State of California Employment Development Department
Disability Insurance
Automated Telephone System Map

Dial
1-800-480-3287

Press:
1. English
2. Spanish

At Any Time Press:
* To return to the previous menu
9. To Return to the Main Menu
0. To Speak with a Representative

To Report Fraud call
1-800-229-6297

Deaf, Hard of Hearing, and Speech Impaired call:
1-800-563-2441

Main Menu:

Press 1
For Check or Claim Information

Secured Area Required Authorization

New Claim Information:
System prompts for your:
- Social Security Number
- Date of Birth
- Mailing ZIP Code

Check Information:
System prompts for:
- Social Security Number
- PIN

To Establish a PIN Requires:
- Social Security Number
- Date of Birth
- Mailing ZIP Code
- Weekly Benefit Amount
- Telephone Number

Press 2
To request your Payment History or Claim Forms

Press 1
For copy of your Payment History

Press 2
To order Forms to file a Disability Claim

Press 3
For G*eneral* Information about Continued Claim or Medical Extension form, Waiting Period, Final Payment, denial of benefits and your Appeal Rights

Press 1
For general information about Continued Claim or Medical Extension form

Press 2
For general information about the Waiting Period

Press 3
For general information about Notice of Final Payment

Press 4
For general information about denial of benefits and your Appeal Rights

Press 4
For *General* Information about Eligibility, Benefits, or Pregnancy Disability Coverage

Press 1
For general information about Eligibility and How to Qualify

Press 2
For general information about Benefits

Press 3
For general information about Pregnancy Disability Coverage

Press 5
For information about Elective Coverage or the Employee Contribution Rate

Press 1

Disability Insurance Elective Coverage for the self-employed

Press 2
For the current Employee Contribution Rate information