact Information**

Enter your most recent employer first. If your employer has a PO Box, please use that as their mailing address. If you have more than one employer, you must provide this information for each additional employer. If you are a State government employee, enter the agency name (for example Caltrans). If you are self-employed, enter “Self.”

**Last or Current Employer**

Name: 

Please provide your most current employer's mailing address as found on your W2 form and/or paycheck stubs. If your employer has a PO Box please use that as their mailing address.

- **US**
- **International**

**Address Line 1:** 

**Address Line 2:** 

**City:** 

**State:** CA

**ZIP Code:**

**Employer Phone Number:** 

**Ext.:** 

☐ Check here if the phone number is international

(No dashes or spaces)

**Employment Information**

**Before your disability began, what was the last day you worked for this employer?** 

**MM/DD/YYYY**

- **Yes**
- **No**

**Do you currently have another employer that you have not yet reported?**

- **Yes**
- **No**

[Buttons: Previous | Next | Save as Draft | Cancel]
This page shows the employer added from the previous page.

Verify the employer information is correct and select **Next**, or you may select **Add** to enter additional employers.
The SDI Online system may standardize the employer address information. Confirm the Updated Address section is correct by selecting **Yes**.

Select **No** to go back to the previous page and re-enter the address.
Select the first check box to authorize an electronic signature.

Select the second check box and enter the name of the physician/practitioner in the field.

Both boxes must be selected to complete your claim.

Select **Submit** to finalize the process.

Select the **Claim for Disability Insurance (DI) Benefits (DE 2501)** link to view or print your application.
The Confirmation page will provide a Form Receipt Number, which needs to be provided to your physician/practitioner.

**Note:** Your physician/practitioner can complete the medical portion of the hard copy claim form, Claim for Disability Insurance (DI) Benefits (DE 2501), if they do not want to submit the form online.

Selecting the Form Receipt Number link will open a PDF printer-friendly view of the information that is submitted.
SDI Online Tutorial:
Filing a Paid Family Leave (PFL) Bonding Claim – New Mother
Once you have successfully logged into your account, you will be directed to the Home page.

Select *Inbox* from the Main Menu or the Message Center.
Select the Form DE 2501 FP Claim for Paid Family Leave (New Mother) link.

You will be directed to the Inbox Message, select the link Forms Available to Submit to file a claim.
Select the **Paid Family Leave Bonding** link.
Answer the prescreening questions:

- If you are a new mother applying for bonding benefits transitioning from a Disability Insurance pregnancy claim, select Yes for both questions.

- If you are a new mother applying for bonding benefits and did not file a Disability Insurance pregnancy claim, select Yes for the first question and No for the second question and refer to the “SDI Online Tutorial: Filing a Paid Family Leave Bonding Claim – New Father, Adoption, or Foster Care” for more information.

- If you are a new father applying for bonding benefits, or a parent applying for bonding with an adopted or foster child, select No for both questions and refer to the “SDI Online Tutorial: Filing a Paid Family Leave Bonding Claim – New Father, Adoption, or Foster Care” for more information.

Once the two questions have been answered, select Next.
Information from your SDI Online account will automatically populate portions of the PFL claim form.

Verify the information and complete any open fields, as appropriate.

Then select **Next**.
Verify information then select **Next**.

**Note:** Select **Save as Draft** at any point in the process to complete the form at a later time.
Complete the Baby Information, Paid Family Leave Claim Information, and Employer Information sections and select Next.

Mandatory fields are marked with a red asterisk (*).
Select the box to authorize an electronic signature and the release and use of your information.

Select **Submit** to finalize the process.
You have now completed your bonding claim which should be processed by the EDD within 14 business days.

The receipt number will show on the Home page in the history of forms submitted.

Refer to the Submitting Additional PFL Bonding Attachments tutorial for instructions on how to attach the birth certificate.
SDI Online Tutorial: Filing a Paid Family Leave (PFL) Bonding Claim – New Father, Adoption, or Foster Care
Once you have successfully logged into your account, you will be directed to the **Home** page.

Select **File a New Claim** from the Main Menu.

**Note:** You will need to provide proof of relationship to complete your claim. Please refer to the Submitting Additional PFL Bonding Attachments tutorial for instructions on uploading documents.
Select a link below to apply for Disability Insurance or Paid Family Leave benefits.

| Apply for Disability Insurance Benefits
| Disability Insurance
| Apply for Paid Family Leave Benefits
| Paid Family Leave Bonding
| Submit Electronic Paid Family Leave Bonding Attachment
| Paid Family Leave Care
| Submit Electronic Paid Family Leave Care Attachment

Saved Drafts
No Results Found

Select the **Paid Family Leave Bonding** link.
Answer the prescreening questions, then select **Next**.

If you are a new father applying for bonding benefits, or a parent applying for bonding for a foster or adopted child, select **No** for both questions.
This screen provides important information you will need to file a PFL bonding claim.

Review the information provided. At the bottom of the page, select Next.

