

Claim for Disability Insurance (DI) Benefits

The State Disability Insurance (SDI) program provides worker-funded benefits to eligible workers who have a full or partial loss of wages due to disabilities that are not work related. The California Unemployment Insurance Code (CUIC) states that a disability is any illness or injury, either physical or mental, that prevents you from doing your regular or customary work. Disability also includes elective surgery and disabilities related to pregnancy or childbirth.

Please read instruction and information pages (A through D) before completing the enclosed forms.

For faster processing, file your claim using SDI Online at www.edd.ca.gov. If you file online, do NOT mail this form to the Employment Development Department (EDD).

DO NOT COMPLETE THIS FORM IF YOU ARE:

- Insured by a Voluntary Plan. Ask your employer for the proper forms.
- Filing for Non-Industrial Disability Insurance benefits. State government employees refer to your personnel office.

If you cannot complete this form due to your disability, or if you are an authorized representative filing for benefits on behalf of an incapacitated or deceased claimant, call 1-800-480-3287 or visit the EDD website to send an online message using Ask EDD at <https://askedd.edd.ca.gov>.

HOW TO COMPLETE THIS FORM

- Use black ink only.
 - Type or write clearly **within** the boxes provided.
 - Enter your Social Security number on all pages of the claim form including attachments.
 - Do not fax the form.
 - Mail the completed form to the EDD in the envelope provided. Submit your claim no earlier than nine days after the first day your disability begins, but no later than 49 days after your disability begins. **You may lose benefits if your claim is late.**
1. Complete **ALL** items in "PART A – CLAIMANT'S STATEMENT" and **sign box A39**. Errors or missing information **may cause your claim to be returned and delay payment**. For box A13, the United States Postal Service will not deliver mail to a private mail box unless it is preceded by the initials "PMB."
 2. Have your physician/practitioner complete and sign "Part B – PHYSICIAN/PRACTITIONER'S CERTIFICATE." Certification may be made by a licensed physician or practitioner authorized to certify to a patient's disability or serious health condition pursuant to CUIC, Section 2708. If you are under the care of an accredited religious practitioner, obtain a "Claim for Disability Insurance Benefits - Religious Practitioner's Certificate," DE 2502, by calling 1-800-480-3287 and ask your religious practitioner to complete and sign it. **Rubber stamp signatures are not accepted.**
 3. **You should carefully decide the date you want your claim to begin because it may affect your benefit amount.** See "YOUR BENEFIT AMOUNTS" on page B for information.
 4. If you have a work-related disability, complete questions A31 to A38. If your workers' compensation claim has been accepted, denied, or delayed, please include the status letter from the carrier.
 5. Place the completed, signed form(s) in the envelope provided. A claim is complete when "PART A – CLAIMANT'S STATEMENT" and "PART B – PHYSICIAN/PRACTITIONER'S CERTIFICATE" are received. Claims are generally processed within 14 days.
 6. Keep these instructions and information pages (A through D) for future reference.

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.