

### TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

#### WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

#### Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

#### WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.



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- o Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor’s report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers’ compensation provides a burial allowance.

**OTHER BENEFITS**

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers’ compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation’s special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to [www.dwc.ca.gov](http://www.dwc.ca.gov) and looking under “Workers’ Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at [www.dir.ca.gov](http://www.dir.ca.gov).

**Workers’ compensation fraud is a crime**

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

**WHAT SHOULD I DO IF I HAVE AN INJURY?**

**Report your injury to your employer**

Tell your supervisor right away no matter how slight the injury may be. Don’t delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don’t hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

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| <p><b>Workers’ compensation insurance company or if employer is self-insured, person responsible for handling the claim is:</b></p> <p>_____</p> <p>Address: _____</p> <p>Phone: _____.</p> |
|---|

You may be able to find the name of your employer’s workers’ compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

**Get emergency treatment if needed**

If it’s a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

**Emergency telephone number:** Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

\_\_\_\_\_.

**Fill out DWC 1 claim form and give it to your employer**

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

**MORE ABOUT MEDICAL CARE**

**What is a Primary Treating Physician (PTP)?**

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

**What is a Medical Provider Network (MPN)?**

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN. If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

**What is Predesignation?**

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term

“chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

**WHAT IF THERE IS A PROBLEM?**

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

**Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit**

All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

|   |
|---|
| The nearest I&A Unit is located at:<br>Address: _____<br>Phone number: _____. |
|---|

**Consult with an attorney**

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers’ compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

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|--|
| <b>Warning</b>   |
| Your employer may not pay workers’ compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties. |

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| <b>Additional rights</b>  |
| You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000. |

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers’ Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

## UN FOLLETO PARA EL NUEVO EMPLEADO

Este folleto, o uno similar que ha sido aprobado por el Director Administrativo, debe ser entregado a todos los empleados recién contratados en el estado de California. Los empleadores y administradores de reclamos pueden utilizar el contenido de este documento e incluir sus logos e información adicional en él. El contenido de este folleto se aplica a todas las lesiones laborales que ocurren durante o después del 1 de enero 2013.

### ¿QUÉ ES LA COMPENSACIÓN DE TRABAJADORES?

Si usted se lesiona en el trabajo, su empleador está obligado por ley a pagarle los beneficios de compensación de trabajadores. Usted podría lesionarse por:

Un incidente en el trabajo. Ejemplos: lastimarse la espalda al caerse, quemarse con un producto químico que le salpique la piel, lesionarse en un accidente de tránsito mientras hace entregas.

— o —

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la muñeca por hacer movimientos repetitivos, perder la audición debido a la presencia de ruidos fuertes y constantes.

— o —

Crimen en el lugar de trabajo. Ejemplos: se lesiona en un robo de una tienda, físicamente atacado por un cliente disgustado.

### La discriminación es ilegal

Es ilegal bajo el Código Laboral 132a que su empleador lo castigue o despida porque usted:

- Presenta un reclamo de compensación de trabajadores
- Tiene la intención de presentar un reclamo de compensación de trabajadores
- Finaliza un reclamo de compensación de trabajadores
- Testifica o tiene la intención de testificar para otro trabajador lesionado.

Si se determina que su empleador discriminó contra usted, él o ella pueden ser ordenados a regresarlo a su trabajo. Su empleador también puede ser obligado a pagar por salarios perdidos, aumentos en beneficios de compensación de trabajadores además de costos y gastos establecidos por la ley estatal.

### ¿CUÁLES SON LOS BENEFICIOS?

- **Atención médica:** Pagada por su empleador para ayudarle a recuperarse de una lesión o enfermedad causada por el trabajo. Consultas al médico, servicios de hospital, terapia física, exámenes de laboratorio y rayos X son algunos servicios médicos que pueden ser proporcionados. Estos servicios deben ser necesarios para tratar su lesión. Hay límites en algunos servicios como terapia física y ocupacional y cuidado quiropráctico.
- **Beneficios por incapacidad temporal:** Pagos que usted recibe por los salarios perdidos si su lesión le impide hacer su trabajo usual mientras se recupera. El monto que puede recibir es hasta dos tercios de su salario. Hay límites de pagos mínimos y máximos establecidos por la ley estatal. Le pagarán cada dos semanas si es elegible. Para la mayoría de las lesiones, los pagos no pueden exceder más de 104 semanas dentro de cinco años después de su lesión. La Incapacidad Temporal (*Temporary Disability- TD*) termina cuando usted regresa a trabajar o cuando su médico le permite regresar a trabajar o indica que su lesión ha mejorado tanto como sea posible.
- **Beneficios por incapacidad permanente:** Pagos si no se recupera completamente. Le pagarán cada dos semanas si cumple las condiciones exigidas. Hay tasas de pago semanales mínimas y máximas establecidas por la ley estatal. El monto de pago está basada en:
  - Los informes médicos de su doctor
  - Su edad

- Su ocupación
- **Beneficios suplementarios por la pérdida de trabajo:** Este es un vale de hasta \$6,000 que usted puede utilizar para pagar por entrenamiento/capacitación o mejoramiento de habilidades en una escuela aprobada por el estado, libros, herramientas, honorarios de certificación o licenciatura u otros recursos para ayudarle a encontrar un nuevo trabajo. Usted tiene derecho a este vale si:
  - Tiene una incapacidad permanente
  - Su empleador no le ofrece trabajo regular, modificado o alternativo dentro de 60 días después de que el administrador de reclamos recibe un informe médico indicando que ha llegado a una máxima recuperación médica.
- **Beneficios por Defunción:** Pagos a su cónyuge, hijos u otros dependientes si usted muere debido a una lesión o enfermedad de trabajo. El monto del pago está basado en el número de dependientes. El beneficio se paga cada dos semanas en un monto de al menos \$224 por semana. Adicionalmente, el seguro de compensación de trabajadores proporciona un subsidio para el entierro.

### OTROS BENEFICIOS

Usted puede presentar un reclamo con el Departamento del Desarrollo de Empleo (*Employment Development Department- EDD*) para obtener beneficios de incapacidad estatal cuando se demoran, niegan o terminan los beneficios del programa de compensación de trabajadores. Hay plazos específicos así que para más información comuníquese con la oficina local del *EDD* o vaya a su sitio web en [www.edd.ca.gov](http://www.edd.ca.gov).

Si su lesión resulta en una incapacidad permanente y el estado determina que su beneficio de *PD* es desproporcionadamente bajo comparado a su pérdida de ingresos, usted puede calificar para dinero adicional del programa de Pérdida de Ingresos Especiales Suplementarios del Departamento de Relaciones Industriales (*Department of Industrial Relations- DIR*) también conocido como el Programa del Regreso al Trabajo. Si tiene preguntas o piensa que califica, comuníquese con la Unidad de Información y Asistencia yendo a [www.dwc.ca.gov](http://www.dwc.ca.gov) y busque el enlace "*Information & Assistance Unit*" bajo la sección *Workers' compensation programs & units*" o visite la página web del *DIR* en [www.dir.ca.gov](http://www.dir.ca.gov).

### **El fraude de compensación de trabajadores es un crimen**

Cualquier persona que hace o causa que se haga una declaración intencionadamente falsa para obtener o negar beneficios o pagos de compensación de trabajadores es culpable de un crimen grave. Si condenado, la persona tendrá que pagar multas de hasta \$150,000 y/o cumplir hasta cinco años de cárcel.

### **¿QUÉ DEBO HACER SI ME LESIONO EN EL TRABAJO?**

#### **Informe a su empleador sobre la lesión que ha sufrido**

Infórmele inmediatamente a su supervisor sin importar que tan leve sea la lesión. No se demore – hay plazos específicos. Usted puede perder su derecho a beneficios si su empleador no se entera de su lesión dentro de 30 días. Si su lesión o enfermedad se desarrolló gradualmente, infórmelo tan pronto como se entere que fue causada por su trabajo.

Si usted no puede informarle al empleador o no tiene noticias del administrador de reclamos después de haber reportado su lesión, comuníquese con el administrador de reclamos.

**La compañía de seguro de compensación de trabajadores, o si el empleador está auto asegurado, la persona responsable por la administración del reclamo es:**

\_\_\_\_\_

Dirección: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_



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Quizás pueda encontrar el nombre de la compañía del seguro de compensación de trabajadores en [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). Si no hay cobertura o si la cobertura ha expirado, comuníquese con la División para el Cumplimiento de las Normas Laborales en [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) ya que por ley, todos los empleados deben ser cubiertos.

**Obtenga tratamiento de emergencia si es necesario**

Si es una emergencia médica, vaya a una sala de emergencia inmediatamente. Dígame al proveedor médico que le atiende que su lesión se relaciona a su trabajo. Su empleador puede decirle adónde ir para continuar con su tratamiento.

**Número de teléfono de emergencia:** Llame al 911 para una ambulancia, el departamento de bomberos o la policía. Para atención médica no urgente, contacte a su empleador, administrador de reclamos de compensación de trabajadores o diríjase a esta instalación: \_\_\_\_\_.

**Llene el formulario de reclamo DWC 1 y entrégueselo a su empleador**

Su empleador debe entregarle un [Formulario de reclamo DWC 1](#) dentro de un día laborable después de enterarse de su lesión o enfermedad. Complete la sección del empleado, fírmelo y regréselo a su empleador. Su empleador entonces presentará su reclamo al administrador de reclamos. Su empleador debe autorizar tratamiento dentro de un día laborable después de recibir el formulario DWC 1.