Visit www.edd.ca.gov for more information about which type of claim to file or follow the links provided on the page for additional information.
This screen provides additional instructions for filing a PFL bonding claim.

Review the instructions and select the box to agree to the terms.

Then select **Next** at the bottom of the page.
Verify the information in the **Personal Information** section and select **Next**.

**Note**: Select **Save as Draft** at any point in the process to complete the form at a later time.
Complete the Employer Information section and select Next.

Mandatory fields are marked with a red asterisk (*).
Complete the Additional Questions section and select Next.
Select the Child relationship from the drop-down menu in the Personal Information section.

Complete the Child’s Legal Name and Information section. If child’s legal residence is different than yours, another screen will be provided to give the child’s legal address.

Select the document you will be providing from the drop-down menu in the Proof of Relationship section.

Then select Next.
If the child’s residence is different than yours, enter the child’s residence address information and select Next.
Select both boxes to authorize an electronic signature and the release and use of your information.

Then select Submit.
At the Confirmation screen, a receipt number will appear. Save this number for future reference.

To complete your PFL bonding claim you will need to submit your proof of relationship either by mail or electronically.

To submit this information electronically, select the Proof of Relationship link and follow the instructions.
Select the **Browse** button to upload the proof of relationship.

**Note:** To browse and attach a document, you will need to have previously scanned and saved the document on your computer as a PDF, JPG, JPEG, TIF, or TIFF file.

Then select **Submit** to finalize the process.
This page confirms that the attachment has been submitted.

Save the Receipt Number for future reference.

You have now completed your bonding claim which should be processed by the EDD within 14 business days.
Submitting Additional PFL Bonding Attachments
To submit attachments to a claim, select File a New Claim from the Main Menu.
Select the Submit Electronic Paid Family Leave Bonding Attachment link.
Verify the receipt number on the screen with the number received when you filed the claim. If it matches your claim, choose the Select link from the Action column to attach a form to your claim.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Submitted Date</th>
<th>Receipt Number</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>DE 2501F, Claim for Paid Family Leave (PFL) Benefits - Bond with Child</td>
<td>12-19-2014</td>
<td>R100000000291754</td>
<td>Select</td>
</tr>
<tr>
<td>DE 2501F, Claim for Paid Family Leave (PFL) Benefits - Bond with Child</td>
<td>02-07-2013</td>
<td>R100000000289431</td>
<td>Select</td>
</tr>
</tbody>
</table>

Cancel
This screen shows one document uploaded.

To upload another document, select Yes and then select the Browse button.

When you are done uploading, select No and then select Submit.
SDI Online Tutorial: Filing a Paid Family Leave (PFL) Care Claim
Once you have successfully logged into your account, you will be directed to the **Home** page.

Select **File a New Claim** from the Main Menu.

**Note:** You will need to provide additional care claim documents to complete your claim. Please refer to the Submitting Additional PFL Care Attachments tutorial for instructions on uploading documents.
Select the Paid Family Leave Care link.

Visit www.edd.ca.gov for more information about which type of claim to file.
This screen provides important information you will need to file a PFL care claim.

Review the information provided and select **Next**.
Information from your SDI Online account will automatically populate portions of the PFL claim form.

Verify the information and complete any open fields, as appropriate.

Then select **Next**.

**Note:** Select **Save as Draft** at any point in the process to complete the form at a later time.
Complete the **Employer Information** section with information about your employer and select **Next**.

Mandatory fields are marked with a red asterisk (*).
Complete the Additional Questions section and select Next.
Complete the Care Recipient’s Information and Residence Address sections with information about the person for whom you will be providing care.

Then select Next.
Select the box to authorize an electronic signature.

The box must be selected to complete your claim.

Select **Submit**.

**Note:** Your claim will not be fully complete until you submit the Statement of Care Recipient, Care Recipient’s Authorization, and the Physician’s/Practitioner’s Certification.
At the Confirmation screen, a receipt number will appear. Save this number for future reference.

To complete your PFL care claim, you will need to submit additional documents either by mail or electronically:

- Statement of Care Recipient
- Care Recipient Authorization for Disclosure of Personal Health Information
- Physician’s/Practitioner’s Certification

Select this link to print a copy of the Claim for Paid Family Leave (PFL) Care Benefits, DE 2501FC, to complete the additional information needed for your claim.
Submitting Additional PFL Care Attachments
To attach your completed, signed form to your claim, return to the **Home** page and select **File a New Claim** from the Main Menu.
Select the Submit Electronic Paid Family Leave Care Attachment link.
Verify the receipt number on the screen with the number received when you filed the claim. If it matches your claim, choose the Select link from the Action column to attach your form to your claim.
Select the **Browse** button to upload the completed documents.

**Note:** To browse and attach a document, you will need to have previously scanned and saved the document on your computer as a PDF, JPG, JPEG, TIF, or TIFF file.
This screen shows one document already uploaded.

