

# STATE DISABILITY INSURANCE

*provisions*

**FOR DISABILITIES BEGINNING ON AND AFTER JANUARY 1, 2000**



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

The California Unemployment Insurance Code states that a “disability” is any illness or injury, either physical or mental, that prevents you from doing your regular or customary work. Disability also includes elective surgery, pregnancy, childbirth, or related medical conditions.

The cost of the State Disability Insurance (SDI) program may vary from year to year. For specific tax rates, contact EDD Disability Insurance Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

## HOW TO APPLY

1. Request a claim form by calling 1-800-480-3287, contacting our Internet site at [www.edd.ca.gov/dirq2501.htm](http://www.edd.ca.gov/dirq2501.htm), or by writing EDD, Disability Insurance, P.O. Box 13140, Sacramento, CA 95813-4140.
2. Fill out and sign the “Claim Statement of Employee.” Write or print clearly. Make certain that all information is complete and correct, since errors may delay payment. If you wish to explain an answer more fully, attach a note. **Be sure to put your Social Security number on your note.**
3. Have your doctor complete the “Doctor’s Certificate.” Usually a claim cannot begin more than seven days before you were examined by or under the care of a certifying doctor. Certification may be made by a licensed physician, surgeon, U.S. Government medical officer, osteopathic physician, chiropractor, podiatrist, optometrist, dentist, designated psychologist, or accredited religious practitioner. For normal pregnancy-related disabilities, certification may be made by a nurse-midwife, nurse practitioner, or licensed midwife.
4. Mail your claim **within 49 days** from the first day you are disabled. Late filing may result in loss of benefits for the number of days that the claim is late unless “good cause” for delay is established.

## HOW BENEFITS ARE PAID

The SDI Program is designed to serve you by mail. You do not need to appear in person to apply for or receive benefits.

When your claim is received, the SDI claims office will request any information needed to determine your eligibility. The majority of claims are processed and payment issued within 14 days of receipt.

All claims have a seven-day waiting period. You will NOT receive benefits for this period.

Benefits are paid as quickly as possible after all required information is received. If you meet all eligibility requirements, a check will be mailed to you from a central payment center. If you are eligible for further benefits, additional payments will either be sent automatically or a “continued claim” certification form for the next period will be provided. Usually these periods will be two weeks. However, since the SDI Program pays benefits based on 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 seven days from the date you mail a continued claim form for receipt of your payment.

## VOLUNTARY PLANS

A majority of employees of an employer may voluntarily consent to be covered by an insured or self-insured plan with that employer instead of the State Plan. If you have chosen coverage under such a plan, the provisions of this pamphlet may not apply to you; you should obtain information about your coverage and file your claim through your employer.

## ELECTIVE COVERAGE

Employers and self-employed persons, including general partners, may elect coverage. However, the method of computing benefits for elective coverage participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained by contacting your local EDD Employment Tax Customer Service Office.

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 Disability Insurance Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

Individuals in family employment not subject to the California Unemployment Insurance Code may also elect coverage at the same rate as employees covered by the state plan.

## HOW YOUR BENEFIT RATE IS DETERMINED

The weekly and maximum benefit amounts are based on the wages paid to you during a specific 12-month BASE PERIOD, which is determined by the date your claim begins. Therefore, YOU SHOULD CAREFULLY CONSIDER WHEN TO START YOUR CLAIM because this may affect your weekly benefit rate, your maximum amount payable, and the period of your benefit eligibility. If you wish your claim to begin at a date later than the date your disability begins, include a written request with your claim form.

