SDI Online Tutorial: Employer Registration, Access, and Form Submission
SDI Online Overview for Employers
Employers:

You may use SDI Online to:

• Submit a Notice to Employer of Disability Insurance Claim Filed (DE 2503).

• Submit a Disability Insurance Eligibility – Workers’ Compensation (DE 2578A).

• Submit an Employer’s Statement of Job Duties (DE 2546PE).

• Update contact information.

You may have an unlimited number of representatives with your employer accounts. Each representative will use their own email address as a unique login.
Employer representatives:

You may complete and submit claim information on behalf of the employer once you have created your own separate account using your own email address as a unique login.

**Note:** To enable employers to manage their employer representative accounts, the employer representatives should provide their email and password information to the employer. Employers should maintain this information in a secure environment, to be used only to inactivate representative accounts.
Requirements to Register an Employer Account:

- You, the employer, must be registered and have filed quarterly payroll taxes with the Employment Development Department (EDD).

- You must provide your:
  - EDD employer account number.
  - ZIP Code as reported to the EDD.
  - Total subject wages from the most recent Quarterly Contribution Return and Report of Wages (DE 9C).

- To establish an account, an employer’s entries in SDI Online must match the EDD’s payroll tax records.
The way you access Employment Development Department benefits and services has changed.

You will now complete a one-time registration for Benefit Programs Online to access SDI Online, but will still file your Disability Insurance employer forms using SDI Online.
Benefit Programs Online
New Registration
You must complete a one-time registration in Benefit Programs Online to access SDI Online as an employer or employer representative.

To register for Benefit Programs Online, edd.ca.gov/BPO

Watch our Benefit Programs Online video for registration instructions on a new account.
SDI Online Employer Registration
Once you have completed your Benefit Programs Online registration, select **Log in** to navigate to the **Benefit Programs Online Login** page to complete your SDI Online registration process.
Enter the email address used to register, and select **Log In**.
Enter the password you created during the registration process and select **Log In**.
If you do not recognize your personal image and caption, review the email address entered on the login screen to make sure it is correct. Call 1-800-480-3287 for further assistance.
After you have logged in, select SDI Online to complete your registration for SDI Online.

To log out of Benefit Programs Online from any page, select the Log Out link in the top right hand corner.
SDI Online Registration Option(s)

SDI Online has different accounts for each of our customer types. Read the sections below and select the option that best describes your objective for using SDI Online.

CLAIMANT
Select this option to file a Disability Insurance (DI) or Paid Family Leave (PFL) claim, access personal claim information, or view payment history. Registration is available Monday–Saturday 6 a.m. to 6 p.m. and Sunday 6 a.m. to 5:30 p.m.

You will need:
- Social Security number.
- CA driver license (CDL) or CA identification (ID) card number.
- Full legal name and correct date of birth as shown on CDL or ID card.

Claimant Registration

Note: If you do not have a CDL or ID, you will need to file your claim by mail. For instructions on how to file by mail for Disability Insurance claims visit How to File DI By Mail or for Paid Family Leave visit the How to File PFL By Mail.

PHYSICIAN/PRACTITIONER
Select this option if you are a Physician/Practitioner who certifies DI or PFL claims for your patients. Registration is available Monday–Saturday 4 a.m. to 12 midnight and Sunday 4 a.m. to 9 p.m.

You will need:
- Medical license information (as filed with the California Department of Consumer Affairs).
- CA driver license (CDL) or CA identification (ID) card number.

Physician/Practitioner Registration

PHYSICIAN/PRACTITIONER REPRESENTATIVE
Select this option after a Physician/Practitioner has designated you as a representative in SDI Online. Registration is available 24 hours a day, 7 days a week.

You will need:
- To match the data entered by the Physician/Practitioner.

Physician/Practitioner Representative Registration

EMPLOYER
Select this option if you represent an employer. Registration is available 24 hours a day, 7 days a week.

You will need:
- Employer Account Number (EAN).
- ZIP Code of the employer’s address on file with the EDD Tax Branch.
- Most recent Wage Report (form DE 9C).

Employer Registration

VOLUNTARY PLAN
Select this option if you represent a Voluntary Plan (VP) Employer. You will need to contact an EDD Voluntary Plan Representative in order to...

You will be directed to the SDI Online Registration Options page.

Select the link for Employer Registration.
Read the terms and conditions and select **I Agree**.

Selecting **I Do Not Agree** prevents an account from being established.
Complete the Personal Information section and select **Next**. Mandatory fields are marked with a red asterisk (*).

**Note:** An employer account number is eight digits and should not contain any spaces or dashes. Total subject wages from the most recent wage report can be found on the Quarterly Contribution Return and Report of Wages (DE 9C). This should be a number with two digits after the decimal—no commas or dollar signs.
Enter the required information, select your preferred method of communication, then select Submit.
Be sure to make a note of your EDD Customer Account Number. A letter will be mailed to your address to confirm this account has been created.

If you selected electronic communication, a notification will also be sent to you via email.

You may now select the Benefit Programs Online link and log in to access your newly created account.
Enter the email address used to register and select Log In. You will then be directed to the Password page.
Enter the password you created during the registration process and select **Log In**. You will be directed to your **Home** page.