Si la lesión se debe a exposiciones repetidas, usted tiene un año desde cuando sabe que su lesión se relaciona a su trabajo para presentar un reclamo.

En cualquier caso, puede recibir hasta \$10,000 en atención médica pagada por su empleador hasta que se acepte o niegue su reclamo. El administrador de reclamos tiene hasta 90 días para decidir si acepta o niega su reclamo. Si no, su caso se considera pagable. Su empleador o administrador de reclamos le enviará “avisos de beneficios” que le informarán sobre el estado de su reclamo.

**MÁS ACERCA DE ATENCIÓN MÉDICA**

**¿Qué es un médico de cabecera que lo atiende (Primary Treating Physician- PTP)?**

Es el médico con la responsabilidad total sobre el tratamiento para su lesión o enfermedad. Él o ella pueden ser:

- El médico que usted denomina por escrito *antes* de lesionarse en el trabajo
- Un médico de la red de proveedores médicos (Medical Provider Network- MPN)
- El médico escogido por su empleador durante los primeros 30 días después de su lesión si su empleador no tiene una MPN o
- El médico que usted escogió después de los primeros 30 días después de su lesión si su empleador no tiene una MPN.

**¿Qué es una red de proveedores médicos (Medical Provider Network- MPN)?**

Una MPN es un grupo selecto de proveedores de atención médica que atienden a los trabajadores lesionados. Consulte con su empleador para ver si están usando una MPN.

Si usted no ha denominado a un médico antes de lesionarse y su empleador está usando una MPN, usted verá a un médico de la MPN. Después de su primera consulta, está libre para escoger otro médico de la lista de la MPN.

**¿Qué es la designación previa?**

La designación previa es cuando usted denomina a su médico personal para atenderlo si se lastima en el trabajo. El médico debe ser un doctor en medicina (M.D.), doctor en medicina osteopática (D.O.) o un grupo médico con un M.D. o D.O. Debe denominar a su médico por escrito *antes* de que usted se lastime o enferme.

Usted puede designar de antemano a un médico si tiene plan de seguro médico para enfermedades y lesiones no laborales. El médico debe de:

- Haberlo atendido a usted antes
- Haber mantenido su expediente/historial médico antes de su lesión y
- Haber aceptado atenderlo por una lesión o enfermedad laboral antes de que usted se lastima o enferma.

Usted puede usar el formulario “Designación previa de médico personal” incluido con este folleto para denominar a su médico. Después de llenar el formulario, asegúrese de entregárselo a su empleador.



Si su empleador no tiene una *MPN* aprobada, usted puede denominar a su quiropráctico o acupunturista para atenderlo por sus lesiones laborales. El aviso de quiropráctico o acupunturista personal debe ser por escrito *antes* de lastimarse. Puede utilizar el formulario incluido en este folleto. Después de llenar el formulario, asegúrese de entregárselo a su empleador.

Con algunas excepciones, la ley estatal no permite que un quiropráctico siga siendo su médico que lo atiende después de 24 consultas. Una vez que haya recibido 24 consultas quiroprácticas, si aún necesita tratamiento médico, usted tendrá que escoger un nuevo médico que no sea quiropráctico. El término "consulta quiropráctica" significa cualquier consulta en un consultorio quiropráctica, sin importar si los servicios cumplidos conllevan manipulación quiropráctica o se limitan a evaluación y manejo.

Las excepciones a la prohibición a que un quiropráctico siga siendo su médico que lo atiende después de 24 consultas incluyen consultas por medicina física pos-quirúrgica prescrita por el cirujano o médico designado por el cirujano, bajo el componente pos-quirúrgico del Catálogo de Utilización de Tratamientos Médicos o MTUS de la División de Compensación de Trabajadores, o si su empleador ha autorizado consultas adicionales por escrito.

### ¿QUÉ PASA SI HAY ALGÚN PROBLEMA?

Si tiene alguna inquietud, diga algo. Hable con su empleador o con el administrador de reclamos encargado de su reclamo para tratar de resolver el problema. Si esto no funciona, consiga ayuda intentando lo siguiente:

#### **Comuníquese con la Unidad de Información y Asistencia (*Information & Assistance- I&A*) de la División de Compensación de Trabajadores (*Division of Workers' Compensation- DWC*)**

Todas las 24 oficinas de la *DWC* a lo largo del estado proporcionan información y asistencia sobre derechos, beneficios y obligaciones de acuerdo a las leyes de compensación de trabajadores en California. Los oficiales de *I&A* ayudan a resolver disputas sin entablar juicio. Su meta es de conseguirle beneficios completos y a tiempo. Sus servicios son gratis.

Para comunicarse con la Unidad de *I&A* más cercana, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov) y bajo la sección "*Workers' compensation programs and units.*" haga clic en el enlace "*Information & Assistance Unit.*" En este sitio encontrará hojas de información, guías e información para ayudarle.

La unidad de *I&A* más cercana está ubicada en:

Dirección: \_\_\_\_\_.

Número de teléfono: \_\_\_\_\_.

#### **Consulte con un abogado**

La mayoría de los abogados ofrecen una consulta gratis. Si decide retener a un abogado, sus honorarios pueden ser restados de algunos de sus beneficios. Para nombres de abogados de compensación de trabajadores, llame al Colegio de Abogados (*State Bar Association*) de California al (415) 538-2120 o vaya a la página web en [www.californiaspecialist.org](http://www.californiaspecialist.org). Puede conseguir una lista de abogados de su Unidad de *I&A* local o consulte las páginas amarillas.

#### **Advertencia**

Puede ser que su empleador no pague beneficios de compensación de trabajadores si usted se lastima en una actividad voluntaria recreativa, social o atlética fuera de su trabajo que no sea parte de sus deberes laborales.

#### **Derechos adicionales**

Usted también puede tener otros derechos bajo la Ley de Estadounidenses con Discapacidades (*Americans with Disabilities Act- ADA*) o la Ley de Igualdad en el Empleo y la Vivienda (*Fair Employment and Housing Act- FEHA*). Para información adicional, comuníquese con FEHA al (800) 884-1684 o la Comisión para la Igualdad de Oportunidades en el Empleo (*Equal Employment Opportunity Commission- EEOC*) al (800) 669-3362.

La información contenida en este folleto se conforma a los requisitos de información encontrados en las secciones 3551 y 3553 del Código Laboral y las secciones 9880 y 9883 del Título 8, Código de Regulaciones de California. Este documento está aprobado por el director administrativo de la División de Compensación de Trabajadores.

Revisado 06/17/14 y efectivo para fecha de lesiones durante o después del 1/1/13.



**FOR YOUR BENEFIT**

# **CALIFORNIA'S PROGRAMS FOR THE UNEMPLOYED**

**UNEMPLOYMENT INSURANCE  
DISABILITY INSURANCE  
PAID FAMILY LEAVE  
WORKFORCE SERVICES**

# For Your Benefit: California’s Programs for the Unemployed

This publication provides information about programs offered by the Employment Development Department (EDD) for unemployed Californians. This is for general information only and it is not a legal document.

Additional information is available at [www.edd.ca.gov](http://www.edd.ca.gov).

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# Unemployment Insurance (UI)

UI is paid for by your employer and provides partial income replacement when you are unemployed and meet all eligibility requirements.

## Who Should File a UI Claim

To be eligible for UI benefits, you must be out of work, or partially unemployed, due to no fault of your own, be physically able to work, available, and ready to accept work, and actively looking for work.

## When to File

You may apply for benefits as soon as you are unemployed or your work hours are reduced. Your claim will begin on the Sunday of the week in which you file your claim.

All claims have a one-week, unpaid waiting period. The waiting period does not begin until you file a claim, certify for benefits, and meet all eligibility requirements.

## What You Need to File

To file a claim, you need to provide your:

- Name, (including all names you used while working) and Social Security number.
- Mailing and residence address (if different) and phone number.
- Last employer's complete name, address (mailing and physical location), and phone number.
- Last day worked and the reason you're no longer working (laid off, quit, fired, or left work because of a trade dispute).
- Work history during the 18 months prior to filing your claim, including out-of-state employment. Include all employers' names, dates employed, and wages earned.
- State-issued driver license number or identification card number.
- Citizenship status and if you have the legal right to work in the United States. If you indicate you're registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States, you'll be asked for the title of your employment authorization document and information from the USCIS document, such as the Alien Registration Number, card number, and/or expiration date.

**Note:** Your last employer's name and address are very important, regardless of how long you worked for the employer(s). If you worked part-time, provide the number of hours you work each week.

**If you served in the military** in the last 18 months, you will need to provide information from your DD214 Member copy 4.

**If you worked for the federal government** during the last 18 months, you will need to provide information from your *Notice to Federal Employees About Unemployment Insurance*, Standard Form 8.

## Warning

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include fines, a loss of benefits, and/or criminal prosecution. See additional information on fraud and penalties on page 18.

## Employer Notification

Your last employer is notified when you file a UI claim. Although your eligibility is determined by the EDD, employers fund the UI program and are required by law to provide any information that may affect your eligibility to receive benefits.

## Types of Claims

The claim you file depends on the type of employer you worked for and the state(s) where you worked.

