

# Notice to Employees:



**THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:**

## **Disability Insurance (DI)**

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of "Disability Insurance Provisions," DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not related to his/her job.

### Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain DI claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from your doctor, hospital, or directly from any California Disability Insurance (DI) Claim Management office.
- File your "Claim for DI Benefits," DE 2501, within 49 days of the first day of your disability to avoid losing benefits.

## **Paid Family Leave (PFL)**

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of "Paid Family Leave Program Brochure," DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

### Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain PFL claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from any California Disability Insurance (DI) Claim Management office or the PFL office.
- File your "Claim for PFL Benefits," DE 2501F, within 49 days of the first day of your family leave to avoid losing benefits.

FOR MORE INFORMATION ABOUT DI, VISIT THE EDD WEB SITE AT [www.edd.ca.gov](http://www.edd.ca.gov) OR CALL 1-800-480-3287.  
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.  
FOR MORE INFORMATION ABOUT PFL, VISIT THE EDD WEB SITE AT [www.edd.ca.gov](http://www.edd.ca.gov) OR CALL 1-877-238-4373.  
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.  
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675 FOR DI AND 1-877-945-4747 FOR PFL.