Claim for Paid Family Leave (PFL) Benefits

Paid Family Leave (PFL), a worker-funded program, provides benefits to eligible workers who have a full or partial loss of wages due to the need to care for a seriously ill family member or to bond with a new child.

Please read instruction and information pages (A through D) before completing the enclosed forms.

For faster processing, file your claim using SDI Online at www.edd.ca.gov. If you file online, do NOT mail this form to the Employment Development Department (EDD).

Do not complete this form if you are insured by a Voluntary Plan. Ask your employer for the proper forms.

If you cannot complete this form due to your disability, or if you are an authorized representative filing for benefits on behalf of an incapacitated or deceased claimant, call 1-877-238-4373 or visit the EDD website to send an online message using Ask EDD at https://askedd.edd.ca.gov.

HOW TO COMPLETE THIS FORM

- Use black ink only.
- Type or write clearly within the boxes provided.
- Enter your Social Security number on all pages of the claim form including attachments.
- Do not fax the form.
- Enter your Social Security number on all pages of the claim form including attachments.
- Mail the completed form to the EDD in the envelope provided. Submit your claim no earlier than nine days after the first day your family leave begins, but no later than 49 days after your family leave begins. You may lose benefits if your claim is late.

1. Complete ALL items on the enclosed “PART A – STATEMENT OF CLAIMANT” and sign box A24. Errors or missing information may cause your claim to be returned and delayed payment. For box A6, the United States Postal Service will not deliver mail to a private mailbox unless it is preceded by the initials “PMB.”

2. For bonding, also complete “PART B – BONDING CERTIFICATION” and enclose a copy of one of the documents listed in box B10. Do not complete Part B if you are filing to care for a family member.

3. For care:
   a. Have the care recipient read and sign the “CARE RECIPIENT’S AUTHORIZATION FOR DISCLOSURE OF PERSONAL-HEALTH INFORMATION” on page 2.
   b. Have the care recipient complete and sign “PART C – STATEMENT OF CARE RECIPIENT.” If the care recipient is a minor or incapacitated, an authorized representative may complete this part.
   c. Have the treating physician/practitioner complete and sign “PART D – PHYSICIAN/PRACTITIONER’S CERTIFICATION.” Certification may be made by a licensed physician or practitioner authorized to certify to a patient’s disability or serious health condition pursuant to California Unemployment Insurance Code, Section 2708. If the care recipient is under the care of an accredited religious practitioner, obtain a “Practitioner’s Certification for Paid Family Leave (PFL) Benefits,” DE 2502F, by calling 1-877-238-4373. Rubber stamp signatures are not accepted.

4. You should carefully decide the date you want your claim to begin because it may affect your benefit amount. See “YOUR BENEFIT AMOUNTS” on page B for information.

5. Place the completed, signed form(s) in the envelope provided. Claims are generally processed within 14 days after the EDD receives a completed claim.
   o For bonding, a claim is complete when parts A and B, and supporting documents are received.
   o For care, a claim is complete when parts A, C, and D are received.

6. Keep these instructions and information pages (A through D) for future reference.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.
**BASIC ELIGIBILITY**

PFL benefits can be paid only after you meet all of the following requirements:

- You must be able to do your regular or customary work for at least eight days due to the need to provide care or to bond.
- You must be employed or actively looking for work at the time your leave begins.
- If working, you must have lost wages because you were caring for a seriously ill family member or for your new child.
- You must have earned at least $100 from which State Disability Insurance (SDI) deductions were withheld during a prior period (see "YOUR BENEFIT AMOUNTS" on page 3).
- You must complete and mail a claim form within 49 days of the first day of your family leave or you may lose benefits.
- In addition, the following requirements must be met only if your PFL claim is to care for a seriously ill family member:
  - The care recipient must be your child, parent, spouse, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law.
  - The care recipient must be under the continuing treatment or supervision of a licensed physician/practitioner or accredited religious practitioner while you are receiving benefits.

**INELIGIBILITY**

You may apply for benefits even if you are not sure you are eligible. If you are found to be ineligible for all or part of your claim after you have established a valid claim, you will not be eligible for benefits if:

- You are claiming or receiving Unemployment Insurance (UI) or Disability Insurance (DI) benefits at the time your claim is filed.
- You are receiving Workers’ Compensation benefits at a wage rate equal to or greater than the PFL rate.
- You are in jail, prison, or any other custodial facility.