You will file a:

- Regular California claim if you only worked in California, even if you now live outside of California.
- Federal claim if your employment was in civilian work for the federal government.
- Military claim if you served as a member of the United States Armed Forces.
- Combined wage claim if you earned wages in California and in at least one other state during the last 18 months.
- Interstate claim if you now reside in California and only worked in another state during the last 18 months. File your claim directly with the other state, the District of Columbia, Puerto Rico, or Canada. If you worked in the U.S. Virgin Islands, contact the EDD at 1-800-300-5616.

## How to File

You may file a UI claim using one of the following methods:

### • Online

Use eApply4UI at [www.edd.ca.gov/eapply4ui](http://www.edd.ca.gov/eapply4ui). This is the fastest way to file a new claim. It is convenient, secure, and available 24 hours a day, seven days a week.

To reopen an existing claim, access your UI Online account, select **Reopen Your Claim**, and answer all of the questions.

- **Phone**

Speak to an EDD representative Monday through Friday between 8 a.m. and 12 noon (Pacific Time), except on state holidays.

Refer to page 19 for a list of UI phone numbers.

- **Fax or Mail**

When accessing eApply4UI, some customers will be instructed to fax or mail their UI application to the EDD. If this occurs, the *Unemployment Insurance Application* (DE 11011) will display.

For faster and more secure processing, fax the completed form to the number listed on the form. If mailing your UI application, use the address on the form and allow additional time for processing.

## **Beginning Date of Claim**

Your claim begins on the Sunday of the week in which you file your claim.

## **Ending Date of Claim**

Your claim ends on the Saturday, 52 weeks after your claim begins. If you exhaust your benefits prior to this date, you cannot file another California claim until the benefit year of the claim ends.

If you worked in another state during the last 18 months, you may be eligible to file a new claim in that state.

## **Minimum Earnings to Establish a Valid Claim**

You must have at least \$1,300 in earnings in one quarter of your base period or at least \$900 in earnings in the highest quarter and 1.25 times your highest quarter earnings in your total base period.

For example: If you have \$900 earnings in your highest quarter, you would also be required to have earned a total of \$1,125 in the base period ( $\$900 \times 1.25 = \$1,125$ ).

## **How UI Benefits are Calculated**

The quarter in which you were paid the highest wages during the base period determines your weekly benefit amount (WBA). The WBA ranges from \$40 to \$450 per week.

The maximum benefit amount is 26 times the weekly benefit amount or one-half of the total base period wages, whichever is less.

Refer to the **Unemployment Insurance Benefit Table** on page 16 to estimate your WBA.

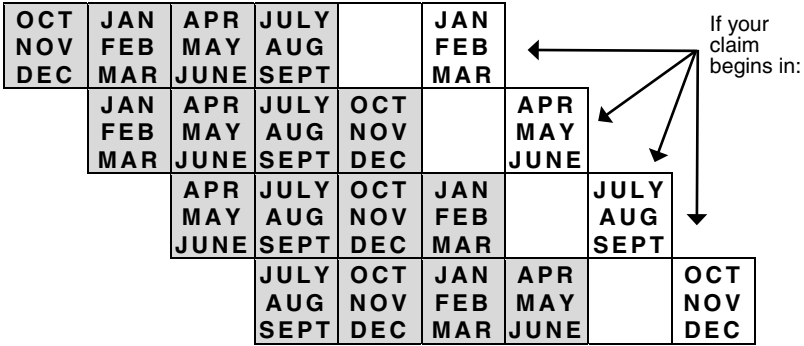
## **Base Period**

There are two types of base periods used to establish a claim: the standard base period and the alternate base period.

## Standard Base Period (SBP)

The SBP is the first four of the last five completed calendar quarters prior to the beginning date of the claim.

Refer to the chart below. The shaded area represents a standard base period. The non-shaded area represents the quarter the claim is filed.



## Alternate Base Period (ABP)

If you do not have sufficient wages in the standard base period, you may qualify to file a claim using the ABP.

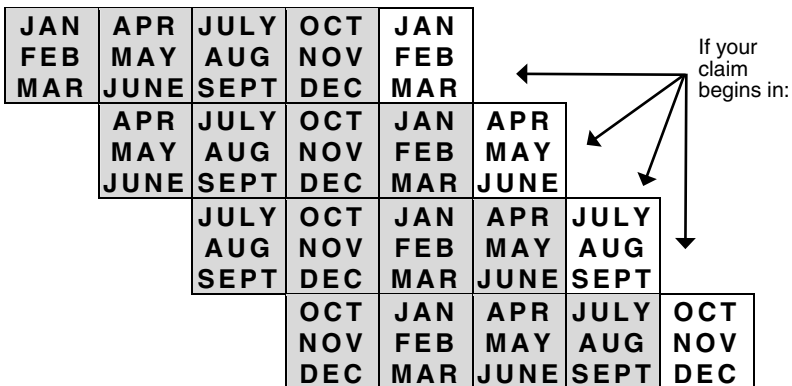
The ABP is the last four completed calendar quarters prior to the beginning date of the claim.

The EDD will automatically file an ABP claim on your behalf if you're not eligible for a SBP claim.

You may be asked to provide additional wage information so the EDD can correctly calculate your benefit amount. If you receive an *Affidavit of Wages* (DE 23A), provide the requested documents and return to the EDD.

**Note:** The ABP can **only** be used when there are not enough wages earned in the standard base period.

Refer to the chart below. The shaded area represents the ABP. The non-shaded area represents the quarter the claim is filed.



## Waiting Period

Unemployment Insurance claims have a mandatory, one week, unpaid waiting period. This waiting period generally takes effect on the first eligible week of a claim and prior to benefits being paid. Do not wait to file your claim because the waiting period cannot be served until a claim has been filed.

## How to Certify for Benefits

To serve your waiting period and receive benefit payments, you must meet all eligibility requirements and certify for benefits every two weeks.

There are three ways to certify for benefits:

- **UI Online<sup>SM</sup>:** [www.edd.ca.gov/UI\\_Online](http://www.edd.ca.gov/UI_Online)  
This is the fastest way to certify for benefits and report work and wages. To use UI Online, you must create a secure login through Benefit Programs Online **and** complete a one-time registration for UI Online.

For added convenience, UI Online Mobile<sup>SM</sup> is available from mobile devices.

- **EDD Tele-Cert<sup>SM</sup>:** 1-866-333-4606  
Certify over the phone by calling 1-866-333-4606. Select option 2 and follow all instructions. To access EDD Tele-Cert you must create a PIN.
- **Mail:** *Continued Claim form* (DE 4581)  
Complete, sign, and mail the form to the EDD.

**Note:** For faster processing, certify through UI Online or EDD Tele-Cert.

## Payments

Payments are issued after you certify for benefits and continue to meet all eligibility requirements for every week you claim benefits.

## EDD Debit Card<sup>SM</sup>

After your first payment is authorized, Bank of America will mail you an EDD Debit Card. The card is valid for three years and used for all Disability Insurance (DI), Paid Family Leave (PFL), and Unemployment Insurance (UI) benefits.

If you have an EDD Debit Card from a previous DI, PFL, or UI claim that is still valid, you will not be mailed a new card until the card has expired.

For more information, visit [www.bankofamerica.com/eddcard](http://www.bankofamerica.com/eddcard).

## Tax Requirements

UI benefits are subject to federal income tax, but exempt from California state income tax. Each time you certify for benefits, you can choose to withhold the 10 percent federal income tax from your weekly benefit payment. Otherwise, you will be required to pay the tax at the end of the year, when you file your tax return.



Each January, the EDD mails a Form 1099G to individuals who received UI benefits during the previous calendar year. Use the form to report important tax information on your federal tax return. You can access Form 1099G information for up to the past five years and/or request duplicate copies through UI Online or by calling 1-866-401-2849.

## Child Support Obligations

Your UI benefits may be reduced if you're required to pay child support payments to a court, District Attorney's office, or other child support enforcement agency.

## Report Earnings

You are required to report **all** work, wages, and other income to the EDD during the week they were earned, not when you receive your pay. Failure to properly report your earnings can result in overpayments and penalties.

Types of income to report:

- Piece work
- Idle time pay
- Jury fees
- Commissions
- Witness fees
- Reuse pay
- Holiday pay
- Holding fees
- Residuals
- Award
- Workers' Compensation pension, retirement, annuity
- Vacation pay
- In-lieu-of-notice pay
- Bonuses
- Tips
- Self-employment income
- Strike benefits/picket pay
- Standby pay
- Bereavement
- Back-pay
- Paid sick leave

**Note:** You must report board, lodging, meals, or any other payment you receive instead of money when you work. If you are unsure about how to report wages, contact the EDD.

## Pension or Retirement Pay

UI benefits may be reduced if you are receiving a pension, retirement pay, annuity, or other similar payment based on your previous work.

Social Security benefits are not deductible and do not need to be reported to the EDD.

## Part-Time Work

If you work less than full-time, you may still be eligible for partial UI benefits. The first \$25 or 25 percent of your gross total earnings for the week (whichever is greater) will not be counted toward your benefit amount. The amount remaining will be deducted from your weekly benefit amount.

### Example 1:

Your weekly benefit amount is \$50. You earn \$30. You must report the \$30; however, the first \$25 is not counted, leaving \$5 to deduct from your weekly benefit amount. You would receive \$45 (\$50 minus \$5) in UI benefits.

### Example 2:

Your weekly benefit amount is \$400. You earn \$200. You must report \$200; however, the first 25 percent (\$50) is not counted, leaving \$150 to deduct from your weekly benefit amount. You would receive \$250 (\$400 minus \$150) in UI benefits.

