



Paid Family Leave Claimant Overview

State Disability Insurance Program
Employment Development Department



Five Things To Know About Paid Family Leave

1

Provides up to 8 weeks of partially paid leave in a 12-month period.

2

Three Claim Types:
Care
Bonding
Military Assist

3

Can be used intermittently over a 12-month period.

4

There is no waiting period. Payment begins the first day of leave.

5

State Disability Insurance (SDI) is employee funded. It is not government assistance.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) pays eligible employees up to eight weeks of benefits to be there for the moments that matter most.

PFL Care provides partially paid leave if you are:

- ▶ Caring for a seriously ill or injured child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ▶ Caring for an out-of-state or out-of-country family member.

You receive approximately 70 to 90 percent of your salary while using PFL.

Paid Family Leave and Bonding

PFL Bonding provides up to eight weeks of partially paid leave for parents to bond with a new child within the child's first year.

- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

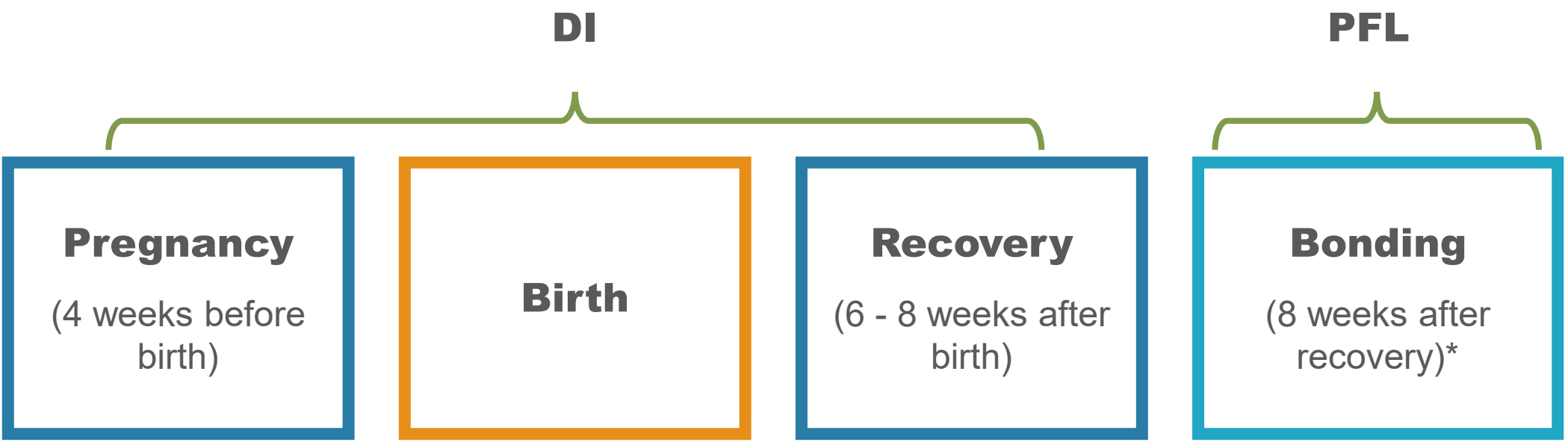
You receive approximately 70 to 90 percent of your salary while using PFL.





Disability Insurance, Paid Family Leave, and New/Expecting Mothers

New mothers file for Disability Insurance (DI) followed by PFL, for example:



*You can break up your eight weeks of PFL. You do not have to use it all at once.

A woman in a military camouflage uniform is holding a baby. A man is kissing her on the cheek. They are outdoors, with a building in the background.

Paid Family Leave and Military Assist

PFL Military Assist pays eligible workers up to eight weeks of benefits to assist a spouse, registered domestic partner, parent, or child in the US Military during a qualifying event.

- ▶ A qualifying event is defined as a military event or essential need resulting from the family member's order, call, or notification of deployment to a foreign country.
- ▶ Requires supporting military documentation and supporting documentation for the qualifying event.

You receive approximately 70 to 90 percent of your salary while using PFL.