If you do not recognize your personal image and caption, review the email address entered on the Login screen to make sure it is correct. Call 1-800-480-3287 for further assistance.
From your **Home** page you may select your next action.
Access Your Employer Account
To access your account, go directly to the Benefit Programs Online page to log in: www.edd.ca.gov/BPO.

Enter the email address used to register and select Log In. You will then be directed to the Password page.
Enter the password you created during the registration process and select **Log In**.

If you do not recognize your personal image and caption, review the email address entered on the login screen to make sure it is correct. Call 1-800-480-3287 for further assistance.
Select SDI Online or SDI Online Mobile to be directed to your SDI Online Home page.
On the **Home** page you may:

- Update your mailing address, phone number, and preferred communication by selecting **Manage My Profile** from the **Main Menu** section.

- Complete forms by selecting **Inbox** under the **Message Center** or by using the **Search By** drop down menu and searching by **Claim ID** and entering the **Employee Last Name**. This information is printed on the **Notice to Employer of Disability Insurance Claim Filed (DE 2503)**.

- Search by **Receipt Number** and enter **Employer Last Name** to view the form you have submitted.
Selecting **Inbox** under the **Main Menu** or **Message Center** on the **Home** page will direct you to the **Inbox** on the **Message Center** page.

Select the message link under **Subject** that you wish to review, select **Delete** under **Action** column to delete items that you have already read or completed.

**Note**: You will receive a hard copy DE 2503 and can use the **search** option to find the claim to complete the form online. If the form was sent electronically, select the **DE 2503, Notice to Employer of SDI Claim Filed** link from the **Subject** column to begin completing the form.
Access previously saved drafts by selecting **Saved Drafts** from the **Main Menu** or **Message Center**. This will direct you to the **Saved Drafts** page which displays a list of forms that were started, but not completed or submitted.

Select the form under the **Form Name** column to view and complete the form.

Select **Delete** under the **Action** column to delete the form.

**Note:** Drafts are saved in SDI Online for 30 days.
Submit a *Notice to Employer of Disability Insurance Claim Filed* (DE 2503)
On the Home page, select Claim ID from the drop down menu and enter Employee Last Name. Select Search.

Under Search Results, Select the Claim ID link.
Under the **My Forms Available to Submit** section, select the **2503 Employer Notice of DI Claim** link.
Verify the Employee Information section. Select Yes to confirm that the person was ever employed by you. Select Next.

Note: If the employee has ever been employed by your company, select Yes.
Complete the **Employee Status** 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 **Return to Work and Wage Information** page and select **Next**.

**Note:** If the employee received wages that are not being coordinated with SDI benefits, you must answer additional questions regarding wages paid to the employee.
If you selected Yes to indicate the employee received wages on the Return to Work and Wage Information page, the system directs you to the Added Additional Wages Paid to Employee page.

Select Add to enter the type of pay, dates, and the amount paid to the employee.
Enter the applicable Additional Wages Paid to Employee information and select Next.

Note: This page will only display if you selected Yes to additional wages paid to employee.
Verify the information you entered under **Additional Wages Summary** is correct and select **Next**.

If necessary, select **Add** to enter additional wages paid.

**Note:** This page will only display if you selected **Yes** to additional wages paid to an employee.
If you are directed to this page, complete the **Work-related Injury** question and select **Next**.

If you select **Yes**, you will be directed to the **Worker’s Compensation Information** page to provide additional information.
Enter applicable Workers’ Compensation Information and select Next.
To submit the form, select the box to authorize an electronic signature and select **Submit**.
You will receive a **Form Receipt Number** on the **Confirmation** page. Save the number for future reference. Select the **Form Receipt Number** link to view the form submitted.
Submit a *Disability Insurance Eligibility-Workers’ Compensation* (DE 2578A)
On the **Home** page, select **Claim ID** from the drop down menu and enter **Employee Last Name**. Select **Search**.

Under **Search Results** Select the **Claim ID** link.
Under **My Forms Available to Submit** select the **2578A Employer Work Comp Form** link.
Select the **Forms Available to Submit** link to access the DE 2578A.
Verify the information on this screen. Select **Next**.
Complete the Workers’ Compensation Insurance Information and the Workers’ Compensation Carrier Information then select Next.
Complete the **Attorney Contact Information** (if applicable) and select **Next**.
To submit the form, select the box to authorize an electronic signature and select Submit.

You will receive a form receipt number on the Confirmation page. Save this number for future reference. Select the Form Receipt Number link to view the form.
Submit an *Employer’s Statement of Job Duties* (DE 2546PE)
On the **Home** page, select **Claim ID** from the drop down menu and enter the claim ID number and the employee last name. Select **Search**.

Under **Search Results** Select the **Claim ID** link.
Select the **2546PE Employee’s Job Duties** link.
Verify the employee information and enter the job information.

Select Next.
Complete Parts 1, 2, and 3 of the Employee’s Job Duties.

Select Next.
To submit the form, fill in your job position within the company in the **Title** field and select the box to authorize an electronic signature. Select **Submit**.

You will receive a form receipt number on the **Confirmation** page. Save the number for future reference. Select the **Form Receipt Number** link to view the form submitted.
Visit www.edd.ca.gov/disability for more information about State Disability Insurance.

For help with SDI Online for employers, call 1-855-342-3645.

(Please do not give this number out to your employees. This number is for employers only. All other callers will be redirected.)

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.