Voluntary Plan (VP). A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP claims are filed in the same manner as DI claims.

To file a VP claim, contact EDD DI customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3866.

DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP claims are filed in the same manner as DI claims.
- **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage. The method of computing contributions 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.

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 the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3866.

How to Claim State Plan Benefits

1. Use SDI Online to securely file for benefits or request a paper claim form online.
   - By Internet: www.edd.ca.gov/disability.
   - By phone: 1-800-480-3287.
2. When filing SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted. If using a paper claim form, complete and sign the "Claim Statement of Employee." Print clearly, and verify your answers are complete and correct as error delay payments.
3. Have your physician/practitioner complete the "Physician/Practitioner Certification" online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the "Physician/Practitioner Certification." Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, physician assistant, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

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

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 DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.

DI Office Locations & Mailing Addresses

<table>
<thead>
<tr>
<th>City</th>
<th>Address</th>
<th>PO Box</th>
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</thead>
<tbody>
<tr>
<td>Chico</td>
<td>645 Salem Street, Ste. 150</td>
<td>617</td>
</tr>
<tr>
<td>Chino Hills</td>
<td>13513 Fairfield Ranch Road, Ste. 100</td>
<td>1240</td>
</tr>
<tr>
<td>Fresno</td>
<td>2550 Mariposa Mall, Rm. 1080A</td>
<td>5005</td>
</tr>
<tr>
<td>Long Beach</td>
<td>4100 Long Beach Blvd., Ste. 600</td>
<td>6006</td>
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<tr>
<td>Los Angeles</td>
<td>800 S. Figueroa Street, Ste. 200</td>
<td>5000</td>
</tr>
<tr>
<td>Oakland</td>
<td>7677 Oakpark Street, Ste. 235</td>
<td>4300</td>
</tr>
<tr>
<td>Riverside</td>
<td>1190 Palmynrita Avenue, Ste. 100</td>
<td>1350</td>
</tr>
<tr>
<td>Sacramento</td>
<td>S09 Broadway</td>
<td>13140</td>
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<tr>
<td>San Bernardino</td>
<td>371 West 3rd Street</td>
<td>781</td>
</tr>
<tr>
<td>San Diego</td>
<td>9246 Lighthouse Avenue, Bldg A, Ste. 300</td>
<td>1201181</td>
</tr>
<tr>
<td>San Francisco</td>
<td>745 Franklin Street, Rm. 300</td>
<td>1354</td>
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<tr>
<td>San Jose</td>
<td>297 West Hedding Street</td>
<td>617</td>
</tr>
<tr>
<td>Santa Ana</td>
<td>605 West Santa Ana Blvd, Bldg 28, Rm. 735</td>
<td>1466</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>128 East Ortega Street</td>
<td>1529</td>
</tr>
<tr>
<td>Santa Rosa</td>
<td>606 Healdsburg Avenue</td>
<td>700</td>
</tr>
<tr>
<td>Stockton</td>
<td>3127 Transworld Dr., Ste. 150</td>
<td>200006</td>
</tr>
<tr>
<td>Stockton</td>
<td>California State Government Employees</td>
<td>2168</td>
</tr>
<tr>
<td>Van Nuyts</td>
<td>15400 Sherman Way, Rm. 500</td>
<td>10402</td>
</tr>
</tbody>
</table>

San Bernardino | 371 West 3rd Street | 781
San Diego | 9246 Lighthouse Avenue, Bldg A, Ste. 300 | 1201181
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San Jose | 297 West Hedding Street | 617
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Santa Barbara | 128 East Ortega Street | 1529
Santa Rosa | 606 Healdsburg Avenue | 700
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Stockton | California State Government Employees | 2168
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DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be 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. 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 some differences in eligibility requirements from those listed in this pamphlet.

- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3866, or visit our website at www.edd.ca.gov/disability.

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 DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.
If your full wages are paid.

Contact DI if you do not understand a question.

If you are receiving Unemployment Insurance (UI), complete your claim and other forms correctly.

April, May, or June, your base period is the 12 months ending last September 30.

During, May, and June, your base period is the 12 months ending last December 31.

July, August, or September, your base period is the 12 months ending last March 31.

October, November, or December, your base period is the 12 months ending last June 30.

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.

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 work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation. If your employer continues to pay you wages during your DI claim, your DI benefits may be affected. 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. Exceptions: For employers 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 alcoholic rehabilitation home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Step 4: Pay Your Benefits. Your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

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.)

• Request an appeal hearing 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 — all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

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

• Submit your claim and other forms according to time limits on forms. If your claim is submitted 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 claim identification number on letters to DI.

Contact DI

By email at https://askedd.edd.ca.gov.

By phone at:

• English 1-800-480-3287

• Spanish 1-866-658-8846

• By U.S. 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 (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.

• In person by visiting any of the DI offices listed under “DI Office Locations.”

Other Programs

If you are injured on the job or become 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 the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-350-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retaining, or other services in order to return to work, visit your local America’s Job Center of CaliforniaSM formerly known as One-Stop Career Centers at www.serviceLocator.org, or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at www.edd.ca.gov/disability, or by phone at 1-888-947-4173, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). 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.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-6936).