Filing a Paid Family Leave Claim

Individuals must complete and submit their PFL claim within 41 days from the date their family leave begins by:



SDI Online: Filing electronically through SDI Online is strongly recommended because it expedites the review process.



Mail



*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

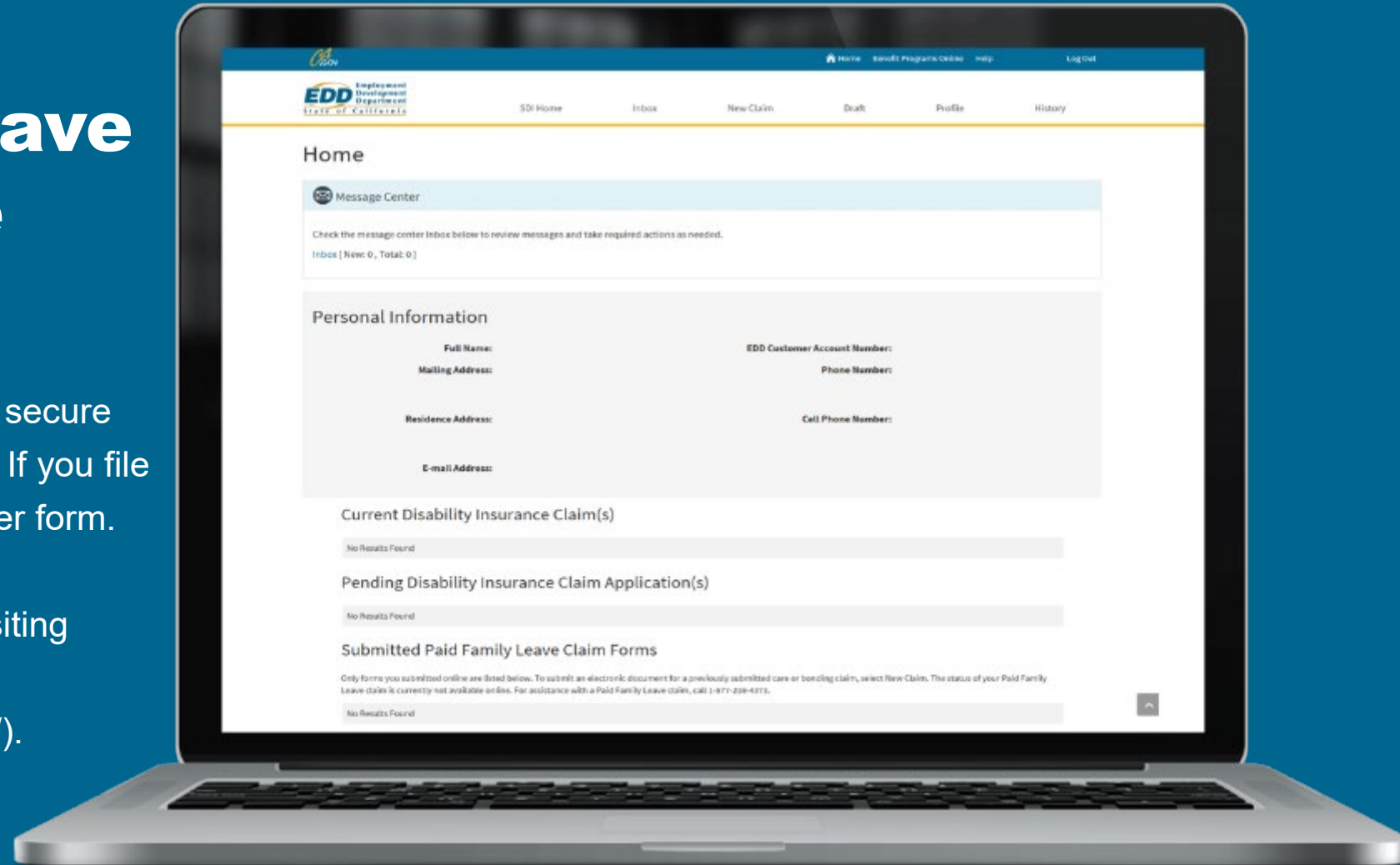
Paid Family Leave and SDI Online





Online

SDI Online is a fast, convenient, and secure way to submit your PFL claim online. If you file electronically, do not send in the paper form.