Only the wages in your **base period** that were subject to the disability insurance tax can be used in computing your benefits. The minimum base period earnings needed to qualify is \$300. The month in which your claim begins will determine which four consecutive quarters must be used. By using the following chart, you may determine the base period for your claim:

Then Your Base Period is the 12 months beginning in: ending the last:		BASE PERIOD			
FEB-MAR-APR .....	September 30	(OCT-NOV-DEC	JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP)
MAY-JUN-JUL .....	December 31	(JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC)
AUG-SEP-OCT .....	March 31	(APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC	JAN-FEB-MAR)
NOV-DEC-JAN .....	June 30	(JUL-AUG-SEP	OCT-NOV-DEC	JAN-FEB-MAR	APR-MAY-JUN)

Base Period Examples: A July claim is based on the four quarters of the previous calendar year. A claim beginning in August uses the last three quarters (nine months) of the previous year plus the first quarter of the current year.

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.

In addition, you may be entitled to substitute wages paid in prior quarters to either make your claim valid 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 claim situation fits any of the above circumstances, include specific information with your claim form.

## WAGE CONTINUATION

Receipt of wages, excluding vacation pay, from an employer while disabled may affect your benefits. Benefits plus wages cannot exceed your regular weekly wage.

## BENEFIT MAXIMUMS

The maximum amount of benefits 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 amount is 39 times the weekly rate.

In addition, benefits are payable only for a limited period to a resident in a state-approved Alcoholic Recovery Home or Drug-Free Residential Facility. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

## YOU MAY NOT BE ELIGIBLE FOR BENEFITS:

- If you are receiving Unemployment Insurance.
- If you leave the labor market prior to becoming disabled.
- If you are incarcerated due to conviction of a crime.
- If your full wages are paid.
- If you are receiving permanent or temporary disability benefits, a maintenance allowance, or a maintenance allowance supplemented by permanent disability for Workers' Compensation at a weekly rate equal to or greater than the SDI rate. If these benefits for workers' compensation are paid at a lower rate than your SDI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you made a false statement or failed 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 failed to attend an independent medical examination when requested. (Fees for such examinations are paid by EDD.)

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

## Weekly Benefit Amount Chart

The following chart gives an example of what your weekly benefit might be based on your highest quarter of earnings in your base period. NOTE: For disabilities beginning prior to January 1, 2000 the maximum weekly benefit amount is \$336.

Wages in the Benefit Amount:	Weekly high quarter	Wages in the high quarter	Weekly Benefit Amount:	Wages in the high quarter	Weekly Benefit Amount:
\$ 75-1,249 .....	\$ 50-54	\$ 4,704-4,821 .....	\$ 200-204	\$ 8,250-8,367 .....	\$ 350-354
1,250-1,374 .....	55-59	4,822-4,940 .....	205-209	8,368-8,485 .....	355-359
1,375-1,499 .....	60-65	5,941-5,058 .....	210-214	8,486-8,603 .....	360-364
1,500-1,624 .....	66-69	5,059-5,176 .....	215-219	8,604-8,721 .....	365-369
1,625-1,749 .....	70-74	5,177-5,294 .....	220-224	8,722-8,840 .....	370-374
1,750-1,867 .....	75-79	5,295-5,412 .....	225-229	8,841-8,958 .....	375-379
1,868-1,985 .....	80-84	5,413-5,530 .....	230-234	8,959-9,076 .....	380-384
1,986-2,103 .....	85-89	5,531-5,649 .....	235-239	9,077-9,194 .....	385-389
2,104-2,221 .....	90-94	5,650-5,767 .....	240-244	9,195-9,312 .....	390-394
2,222-2,340 .....	95-99	5,768-5,885 .....	245-249	9,313-9,430 .....	395-399
2,341-2,458 .....	100-104	5,886-6,003 .....	250-254	9,431-9,549 .....	400-404
2,459-2,576 .....	105-109	6,004-6,121 .....	255-259	9,550-9,667 .....	405-409
2,577-2,694 .....	110-114	6,122-6,240 .....	260-264	9,668-9,785 .....	410-414
2,695-2,812 .....	115-119	6,241-6,358 .....	265-269	9,786-9,903 .....	415-419
2,813-2,930 .....	120-124	6,359-6,476 .....	270-274	9,904-10,021 .....	420-424
2,931-3,049 .....	125-129	6,477-6,594 .....	275-279	10,022-10,140 .....	425-429
3,050-3,167 .....	130-134	6,595-6,712 .....	280-284	10,141-10,258 .....	430-434
3,168-3,285 .....	135-139	6,713-6,830 .....	285-289	10,259-10,376 .....	435-439
3,286-3,403 .....	140-144	6,831-6,949 .....	290-294	10,377-10,494 .....	440-444
3,404-3,521 .....	145-149	6,950-7,067 .....	295-299	10,495-10,612 .....	445-449
3,522-3,640 .....	150-154	7,068-7,185 .....	300-304	10,613-10,730 .....	450-454
3,641-3,758 .....	155-159	7,186-7,303 .....	305-309	10,731-10,849 .....	455-459
3,759-3,876 .....	160-164	7,304-7,421 .....	310-314	10,850-10,967 .....	460-464
3,877-3,994 .....	165-169	7,422-7,540 .....	315-319	10,968-11,085 .....	465-469
3,995-4,112 .....	170-174	7,541-7,658 .....	320-324	11,086-11,203 .....	470-474
4,113-4,230 .....	175-179	7,659-7,776 .....	325-329	11,204-11,321 .....	475-479
4,231-4,349 .....	180-184	7,777-7,894 .....	330-334	11,322-11,440 .....	480-484
4,350-4,467 .....	185-189	7,895-8,012 .....	335-339	11,441-11,558 .....	485-489
4,468-4,585 .....	190-194	8,013-8,130 .....	340-344	11,559 and over .....	490
4,586-4,703 .....	195-199	8,131-8,249 .....	345-349		

