

California State Disability Insurance (SDI) and Disability Insurance (DI) Benefits: Legal and Procedural Analysis

(PART-A INJURED WORKERS ANALYSIS)

February 27, 2026

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CALIFORNIA STATE DISABILITY INSURANCE (SDI): YOUR RIGHTS, BENEFITS, AND HOW TO APPLY

This report explains California's State Disability Insurance (SDI) program — a state program that pays you part of your wages when you cannot work because of a non-work-related illness, injury, pregnancy, or family care need. The program is run by the Employment Development Department (EDD). You do not need to be a U.S. citizen to qualify. This report covers who is eligible, how much you can receive, how to file a claim, and what to do if your claim is denied.

Part 1: What Is State Disability Insurance?

Overview

State Disability Insurance (SDI) is a California program that pays you a portion of your lost wages when you cannot work due to a medical condition that is not caused by your job. The program is created by the California Unemployment Insurance Code (UIC), Division 1, Part 2, §§ 2601–3303 (<https://californiaglobe.com/fr/disability-compensation-general-provisions-in-the-ui-code/>). The EDD is the government agency that runs it.

What SDI Covers

SDI has two main parts:

- Disability Insurance (DI): Pays you when you cannot work because of your own illness, injury, pregnancy, or surgery that is not related to your job. You can receive DI for up to 52 weeks. EDD – Disability Insurance Benefits (https://edd.ca.gov/en/disability/disability_insurance/)
- Paid Family Leave (PFL): Pays you when you take time off to bond with a new child, care for a seriously ill family member, or help a family member in the military. You can receive PFL for up to eight weeks. EDD – Paid Family Leave (<https://edd.ca.gov/en/disability/paid-family-leave/>)

How SDI Is Funded

SDI is paid for by deductions from your paycheck. If you look at your pay stub, you may see a deduction labeled "SDI" or "CASDI." As of 2026, the contribution rate (the percentage taken from your paycheck) is 1.3% of all your wages, with no cap on earnings. This change happened because of Senate Bill 951, which removed the old wage ceiling starting January 1, 2024. EDD – Contribution Rates and Benefit Amounts (<https://edd.ca.gov/en/disability/ContributionRatesandBenefitAmounts/>)

How SDI Is Different from Other Programs

- Workers' Compensation covers injuries or illnesses caused by your job. SDI covers conditions that are not caused by your job. EDD – Workers' Compensation and Disability Benefits (<https://edd.ca.gov/en/disability/EmployerWorkersCompensation/>)
- Unemployment Insurance (UI) pays you when you lose your job and are looking for work. You cannot receive UI and DI at the same time. EDD – Am I Eligible for DI Benefits? (https://edd.ca.gov/en/disability/AmIEligibleforDI_Benefits/)
- SDI does not provide health insurance or pay for your medical care. You must have separate health coverage (such as Medi-Cal, California's program for low-income residents, or an employer plan).

Important: SDI only replaces part of your wages. It does not protect your job. Job protection may come from separate laws like the California Family Rights Act (CFRA) or the Family and Medical Leave Act (FMLA). EDD – Paid Family Leave (<https://edd.ca.gov/en/disability/paid-family-leave/>)

Part 2: Who Can Get Disability Insurance Benefits

Overview

You must meet all five requirements listed below to qualify for DI benefits. These requirements come from Cal. UIC § 2627 (<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-2/article-1/section->

2627/) and EDD rules found in Title 22, California Code of Regulations, § 2601-1 (<https://www.law.cornell.edu/regulations/california/22-CCR-2601-1>).