Create or access your account by visiting
[SDI Online](https://edd.ca.gov/en/disability/SDI_Online/)
(edd.ca.gov/en/disability/SDI_Online/).



	<h1 style="margin: 0;">Claim for Paid Family Leave (PFL) Benefits</h1>	
		2501PFL2001
PART A - STATEMENT OF CLAIMANT, CARES, BONDING, or MILITARY ASSIST PROVIDER		
A1. YOUR SOCIAL SECURITY NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	A2. YOUR DATE OF BIRTH <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MMDDDDYYYYYY </div> </div>	A3. LANGUAGE YOU PREFER TO USE <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> EnglishSpanishChineseJapaneseOther </div> </div>
A4. YOUR LEGAL NAME <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> FIRST NAMEMILAST NAME </div> </div>		A5. YOUR GENDER <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MALEFEMALE </div> </div>
A6. YOUR TELEPHONE NUMBER <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area CodeNumber </div> </div>	A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Other Last NameOther Last Name </div> </div>	
A8. YOUR MAILING ADDRESS (If you receive mail at a project work site, post a temporary service site, you must enter the address in the "WORK" space) (Free if applicable) <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> AddressCityState/ZipCountry </div> </div>		
A9. NAME OF YOUR EMPLOYER <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Employer NameMailing Address </div> </div>		
CITY <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> State/ZipCityState/ZipCountry </div> </div>		
EMPLOYER'S PHONE NUMBER <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area CodeNumber </div> </div>		
A10. DATE YOU LAST WORKED <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MMDDYYYYYY </div> </div>	A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MMDDYYYYYY </div> </div>	A12. DATE YOU RETURNED OR WILL RETURN TO WORK <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MMDDYYYYYY </div> </div>
A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>		A14. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>
A15. WHAT IS YOUR OCCUPATION? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> OccupationOccupation </div> </div>		
A16. SELECT YOUR PREFERRED PAYMENT METHOD <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Direct DepositCheck </div> </div>		
A17. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST PROVIDER (First / Middle Initial / Last) <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> FirstMiddle InitialLast </div> </div>		
A18. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST PROVIDER IS YOUR: <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> ParentSpouseChildOther </div> </div>		
A19. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>		
A20. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>		
A21. DID YOU HAVE MORE THAN ONE EMPLOYER? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>	A22. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> NoneWagesOther </div> </div>	A23. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>
A24. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> YesNo </div> </div>		
A25. Declaration and Signatures. By my signature on this claim statement, I declare that I am the claimant and certify that throughout the period covered by this claim, I was providing care for, bonding with, or participating in a qualifying event with the employee named above. I authorize EDD to release my personal information as shown on this claim as the case recipient's mailing physician or other information as shown in the Information Collection and Access portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statements, including any accompanying statements, are to the best of my knowledge and belief true, correct and complete. I agree that photocopies of this authorization shall be as valid as the original and I understand that authorizations contained in this claim statement are good for a period of three years from the date of my signature or the effective date of the claim, whichever is later.		
Claimant's Signature (DO NOT PRINT)	If signature is made by mark (X), please place mark here.	Other Signer (Last / First / Middle Initial)
*If your signature is made by mark (X), it must be attested by two witnesses with their addresses		
1 st Witness Signature and Address	2 nd Witness Signature and Address	

Filing a Paid Family Leave Care Claim



By mail

A properly completed PFL care claim will include:

- ▶ **Part A** – Statement of Claimant
- ▶ **Part C** – Statement of Care Recipient
- ▶ **Part D** – Physician/Practitioner's Certification

Obtain the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) application by ordering through Online Forms and Publications

(forms.edd.ca.gov/forms), or by calling
1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

EDD Employment
Development
Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501FL2201

