# Notice to Employees: EDD Employment Development Department State of California

THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

## **State Disability Insurance (SDI)**

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive State Disability Insurance (SDI) benefits.

Your employer must provide a copy of "State Disability Insurance Provisions," DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not related to his/her job.

### **Claim Forms**

- If your employer operates under an approved Voluntary Plan of disability insurance and you have chosen to be covered by it, obtain disability insurance claim forms from your employer.
- If you are <u>not</u> covered by a voluntary plan, claim forms may be obtained from your doctor, hospital, or directly from any California State Disability Insurance (SDI) office.
- File your Claim for SDI Benefits, DE 2501, within 49 days of the first day of your disability to avoid losing benefits.

# **Paid Family Leave (PFL)**

When you stop working or reduce you work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits beginning July 1, 2004.

Your employer must provide a copy of "Paid Family Leave," DE 2511, to each newly hired employee as of January 1, 2004, and to each employee leaving work to care for a seriously ill family member or to bond with a new child beginning July 1, 2004.

### **Claim Forms**

- If your employer operates under an approved Voluntary Plan of disability insurance and you have chosen to be covered by it, obtain family leave claim forms from your employer.
- If you are <u>not</u> covered by a voluntary plan, claim forms may be obtained from any California State Disability Insurance (SDI) office.
- File your Claim for PFL Benefits, DE 2501F, within 49 days of the first day of your family leave to avoid losing benefits.

SDI and PFL are funded entirely by employee contributions

FOR MORE INFORMATION ABOUT SDI, CALL 1-800-480-3287. TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441. FOR MORE INFORMATION ABOUT PFL, CALL 1-877-BE-THERE. TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.