



If you are a business owner or self-employed, then Disability Insurance Elective Coverage may be for you!



STATE OF CALIFORNIA

LABOR AND WORKFORCE
DEVELOPMENT AGENCY

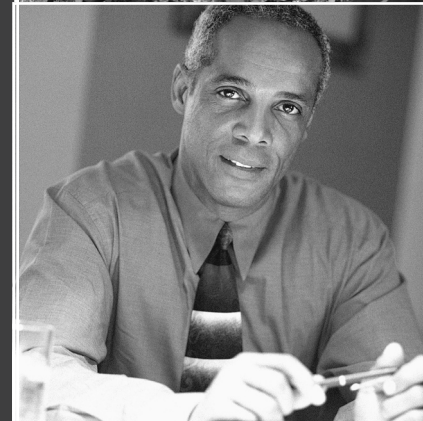
EMPLOYMENT DEVELOPMENT
DEPARTMENT

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 800-480-3287 (voice) or TTY 800-563-2441.

EDD Employment
Development
Department
State of California

DISABILITY INSURANCE ELECTIVE COVERAGE

*A SAFETY NET FOR THE
BUSINESS OWNER
OR SELF-EMPLOYED*



**Protect your most valuable asset-
your ability to earn an income**

As someone whose livelihood depends on your ability to run a business, you should consider what would happen if your income stopped because:

- You were sick, injured, or pregnant and could not work.
- Your parent, child, spouse, or registered domestic partner needs your care due to a serious health condition.
- You would like to bond with your new minor child.

Could you do without your income even temporarily?

A financial safety net

The Disability Insurance Elective Coverage (DIEC) program offers a safety net to business owners or self-employed individuals. Premiums are based on net profits as declared on the Internal Revenue Service Form 1040 Schedule SE or Schedule C. Benefits range from \$51 to \$917 per week.

Consider the benefits

- Protection against loss of income due to injury, pregnancy, or illness - whether or not it is work-related.
- Up to 39 weeks of benefits for your own disability.
- Automatic coverage in California's Paid Family Leave (PFL) insurance program, which provides up to six weeks of benefits to care for a seriously ill parent, child, spouse, registered domestic partner, or to bond with a new minor child.

For more information about Disability Insurance, call (800) 480-3287 or for information about PFL insurance benefits, call (877) 238-4373.

Major Requirements

- You must own your own business or be self-employed.
- You must be normally and continuously engaged in a regular trade, business, or occupation.
- You must derive the major portion of your income from your trade, business, or occupation.
- Your business cannot be seasonal.
- You must stay in the program for two complete calendar years unless you discontinue your business or move out of California.

Benefit Eligibility

Generally, you must have this insurance coverage for at least six months before you are eligible to file a claim.

If you are interested in more information about this program please call (916) 654-6288. If you would like an application, please call (916) 554-7104, complete and mail the attached form, or visit EDD's Web site at:

www.edd.ca.gov

Please send me more information and an application for DI Elective Coverage.

Name _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Please have someone call me at () _____

Detach this portion and mail to the following address:

State of California
 Employment Development Department
 Taxpayer Assistance Center, Attn: DIEC Unit
 PO Box 2068
 Rancho Cordova, CA 95741-2068