PART A - STATEMENT OF CLAIMANT (CARE, BONDING, OR MILITARY ASSIST PROVIDED)

A1. YOUR SOCIAL SECURITY NO.		A2. YOUR DATE OF BIRTH M M M M D D Y Y		A3. LANGUAGE YOU PREFER TO USE (English, Spanish, Chinese, Hindi, Russian)	
A4. YOUR LEGAL NAME FIRST NAME		MI		LAST NAME	
A5. YOUR TELEPHONE NUMBER		A6. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED			
A7. YOUR MAILING ADDRESS (DO NOT INCLUDE A PRIVATE MAILING ADDRESS OR A PERSONAL SERVICE BUSINESS. YOU MUST ENTER THE NUMBER IN THE "FLOOR" SPACE. (FLOOR, IF APPLICABLE)					
CITY		STATE/PROV.		ZIP OR POSTAL CODE	
COUNTRY (IF NOT USA)					
A8. NAME OF YOUR EMPLOYER			MAILING ADDRESS		
CITY		STATE/PROV.		ZIP OR POSTAL CODE	
EMPLOYER'S PHONE NUMBER					
A1a. DATE YOU LAST WORKED M M M M D D Y Y		A1b. DATE YOU WANT YOUR PFL CLAIM TO BEGIN M M M M D D Y Y		A1c. DATE YOU RETURNED OR WILL RETURN TO WORK M M M M D D Y Y	
A1d. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? YES NO					
A1e. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? CARE FOR SECOND MOTHER INFANT CHILD OTHER (EXPLAIN)				A1f. WHAT IS YOUR OCCUPATION?	
A1g. SELECT YOUR PREFERRED PAYMENT METHOD <input type="checkbox"/> EDD DEBIT CARD <input type="checkbox"/> CHECK					
A1h. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST RECEIPTED (IF BORN / MIDDLE INITIAL / LAST)					
A1i. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST RECEIPT IS YOUR: RECORDED DOCUMENT FATHER GRANDFATHER OTHER (EXPLAIN)					
A1j. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? YES NO					
A1k. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM? YES NO					
A2. DO YOU HAVE MORE THAN ONE EMPLOYER? YES NO		A2a. IF YOUR EMPLOYER CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: WEEKLY HOURLY OTHER (EXPLAIN)		A2b. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER? YES NO	
A3. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? YES NO					
A4. Declaration and Signature. By my signature on this claim statement (1) I claim that family leave benefits and certify that throughout the period covered by this claim I was providing care for, bonding with, or participating in a qualifying event with the recipient named above (a) authorize EDD to release my personal information as shown on this claim to the care recipient's treating physician as they are exclusively listed in Part C, and Part D of this claim (b) authorize my employer to disclose EDD all facts concerning my employment that are within their knowledge and (c) authorize medical and use of information as stated in the Information Collection and Access portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the following statement including any accompanying statements is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original and I understand that authorizations contained in this claim statement are good for a period of three years from the date of my signature or the effective date of the claim, whichever is later.					
Claimant's Signature		(DO NOT PRINT)		If signature is made by mark (X), please place mark here.	
1st Witness Signature and Address		2nd Witness Signature and Address			

DE 2501FL Rev. 5 (12-20)
FOR INTERNAL REVIEW USE ONLY

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Filing a Paid Family Leave Bonding Claim

By mail

- ▶ **Part A** – Statement of Claimant.
- ▶ **Part B** – Bonding Certification.
- ▶ Supporting documentation verifying the relationship between you and the new child.

Obtain the DE 2501F application by ordering through [Online Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.