## How Your Eligibility is Determined

To be eligible, you must be:

- Out of work due to no fault of your own.
- Physically able to work.
- Ready to accept work.
- Actively looking for work.

If you were laid off, you're considered to be out of work through no fault of your own.

If you quit your last job, were fired, or unemployed due to a strike or lockout, the EDD will schedule a phone interview with you to collect information on the reason you're no longer working. Your UI benefits cannot be paid until your phone interview is complete, you certify for benefits, and the EDD determines your eligibility.

You have the right to request more time to gather information, contact witnesses, or obtain the advice of a representative. If the eligibility issue involves an employer, the EDD may contact the employer.

If you are sent a written request for more information and you respond by mail, the EDD interviewer will use the information provided to determine your eligibility.

If you're denied benefits for any reason throughout your claim, including insufficient wages to establish a claim, a written *Notice of Determination* (DE 1080CZ) will be mailed to you explaining the reason along with your appeal rights.

**Important:** Your benefits can be delayed or denied if you're not available for the interview or do not submit the required information. The EDD will make a decision of eligibility based on the information available.

## Appeals Process

If you're denied UI benefits, you have the legal right to appeal the decision by completing and mailing the *Appeal Form* (DE 1000M). To be considered timely, it must be mailed within 30 calendar days from the mailing date of the *Notice of Determination* (DE 1080CZ). If you miss the 30-day deadline, you may still appeal, but you must show good cause for the delay.

Your appeal will be heard by an independent administrative law judge. Hearings are informal, but all testimony is taken under oath and is subject to cross-examination. The office of appeal will notify you of when and where the hearing will be held.

Before the hearing, you have the right to review all records affecting your appeal. Those records are provided by California Unemployment Insurance Appeals Board (CUIAB). You can request records from the EDD to prepare for your hearing.

At the hearing, you may be represented by yourself, a union official, an attorney, or anyone else you select. You may bring any relevant documentation you may have to support your case.

After the hearing, you are mailed the administrative law judge's decision. If you're not satisfied, you may submit a second level appeal to the CUIAB.

For information on how the UI code is applied, including current case studies, see the Benefit Determination Guide. A copy is available at [www.edd.ca.gov/uibdg](http://www.edd.ca.gov/uibdg).

**Important:** You're required to continue to certify for benefits while your claim is under appeal. If the original decision is reversed, the EDD can quickly issue all back payments to you. **Failure to comply could result in your benefits being denied or delayed.**

## Cancelling a Claim

You may cancel a claim if you meet **all** of the following criteria:

- No benefits have been paid.
- You're not disqualified for benefits due to an eligibility issue.
- An overpayment has not been established on the claim.
- You notify the EDD before the 52-week benefit year ends.

Once a claim is canceled, it cannot be re-established with the same beginning date. You must file a new claim, which will have a later beginning date.

## Workers Not Covered by Unemployment Insurance

The following groups of workers are not normally covered:

- Elected officials.
- Self-employed, unless participating in elective coverage.
- Students enrolled and regularly attending classes at the school or education institution where employed.
- Members of a Limited Liability Company (LLC) that are treated as a partnership for federal income tax reporting purposes.
- A student's spouse who is working for an educational institution in an employment program provided for the purpose of financially aiding the student.
- Parents employed by their children.
- Husbands and wives employed by each other.
- Certain state-licensed salespersons paid only by commissions.
- Caddies and jockeys.

If you do not know whether you are covered, do not waive your rights. Contact the EDD for more information.

## Elective Coverage

Under certain conditions, employers of the individuals whose services are not covered may elect to cover those services. If you're not sure whether you're eligible for these benefits, contact the EDD.

## Request a Claim Print Out

You may request a print out of your claim through one of the following methods:

- UI Online at [www.edd.ca.gov/UI\\_Online](http://www.edd.ca.gov/UI_Online) (account required).
- Ask EDD at [www.edd.ca.gov](http://www.edd.ca.gov).
- Call the EDD at 1-800-300-5616.

## Special Programs

### California Training Benefits (CTB)

If you're attending school or training while receiving UI benefits, you may qualify for the CTB program.

If eligible, you can further your education, upgrade your skills, and/or learn a new trade while attending an EDD-approved training or school program to be more competitive in today's labor market.

While in school or training, you'll be exempt from the requirements to be available for work, actively seek work, and accept work. You may also be eligible for additional weeks of benefits. Learn more at [www.edd.ca.gov/unemployment/California\\_Training\\_Benefits.htm](http://www.edd.ca.gov/unemployment/California_Training_Benefits.htm).

**Note:** The EDD does **not** cover any educational or training-related expenses such as tuition, fees, books, supplies, or transportation. However, there are state, federal, or employer programs that may fund your school or training.

### **Training Extension (TE)**

A TE provides additional benefits to individuals who have been approved for California Training Benefits (CTB), while completing school or training. Only one TE is allowed for each CTB-approved training period.

If interested, you must contact the EDD to inquire about a TE before receiving the 16th week of benefits. For claims that have less than 16 weeks of benefits, you **must** contact the EDD before the claim reaches a zero balance.

### **Workforce Innovation and Opportunity Act (WIOA)**

The WIOA is a federally funded program that provides a range of employment services, education, training, and support services to help job seekers and workers. In California, WIOA services are provided through America's Job Center of California<sup>SM</sup> (AJCC) locations. AJCC locations throughout the state provide in person assistance for no cost. To find an office near you, visit [www.americasjobcenter.ca.gov](http://www.americasjobcenter.ca.gov) or call 1-877-872-5627.

### **Disaster Unemployment Assistance (DUA)**

The federal DUA program provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster and who are **not** eligible for regular UI benefits. These benefits are available only when the President of the United States declares a major disaster.

If DUA benefits are available, information will be posted on the EDD website at [www.edd.ca.gov](http://www.edd.ca.gov).

### **Trade Adjustment Assistance (TAA)/Re-employment Trade Adjustment Assistance (RTAA)**

The TAA program is a federally funded program that provides training and training-related benefits and services to workers who are certified by the U.S. Department of Labor as having lost their jobs, or had their hours and wages reduced, as a result of increased imports from, or a shift in production to, a foreign country.

The RTAA program provides wage subsidies to individuals age 50 or older who return to work paying less than their former trade impacted employment.

## Extended Benefits

Extended benefits are available to workers who have exhausted regular unemployment insurance benefits when the unemployment rate equals or exceeds a certain percentage established by state and/or federal law or when the federal government approves special extended benefit legislation.

## Railroad Unemployment Benefits

Railroad workers may claim benefits under the U.S. Railroad Unemployment Insurance Act. This program is administered by the U.S. Railroad Retirement Board (RRB).

To file a claim, call the toll-free number at 1-877-772-5772 between 9 a.m. and 3:30 p.m., Monday through Friday to speak to an RRB representative or file online at [www.rrb.gov](http://www.rrb.gov).

## Unemployment Insurance Fraud Prevention and Detection

The Employment Development Department (EDD) takes the security of personal and confidential information very seriously. Therefore, all data submitted us is encrypted. Additional safeguards are built in to further protect your personal information from imposter fraud and identity theft.

Imposter fraud occurs when someone intentionally files an UI claim using another person's employment or personal information. The EDD actively investigates cases of imposter fraud and is committed to protecting the identities of legitimate claimants.

If we suspect that there may be identity or imposter issues, you'll receive a written request to validate the information provided to us. We'll also contact your former employer(s) and governmental entities to verify the documents and any information you supply.

For more information, download the *Protect Your Identity and Stop Unemployment Insurance Imposter Fraud* (DE 2360EE) brochure from the EDD website at [www.edd.ca.gov/pdf\\_pub\\_ctr/de2360ee.pdf](http://www.edd.ca.gov/pdf_pub_ctr/de2360ee.pdf).

To report UI fraud, visit <https://askedd.edd.ca.gov> and select **Report Fraud** to submit a Fraud Reporting Form online or call the EDD toll-free fraud hotline at 1-800-229-6297.

## Penalties

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include a loss of benefits, a false statement disqualification, and/or criminal prosecution.

A false statement disqualification denies benefits from 2 to 23 weeks. The disqualification stays on your record for three years or until served, whichever comes first. To serve false statement weeks, you must continue to certify for UI benefits, and meet all other eligibility requirements. You will not be paid during this time.

## **Benefit Audits**

The EDD conducts audits by cross-referencing employer information with unemployment (UI) claim information. This allows us to determine if a claimant received benefits after returning to work. Overpayments and penalties collected from these audits ensure the solvency of the UI Trust Fund and help reduce UI taxes.

## **Social Security Number Verification**

The EDD may require you to verify your Social Security number (SSN) as issued to you by the Social Security Administration (SSA).

Your eligibility for benefits may be affected if:

- The SSN provided is under a different name or belongs to another individual.
- The SSN is not valid.
- The SSN was never issued by the SSA.
- The wages in the base period belong to another individual.
- The date of birth at the SSA is different than the date of birth you gave when you filed your claim.

If the EDD requires you to verify your SSN, you may be asked to submit a complete copy of your Social Security Statement. To obtain a copy of your complete Social Security Statement access the SSA website at [www.ssa.gov](http://www.ssa.gov).

A copy of your Social Security card will not satisfy this requirement.

