

California Leave of Absence (LOA) General Information

- Employees must initiate FMLA & disability insurance claims by calling Reed/Lincoln at 800-423-2765.
- Employees on leave are not eligible to receive holiday pay, bereavement pay or auto allowance.
- Company cars must be turned in during the duration the leave.
- Benefit premiums must be paid. You will receive information regarding premium payments from Lincoln Financial/The Reed Group with your LOA paperwork.
- Return to Work certifications must be submitted to Lincoln Financial/Reed Group prior to or on the actual date of return to work.

| Contacts: Leave Certification | | Disability Insurance | | General Information |
|-------------------------------|------------------------------|--|--|---------------------|
| Lincoln/Reed Fax Number | 800-423-2765 877-843-3950 | Lincoln Financial Paid Family Leave Office/EDD SDI (State Disability Ins.) | 800-423-2765 877-238-4373 800-480-3287 | |

Employee's Checklist

- Contact Lincoln/Reed to request time off. Lincoln/Reed will send the appropriate paperwork to your home address.
- Submit all forms to Lincoln/Reed, preferably prior to the leave. (Lincoln/Reed must receive the Certification of Healthcare Provider form or the Attending Physician's Statement within 15 days from the date you notify them).
- If applicable, to add a newborn or an adopted child submit a Benefit Enrollment/Change Form within 31 days of the birth or adoption.
- Pay the bi-weekly premium costs of benefits after your PTO has been exhausted.
- Advise your supervisor and Lincoln/Reed of your expected return to work date.
- Furnish a Return-To-Work certificate to your supervisor on or before your first day back from leave. (If the leave is due to your own health condition).

Supervisor's/Manager's Checklist

- Upon notice of an employee's need for LOA, advise the employee to contact Lincoln/Reed. Lincoln/Reed will send appropriate Federal Leave forms to the colleague.
- Upon notice of an employee's need for LOA, provide employee with California mandated publications: "Paid Family Leave" (DE 2511) & "State Disability Insurance Provisions" (DE 2515).
- You may notify Lincoln/Reed of the employee's need for Leave on behalf of an employee who is physically unable.
- Submit regular hours worked for salaried or hourly employee during the pay period in which the leave commences.
- Fax Intermittent Timesheet (if applicable) to Payroll at 866-885-2258 and to L.lincoln/Reed at
- Fax PTO Donation forms to Payroll at 866-885-2258.
- Require a Return to Work Certificate on the 1st day employee returns from leave – **fax immediately to Lincoln/Reed.**
- Leaves greater than 30 days: Require employee to complete a Drug Screen and Breath Alcohol Test on the first day back to work.

Paid Family Leave Insurance Program

Paid Family Leave insurance benefits for California workers

There are times in the life of every working person when they need to care for a loved one. Maybe it's a working parent who needs more time to bond with and care for a newborn. Maybe it's an employee who needs to care for a seriously ill parent, child, spouse, or registered domestic partner. California's Paid Family Leave insurance benefit was created for times like these. (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits.)

A program that benefits you and your family

California is leading the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. Paid Family Leave insurance benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, view the link to the *Disability Insurance (DI) & Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589, at www.edd.ca.gov.

Paid Family Leave for California employees

Paid Family Leave insurance does not provide job protection or return rights. Your job **may** be protected **if** your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. You must notify your employer of your reason for taking leave in a manner consistent with your company's leave policy.

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

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Complete your claim forms accurately, completely, truthfully, and timely.
- Submit your claim no earlier than 9 days, but no later than 49 days after the first day your family care leave began.
- Supply medical information that supports your claim that the care recipient has a serious health condition and requires your care.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off (PTO) prior to the initial receipt of benefits if required by your employer prior to the initial receipt of benefits.
- Serve a 7-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You receive State Disability Insurance, Unemployment Insurance, or Workers' Compensation.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician or practitioner.
- You are in custody due to conviction of a crime.

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 Paid Family Leave in writing.)
- A hearing of your appeal 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 — Information about your claim will be kept confidential except for the purposes allowed by law.

Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for parents, children, spouses, and registered domestic partners or to bond with a new minor child.
- Covers all employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.