The Five Eligibility Requirements

1. You cannot do your regular or usual work for at least eight days in a row because of a physical or mental condition, pregnancy, or surgery. EDD – Am I Eligible for DI Benefits? (https://edd.ca.gov/en/disability/AmIEligibleforDI_Benefits/)
2. You are losing wages because of your disability. If your employer is paying your full salary through sick leave or paid time off, you may not qualify until that pay runs out. EDD – Integration/Coordination of Benefits (<https://edd.ca.gov/en/disability/integration-coordination/>)
3. You were working or actively looking for work when your disability started. EDD – Disability Insurance Benefits (https://edd.ca.gov/en/disability/disability_insurance/)
4. You earned at least \$300 in wages that had SDI deductions during your base period (a specific 12-month window explained in Part 3). EDD – Calculating DI Benefit Payment Amounts (<https://edd.ca.gov/en/disability/CalculatingDIBenefitPaymentAmounts/>)
5. You are under the care of a licensed doctor or health professional during the first eight days of your disability and continue to be treated. Telemedicine (video or phone visits) counts. EDD – Am I Eligible for DI Benefits? (https://edd.ca.gov/en/disability/AmIEligibleforDI_Benefits/)

What Conditions Qualify

You can get DI benefits for these types of conditions:

- Illness or injury (physical or mental) that is not caused by your job — including depression, anxiety, and other mental health conditions
- Pregnancy, childbirth, and related conditions such as gestational diabetes or preeclampsia
- Elective surgery — any planned surgery, such as joint replacement, where you need time to recover
- Alcohol or drug rehabilitation — but only if you are in a state-licensed treatment facility

EDD – Disability Insurance Provisions (DE 2515) (<https://edd.ca.gov/siteassets/files/pdfpubctr/de2515.pdf>)

Immigration Status Does Not Matter

Critical: Your citizenship or immigration status does not affect your eligibility for DI or PFL benefits. Undocumented workers who meet the requirements above can receive full benefits. The EDD does not ask about your immigration status and does not report it to federal authorities. EDD – Benefits and Resources for Undocumented Workers (https://edd.ca.gov/en/disability/undocumented_workers/)

If you do not have a Social Security Number (SSN), you must file your claim using a paper form (not online). You may use an Individual Taxpayer Identification Number (ITIN) or leave the SSN field blank. Attach a letter explaining you do not have an SSN and include proof of your wages, such as pay stubs or W-2 forms.

Part 3: How Your Benefit Amount Is Calculated

Overview

Your weekly benefit amount depends on how much you earned during a 12-month period called the base period. The EDD uses a formula set by Cal. UIC § 2610 (<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-1/section-2610/>) and detailed on the EDD – Calculating DI Benefit Payment Amounts (<https://edd.ca.gov/en/disability/CalculatingDIBenefitPaymentAmounts/>) page.

What Is the Base Period?

The base period is the 12-month window the EDD looks at to see how much you earned. Which 12 months are used depends on when your disability starts:

- January–March claim: Base period is the 12 months ending the prior September 30
- April–June claim: Base period ends the prior December 31
- July–September claim: Base period ends the prior March 31
- October–December claim: Base period ends the prior June 30

The EDD finds the quarter (three-month period) in your base period where you earned the most money. That quarter is used to calculate your weekly benefit.

How Your Weekly Benefit Amount (WBA) Is Determined

The EDD uses income tiers to set your Weekly Benefit Amount (WBA):

- Less than \$300 in base period earnings: You do not qualify
- \$300–\$722.49 in your highest quarter: You receive the minimum of \$50 per week
- \$722.50–\$16,279.90 in your highest quarter: You receive 90% of your average weekly wages
- \$16,279.91–\$20,931.30 in your highest quarter: You receive approximately \$1,127 per week
- \$20,931.31 or more in your highest quarter: You receive 70% of your average weekly wages, up to the maximum of \$1,765 per week (2026 amount)

EDD – Contribution Rates and Benefit Amounts

(<https://edd.ca.gov/en/disability/ContributionRatesandBenefitAmounts/>)

Maximum Duration and Total Benefits

- You can receive DI benefits for up to 52 weeks (about one year)
- Your total benefits cannot exceed your total base period wages
- The seven-day unpaid waiting period counts toward the 52 weeks, so you can receive up to 51 weeks of actual payments