**FRAUD.** Under sections 1143, 2101, 2116, 2122, and 3305 of the California Unemployment Insurance Code, it is a violation to willfully make a false statement or knowingly conceal a material fact in order to obtain the payment of any benefits. Such violation is punishable by imprisonment, and/or a fine not exceeding $2,000. A claim for PFL benefits to care for a new child, or for any other reason, must be supported by evidence that the care recipient is actually receiving care. False statements or concealment are grounds for denying benefits.

**YOUR RIGHTS.** Information about your claim will be kept confidential except for the purpose of complying with laws or administrative codes as required by law. An attorney does not have access to any information additional to what you believe is not accurate, relevant, timely, or complete. Certain types of information that would generally be considered personal or exempt from disclosure to you, such as psychological records where knowledge of the contents might be harmful to the subject (Civil Code, section 1798.40); records of active, criminal, civil, or administrative investigations (Civil Code, section 1798.40). Additionally, the EDD will not disclose or provide copies of care recipients’ medical information to care providers. If you have access to these records, you will be required to certify or if your request to amend your records is refused, you may file an appeal with the PFL office. You may request a copy of your file by calling the telephone number shown on your Notice of Computation, DE 429D.

You also have the right to appeal any disqualification, repayment, or penalty. Specific instructions for filing an appeal will be provided on any appealable document you receive.

**YOUR BENEFIT AMOUNTS.** Your claim begins on the date your family leave began. The EDD calculates your weekly benefit amount using the base period for which you were paid wages subject to SDI tax which you were paid approximately 1 to 17 months before your PFL claim begins. Your base period does not include wages being paid at the time family leave begins. For a PFL claim to be valid, you must have earned at least $300 in wages in the base period. Using the following, you may determine the base period:

- Your claim begins in January, February, or March, your base period is the 12 months ending last September 30.
- If your claim begins in April, May, or June, your base period is the 12 months ending last December 31.
- If your claim begins in July, August, or September, your base period is the 12 months ending last March 31.
- If your claim begins in October, November, or December, your base period is the 12 months ending last June 30.

The quarter of your base period in which you were paid the highest wages determines your weekly benefit amount.

- Your daily benefit amount is your weekly benefit amount divided by 5, or the number of days in your weekly benefit amount. If your claim is for less than 8 days, your daily benefit amount will be $0.
- The total amount of any claim is six times your weekly benefit amount or the total wages subject to SDI tax paid in your base period, whichever is less.

Contact the PFL office to inquire about benefits and to provide additional information if your situation fits any of these circumstances:

- If you do not have sufficient base period wages, you may be able to establish some time and money by using a later beginning date.
- If you do not have enough base period wages and you were actively seeking work for 60 days or more in any quarter of the base period, you may be able to substitute wages paid in prior quarters.
- If during your base period you were in the military service, received Workers’ Compensation benefits, or did not work because of a labor dispute.

**HOW BENEFITS ARE PAID.** When your claim is received, the PFL office will determine if you are entitled to PFL benefits. If you are determined to be entitled to PFL benefits, which will be mailed to you. The majority of claims are processed and payments issued within 14 days of receipt of a correctly completed claim. The first seven days of your claim will be a waiting period for which no benefits are paid (unless you are a new mother transitioning to a PFL claim from a prior DI pregnancy claim). NOTE: If you are transitioning from a DI claim (not pregnancy) then you will have a waiting period.

If you are eligible for further benefits, additional payments will be issued automatically. You will be paid 1/7 of your weekly benefit amount every 4 weeks. If you do not return to work, no benefit beyond what you receive will be reduced. For more information, see “BENEFIT REDUCTIONS” below.

**BENEFIT REDUCTIONS.** Under certain circumstances, you may not establish a valid claim or you may be entitled only to partial benefits. PFL will determine whether or not benefits must be reduced. The types of income shown in the following list is reported to PFL. Other income may not always affect your benefits. Failure to report your income could result in an overpayment, penalties, and/or a false statement disqualification.

- Sick leave pay
- Vacation pay
- Self-employment income
- Military pay
- Wages, including modified duty wages
- Residuals
- Bonuses
- Workers’ Compensation benefits
- Holiday pay
- Paid time off
- Part-time work income

In addition, your benefits may be reduced because of a prior UI, DI, or PFL overpayment or for delinquent court-ordered child or spousal support payments.