## **State Disability Insurance (SDI)**

SDI is comprised of Disability Insurance and Paid Family Leave. Most workers covered by California UI are also covered by SDI. The program is funded entirely by workers through a payroll tax withheld from their earnings.

### **Exceptions:**

- Employees of local public entities (except workers in district hospitals) are not covered by SDI unless the employer elects such coverage.
- Employees of the state or state-funded institutions of higher education may, through their collective bargaining units, elect to be covered by SDI.
- Self-employed individuals may elect to be covered by SDI.

## **Disability Insurance (DI)**

DI provides short-time, partial wage replacement benefits to workers who are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth.



Your DI claim must be submitted within 49 days from the first day your disability begins. If you miss this deadline, you may lose benefits for the number of days that the claim is late unless you demonstrate good cause for the delay. For faster processing, file your claim using SDI Online.

The first seven days of a DI claim is a non-payable waiting period. Benefits begin with the eighth day of disability. DI is payable for a maximum of 52 weeks.

**Exception:** If a claim is filed for the same or related cause or condition within 60 days of the initial claim, there will be no new waiting period.

To file a claim or learn more, visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability). EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 19 for a list of DI phone numbers.

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

PFL provides partial wage replacement benefits to individuals who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. Benefits are also available to parents who need time to bond with a new child entering their family either by birth, adoption, or foster care placement. Unlike DI, there is no waiting period.

To file, or learn more visit [www.edd.ca.gov/Disability/Paid\\_Family\\_Leave.htm](http://www.edd.ca.gov/Disability/Paid_Family_Leave.htm).

EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 19 for a list of PFL phone numbers.

## **Workforce Services**

The EDD partners with the America's Job Center of California<sup>SM</sup> (AJCC) network and provides no-cost employment services for job seekers and employers throughout California.

Workshops are offered on topics including job search, training, résumé writing, and interview techniques. Employers can use our many services to help recruit qualified candidates for open positions, train current employees, and organize job fairs and workshops.

## CalJOBS<sup>SM</sup>

Job seekers can use CalJOBS to:

- Search for jobs 24 hours a day, 7 days a week. The CalJOBS mobile app is available for download on iTunes and Google Play.
- Create a résumé or upload multiple résumés.
- Explore vocational training, workshops, and other events within their local area.

**Note:** Registering for a CalJOBS account and posting a résumé is an eligibility requirement for many UI claimants. To register, visit [www.caljobs.ca.gov](http://www.caljobs.ca.gov).

### Experience Unlimited Program

Professionals from a wide variety of fields can take advantage of EDD-sponsored job clubs. Experience Unlimited provides a place where job seekers can meet with other career professionals to share job leads, provide support, and update their job search skills at no cost. Resources include workshops, résumé evaluations, mock interviews, networking opportunities, and more.

### Migrant and Seasonal Farmworkers Program

Assistance is available to farmworkers and food processing workers who may be unfamiliar with the services available through the AJCC network or who have language barriers that might lessen the effectiveness of their job search.

### Veterans Services Program

This program assists eligible veterans achieve their employment goals. Services may include an individual employment plan, objective assessment, career counseling, labor market information, job referrals, job search workshops, and job development with potential employers.

### Youth Employment Opportunity Program

This special service helps youth, ages 15 through 25, achieve their educational and vocational goals. Services include peer advising, referrals to supportive services, workshops, job referrals and placement assistance, and referrals to training and community outreach efforts.

For more information on the programs and services listed above, visit [www.edd.ca.gov/Jobs\\_and\\_Training](http://www.edd.ca.gov/Jobs_and_Training) or your nearest AJCC which can be located at [www.americasjobcenter.ca.gov](http://www.americasjobcenter.ca.gov).

## Unemployment Insurance Benefit Table For New Claims with a Beginning Date of January 2, 2005 or After

| Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount | Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount | Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount |
|--|-----------------------------|--|-----------------------------|--|-----------------------------|
| \$ 900.00 – 948.99 ...                   | \$ 40                       | \$ 2,210.01 – 2,236.00 .....             | \$86                        | \$ 3,406.01 – 3,432.00 ...               | \$132                       |
| 949.00 – 974.99 .....                    | 41                          | 2,236.01 – 2,262.00 .....                | 87                          | 3,432.01 – 3,458.00 .....                | 133                         |
| 975.00 – 1,000.99 .....                  | 42                          | 2,262.01 – 2,288.00 .....                | 88                          | 3,458.01 – 3,484.00 .....                | 134                         |
| 1,001.00 – 1,026.99 .....                | 43                          | 2,288.01 – 2,314.00 .....                | 89                          | 3,484.01 – 3,510.00 .....                | 135                         |
| 1,027.00 – 1,052.99 .....                | 44                          | 2,314.01 – 2,340.00 .....                | 90                          | 3,510.01 – 3,536.00 .....                | 136                         |
| 1,053.00 – 1,078.99 .....                | 45                          | 2,340.01 – 2,366.00 .....                | 91                          | 3,536.01 – 3,562.00 .....                | 137                         |
| 1,079.00 – 1,117.99 .....                | 46                          | 2,366.01 – 2,392.00 .....                | 92                          | 3,562.01 – 3,588.00 .....                | 138                         |
| 1,118.00 – 1,143.99 .....                | 47                          | 2,392.01 – 2,418.00 .....                | 93                          | 3,588.01 – 3,614.00 .....                | 139                         |
| 1,144.00 – 1,169.99 .....                | 48                          | 2,418.01 – 2,444.00 .....                | 94                          | 3,614.01 – 3,640.00 .....                | 140                         |
| 1,170.00 – 1,195.99 .....                | 49                          | 2,444.01 – 2,470.00 .....                | 95                          | 3,640.01 – 3,666.00 .....                | 141                         |
| 1,196.00 – 1,221.99 .....                | 50                          | 2,470.01 – 2,496.00 .....                | 96                          | 3,666.01 – 3,692.00 .....                | 142                         |
| 1,222.00 – 1,247.99 .....                | 51                          | 2,496.01 – 2,522.00 .....                | 97                          | 3,692.01 – 3,718.00 .....                | 143                         |
| 1,248.00 – 1,286.99 .....                | 52                          | 2,522.01 – 2,548.00 .....                | 98                          | 3,718.01 – 3,744.00 .....                | 144                         |
| 1,287.00 – 1,312.99 .....                | 53                          | 2,548.01 – 2,574.00 .....                | 99                          | 3,744.01 – 3,770.00 .....                | 145                         |
| 1,313.00 – 1,338.99 .....                | 54                          | 2,574.01 – 2,600.00 .....                | 100                         | 3,770.01 – 3,796.00 .....                | 146                         |
| 1,339.00 – 1,364.99 .....                | 55                          | 2,600.01 – 2,626.00 .....                | 101                         | 3,796.01 – 3,822.00 .....                | 147                         |
| 1,365.00 – 1,403.99 .....                | 56                          | 2,626.01 – 2,652.00 .....                | 102                         | 3,822.01 – 3,848.00 .....                | 148                         |
| 1,404.00 – 1,429.99 .....                | 57                          | 2,652.01 – 2,678.00 .....                | 103                         | 3,848.01 – 3,874.00 .....                | 149                         |
| 1,430.00 – 1,455.99 .....                | 58                          | 2,678.01 – 2,704.00 .....                | 104                         | 3,874.01 – 3,900.00 .....                | 150                         |
| 1,456.00 – 1,494.99 .....                | 59                          | 2,704.01 – 2,730.00 .....                | 105                         | 3,900.01 – 3,926.00 .....                | 151                         |
| 1,495.00 – 1,520.99 .....                | 60                          | 2,730.01 – 2,756.00 .....                | 106                         | 3,926.01 – 3,952.00 .....                | 152                         |
| 1,521.00 – 1,546.99 .....                | 61                          | 2,756.01 – 2,782.00 .....                | 107                         | 3,952.01 – 3,978.00 .....                | 153                         |
| 1,547.00 – 1,585.99 .....                | 62                          | 2,782.01 – 2,808.00 .....                | 108                         | 3,978.01 – 4,004.00 .....                | 154                         |
| 1,586.00 – 1,611.99 .....                | 63                          | 2,808.01 – 2,834.00 .....                | 109                         | 4,004.01 – 4,030.00 .....                | 155                         |
| 1,612.00 – 1,637.99 .....                | 64                          | 2,834.01 – 2,860.00 .....                | 110                         | 4,030.01 – 4,056.00 .....                | 156                         |
| 1,638.00 – 1,676.99 .....                | 65                          | 2,860.01 – 2,886.00 .....                | 111                         | 4,056.01 – 4,082.00 .....                | 157                         |
| 1,677.00 – 1,702.99 .....                | 66                          | 2,886.01 – 2,912.00 .....                | 112                         | 4,082.01 – 4,108.00 .....                | 158                         |
| 1,703.00 – 1,741.99 .....                | 67                          | 2,912.01 – 2,938.00 .....                | 113                         | 4,108.01 – 4,134.00 .....                | 159                         |
| 1,742.00 – 1,767.99 .....                | 68                          | 2,938.01 – 2,964.00 .....                | 114                         | 4,134.01 – 4,160.00 .....                | 160                         |
| 1,768.00 – 1,806.99 .....                | 69                          | 2,964.01 – 2,990.00 .....                | 115                         | 4,160.01 – 4,186.00 .....                | 161                         |
| 1,807.00 – 1,832.99 .....                | 70                          | 2,990.01 – 3,016.00 .....                | 116                         | 4,186.01 – 4,212.00 .....                | 162                         |
| 1,833.00 – 1,846.00 .....                | 71                          | 3,016.01 – 3,042.00 .....                | 117                         | 4,212.01 – 4,238.00 .....                | 163                         |
| 1,846.01 – 1,872.00 .....                | 72                          | 3,042.01 – 3,068.00 .....                | 118                         | 4,238.01 – 4,264.00 .....                | 164                         |
| 1,872.01 – 1,898.00 .....                | 73                          | 3,068.01 – 3,094.00 .....                | 119                         | 4,264.01 – 4,290.00 .....                | 165                         |
| 1,898.01 – 1,924.00 .....                | 74                          | 3,094.01 – 3,120.00 .....                | 120                         | 4,290.01 – 4,316.00 .....                | 166                         |
| 1,924.01 – 1,950.00 .....                | 75                          | 3,120.01 – 3,146.00 .....                | 121                         | 4,316.01 – 4,342.00 .....                | 167                         |
| 1,950.01 – 1,976.00 .....                | 76                          | 3,146.01 – 3,172.00 .....                | 122                         | 4,342.01 – 4,368.00 .....                | 168                         |
| 1,976.01 – 2,002.00 .....                | 77                          | 3,172.01 – 3,198.00 .....                | 123                         | 4,368.01 – 4,394.00 .....                | 169                         |
| 2,002.01 – 2,028.00 .....                | 78                          | 3,198.01 – 3,224.00 .....                | 124                         | 4,394.01 – 4,420.00 .....                | 170                         |
| 2,028.01 – 2,054.00 .....                | 79                          | 3,224.01 – 3,250.00 .....                | 125                         | 4,420.01 – 4,446.00 .....                | 171                         |
| 2,054.01 – 2,080.00 .....                | 80                          | 3,250.01 – 3,276.00 .....                | 126                         | 4,446.01 – 4,472.00 .....                | 172                         |
| 2,080.01 – 2,106.00 .....                | 81                          | 3,276.01 – 3,302.00 .....                | 127                         | 4,472.01 – 4,498.00 .....                | 173                         |
| 2,106.01 – 2,132.00 .....                | 82                          | 3,302.01 – 3,328.00 .....                | 128                         | 4,498.01 – 4,524.00 .....                | 174                         |
| 2,132.01 – 2,158.00 .....                | 83                          | 3,328.01 – 3,354.00 .....                | 129                         | 4,524.01 – 4,550.00 .....                | 175                         |
| 2,158.01 – 2,184.00 .....                | 84                          | 3,354.01 – 3,380.00 .....                | 130                         | 4,550.01 – 4,576.00 .....                | 176                         |
| 2,184.01 – 2,210.00 .....                | 85                          | 3,380.01 – 3,406.00 .....                | 131                         | 4,576.01 – 4,602.00 .....                | 177                         |

