



**Partial Benefits****If you have reduced your work schedule and have a wage loss.**

- Please mark “yes” on the *Claim for Paid Family Leave (PFL) Benefits*, DE 2501F, question A13 or on the *Claim for Paid Family Leave (PFL) Benefits – New Mother*, DE 2501FP, question 6 if you continue to work during your family care leave.
- Attach a separate letter if you will be working part-time or taking leave on an intermittent basis. Be sure to include your Social Security number, name, address, phone number, regular working hours, rate of pay, and the amount of time you plan to be off work each week.

**Wages from your Employer****If your employer continues to pay you wages during your claim.**

- If your employer pays you the difference between PFL benefits and full pay, write “INTEGRATE” on the *Claim for Paid Family Leave (PFL) Benefits*, DE 2501F, question A21 or on the *Claim for Paid Family Leave (PFL) Benefits – New Mother*, DE 2501FP, question 6.

**Your Responsibilities****Submit your claim and any other required forms completely, accurately, and in a timely manner.**

- Use black ink only.
- Do not separate the three-page form, and submit all parts of the claim form at one time.
- Submit the claim form when you begin bonding or caregiving. The EDD is unable to process claims with future beginning dates.
- If submitting a claim form late, you must include a written explanation of the reason(s) for the lateness to avoid a disqualification.
- Mail your claim form in the pre-addressed envelope. If you do not have the pre-addressed envelope provided with the claim, send your claim and correspondence to: EDD-Paid Family Leave, PO Box 989315, West Sacramento, CA 95798-9315.

**PFL Toll-Free Numbers**

<b>English</b>	<b>1-877-238-4373</b>
<b>Spanish</b>	<b>1-877-379-3819</b>
<b>Cantonese</b>	<b>1-866-692-5595</b>
<b>Vietnamese</b>	<b>1-866-692-5596</b>
<b>Armenian</b>	<b>1-866-627-1567</b>
<b>Punjabi</b>	<b>1-866-627-1568</b>
<b>Tagalog</b>	<b>1-866-627-1569</b>

For additional information, please visit the EDD website at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

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.

These guidelines are for general information only and do not have the force and effect of law, rule, or regulation.