**BENEFIT INTERRUPTION and TERMINATION.** A Notice of Final Payment—Paid Family Leave, DE 2525AF, will be issued when records show:

- You have been paid to the date estimated by the care recipient’s doctor when the care recipient was no longer able to work. If you are determined to be overpaid, the PFL office will reverse overpayment, if applicable, and advise you of the disqualification.
- You have qualified for PFL benefits to bond with your new baby. A Claim for Paid Family Leave Benefits will reverse overpayment, if applicable, if you are determined to be overpaid, the PFL office will reverse overpayment. You will receive a Notice of Overpayment Offset, DE 1-800-795-0193.

This Notice of Final Payment will be issued automatically. You will be paid 1/7 of your weekly benefit amount every 4 weeks. If you do not return to work, no benefit will be paid until you have established a valid claim. Your claim will not be continued beyond the period of your claim or you may be entitled only to partial benefits. PFL will determine whether or not benefits must be reduced. For more information, see “BENEFIT REDUCTIONS” below.

- Your benefit has been reduced because of a prior UI, DI, or PFL overpayment or for delinquent court-ordered child or spousal support payments.

**OVERPAYMENT.** An overpayment results when you receive PFL benefits you were not entitled to receive. Once PFL determines that you are overpaid, the PFL office will contact you to explain the reason for your overpayment. It is important that you complete and return all information requests, as there are some instances when it can be waived. It is determined that you were overpaid and the overpayment cannot be waived, you will then repay this money. Payments issued after overpayment is established may be reduced by 25 to 100 percent to collect your overpayment. You will receive a Notice of Overpayment Offset, DE 1-800-795-0193. Your overpayment benefit amount is reduced due to a DI, DI, or DI overpayment.

**DISQUALIFICATION.** All available information will be considered before issuing a benefit payment or disqualifying your claim. Benefits will be paid only for the days to which you are eligible. If payment of benefits is denied or reduced, you will receive a written notice stating the reason for the disqualification.

If you deliberately report incorrect information or if you willfully omit or withhold information, false statement or dishonest disqualification up to 92 days will be assessed. This may apply if you receive a payment that you know includes days for which you should not be paid, such as days you did not work. In addition, any subsequent overpayment will be increased by a 30 percent penalty assessment.

**SPECIAL CIRCUMSTANCES**

**Pregnancy.** Mothers who are receiving DI benefits for a pregnancy-related disability and have delivered their babies may be eligible for PFL benefits to bond with their new babies. A Claim for Paid Family Leave Benefits—New Mother, DE 2510, will automatically be sent to these new mothers at the end of their pregnancy-related DI claims.

**Child Support Obligations.** Contact the District Attorney’s office administering the court order.

**Spousal or Parental Support Obligations.** Questions should be directed to the District Attorney’s office administering the court order.

**Job Training.** Contact America’s Job Center of California—1-866-487-9293 or visit www.dol.gov/dol/topic/benefits-leave/fmla.

**Death of Care or Bonding Recipient.** If the person for whom you are caring or with whom you are bonding dies, report the death to PFL at 1-877-238-4373. Benefits are payable through the date of death if, otherwise eligible.

**Death of Claimant.** If a person receiving PFL benefits dies, an heir or legal representative should report the death to PFL. Benefits are payable through the date of death if, otherwise eligible.

**Death of Care or Bonding Recipient.** If the person for whom you are caring or with whom you are bonding dies, report the death to PFL at 1-877-238-4373. Benefits are payable through the date of death if, otherwise eligible.

**Job Benefits and Protection Programs.** The Family and Medical Leave Act (FMLA) and California Family Rights Act (CRA) offer job protection to employees for certain family and medical reasons. For more information about FMLA, call 1-888-927-9939 or visit www.dol.gov/el engaged/benefits-leave/fmla. For more information on CRA, call 1-800-844-3484 or visit www.dfhe.ca.gov.
The document contains information about the California Paid Family Leave (PFL) program, including eligibility requirements, benefit calculations, and other important details. Here is a structured version of the document:

**Eligibility Requirements**

- You may be eligible to receive PFL benefits if you are covered by paid family leave insurance.
- You must be employed or actively looking for work.
- You must be a U.S. citizen or a qualified alien.
- You must be enrolled in a program that provides paid family leave benefits.

**Benefit Calculation**

- The weekly benefit amount is the amount of wages you earned in your base period divided by the number of weeks in your base period.
- The maximum benefit amount is $700 per week.

