



Paid Family Leave

EMPLOYMENT DEVELOPMENT DEPARTMENT



What Is Paid Family Leave?

Paid Family Leave (PFL) is a financial benefit through the State of California that provides up to six weeks of partial pay to employees who take time off from work to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner).

PFL gives you up to 55% of your lost wages for up to six weeks of benefits in a 12-month period. It will not give you job protection or return-to-work rights. Your job may be protected through other federal or state laws such as the Family and Medical Leave Act.

Visit dol.gov/whd/fmla for more information.

Important: Gather Required Information Before Applying

You must provide the following information to file a Paid Family Leave claim:

- First and last name
- Social Security number
- Most current employer's business name, phone number and mailing address (as stated on your W-2 or paystub)

ELIGIBILITY REQUIREMENTS

You must:

- Be unable to do your regular work because you are taking care of a seriously ill family member (known as the "care recipient").
- Be employed or actively looking for work at the time your family leave begins.
- If working, have lost wages because you were caring for a seriously ill family member.
- Have earned at least \$300 from which State Disability Insurance deductions were withheld during a previous period (look for "CASDI" on your paystubs).
- Complete a claim form **within 41 days** after the first day your family leave begins or you may lose benefits.

If you're caring for a seriously ill family member, you must meet the following additional requirements:

- The care recipient must be your child, parent, spouse, registered domestic partner, grandparent, grandchild, sibling or parent-in-law.
- The care recipient (seriously ill family member) must be under the continuing treatment or supervision of a licensed doctor or health care provider while you are receiving benefits.

Provide the information below ONLY if it applies to you:

- Any wages you received or expect to receive from your employer (sick leave, paid time off, vacation pay, annual leave and wages earned after you stopped working)
- Any workers' compensation claim information

You Can Apply Two Ways: Online and in Paper Form

There are two ways to file for PFL — online or sending a paper form by mail. Watch video instructions on how to apply for PFL and complete the online application at edd.ca.gov/Disability/SDI_Online_Tutorials.htm.

- CLICK ON:**
- “How to File a Paid Family Leave Claim using SDI Online” (English) (YouTube)
 - “How to File a Paid Family Leave Claim using SDI Online” (Spanish) (YouTube)
 - “How to File a Paid Family Leave Claim by Mail” (English) (YouTube)
 - “How to File a Paid Family Leave Claim by Mail” (Spanish) (YouTube)



Apply for a PFL Online

The fastest and easiest way to file a PFL claim is online through the Employment Development Department (EDD)'s State Disability Insurance (SDI Online) website.

- STEP 1** **Create an SDI online account** at edd.ca.gov/Benefit_Programs_Online.htm. You may have to “Register” as a first time user. If you have applied for benefits before (including Unemployment, State Disability Insurance or PFL) you may already have an existing account.
- STEP 2** **Log in** to your SDI account and select **“File a New Claim.”**
- STEP 3** **Select “Paid Family Leave Care”** and follow the steps to fill out the form.
- Select **“Submit”** to send the completed SDI Online **Part A — Statement of Claimant** to the EDD.
 - On the confirmation page, be sure to **write down the form receipt number**. (Selecting the form receipt number link will automatically open a PDF printer-friendly version). You will need to provide this number to your health care provider for their portion of the claim.
 - Submit the confirmation page to City of Hope Medical Records.

Include these with your confirmation page:

- | | |
|--|--|
| <input type="checkbox"/> Form receipt number:
_____ | <input type="checkbox"/> Care recipient's date of birth |
| <input type="checkbox"/> Care recipient's full name | <input type="checkbox"/> Last four digits of care recipient's Social Security number |
| <input type="checkbox"/> Medical record number of care recipient | <input type="checkbox"/> Physician name that paperwork should be sent to |

City of Hope's Medical Records will forward the information to the City of Hope physician for completion.

Request can be submitted in person to the Medical Records office (near the registration desk in the Main Medical building), via email to Sonja Landeros at slanderos@coh.org or via FAX to 626-218-0677.

Please allow up to 10 business days for the request to be processed. You will receive a confirmation email from PFL when the physician certification is completed.

STEP 4 Additional Documents Required

You must also provide these documents to complete the claim. Note: It may be necessary to send some documents via U.S. mail.

On the confirmation page, you can download these forms:

- Care Recipient's Authorization for Disclosure of Personal Health Information**
- Part C — Statement of Care Recipient** signed by the person's care recipient or their authorized representative
- Part D — Physician/Practitioner's Certification** of the *Claim for Paid Family Leave Benefits* form (DE 2501F) completed and signed by the care recipient's doctor or health care provider

If you have not received anything from PFL within 10 days, or if you have any questions, you may call the EDD Paid Family Leave Program at 877-238-4373.

IMPORTANT Be reminded:

- It is your responsibility to have the doctor or health care provider to complete and sign the form and submit it to the EDD **within 41 days** from the date your family leave begins or you may lose benefits.
- Your claim will not be processed until all the required sections (as explained in previous steps) of the application are received. The EDD will contact you with the status of your claim. Be sure to check your inbox on SDI Online for notifications from EDD.
- Your employer will be notified that you have submitted a PFL claim. Medical information is confidential and will not be shared with your employer.

For more information, visit After You File for PFL: Claim Processing at edd.ca.gov/Disability/Claim_Processing_for_PFL.htm.



Apply for a PFL by Mail

To file a PFL claim by mail, complete and submit a *Claim for Paid Family Leave Benefits* form (DE 2501F).

