

# Disability Insurance Provisions

**Disability** is any illness or injury, either physical or mental, which prevents you from doing your regular or customary work. (California Unemployment Insurance Code, section 2626) Disability also includes elective surgery, pregnancy, childbirth, or related medical conditions.

**Disability Insurance (DI)** is a component of the State Disability Insurance (SDI) Program and is designed to partially replace wages you lost because of a disability that was not caused by your work. (See “Other Programs” on reverse for job-related disabilities.)

SDI taxes are paid by those California workers who are covered by the SDI Program. Tax rates may vary from year to year. For current rates, contact the Employment Development Department (EDD) Disability Insurance Customer Service at (800) 480-3287 or EDD Employment Tax Customer Service at (888) 745-3886.

## DI Plans

- State Plan. DI's State Plan is covered in this brochure.
- Voluntary Plan. This is a private plan, approved by the Director of EDD, which may be substituted for the State Plan. Employers and employee groups may establish Voluntary Plans if the majority of employees and the employer agree to do so. If you are covered by a Voluntary Plan, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a voluntary plan claim through your employer.
- Elective Coverage. Employers and self-employed persons, including general partners, may elect coverage. However, the method of computing benefits for elective coverage 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.

Claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet. For additional information or to apply for coverage, contact EDD Disability Insurance Customer Service at (800) 480-3287 or EDD Employment Tax Customer Service at (888) 745-3886. Individuals in family employment not subject to the California Unemployment Insurance Code may also elect coverage at the same rate and benefits as employees covered by the State Plan and with the same benefits as the State Plan.

## How to Claim State Plan Benefits

1. Request a claim form:
  - By telephone at: **(800) 480-3287**
  - (California State government employees covered by SDI should telephone **(866) 352-7675** for DI **(877) 945-4747** for PFL.)
  - By Internet at: **[www.edd.ca.gov](http://www.edd.ca.gov)**

# Disability Insurance Provisions

- By TTY (teletypewriter for deaf, hearing-impaired and speech-impaired persons only) at: **(800) 563-2441** for DI or **(800) 445-1312** for PFL.
  - By writing EDD, Disability Insurance, P.O. Box 13140, Sacramento, CA 95813-3140
  - In person by visiting any of the DI Offices listed under “DI Claim Management Offices.”
  - Fill out and sign the “Claim Statement of Employee.” Print clearly, and be sure that your answers are complete and correct because errors may delay payments.
2. Have your doctor complete the “Doctor’s Certificate.” Usually a claim cannot begin more than seven days before you were examined by or under the care of a certifying doctor. Certification may be made by a licensed physician, surgeon, U.S. Government medical officer, osteopathic physician, chiropractor, podiatrist, optometrist, dentist, designated psychologist, or accredited religious practitioner. For normal pregnancy-related disabilities, certification may be made by a nurse-midwife, nurse practitioner, or licensed midwife.
  3. Mail your claim within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

## How Benefits Are Paid

- The SDI Program is designed to serve you by mail. You do not need to appear in person to apply for or receive benefits.
- When we receive your claim, we may contact you by mail or by telephone to request further information if needed. We process most claims within 14 days after we receive them.
- The first seven days of your disability are considered a “waiting period,” and you will not be paid DI benefits for that period.

We pay benefits as quickly as possible after we receive all required information. If you meet all eligibility requirements, we will authorize a check to be mailed to you from a central payment center. If you are eligible for further benefits, we will either send you additional payments automatically or send a “continued claim” certification form for you to complete for the next period. Usually these periods will be two weeks. However, the DI Program pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow seven days from the date you mail a certification for receipt of your check.

## How Your Benefit Rate is Determined

Your benefit amounts are based on wages paid to you during a specific 12-month **base period**, which is determined by the date your claim begins. Therefore, you should

# Disability Insurance Provisions

carefully consider when to start your claim since this may affect your weekly benefit rate, your maximum amount payable, and the period of your benefit eligibility.

Only the wages in your **base period** that were subject to the disability insurance tax can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month in which your claim begins determines which four consecutive quarters must be used.

## If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2007, uses a base period of October 1, 2005, through September 30, 2006.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2007, uses a base period of January 1, 2006, through December 31, 2006.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2007, uses a base period of April 1, 2006, through March 31, 2007.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2007, uses a base period of July 1, 2006, through June 30, 2007).

## Exceptions:

If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

In addition, you may be entitled to substitute wages paid in prior quarters either to make your claim valid or to increase your benefit amount if during your base period you:

- were in the military service.
- received workers' compensation benefits.
- did not work because of a labor dispute.

If your situation fits any of the above, include a note with your claim form.

## Wage Continuation

If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. Your DI benefits will not be affected by any 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 employers and self-employed individuals who elect SDI coverage, the maximum amount is 39 times the weekly rate.

# Disability Insurance Provisions

In addition, benefits are payable only for a limited period to a resident in a state-approved Alcoholic Recovery Home or Drug-Free Residential Facility. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

## **Pregnancy**

As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your doctor certifies you are unable to do your regular or customary work. Do NOT send in your claim for pregnancy-related disability benefits until the date your doctor certifies you are disabled.

NOTE: For information on Paid Family Leave bonding benefits, see the “Other Programs” section of this brochure.

## **You May Not be Eligible for Benefits**

- If you are receiving Unemployment Insurance or Paid Family Leave benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers’ compensation at a weekly rate equal to or greater than the DI rate. If these benefits for workers’ compensation are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the Disability Insurance system.

## **Your Rights.** You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI Office in writing.)
- A hearing of your appeal before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy. Information about your claim will be kept confidential except for the purposes allowed by law.