**Benefit Eligibility**

- You must be a parent, marriage partner, domestic partner, or a child who is under 18 years old or disabled.
- You must have earned at least $300 in wages in the previous year.
- You cannot be incarcerated.

**Benefit Reductions**

- Your benefits may be reduced because of a prior UI, DI, or PFL disqualification.
- Your benefits may be reduced because of a prior UI, DI, or PFL overpayment or for delinquent court-ordered child or spousal support payments.

**Benefit Interruption and Termination**

- If you return to work, your benefits will be terminated.
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**General Information**

- The California Employment Development Department (EDD) continually monitors claims, vigorously investigates suspicious activity, and will seek restitution and conviction through prosecution.

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**NOTE:** The above information is a summary of the California Paid Family Leave (PFL) program. For more detailed information, please refer to the California Employment Development Department’s website or contact their office at 1-800-795-0193. Updated: [Date]
FEDERAL PRIVACY ACT. The EDD requires disclosure of Social Security numbers to comply with California Unemployment Insurance Code, sections 1253 and 2627; with California Code of Regulations, Title 22, sections 1089, 1088, and 1326; with Code of Federal Regulations, Title 20, Part 604; and with U.S. Code, Title 8, sections 1621, 1641, and 1642.

STATE LAW PORTABILITY AND ACCOUNTABILITY ACT. Federal law requires that we obtain a separate authorization and signature that permits the care recipient’s physician/practitioner to provide medical information regarding your claim. The EDD collects medical and health information in accordance with Code of Federal Regulations, Title 45, Part 164.

INFORMATION COLLECTION AND ACCESS. State law requires the following information to be provided when collecting information from individuals:

- State law requires the following information to be provided when collecting information from individuals in accordance with Code of Federal Regulations, Title 45, Part 164.
- The EDD requires disclosure of Social Security numbers to comply with California Unemployment Insurance Code, sections 2601 through 3306. California Code of Regulations, Title 22, sections 2706-2, 2706-3, and 2708-1.

Consequences of not providing all or any part of the requested information:

- Failure to supply any or all information may cause delay in issuing benefit payments or may cause you to be denied benefits to which you are entitled.
- If you willfully make a false statement or representation or knowingly withhold a material fact to obtain or increase any benefit or payment, the EDD will disqualified you from receiving benefits and/or services and may initiate criminal prosecution against you.

Principal purpose(s) for which the information is to be used:

- To determine eligibility for Paid Family Leave benefits.
- To be summarized and published in statistical form for the use and information of government agencies and the public. (Neither your name and identification nor the name and identification of the care or bonding recipient will appear in publications.)
- To be used to locate persons who are being sought for failure to provide child or spousal support.
- To be used by other governmental agencies to determine eligibility for public social services under the provisions of California Welfare and Institutions Code, Division 9.
- To be used by the EDD to carry out its responsibilities under the California Unemployment Insurance Code.
- To be exchanged pursuant to California Unemployment Insurance Code, Section 322, and California Civil Code, Section 1798.24, with other governmental departments and agencies; both federal and state, which are concerned with any of the following:
  1. Administration of an Unemployment Insurance program.
  2. Collection of taxes which may be used to finance Unemployment Insurance or State Disability Insurance.
  3. Relief of unemployed or destitute individuals.
  4. Investigation of labor law violations or allegations of unlawful employment discrimination.
  5. The hearing of workers’ compensation appeals.
  6. Whenever necessary to permit a state agency to carry out its mandated responsibilities where the use to which the information will be put is compatible with the purpose for which it was gathered.
  7. When mandated by state or federal law. Disclosures under California Unemployment Insurance Code, Section 322, will be made only in those instances in which it furthers the administration of programs mandated by that Code.
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  7. When mandated by state or federal law. Disclosures under California Unemployment Insurance Code, Section 322, will be made only in those instances in which it furthers the administration of programs mandated by that Code.
- Pursuant to California Unemployment Insurance Code, sections 1095 and 2714, information may be revealed to the extent necessary for the administration of public social services or to the Director of Social Services or his/her representatives.
- Information shall be disclosed to authorized agencies in accordance with California Unemployment Insurance Code, sections 1095 and 2714.
- Maintenance of the information is authorized by:
  - California Unemployment Insurance Code, sections 2601 through 3306.
  - California Code of Regulations, Title 22, sections 2706-2, 2706-3, and 2708-1.

Claim for Paid Family Leave (PFL) Benefits

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