To upload another document, select **Yes** and then select **Submit** which will navigate you back to the Attachment screen to continue uploading additional documents.

When you are done uploading, select **No** and then select **Submit**.
This page confirms that the attachments have been submitted.

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

You have now completed your care claim which should be processed by the EDD within 14 business days.
SDI Online Tutorial: Paper Forms
Claim for Disability Insurance (DI) Benefits Form, DE 2501

The Optical Character Recognition (OCR) version of paper form, DE 2501, for DI benefits is scanned and interfaces with SDI Online.

Part A pages 1-4:
Claimant’s Statement

Do not photocopy or fax this form.
Claim for Disability Insurance (DI) Benefits Form, DE 2501

The Optical Character Recognition (OCR) version of paper form, DE 2501, for DI benefits is scanned and interfaces with SDI Online.

Part B pages 5-7:
Physician’s/Practitioner’s Certificate

Do not photocopy or fax this form.
Claim for Paid Family Leave (PFL) Benefits, Form DE 2501F

The Optical Character Recognition (OCR) version of paper form, DE2501F, for PFL benefits is scanned.

Part A page 1: Statement of Claimant

Do not photocopy or fax this form.
CARE RECIPIENT’S AUTHORIZATION FOR DISCLOSURE OF PERSONAL-HEALTH INFORMATION

I authorize my physician or practitioner, as identified on Part D of this claim, to disclose my current personal-health information to my care provider, as identified on Part A of this claim, and to the California Employment Development Department (EDD).

I understand that such information includes a diagnosis and prognosis of my current condition, the date it commenced, and an estimation of the amount of care that I require from my care provider as a result of my current condition. I further understand that disclosure of my personal-health information may include my AIDS/HIV status, drug or alcohol addiction, or any other physical or mental condition.

I understand that EDD may disclose this information as authorized by the California Unemployment Insurance Code and that such re-disclosed information may no longer be protected. I agree that photocopies of the authorization form in conjunction with my signature on Page 3 in Item 6 of Part C shall be as valid as the original.

I understand that unless I inform EDD in writing at P.O. Box 989315, West Sacramento, CA 95798-9315, that I wish to revoke this authorization, it will be valid for 10 years from the date EDD receives it or the effective date of this claim, whichever is later. I understand that I have the right to receive a copy of an authorization form from EDD if I request one in writing.

I make this authorization to support my care provider’s claim for Paid Family Leave benefits. I understand that I may not revoke my authorization to avoid prosecution or to prevent EDD’s recovery of monies to which it is legally entitled.

WE CANNOT PROCESS THIS CLAIM UNLESS YOU SIGN BOTH THIS PAGE AND PAGE 3 IN ITEM C6 OF PART C.

_______________________________
MARY J. SMITH
Care recipient’s name (Print your name)

Sept. 23, 2014
Date signed

_______________________________
Mary J. Smith
Care recipient’s signature (Sign your name)

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

Page two of the DE2501F, is the Care Recipient Authorization for Disclosure of Personal Health Information.

The care recipient or his/her authorized agent must sign the bottom of this page.

Do not photocopy or fax this form.
Page three is the Bonding Certification and/or the Statement of Care Recipient.

Make sure all applicable information is completed in the appropriate section and the required signatures are obtained.

Do not photocopy or fax this form.
Claim for Paid Family Leave (PFL) Benefits, Form DE 2501F

Page four is the Doctor’s Certification.

Make sure all applicable information is completed in the appropriate section and all required signatures are obtained prior to mailing or uploading the form.

Do not photocopy or fax this form.
SDI Online Tutorial: Username Recovery
To recover your SDI Online username, visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

On the **State Disability Insurance** overview page select the **SDI Online** link.
On the **State Disability Insurance (SDI) Online** page, select the **SDI Online Login** link.

You will be directed to the **SDI Online Login** page.
On the SDI Online Login page, select Forgot username?
Provide your Last Name, E-mail Address, User Account Type, and select Next.
Answer the security questions and select **Next**.
Once you have successfully answered your security questions, your SDI Online username will be sent to your e-mail address.

Select **Login** to access your account.
SDI Online Tutorial: Password Recovery
To recover your SDI Online password:


- Under **Manage a Claim**, select the **SDI Online** link.

You will be directed to the **State Disability Insurance (SDI) Online** page.
On the **State Disability Insurance (SDI) Online** page, select the **SDI Online Login** link.

You will be directed to the **SDI Online Login** page.
On the SDI Online Login screen, enter your Username and select Submit.
On the **Confirm Your Personal Image and Log In** page, select **Forgot password?**
Provide your SDI Online Username, E-mail Address, and select **Next**.
Answer the security questions and select Next.
On the Forgot Password page, select **Send me my temporary password** and then select **Next**.
A temporary password will be sent to your e-mail address.

This password will expire in 15 days.

If you do not receive an e-mail, please check your junk/spam folder.

Select **Login** to access your account.
Visit www.edd.ca.gov/disability for more information about State Disability Insurance.

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.