**Unemployment Insurance Benefit Table**  
**For New Claims with a Beginning Date of January 2, 2005 or After**

| Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount | Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount | Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount |
|--|-----------------------------|--|-----------------------------|--|-----------------------------|
| \$ 4,602.01 – 4,628.00                   | ... \$178                   | \$ 5,798.01 – 5,824.00                   | ... \$224                   | \$ 6,994.01 – 7,020.00                   | ... \$270                   |
| 4,628.01 – 4,654.00                      | ..... 179                   | 5,824.01 – 5,850.00                      | ..... 225                   | 7,020.01 – 7,046.00                      | ..... 271                   |
| 4,654.01 – 4,680.00                      | ..... 180                   | 5,850.01 – 5,876.00                      | ..... 226                   | 7,046.01 – 7,072.00                      | ..... 272                   |
| 4,680.01 – 4,706.00                      | ..... 181                   | 5,876.01 – 5,902.00                      | ..... 227                   | 7,072.01 – 7,098.00                      | ..... 273                   |
| 4,706.01 – 4,732.00                      | ..... 182                   | 5,902.01 – 5,928.00                      | ..... 228                   | 7,098.01 – 7,124.00                      | ..... 274                   |
| 4,732.01 – 4,758.00                      | ..... 183                   | 5,928.01 – 5,954.00                      | ..... 229                   | 7,124.01 – 7,150.00                      | ..... 275                   |
| 4,758.01 – 4,784.00                      | ..... 184                   | 5,954.01 – 5,980.00                      | ..... 230                   | 7,150.01 – 7,176.00                      | ..... 276                   |
| 4,784.01 – 4,810.00                      | ..... 185                   | 5,980.01 – 6,006.00                      | ..... 231                   | 7,176.01 – 7,202.00                      | ..... 277                   |
| 4,810.01 – 4,836.00                      | ..... 186                   | 6,006.01 – 6,032.00                      | ..... 232                   | 7,202.01 – 7,228.00                      | ..... 278                   |
| 4,836.01 – 4,862.00                      | ..... 187                   | 6,032.01 – 6,058.00                      | ..... 233                   | 7,228.01 – 7,254.00                      | ..... 279                   |
| 4,862.01 – 4,888.00                      | ..... 188                   | 6,058.01 – 6,084.00                      | ..... 234                   | 7,254.01 – 7,280.00                      | ..... 280                   |
| 4,888.01 – 4,914.00                      | ..... 189                   | 6,084.01 – 6,110.00                      | ..... 235                   | 7,280.01 – 7,306.00                      | ..... 281                   |
| 4,914.01 – 4,940.00                      | ..... 190                   | 6,110.01 – 6,136.00                      | ..... 236                   | 7,306.01 – 7,332.00                      | ..... 282                   |
| 4,940.01 – 4,966.00                      | ..... 191                   | 6,136.01 – 6,162.00                      | ..... 237                   | 7,332.01 – 7,358.00                      | ..... 283                   |
| 4,966.01 – 4,992.00                      | ..... 192                   | 6,162.01 – 6,188.00                      | ..... 238                   | 7,358.01 – 7,384.00                      | ..... 284                   |
| 4,992.01 – 5,018.00                      | ..... 193                   | 6,188.01 – 6,214.00                      | ..... 239                   | 7,384.01 – 7,410.00                      | ..... 285                   |
| 5,018.01 – 5,044.00                      | ..... 194                   | 6,214.01 – 6,240.00                      | ..... 240                   | 7,410.01 – 7,436.00                      | ..... 286                   |
| 5,044.01 – 5,070.00                      | ..... 195                   | 6,240.01 – 6,266.00                      | ..... 241                   | 7,436.01 – 7,462.00                      | ..... 287                   |
| 5,070.01 – 5,096.00                      | ..... 196                   | 6,266.01 – 6,292.00                      | ..... 242                   | 7,462.01 – 7,488.00                      | ..... 288                   |
| 5,096.01 – 5,122.00                      | ..... 197                   | 6,292.01 – 6,318.00                      | ..... 243                   | 7,488.01 – 7,514.00                      | ..... 289                   |
| 5,122.01 – 5,148.00                      | ..... 198                   | 6,318.01 – 6,344.00                      | ..... 244                   | 7,514.01 – 7,540.00                      | ..... 290                   |
| 5,148.01 – 5,174.00                      | ..... 199                   | 6,344.01 – 6,370.00                      | ..... 245                   | 7,540.01 – 7,566.00                      | ..... 291                   |
| 5,174.01 – 5,200.00                      | ..... 200                   | 6,370.01 – 6,396.00                      | ..... 246                   | 7,566.01 – 7,592.00                      | ..... 292                   |
| 5,200.01 – 5,226.00                      | ..... 201                   | 6,396.01 – 6,422.00                      | ..... 247                   | 7,592.01 – 7,618.00                      | ..... 293                   |
| 5,226.01 – 5,252.00                      | ..... 202                   | 6,422.01 – 6,448.00                      | ..... 248                   | 7,618.01 – 7,644.00                      | ..... 294                   |
| 5,252.01 – 5,278.00                      | ..... 203                   | 6,448.01 – 6,474.00                      | ..... 249                   | 7,644.01 – 7,670.00                      | ..... 295                   |
| 5,278.01 – 5,304.00                      | ..... 204                   | 6,474.01 – 6,500.00                      | ..... 250                   | 7,670.01 – 7,696.00                      | ..... 296                   |
| 5,304.01 – 5,330.00                      | ..... 205                   | 6,500.01 – 6,526.00                      | ..... 251                   | 7,696.01 – 7,722.00                      | ..... 297                   |
| 5,330.01 – 5,356.00                      | ..... 206                   | 6,526.01 – 6,552.00                      | ..... 252                   | 7,722.01 – 7,748.00                      | ..... 298                   |
| 5,356.01 – 5,382.00                      | ..... 207                   | 6,552.01 – 6,578.00                      | ..... 253                   | 7,748.01 – 7,774.00                      | ..... 299                   |
| 5,382.01 – 5,408.00                      | ..... 208                   | 6,578.01 – 6,604.00                      | ..... 254                   | 7,774.01 – 7,800.00                      | ..... 300                   |
| 5,408.01 – 5,434.00                      | ..... 209                   | 6,604.01 – 6,630.00                      | ..... 255                   | 7,800.01 – 7,826.00                      | ..... 301                   |
| 5,434.01 – 5,460.00                      | ..... 210                   | 6,630.01 – 6,656.00                      | ..... 256                   | 7,826.01 – 7,852.00                      | ..... 302                   |
| 5,460.01 – 5,486.00                      | ..... 211                   | 6,656.01 – 6,682.00                      | ..... 257                   | 7,852.01 – 7,878.00                      | ..... 303                   |
| 5,486.01 – 5,512.00                      | ..... 212                   | 6,682.01 – 6,708.00                      | ..... 258                   | 7,878.01 – 7,904.00                      | ..... 304                   |
| 5,512.01 – 5,538.00                      | ..... 213                   | 6,708.01 – 6,734.00                      | ..... 259                   | 7,904.01 – 7,930.00                      | ..... 305                   |
| 5,538.01 – 5,564.00                      | ..... 214                   | 6,734.01 – 6,760.00                      | ..... 260                   | 7,930.01 – 7,956.00                      | ..... 306                   |
| 5,564.01 – 5,590.00                      | ..... 215                   | 6,760.01 – 6,786.00                      | ..... 261                   | 7,956.01 – 7,982.00                      | ..... 307                   |
| 5,590.01 – 5,616.00                      | ..... 216                   | 6,786.01 – 6,812.00                      | ..... 262                   | 7,982.01 – 8,008.00                      | ..... 308                   |
| 5,616.01 – 5,642.00                      | ..... 217                   | 6,812.01 – 6,838.00                      | ..... 263                   | 8,008.01 – 8,034.00                      | ..... 309                   |
| 5,642.01 – 5,668.00                      | ..... 218                   | 6,838.01 – 6,864.00                      | ..... 264                   | 8,034.01 – 8,060.00                      | ..... 310                   |
| 5,668.01 – 5,694.00                      | ..... 219                   | 6,864.01 – 6,890.00                      | ..... 265                   | 8,060.01 – 8,086.00                      | ..... 311                   |
| 5,694.01 – 5,720.00                      | ..... 220                   | 6,890.01 – 6,916.00                      | ..... 266                   | 8,086.01 – 8,112.00                      | ..... 312                   |
| 5,720.01 – 5,746.00                      | ..... 221                   | 6,916.01 – 6,942.00                      | ..... 267                   | 8,112.01 – 8,138.00                      | ..... 313                   |
| 5,746.01 – 5,772.00                      | ..... 222                   | 6,942.01 – 6,968.00                      | ..... 268                   | 8,138.01 – 8,164.00                      | ..... 314                   |
| 5,772.01 – 5,798.00                      | ..... 223                   | 6,968.01 – 6,994.00                      | ..... 269                   | 8,164.01 – 8,190.00                      | ..... 315                   |