## PREGNANCY

As with any medical condition, the disability period begins with the first day you are unable to do your regular or customary work. Disability Insurance benefits will be determined based on the period of time supported by your doctor's certification. Pregnancy disability claims should NOT be submitted until the date your doctor certifies you are disabled.

## YOUR RIGHTS

You are entitled to know the reason and the basis for any determination of eligibility that affects your benefits.

You may appeal any determination of your eligibility by notifying the SDI office in writing. You are entitled to a hearing before an Administrative Law Judge. You may further appeal the Administrative Law Judge's decision to the California Unemployment Insurance Appeals Board and to the courts.

Information about your claim will be kept confidential, except for the purposes allowed by law.

## YOUR OBLIGATIONS

You are responsible for filing your claim and other forms promptly and accurately. Time limits are explained on the applicable forms. If a form is "late" and you believe you have "good cause," you should include a written explanation of the reason(s) with the form.

If you are not sure how to answer a question or what is required, contact your nearest EDD's Disability Insurance office. **All letters to EDD should include your name and Social Security number.**

## FOR MORE INFORMATION

For additional information on the SDI Program access the Internet at [www.edd.ca.gov/diinfo.htm](http://www.edd.ca.gov/diinfo.htm).

## OTHER PROGRAMS

IF YOU ARE INJURED ON THE JOB or ill as a result of your occupation, notify your employer.

IF YOU ARE ABLE AND AVAILABLE TO WORK, but unemployed, contact your local EDD office for Unemployment Insurance information.

FOR HELP IN FINDING WORK, contact an EDD Job Service office or visit the EDD Web Site at [www.edd.ca.gov](http://www.edd.ca.gov) for the location nearest you.

FOR JOB TRAINING, contact your local Private Industry Council, listed in the white pages of your telephone directory.

IF YOU NEED RETRAINING or other services in order to return to work, contact the California Department of Rehabilitation.

IF YOUR DISABILITY IS PERMANENT, or is expected to continue for a year or more, contact the U.S. Social Security Administration at 1-800-772-1213

QUESTIONS REGARDING SUPPORT OBLIGATIONS, should be directed to the District Attorney's Office that issued the court order.

EDD is an equal opportunity employer/program. Special requests for alternate formats need to be made by calling 1-800-480-3287