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Employment Development Department
State of California

# Claim for Paid Family Leave (PFL) Benefits

2501F10161

## PART A – STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)

A1. YOUR SOCIAL SECURITY NO.

A2. YOUR DATE OF BIRTH
M M D D Y Y Y Y

A3. LANGUAGE YOU PREFER TO USE
ENGLISH ESPAÑOL OTHER (PRINT BELOW)

A4. YOUR LEGAL NAME
FIRST NAME MI LAST NAME

A5. YOUR GENDER
MALE FEMALE

A6. YOUR TELEPHONE NUMBER

A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT A PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMB#" SPACE.) PMB# (IF APPLICABLE)
CITY STATE/PROV. ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)

A9. NAME OF YOUR EMPLOYER MAILING ADDRESS
CITY STATE/PROV. ZIP OR POSTAL CODE EMPLOYER'S TELEPHONE NUMBER

A10. DATE YOU LAST WORKED
M M D D Y Y Y Y

A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN
M M D D Y Y Y Y

A12. DATE YOU RETURNED OR WILL RETURN TO WORK
M M D D Y Y Y Y

A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?
NO YES

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?
CARE FOR FAMILY MEMBER BOND WITH CHILD OTHER (EXPLAIN)

A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (FIRST MIDDLE INITIAL LAST) OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:
CHILD SPOUSE REGISTERED DOMESTIC PARTNER PARENT PARENT IN-LAW GRAND PARENT GRAND CHILD SIBLING OTHER (EXPLAIN)

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?
NO YES

A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?
NO YES

A20. DO YOU HAVE MORE THAN ONE EMPLOYER?
NO YES

A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:
SICK VACATION OTHER (EXPLAIN)

A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
NO YES

A23. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? ..... NO YES

A24. **Declaration and Signature.** By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the "Information Collection and Access" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

**Claimant's Signature** (DO NOT PRINT)

**If signature is made by mark (X), please place mark here.***

**Date Signed** (M M D D Y Y Y Y)

***If your signature is made by mark (X), it must be attested by two witnesses with their addresses**

1st Witness Signature and Address

2nd Witness Signature and Address