## Unemployment Insurance Benefit Table For New Claims with a Beginning Date of January 2, 2005 or After

| Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount | Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount | Amount of<br>Wages in<br>Highest Quarter | Weekly<br>Benefit<br>Amount |
|--|-----------------------------|--|-----------------------------|--|-----------------------------|
| \$ 8,190.01 – 8,216.00 ...               | 316                         | \$ 9,386.01 – 9,412.00 ...               | 362                         | \$10,582.01 – 10,608.00 ...              | 408                         |
| 8,216.01 – 8,242.00 .....                | 317                         | 9,412.01 – 9,438.00 .....                | 363                         | 10,608.01 – 10,634.00 .....              | 409                         |
| 8,242.01 – 8,268.00 .....                | 318                         | 9,438.01 – 9,464.00 .....                | 364                         | 10,634.01 – 10,660.00 .....              | 410                         |
| 8,268.01 – 8,294.00 .....                | 319                         | 9,464.01 – 9,490.00 .....                | 365                         | 10,660.01 – 10,686.00 .....              | 411                         |
| 8,294.01 – 8,320.00 .....                | 320                         | 9,490.01 – 9,516.00 .....                | 366                         | 10,686.01 – 10,712.00 .....              | 412                         |
| 8,320.01 – 8,346.00 .....                | 321                         | 9,516.01 – 9,542.00 .....                | 367                         | 10,712.01 – 10,738.00 .....              | 413                         |
| 8,346.01 – 8,372.00 .....                | 322                         | 9,542.01 – 9,568.00 .....                | 368                         | 10,738.01 – 10,764.00 .....              | 414                         |
| 8,372.01 – 8,398.00 .....                | 323                         | 9,568.01 – 9,594.00 .....                | 369                         | 10,764.01 – 10,790.00 .....              | 415                         |
| 8,398.01 – 8,424.00 .....                | 324                         | 9,594.01 – 9,620.00 .....                | 370                         | 10,790.01 – 10,816.00 .....              | 416                         |
| 8,424.01 – 8,450.00 .....                | 325                         | 9,620.01 – 9,646.00 .....                | 371                         | 10,816.01 – 10,842.00 .....              | 417                         |
| 8,450.01 – 8,476.00 .....                | 326                         | 9,646.01 – 9,672.00 .....                | 372                         | 10,842.01 – 10,868.00 .....              | 418                         |
| 8,476.01 – 8,502.00 .....                | 327                         | 9,672.01 – 9,698.00 .....                | 373                         | 10,868.01 – 10,894.00 .....              | 419                         |
| 8,502.01 – 8,528.00 .....                | 328                         | 9,698.01 – 9,724.00 .....                | 374                         | 10,894.01 – 10,920.00 .....              | 420                         |
| 8,528.01 – 8,554.00 .....                | 329                         | 9,724.01 – 9,750.00 .....                | 375                         | 10,920.01 – 10,946.00 .....              | 421                         |
| 8,554.01 – 8,580.00 .....                | 330                         | 9,750.01 – 9,776.00 .....                | 376                         | 10,946.01 – 10,972.00 .....              | 422                         |
| 8,580.01 – 8,606.00 .....                | 331                         | 9,776.01 – 9,802.00 .....                | 377                         | 10,972.01 – 10,998.00 .....              | 423                         |
| 8,606.01 – 8,632.00 .....                | 332                         | 9,802.01 – 9,828.00 .....                | 378                         | 10,998.01 – 11,024.00 .....              | 424                         |
| 8,632.01 – 8,658.00 .....                | 333                         | 9,828.01 – 9,854.00 .....                | 379                         | 11,024.01 – 11,050.00 .....              | 425                         |
| 8,658.01 – 8,684.00 .....                | 334                         | 9,854.01 – 9,880.00 .....                | 380                         | 11,050.01 – 11,076.00 .....              | 426                         |
| 8,684.01 – 8,710.00 .....                | 335                         | 9,880.01 – 9,906.00 .....                | 381                         | 11,076.01 – 11,102.00 .....              | 427                         |
| 8,710.01 – 8,736.00 .....                | 336                         | 9,906.01 – 9,932.00 .....                | 382                         | 11,102.01 – 11,128.00 .....              | 428                         |
| 8,736.01 – 8,762.00 .....                | 337                         | 9,932.01 – 9,958.00 .....                | 383                         | 11,128.01 – 11,154.00 .....              | 429                         |
| 8,762.01 – 8,788.00 .....                | 338                         | 9,958.01 – 9,984.00 .....                | 384                         | 11,154.01 – 11,180.00 .....              | 430                         |
| 8,788.01 – 8,814.00 .....                | 339                         | 9,984.01 – 10,010.00 .....               | 385                         | 11,180.01 – 11,206.00 .....              | 431                         |
| 8,814.01 – 8,840.00 .....                | 340                         | 10,010.01 – 10,036.00 .....              | 386                         | 11,206.01 – 11,232.00 .....              | 432                         |
| 8,840.01 – 8,866.00 .....                | 341                         | 10,036.01 – 10,062.00 .....              | 387                         | 11,232.01 – 11,258.00 .....              | 433                         |
| 8,866.01 – 8,892.00 .....                | 342                         | 10,062.01 – 10,088.00 .....              | 388                         | 11,258.01 – 11,284.00 .....              | 434                         |
| 8,892.01 – 8,918.00 .....                | 343                         | 10,088.01 – 10,114.00 .....              | 389                         | 11,284.01 – 11,310.00 .....              | 435                         |
| 8,918.01 – 8,944.00 .....                | 344                         | 10,114.01 – 10,140.00 .....              | 390                         | 11,310.01 – 11,336.00 .....              | 436                         |
| 8,944.01 – 8,970.00 .....                | 345                         | 10,140.01 – 10,166.00 .....              | 391                         | 11,336.01 – 11,362.00 .....              | 437                         |
| 8,970.01 – 8,996.00 .....                | 346                         | 10,166.01 – 10,192.00 .....              | 392                         | 11,362.01 – 11,388.00 .....              | 438                         |
| 8,996.01 – 9,022.00 .....                | 347                         | 10,192.01 – 10,218.00 .....              | 393                         | 11,388.01 – 11,414.00 .....              | 439                         |
| 9,022.01 – 9,048.00 .....                | 348                         | 10,218.01 – 10,244.00 .....              | 394                         | 11,414.01 – 11,440.00 .....              | 440                         |
| 9,048.01 – 9,074.00 .....                | 349                         | 10,244.01 – 10,270.00 .....              | 395                         | 11,440.01 – 11,466.00 .....              | 441                         |
| 9,074.01 – 9,100.00 .....                | 350                         | 10,270.01 – 10,296.00 .....              | 396                         | 11,466.01 – 11,492.00 .....              | 442                         |
| 9,100.01 – 9,126.00 .....                | 351                         | 10,296.01 – 10,322.00 .....              | 397                         | 11,492.01 – 11,518.00 .....              | 443                         |
| 9,126.01 – 9,152.00 .....                | 352                         | 10,322.01 – 10,348.00 .....              | 398                         | 11,518.01 – 11,544.00 .....              | 444                         |
| 9,152.01 – 9,178.00 .....                | 353                         | 10,348.01 – 10,374.00 .....              | 399                         | 11,544.01 – 11,570.00 .....              | 445                         |
| 9,178.01 – 9,204.00 .....                | 354                         | 10,374.01 – 10,400.00 .....              | 400                         | 11,570.01 – 11,596.00 .....              | 446                         |
| 9,204.01 – 9,230.00 .....                | 355                         | 10,400.01 – 10,426.00 .....              | 401                         | 11,596.01 – 11,622.00 .....              | 447                         |
| 9,230.01 – 9,256.00 .....                | 356                         | 10,426.01 – 10,452.00 .....              | 402                         | 11,622.01 – 11,648.00 .....              | 448                         |
| 9,256.01 – 9,282.00 .....                | 357                         | 10,452.01 – 10,478.00 .....              | 403                         | 11,648.01 – 11,674.00 .....              | 449                         |
| 9,282.01 – 9,308.00 .....                | 358                         | 10,478.01 – 10,504.00 .....              | 404                         | 11,674.01 – and over .....               | 450                         |
| 9,308.01 – 9,334.00 .....                | 359                         | 10,504.01 – 10,530.00 .....              | 405                         |  |                             |
| 9,334.01 – 9,360.00 .....                | 360                         | 10,530.01 – 10,556.00 .....              | 406                         |  |                             |
| 9,360.01 – 9,386.00 .....                | 361                         | 10,556.01 – 10,582.00 .....              | 407                         |  |                             |