## **Your Obligations.** You are responsible to:

- Complete your claim and other forms correctly, completely, and truthfully.

# Disability Insurance Provisions

- Mail your claim and other forms in the time limits shown on the forms. If you are late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and Social Security number on all letters to DI.

## Contact DI

- By **telephone** at: **(800) 480-3287 (English)** or **(866) 658-8846 (Spanish)**.
- By **U.S. mail** addressed to the office handling your claim at [http://www.edd.ca.gov/Disability/Contact\\_SDI.htm#bylocation](http://www.edd.ca.gov/Disability/Contact_SDI.htm#bylocation). If you are not a current claimant, you may write to any DI Claim Management Office.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at **(800) 563-2441**.
- By **e-mail** at [https://www.edd.ca.gov/About\\_EDD/Contact\\_EDD.htm](https://www.edd.ca.gov/About_EDD/Contact_EDD.htm)
- **In person** by visiting any of the DI Offices listed under "DI Claim Management Offices."

## Other Programs

IF YOU ARE **INJURED ON THE JOB** or ill as a result of your occupation, notify your employer.

IF YOU ARE **ABLE AND AVAILABLE TO WORK** but unemployed, contact the Unemployment Insurance Program of EDD at **1-800-300-5616 (TTY 1-800-815-9387)**.

IF YOU NEED HELP IN **FINDING WORK, JOB TRAINING, RETRAINING**, or other services in order to return to work, visit your local one-stop career center listed in the white pages of your telephone directory and on the Internet at **www.servicelocator.org**.

IF YOUR **DISABILITY IS PERMANENT** or is expected to continue for a year or more, contact the U.S. Social Security Administration at **(800) 772-1213** or **TTY** at **(800) 325-0778** or on the Internet at **www.ssa.gov**.

IF A FAMILY MEMBER HAS TO STOP WORK TO **CARE FOR YOU**, contact EDD's **Paid Family Leave** program at **(877) 238-4373**.

IF YOU STOP WORK TO **BOND WITH A NEW CHILD**, including newly adopted or newly placed foster children or those of your registered domestic partner, contact EDD's **Paid Family Leave** program at **(877) 238-4373** or **TTY (800) 445-1312**.

NOTE: A Paid Family Leave bonding claim form will be sent automatically with the final benefit check to new mothers receiving DI benefits.

IF YOU ARE A **VICTIM OF A CRIME**, call the California Victims Compensation Program at **(800) 777-9229**. **TTY** users may contact the Program via **TTY** at **(800) 735-2929 (English)** or **TTY** at **(800) 855-3000 (Spanish)**. You may also contact your county Victim/Witness Assistance Center.

QUESTIONS ABOUT **SPOUSAL OR PARENTAL SUPPORT** obligations should be directed to the District Attorney's Office for the county that issued the court order.

# Disability Insurance Provisions

QUESTIONS ABOUT **CHILD SUPPORT** obligations should be directed to the Department of Child Support Services at **(866) 249-0773**.

## DI Claim Management Offices

### **Alameda**

1600 Harbor Bay Parkway, Suite 120

*Mailing Address:*

PO Box 1857, Oakland, CA 94604-1857

### **Chino Hills**

15315 Fairfield Ranch Road, Ste. 100

*Mailing Address:*

PO Box 60006, City of Industry, CA 91716-0006

### **Fresno**

2550 Mariposa Mall, Room 1080A

*Mailing Address:*

PO Box 32, Fresno, CA 93707-0032

### **Los Angeles**

888 S. Figueroa Street, Suite 200

*Mailing Address:*

PO Box 513096, Los Angeles, CA 90051-1096

### **Redding**

1325 Pine Street

*Mailing Address:*

PO Box 991898, Redding, CA 96099-1898

### **San Diego**

8977 Activity Rd., Bldg. B, Ste. 200

*Mailing Address:*

PO Box 120831, San Diego, CA 92112-0831

### **San Jose**

297 West Hedding Street

*Mailing Address:*

PO Box 637, San Jose, CA 95106-0637

### **Santa Barbara**

128 East Ortega Street

*Mailing Address:*

PO Box 1529, Santa Barbara, CA 93102-1529

### **Stockton**

528 North Madison Street

*Mailing Address:*

PO Box 201006, Stockton, CA 95201-9006

### **Chico**

645 Salem Street

*Mailing Address:*

PO Box 8190, Chico, CA 95927-8190

### **Eureka**

409 K Street, Suite 201 Eureka, CA 95501-0529

### **Long Beach**

4300 Long Beach Blvd., Ste. 600

*Mailing Address:*

PO Box 469, Long Beach, CA 90801-0469

### **N. Los Angeles**

15400 Sherman Way, Rm. 500

*Mailing Address:*

PO Box 10402, Van Nuys, CA 91410-0402

### **San Bernardino**

371 West 3rd Street

*Mailing Address:*

PO Box 781, San Bernardino, CA 92402-0781

### **San Francisco**

745 Franklin Street, Room 300

*Mailing Address:*

PO Box 193534, San Francisco, CA 94119-3534

### **Santa Ana**

605 West Santa Ana Blvd., Bldg. 28

*Mailing Address:*

PO Box 1466, Santa Ana, CA 92702-1466

### **Santa Rosa.**

606 Healdsburg Avenue

*Mailing Address:*

PO Box 700, Santa Rosa, CA 95402-0700

### **Stockton**

528 North Madison Street

*Mailing Address:*

PO Box 201006, Stockton, CA 95201-9006

This pamphlet is for general information only, and does not have the force and effect of the law, rule or regulation.

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 DI at (800) 480-3287 (voice) or TTY (800) 563-2441, or PFL at (877) 238-4373 or TTY (800) 445-1312.