

Claim for Disability Insurance (DI) Benefits

For faster processing, complete and submit this form online at www.edd.ca.gov. If you submit online, do not mail this form to the Employment Development Department (EDD).

Please read instruction and information pages A – D before completing the enclosed forms.

- Do not complete this form if you are insured by a Voluntary Plan maintained by your employer. (Ask your employer for information or proper forms.)
- Do not complete this form if you are filing for Non-Industrial Disability Insurance (NDI) benefits. (If you are a State government employee, you should refer to your personnel office for instructions on filing an NDI or DI claim, or call us at 1-866-352-7675.)

The State Disability Insurance (SDI) program provides affordable, worker-funded benefits to eligible workers suffering a full or partial loss of wages due to disabilities that are job related. The California Unemployment Insurance Code 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.

The California State EDD is a recipient of federal and state funds, is an equal opportunity employer/program, and is in compliance with section 504 of the Rehabilitation Act and the American with Disabilities Act (ADA).

If you need assistance completing this form or any other form provided by SDI, call us at 1-800-480-3287. TTY access (for deaf, hearing-impaired, and speech-impaired persons *only*) to SDI is provided at 1-800-563-2441. You may also contact SDI on the Internet at www.edd.ca.gov.

Si usted necesita ayuda en completar este formulario o cualquier otro formulario proporcionado por el Seguro Estatal de Incapacidad, comuníquese al 1-866-858-8846. Las personas sordas, con problemas del oído, o con problemas de habla pueden comunicarse con nosotros por medio del sistema TTY al 1-800-563-2441. También puede comunicarse con el Seguro Estatal de Incapacidad por Internet en www.edd.ca.gov.

如果您需要以其他格式（如盲文）使用本表，或者您不理解本表或SDI提供的任何表格，請電 1-800-180-3287。SDI亦提供TTY電話（只供聾人及有聽力或者語障的人士使用），號碼是 1-800-563-2441。

HOW TO COMPLETE THIS FORM

ONLINE

- Go to www.edd.ca.gov
- If filing online, provide your receipt number (received at the completion of online filing) and "PART B – PHYSICIAN/PRACTITIONER'S CERTIFICATE" of this form to your physician/practitioner. If you have mailed "PART A – CLAIMANT'S STATEMENT" of this form and your physician/practitioner wishes to file online, you may call the EDD at 1-800-480-3287 to request your receipt number.
- If you submit online, do not mail this form to the EDD.

BY HAND

- Use black ink only.
- Print your answers in the spaces provided.
- Include your Social Security number on all documents including attachments.

HOW TO APPLY. SDI provides services online, by telephone, by mail, and in person. You do not need to apply in person to receive benefits. You must:

1. Complete **ALL** items on the enclosed "PART A – CLAIMANT'S STATEMENT" and sign it. Make certain that all information is complete and accurate, since errors or omissions may cause your claim to be returned and may delay payment. NOTE: The United States Postal Service (USPS) will not deliver mail (including benefit payment information) to a private mail box (i.e., a mail box rented to you by a non-USPS commercial enterprise) unless it is preceded by the initials "PMB."
2. You should carefully decide the date you want your claim to begin, as this impacts the base period wages used to calculate your benefit eligibility. (Question A19 on PART A – CLAIMANT'S STATEMENT.) See "YOUR BENEFIT AMOUNTS" on page B for information.)
3. If your disability prevents you from completing the claim form, call 1-800-480-3287 so that appropriate forms can be provided to allow you to designate an authorized representative to sign for you.
4. If you are an authorized agent filing for benefits on behalf of a physically incapacitated, mentally incapacitated, or deceased claimant, call 1-800-480-3287 for required forms and instructions.
5. Ask your physician/practitioner to complete and sign "PART B – PHYSICIAN/PRACTITIONER'S CERTIFICATE" of this form. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, 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 nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth. If you are receiving temporary disability benefits, you must submit "PART B – PHYSICIAN/PRACTITIONER'S CERTIFICATE" of this form to the EDD at 1-800-480-3287 and your Workers' Compensation claim form is not required. If you are receiving temporary disability benefits, you must submit "PART B – PHYSICIAN/PRACTITIONER'S CERTIFICATE" of this form to the EDD at 1-800-480-3287 and your Workers' Compensation claim form is not required.
6. If mailing, place the form in a padded envelope. If you are mailing the form, you must include a return address. If you become disabled, your claim is late.
7. Keep the instruction pages with the form.



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