STEP 1 Obtain a Paper Claim Form

There are a few different ways to obtain a paper *Claim for Paid Family Leave Benefits* form (DE 2501F):

- Visit Online Forms and Publications at forms.edd.ca.gov/forms and order form **DE 2501F**. A form will be mailed to you.
- You may be able to obtain the form from your doctor or health care provider's office or the human resources department at your employer.
- Visit an SDI office. Find office locations at edd.ca.gov/Disability/Contact_SDI.htm.
- Call the EDD Paid Family Leave Program at 877-238-4373.

STEP 2 Complete *Claim for Benefits* Form (DE2501F)

- Fill out **Part A — Claimant's Statement** (page 1), of the **DE 2501F** form. Be sure to write clearly in the spaces provided, use black ink only and sign the form.
- Ask the care recipient or authorized representative to complete and sign the **Care Recipient's Authorization for Disclosure of Personal Health** and **Part C — Statement of Care Recipient** of the form.
- You also need **Part D — Physician/Practitioner's Certification** of the *Claim for Paid Family Leave Benefits* form (DE 2501F) completed and signed by the care recipient's physician/practitioner.
- You may request for the care recipient's City of Hope physician or care practitioner to complete Part D by **submitting in person to the Medical Records office (near the registration desk in the Main Medical building), via email to Sonja Landeros at slanderos@coh.org or via FAX to 626-218-0677.**

Please allow up to 10 business days for the request to be processed by City of Hope.

The physician/practitioner may submit the certification using SDI Online, or they can complete and sign the paper form.

It is your responsibility to have the physician/practitioner complete and sign the form and submit it to the EDD **within 41 days** from the date your family leave begins or you may lose benefits.

STEP 3 Mail the completed *Claim for Paid Family Leave Benefits Form (DE 2501F)*

To submit the claim, mail the completed paper claim form to the EDD in the pre-addressed envelope to:

State of California
Employment Development Department
P.O. Box 989315
West Sacramento, CA 95798-9315

IMPORTANT Be reminded:

- Make sure to put a stamp on the envelope.
- Mail your claim no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins or you may lose benefits.
- A properly completed application will include:
 - Part A — Claimant's Statement** of the *Claim for Paid Family Leave Benefits* form (DE 2501F)
 - Part C — Statement of Care Recipient** of the form
 - Part D — Physician/Practitioner's Certification** of the form
 - Care Recipient's Authorization for Disclosure of Personal Health**



Resources

SDI Online Claimant Tutorial

— edd.ca.gov/Disability/pdf/sdi-online-tutorial-claimant.pdf

Frequently Asked Questions

— edd.ca.gov/FAQ_-_Benefit_Programs_Online.htm

Benefit Programs Online Overview and Registration (YouTube)

— youtu.be/OUsh6ZwLdOk

Form DE 2501F

— forms.edd.ca.gov/forms

Walk-in Office Locations

Employment Development Department

If you have problems completing your disability or paid family leave application online or on paper, you may want to call or visit the EDD walk-in offices listed below.

LA Works One-Stop Career Center

5200 Irwindale Ave.
Irwindale, CA 91706
Monday, Thursday and Friday — 8 a.m. to 5 p.m.
Tuesday and Wednesday — 8 a.m. to 7 p.m.
First and third Saturday — 9 a.m. to noon
(626) 960-3964

Inglewood South Bay One Stop Business and Career Center

110 South La Brea Ave., 5th Floor
Inglewood, CA 90301
Monday to Thursday — 8 a.m. to 6 p.m.
Friday — 8 a.m. to 5 p.m. (Closed alternate Fridays)
(310) 680-3700

Hub Cities One-Stop Career Center

2677 Zoe Ave., 1st Floor
Huntington Park, CA 90255
Monday to Friday — 8:30 a.m. to 5 p.m.
(323) 586-4700

Verdugo Jobs Center

1255 South Central Ave.
Glendale, CA 91204
Monday to Friday — 8:30 a.m. to 5 p.m.
(818) 409-0476

LA South/Compton Workforce Service Office

2909 East Pacific Commerce Drive
Compton, CA 90221
Monday to Friday — 7 a.m. to 6 p.m.
(310) 223-2901

Cerritos Career Center

10900 E 183rd St., Suite 350
Cerritos, CA 90703
Monday to Friday — 8 a.m. to 5 p.m.
(562) 402-9336

Chino Hills

15315 Fairfield Ranch Road, Suite 100
Chino Hills, CA 91709
Monday to Friday — 8 a.m. to 5 p.m.
(800) 480-3287

Long Beach

4300 Long Beach Blvd., Suite 600
Long Beach, CA 90807-2011
Monday to Friday — 8 a.m. to 5 p.m.
(800) 480-3287

Los Angeles

888 South Figueroa St., Suite 200
Los Angeles, CA 90017-5449
Monday to Friday — 8 a.m. to 5 p.m.
(800) 480-3287

San Bernardino

371 West 3rd St.
San Bernardino, CA 92401
Monday to Friday — 8 a.m. to 5 p.m.
(800) 480-3287

Santa Ana

2 MacArthur Place, Suite 400
Santa Ana, CA 92707
Monday to Friday — 8 a.m. to 5 p.m.
(800) 480-3287

Van Nuys

15400 Sherman Way, Room 500
Van Nuys, CA 91406
Monday to Friday — 8 a.m. to 5 p.m.
(800) 480-3287

Department of Supportive Care Medicine
Division of Clinical Social Work
Patient, Family and Community Education
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