Contact Paid Family Leave

If you have any questions about these benefits or would like to request a claim form, contact us today. If you are a woman currently receiving SDI pregnancy-related benefits, it is not necessary to request a Claim for Paid Family Leave Benefits. You will automatically be sent a Claim for Paid Family Leave (PFL) Benefits - New Mother, DE 2501FP, when your pregnancy-related disability claim ends.

- 1-877-238-4373 (English)** **1-877-379-3819 (Español)**
1-866-692-5595 (Cantonese) **1-866-692-5596 (Vietnamese)**
1-866-627-1567 (Armenian) **1-866-627-1568 (Punjabi)**
1-866-627-1569 (Tagalog) **1-800-445-1312 (TTY)**

For more information, visit:

www.edd.ca.gov



Claim forms should be mailed to

Paid Family Leave at:

P.O. Box 997017

Sacramento, CA 95799-7017

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 877-238-4373 (voice), or TTY 800-445-1312.

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

DISABILITY INSURANCE PROVISIONS



Disability is any illness or injury, either physical or mental, that prevents you from doing your regular or customary work. (California Unemployment Insurance Code, section 2626) Disability also includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) Program and is designed to partially replace wages you lost because of a disability that was not caused by your work. (See “Other Programs” on reverse for job-related disabilities.)

SDI taxes are paid by those California workers who are covered by the SDI program. Tax rates may vary from year to year. For current rates, 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.** DI's State Plan is covered in this brochure.
- **Voluntary Plan.** This is a private plan, approved by the Director of EDD, which may be substituted for the State Plan. Employers and employee groups may establish Voluntary Plans if the majority of employees and the employer agree to do so. If you are covered by a Voluntary Plan, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a voluntary plan 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 from 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 and benefits as employees covered by the State Plan and with the same benefits as the State Plan.

How to Claim State Plan Benefits

1. Request a claim form:
 - By telephone at: **1-800-480-3287**
(California State government employees covered by SDI should telephone **1-866-352-7675** for DI **1-877-945-4747** for PFL.)
 - By Internet at: **www.edd.ca.gov**
 - By TTY (teletypewriter for deaf, hearing-impaired and speech-impaired persons only) at: **1-800-563-2441** for DI or **1-800-445-1312** for PFL.
 - By writing EDD, Disability Insurance, P.O. Box 13140, Sacramento, CA 95813-3140
 - In person by visiting any of the DI offices listed under “DI Claim Management Offices.”
2. Fill out and sign the “Claim Statement of Employee.” Print clearly, and be sure that your answers are complete and correct because errors may delay payments.
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 were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

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 we receive your claim, we may contact you by mail or by telephone to request further information if needed. We process most claims within 14 days after we receive them.
- The first seven days of your disability are considered a “waiting period,” and you will not be paid DI benefits for that period.

We pay benefits as quickly as possible after we receive all required information. If you meet all eligibility requirements, we will authorize a check to be mailed to you from a central payment center. If you are eligible for further benefits, we will either send you additional payments automatically or send a “continued claim” certification form for you to complete for the next period. Usually these periods will be two weeks. However, the DI Program 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 seven days from the date you mail a certification for receipt of your check.

How Your Benefit Rate is Determined

Your benefit amounts are based on 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 since this may affect your weekly benefit rate, your maximum amount payable, and the period of your benefit eligibility.

Only the wages in your **base period** that were subject to the disability insurance tax can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month in which your claim begins determines which four consecutive quarters must be 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, 2007, uses a base period of October 1, 2005, through September 30, 2006.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2007, uses a base period of January 1, 2006, through December 31, 2006.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2007, uses a base period of April 1, 2006, through March 31, 2007.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2007, uses a base period of July 1, 2006, through June 30, 2007.)

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 either to make your claim valid or to 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 note with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. Your DI benefits will not be affected by any 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 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.

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 doctor certifies you are unable to do your regular or customary work. Do NOT send in your claim for pregnancy-related disability benefits until the date your doctor certifies you are disabled.

NOTE: For information on Paid Family Leave bonding benefits, see the “Other Programs” section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or Paid Family Leave benefits.
- If you are not working or looking for work at the time you become disabled.
- 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 these benefits for workers’ compensation 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 EDD.)

