Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see “Other Programs,” for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit State Disability Insurance (edd.ca.gov/disability), or contact the Employment Development Department (EDD) DI customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-4866.

DI Plans
• State Plan. The DI state plan is covered in this brochure.
• Voluntary Plan (VP). A private plan, which may be substituted for the State Plan. Voluntary Plans are established if the employer and majority of employees agree to do so. VP information and filing a claim is done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
• Elective Coverage (EC). Employers and self-employed persons, including general partners, may elect coverage under SDI. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office. EC claims are filed in the same manner as State Plan claims. However, there are differences in eligibility requirements from those listed in this pamphlet. For additional information or to apply for coverage, contact the EDD DI customer service at 1-800-480-3287, the EDD employment tax customer service at 1-888-745-3886, or visit State Disability Insurance (edd.ca.gov/disability).

How to Claim State Plan Benefits
1. Use SDI Online to securely file for benefits or request a paper claim form online.
   • Online: State Disability Insurance (edd.ca.gov/disability).
   • By phone: 1-800-480-3287, 1-888-745-3886.
   • By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777.

2. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper form, claimants should write “Request for State Plan Benefits” on the first page. This pamphlet explains how to apply for benefits through SDI Online.

3. Have your physician/practitioner complete the Part A - Physician/Practitioner’s Certificate of Disability (DE 2501) form, complete Part B - Claimant’s Statement (DE 2500) form, and sign Part A-Claimant’s Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.

4. If mailed, EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. By phone: 1-888-745-3886. By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. California state government employees covered by SDI should call 1-866-352-7677.

5. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper form, claimants should write “Request for State Plan Benefits” on the first page. This pamphlet explains how to apply for benefits through SDI Online.

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13. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper form, claimants should write “Request for State Plan Benefits” on the first page. This pamphlet explains how to apply for benefits through SDI Online.


15. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper form, claimants should write “Request for State Plan Benefits” on the first page. This pamphlet explains how to apply for benefits through SDI Online.

16. If mailed, EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. By phone: 1-888-745-3886. By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. California state government employees covered by SDI should call 1-866-352-7677.

17. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper form, claimants should write “Request for State Plan Benefits” on the first page. This pamphlet explains how to apply for benefits through SDI Online.

18. If mailed, EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. By phone: 1-888-745-3886. By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. California state government employees covered by SDI should call 1-866-352-7677.

19. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper form, claimants should write “Request for State Plan Benefits” on the first page. This pamphlet explains how to apply for benefits through SDI Online.

20. If mailed, EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. By phone: 1-888-745-3886. By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95698-7777. California state government employees covered by SDI should call 1-866-352-7677.

DE 2515 Rev. 6/7 (12-20) (INTERNET)
If claim begins in:

- \( \text{January, February, or March, your base period is the 12 months ending last September.} \)
  \( \text{Example: A claim beginning February 14, 2021, uses a base period of October 1, 2019, through September 30, 2020.)} \)
- \( \text{April, May, or June, your base period is the 12 months ending last December.} \)
  \( \text{Example: A claim beginning June 20, 2021, uses a base period of January 1, 2020, through December 31, 2020.)} \)
- \( \text{July, August, or September, your base period is the 12 months ending last March.} \)
  \( \text{Example: A claim beginning September 27, 2021, uses a base period of April 1, 2020, through March 31, 2021.)} \)
- \( \text{October, November, or December, your base period is the 12 months ending last June.} \)
  \( \text{Example: A claim beginning November 2, 2021, uses a base period of May 1, 2021, through July 31, 2021.)} \)

Exceptions: If your claim is determined to be ineligible, you will be unemployable and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid to another person. You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- Were in the military service.
- Received workers’ compensation benefits.
- Did not do the work for which you are paid.
- If your situation fits any of the above, include a letter and supporting documentation with your claim form.

If your claim is determined to be ineligible, you will be unemployable and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid to another person. You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- Were in the military service.
- Received workers’ compensation benefits.
- Did not do the work for which you are paid.
- If your situation fits any of the above, include a letter and supporting documentation with your claim form.

**Benefit Continuation**

Your DI benefits may be affected if your employer continues to pay you wages during your DI claim. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

**Maximum Benefits**

The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: for employees and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate. Additionally, benefits are payable only for a limited period to a resident in an alcohol or drug treatment program or facility.

- **Your Rights**
  - Know the reason and basis for any decision affecting your benefit.
  - Appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
  - Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal to the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
  - Privacy: if your claim information will be kept confidential except for the purposes allowed by law.

**Your Obligations**

- Complete your claim and other forms correctly and truthfully.
- Submit your claim and other forms according to time limits on forms. If the DI office receives a claim, conducted a medical examination when requested. (Fees for such examinations are paid by the EDD.)

**PFL**

PFL provides benefits to:

- A child (including a grandchild, sibling, spouse, or registered domestic partner).
- A military dependent of a member of the California National Guard or California Air National Guard.
- A spouse of a member of the California National Guard or California Air National Guard.
- A dependent of a member of the California National Guard or California Air National Guard.
- An incarcerated California National Guard or California Air National Guard member.

**SN**

SN provides benefits to:

- A spouse (including a registered domestic partner).
- A dependent (including a child or grandchild, sibling, spouse, or registered domestic partner).

**SM**

SM provides benefits to:

- A child (including a grandchild, sibling, spouse, or registered domestic partner).
- A dependent of a member of the California National Guard or California Air National Guard.
- Other Programs for which you may be eligible. Do not send in your claim form. Please allow 10 days for processing.

**Continued Disability Benefits**

Whether you are collecting DI benefits or SDI benefits, continued disability benefits will be paid for a limited period to a resident in an alcohol or drug treatment program or facility. The first seven days of your DI claim are a non-wageable waiting period. If you are eligible to receive benefits, you will be paid for the remaining days of your claim period in such cases.

- **How Benefits Are Paid**
  - **Debit Card.** Please allow 7 to 10 days for delivery of checks in the mail.
  - **Weekly benefit amount.** Please allow 10 days for delivery of checks in the mail.

**DI office.**

**PFL office.**

**SM office.**

**SN office.**

**For other programs**

**Contact**

- **By phone:** English 1-800-480-3287
  - Spanish 1-866-665-8846
- **By mail:** Addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- **By TTY (for TTY users only) 1-800-226-7021**
- **In person** by visiting one of the DI offices listed under “DI Office Locations.”

- **DI** office.
- **PFL** program by visiting (edd.ca.gov/unemployment) or by phone at 1-800-777-9229 (TTY 1-800-735-2929).
- **You may also call your county Victim Witness Assistance Center.**

**Questions about unemployment benefits**

**Questions about child support obligations**

**Other programs**

**You are if you are unemployed, contact the UI program by visiting Unemployment Insurance (edd.ca.gov/unemployment) or by phone at 1-800-300-5616 (TTY 1-800-813-9187).**

**You need help in finding work, job training, retraining, or other services in order to return to work, visit your local American Job Center of California** at 1-866-901-3212 (TTY 1-866-399-4096).