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|           |                |            |                |
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|         |                |         |                |
|---------|----------------|---------|----------------|
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| TTY     | 1-800-563-2441 |         |                |

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|          |                |            |                |
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**STATE OF CALIFORNIA**

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**[www.edd.ca.gov/pdf\\_pub\\_ctr/de2320.pdf](http://www.edd.ca.gov/pdf_pub_ctr/de2320.pdf)**

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 the information numbers listed in this book.





## About California Paid Family Leave

For many working Californians, finding time to be with a loved one when they need it most can be difficult. California's Paid Family Leave program was created for those moments that matter – when you are bonding with a new child or caring for a seriously ill family member.

## Fast Facts About California Paid Family Leave

- Provides up to six weeks of partial wage replacement benefits to bond with a new child (either by birth, adoption, or foster care placement) or to care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner).
- Doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your salary during your leave.
- Funded through your State Disability Insurance tax withholding, so you are most likely eligible if you've paid into State Disability Insurance (noted as "CASDI" on paystubs) or a qualifying voluntary plan in the past 5 to 18 months.
- Bonding claims can be used at any time in the first 12 months after a child enters your family.

## CALIFORNIA PAID FAMILY LEAVE

**moments matter.**

### In California, it's the law.

Paid Family Leave benefits:  
Giving Californians the time they need to be there for the moments that matter.

|                   |                |
|-------------------|----------------|
| <b>English</b>    | 1-877-238-4373 |
| <b>Spanish</b>    | 1-877-379-3819 |
| <b>Cantonese</b>  | 1-866-692-5595 |
| <b>Vietnamese</b> | 1-866-692-5596 |
| <b>Armenian</b>   | 1-866-627-1567 |
| <b>Punjabi</b>    | 1-866-627-1568 |
| <b>Tagalog</b>    | 1-866-627-1569 |
| <b>TTY</b>        | 1-800-445-1312 |

Individuals can also visit a Paid Family Leave or Disability Insurance office to obtain claim forms, receive information, or speak to a representative. Visit [edd.ca.gov/Disability/Contact\\_SDI.htm](http://edd.ca.gov/Disability/Contact_SDI.htm) to locate an office.



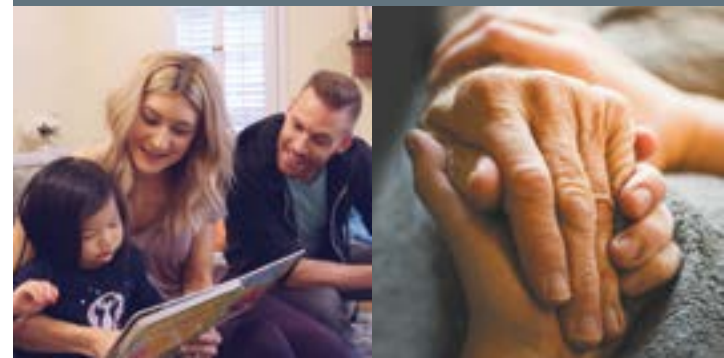
For more information, visit:  
**CaliforniaPaidFamilyLeave.com**

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.



CALIFORNIA PAID FAMILY LEAVE

# Helping Californians be present for the moments that matter.



## Do I Qualify For California Paid Family Leave?

To qualify for Paid Family Leave benefits, **you must meet** the following requirements:

- Need to take time off from work to care for a seriously ill family member or to bond with a new child.
- Be covered by State Disability Insurance (or a voluntary plan in lieu of State Disability Insurance).
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

If required by your employer, you must use up to two weeks of unused vacation leave or paid time off. Check with your human resources department to confirm your employer's requirements.

## How Are Benefit Amounts Calculated?

California Paid Family Leave provides approximately 60 to 70 percent of your weekly salary (from \$50 up to \$1,216 weekly).

The benefit amount is calculated from your highest quarterly earnings over the past 5 to 18 months, before the start of your claim. The Employment Development Department has an online calculator at [edd.ca.gov/PFL\\_Calculator](https://edd.ca.gov/PFL_Calculator) that can help you estimate your weekly benefit amount.



## Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection or a right to return to work. However, job protection may be provided under other laws such as the federal Family and Medical Leave Act, the California Family Rights Act, or the New Parent Leave Act (if you qualify). Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

## How Do I Apply For Benefits?

Apply for Paid Family Leave benefits using SDI Online. Visit [edd.ca.gov/SDI\\_Online](https://edd.ca.gov/SDI_Online) for more information.

You may also apply using a paper form. Visit [edd.ca.gov/Forms](https://edd.ca.gov/Forms) to request a *Claim for Paid Family Leave (PFL) Benefits, DE 2501F* form.

For caregiving claims, you must supply medical certification showing that the care recipient has a serious health condition and requires your care. This needs to be completed by the care recipient's physician/practitioner. Information about the care recipient and their signature are also required.

For bonding claims, you must provide documentation showing proof of relationship between you and the child (e.g., a copy of the child's birth certificate, adoptive placement agreement, or foster care placement record).

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.

### If your claim is denied, you are entitled to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [edd.ca.gov/Disability/Appeals.htm](https://edd.ca.gov/Disability/Appeals.htm) for information about appeals.

All claim information is confidential except for purposes allowed by law.



## DI Office Locations and Mailing Addresses

- Chico ..... 645 Salem Street  
(PO Box 8190, Chico, CA 95927-8190)
- Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100  
(PO Box 60006, City of Industry, CA 91716-0006)
- Fresno ..... 2550 Mariposa Mall, Rm. 1080A  
(PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600  
(PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles ..... 888 S. Figueroa Street, Ste. 200  
(PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland ..... 7677 Oakport Street, Ste. 325  
(PO Box 1857, Oakland, CA 94606-1857)
- Sacramento ..... 5009 Broadway  
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino ..... 371 West 3rd Street  
(PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300  
(PO Box 120831, San Diego, CA 92112-0831)
- San Francisco ..... 745 Franklin Street, Rm. 300  
(PO Box 193534, San Francisco, CA 94119-3534)
- San Jose ..... 297 West Hedding Street  
(PO Box 637, San Jose, CA 95106-0637)
- Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735  
(PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara ..... 128 East Ortega Street  
(PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa ..... 606 Healdsburg Avenue  
(PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton ..... 3127 Transworld Dr., Ste. 150  
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees  
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys ..... 15400 Sherman Way, Rm. 500  
(PO Box 10402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,  
and does not have the force and effect of the law,  
rule or regulation.*

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# DISABILITY INSURANCE PROVISIONS



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

**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](http://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 1-888-745-3886.

## 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 1-888-745-3886, or visit our website at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

## 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](http://www.edd.ca.gov/disability).
  - By phone: **1-800-480-3287**.
  - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
  - In person by visiting any of the DI offices listed under "DI Office Locations."
  - California state government employees covered by SDI should call **1-866-352-7675**.
2. When filing using SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted.  
  
If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant's Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner's Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner's Certificate.  
  
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 nurse-midwife or 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.

## How Benefits Are Paid

- SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit Card<sup>SM</sup>. The EDD Debit Card<sup>SM</sup> works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa<sup>®</sup> debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a *Claim For Continued Disability Benefits* (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

## How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2017, uses a base period of October 1, 2015, through September 30, 2016.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2017, uses a base period of January 1, 2016, through December 31, 2016.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2017, uses a base period of April 1, 2016, through March 31, 2017.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2017, uses a base period of July 1, 2016, through June 30, 2017.)

**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. Exception: 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 recovery 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.

**Pregnancy.** As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

## You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the DI rate. If workers' compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

**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](http://www.edd.ca.gov/unemployment), or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of California<sup>SM</sup> formerly known as One-Stop Career Centers listed at [www.servicelocator.org](http://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](http://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](http://www.edd.ca.gov/disability), or by phone at 1-877-238-4373, 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 1-866-399-4096).