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

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.)
- A hearing of your appeal 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. Information about your claim will be kept confidential except for the purposes allowed by law.

Your Obligations. You are responsible to:

- Complete your claim and other forms correctly, completely, and truthfully.
- Mail your claim and other forms in the time limits shown on the forms. If you are 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 Social Security number on all letters to DI.

Contact DI

- By **telephone** at: **1-800-480-3287 (English)** or **1-866-658-8846 (Spanish)**.
- By **U.S. mail** addressed to the office handling your claim at **http://www.edd.ca.gov/Disability/Contact_SDI.htm#bylocation**. If you are not a current claimant, you may write to any DI Claim Management Office.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at **1-800-563-2441**.
- By **e-mail** at **https://www.edd.ca.gov/About_EDD/Contact_EDD.htm**
- **In person** by visiting any of the DI Offices listed under “DI Claim Management Offices.”

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 the Unemployment Insurance Program of EDD 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 one-stop career center listed in the white pages of your telephone directory and on the Internet at www.servicelocator.org.

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 (TTY 1-800-325-0778)** or on the Internet at www.ssa.gov.

IF A FAMILY MEMBER HAS TO STOP WORK TO **CARE FOR YOU**, contact EDD's **Paid Family Leave** program at **1-877-238-4373**.

IF YOU STOP WORK TO **BOND WITH A NEW CHILD**, including newly adopted or newly placed foster children or those of your registered domestic partner, contact EDD's **Paid Family Leave** program at **1-877-238-4373** or TTY **1-800-445-1312**.

NOTE: A Paid Family Leave bonding claim form will be sent automatically with the final benefit check to new mothers receiving DI benefits.

IF YOU ARE A **VICTIM OF A CRIME**, call the California Victims Compensation Program at **1-800-777-9229**. TTY users may contact the Program via **TTY at 1-800-735-2929 (English)** or **TTY at 1-800-855-3000 (Spanish)**. 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 **1-866-249-0773**.

DI Claim Management Offices

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|----------------------|---|
| Alameda | 1600 Harbor Bay Parkway, Suite 120 (write to: PO Box 1857, Oakland, CA 94604-1857) |
| Chico | 645 Salem Street (write to: PO Box 8190, Chico, CA 95927-8190) |
| Chino Hills | 15315 Fairfield Ranch Road, Ste. 100 (write to: PO Box 60006, City of Industry, CA 91716-0006) |
| Eureka | 409 K Street, Suite 201 Eureka, CA 95501-0529 |
| Fresno..... | 2550 Mariposa Mall, Room 1080A (write to: PO Box 32, Fresno, CA 93707-0032) |
| Long Beach | 4300 Long Beach Blvd., Ste. 600 (write to: PO Box 469, Long Beach, CA 90801-0469) |
| Los Angeles..... | 888 S. Figueroa Street, Suite 200 (write to: PO Box 513096, Los Angeles, CA 90051-1096) |
| N. Los Angeles | 15400 Sherman Way, Rm. 500 (write to: PO Box 10402, Van Nuys, CA 91410-0402) |
| Redding | 1325 Pine Street (write to: PO Box 991898, Redding, CA 96099-1898) |
| San Bernardino | 371 West 3rd Street (write to: PO Box 781, San Bernardino, CA 92402-0781) |
| San Diego..... | 8977 Activity Rd., Bldg. B, Ste. 200 (write to: PO Box 120831, San Diego, CA 92112-0831) |
| San Francisco..... | 745 Franklin Street, Room 300 (write to: PO Box 193534, San Francisco, CA 94119-3534) |
| San Jose..... | 297 West Hedding Street (write to: PO Box 637, San Jose, CA 95106-0637) |
| Santa Ana..... | 605 West Santa Ana Blvd., Bldg. 28 (write to: PO Box 1466, Santa Ana, CA 92702-1466) |
| Santa Barbara | 128 East Ortega Street (write to: PO Box 1529, Santa Barbara, CA 93102-1529) |
| Santa Rosa..... | 606 Healdsburg Avenue (write to: PO Box 700, Santa Rosa, CA 95402-0700) |
| Stockton..... | 528 North Madison Street (write to: PO Box 201006, Stockton, CA 95201-9006) |



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

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