EDD Employment
Development
Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501FL2001

PART A - STATEMENT OF CLAIMANT (CARE, BONDING, OR MILITARY ASSIST PROVIDER)

A1. YOUR SOCIAL SECURITY NO.		A2. YOUR DATE OF BIRTH M M D D Y Y	A3. LANGUAGE YOU PREFER TO USE (English, Spanish, Chinese, Other)	
A4. YOUR LEGAL NAME FIRST NAME		M LAST NAME		A5. YOUR GENDER MALE FEMALE
A6. YOUR TELEPHONE NUMBER		A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED		
A8. YOUR MAILING ADDRESS (SEE INSTRUCTIONS) (IF YOU HAVE BEEN, AND IF A PERSONAL SERVICE BUS, YOU MUST SIGN THIS IN NAME OF THE "PFL" SPILL) (PFL) (IF APPLICABLE)				
CITY STATE/ZIP ZIP OR POSTAL CODE COUNTRY (IF NOT USA)				
A9. NAME OF YOUR EMPLOYER		MAILING ADDRESS		
CITY		STATE/ZIP ZIP OR POSTAL CODE		EMPLOYER'S PHONE NUMBER
A10. DATE YOU LAST WORKED M M D D Y Y	A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN M M D D Y Y	A12. DATE YOU RETURNED OR WILL RETURN TO WORK M M D D Y Y	A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? YES NO	
A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? CARE FOR BOND WITH MILITARY OTHER REASON		A15. WHAT IS YOUR OCCUPATION?		
A16. SELECT YOUR PREFERRED PAYMENT METHOD		DIRECT DEPOSIT CARD PAYMENT CHECK		
A17. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST RECIPIENT (FIRST / MIDDLE INITIAL / LAST)				
A18. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST RECIPIENT IS YOUR: SPOUSE PARTNER CHILD GRANDPARENT OTHER RELATIVE OTHER				
A19. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?		A20. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?		
YES NO		YES NO		
A21. DO YOU HAVE MORE THAN ONE EMPLOYER?		A22. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:		A23. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
YES NO		WAGE WAGE OTHER		YES NO
A24. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE?				
YES NO				

A25. Declaration and Signature. By my signature on this claim, I certify that I am providing care for the bonding with, or participating in a qualifying event with the recipient named above (as authorized by the law) to receive my personal information as shown on this claim as the case recipient's medical provider as set out in the information collection and access portion of this form. I understand that it is illegal to knowingly make a false statement or conceal a material fact in order to obtain payment of benefits or a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statements including any accompanying statements is to the best of my knowledge and belief true, correct and complete. I agree that photocopies of this authorization shall be as valid as the original and I understand that authorizations contained in this claim are valid for a period of three years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature (DO NOT PRINT) If signature is made by mark (X), please place mark here. Date Signed (M M D D Y Y)

*If your signature is made by mark (X), it must be attested by two witnesses with their addresses

1st Witness Signature and Address 2nd Witness Signature and Address

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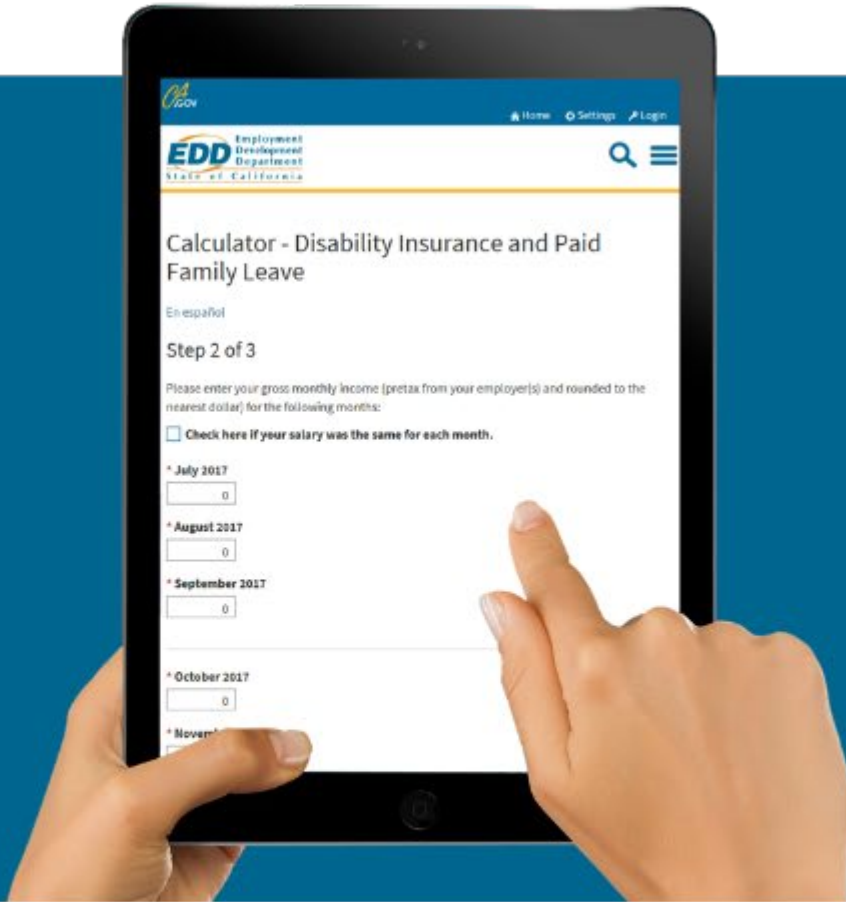
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Filing a Paid Family Leave Military Assist Claim

A properly completed PFL military assist claim will include:

Obtain the DE 2501F application by ordering through [Online Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

Calculating the Benefit Amount



Your weekly benefit amount is determined by your highest quarter of earnings in your “base period” (wages subject to SDI tax earned 5-18 months prior to your claim start date).

The “base period” covers a 12-month period and is broken into four consecutive quarters. For example, if your PFL claim begins in April, May, or June, your weekly benefit amount is calculated from your highest quarter of earnings paid to you between January 1 and December 31 of the prior year.

Simplify this process by using the [Paid Family Leave Calculator](https://edd.ca.gov/en/disability/PFL_Calculator/) (edd.ca.gov/en/disability/PFL_Calculator/) to estimate your weekly benefit amount.

Determining Paid Family Leave Eligibility

Have you paid into California's SDI program (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ▶ **“YES”** – You are most likely eligible for benefits.
- ▶ **“NO”** – Not all employees pay into SDI, so you may not be eligible for benefits.

Review paystubs before assuming eligibility.

Eligibility is **not** based on length of service or the number of employees your company has on staff.

Citizenship and immigration status do **not** affect eligibility.

Payment is not guaranteed until the claim has been approved by the Employment Development Department.

Only eight weeks of benefits can be claimed per 12-month period.



Employment Status and Paid Family Leave



Your eligibility is determined by whether you have paid into California's SDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance or be actively looking for work to qualify for PFL.

You may still qualify for PFL if you are seasonal, part-time, or unemployed.



If self-employed, you may be eligible if you are contributing to the Disability Insurance Elective Coverage program.



Job Protections

Does the SDI program provide job protection?

No, the program does not provide job protection, just paid benefits.

However, other state and federal laws may apply while you are using your leave.

Job Protections (Cont.)

Laws that may apply while receiving DI or PFL benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Speak with your employer to obtain unpaid job-protected leave. Visit the [California Civil Rights Department](https://www.calcivilrights.ca.gov) ([calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)) and the [US Department of Labor](https://www.dol.gov) ([dol.gov](https://www.dol.gov)) to learn more.



For more information, visit:

► Paid Family Leave
(edd.ca.gov/PaidFamilyLeave)

Contact EDD

- English: 1-877-238-4373
- Spanish: 1-877-379-3819
- Cantonese: 1-866-692-5595
- Vietnamese: 1-866-692-5596
- Armenian: 1-866-627-1567
- Punjabi: 1-866-627-1568
- Tagalog: 1-866-627-1569
- TTY: 1-800-445-1312





Tell Your Paid Family Leave Story

California's PFL allows you to be there for the moments that matter.

Share your PFL story by tagging
@CA_EDD on Instagram.



#MomentsMatter
#PFL
#PaidLeave
#CAPFL
#CAPaidFamilyLeave



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). TTY users, please call the California Relay Service at 711.