EDD – Disability Insurance Claim Process (<https://edd.ca.gov/en/disability/DIClaimProcess/>)

Special Base Period

If you do not meet the \$300 minimum with the standard base period, you may request a special base period if you were looking for work for 60 or more days in one quarter, your earnings were affected by military service, or other special circumstances apply. Call the EDD at 1-800-480-3287 to ask about this option. EDD – Calculating DI Benefit Payment Amounts

(<https://edd.ca.gov/en/disability/CalculatingDIBenefitPaymentAmounts/>)

Part 4: How to File Your DI Claim

Overview

You must file your claim within a strict deadline. The EDD gives you two ways to file: online or by mail. The rules for timing come from Cal. UIC §§ 2701–2714 (<https://law.justia.com/codes/california/2010/uic/2701-2714.html>) and are explained at EDD – Disability Insurance Claim Process (<https://edd.ca.gov/en/disability/DIClaimProcess/>).

Filing Deadline

Critical: You must file your claim no later than 49 calendar days after your disability starts. This deadline includes weekends and holidays. If you miss this deadline, your claim will almost certainly be denied.

- You may file starting on Day 1 of your disability, but the EDD recommends waiting until Day 9 to avoid processing delays
- The safest approach is to file between Day 9 and Day 14

Filing Online (Recommended Method)

1. Go to myEDD.ca.gov (<https://edd.ca.gov/en/disability/howtofileadclaiminsdionline/>) and create a myEDD account
2. Complete identity verification through ID.me (a third-party service)
3. Register for SDI Online
4. Select "New Claim" and then "Disability Insurance"
5. Fill in all sections: your employment history, disability details, expected recovery date, and payment preference (direct deposit, debit card, or check)
6. Save your receipt number — you must give this to your doctor

EDD – SDI Online (https://edd.ca.gov/en/disability/SDI_Online/)

Filing by Mail

If you cannot file online (for example, if you do not have an SSN), you must use the paper form:

1. Get the Claim for Disability Insurance Benefits (DE 2501) by calling 1-800-480-3287, visiting an EDD office, or downloading it from the EDD website (<https://edd.ca.gov/siteassets/files/pdfpubctr/de2501.pdf>)
2. Complete Part A (Claimant's Statement) with your information
3. Give the form to your doctor to complete Part B (Medical Certification)
4. Mail the completed form to: State of California, Employment Development Department, PO Box 989777, West Sacramento, CA 95798-9777
5. Allow 10–14 business days for the EDD to receive and begin processing your paper form

EDD – How to File a DI Claim by Mail (https://edd.ca.gov/en/disability/howtofileadclaimby_mail/)

Important: If you are an undocumented worker without an SSN, you must use the paper form. Attach a letter explaining you do not have an SSN and provide wage documentation such as pay stubs, W-2 forms, or employer letters. EDD – Benefits and Resources for Undocumented Workers (https://edd.ca.gov/en/disability/undocumented_workers/)

Part 5: Medical Certification Requirements

Overview

Your claim is not complete until the EDD receives medical proof of your disability. A licensed health professional must certify that you cannot work. This requirement comes from Cal. UIC § 2708 (<https://law.justia.com/codes/california/2010/uic/2701-2714.html>) and is explained at EDD – Step 3: Have a Medical Certification Completed (<https://edd.ca.gov/en/disability/step-3-have-a-medical-certification-completed/>).

Who Can Certify Your Disability

The following licensed professionals can sign your medical certification:

- Medical doctors (M.D.) and osteopathic doctors (D.O.)
- Nurse practitioners and physician assistants
- Psychologists (for mental health conditions)
- Chiropractors, podiatrists, optometrists, and dentists (within their scope)
- Licensed midwives or nurse-midwives (for pregnancy-related conditions, per Senate Bill 667, effective January 1, 2024)
- Accredited religious practitioners
- Authorized medical officers at U.S. government facilities

EDD – Certify or Extend Claims for Physicians/Practitioners (<https://edd.ca.gov/en/disability/BasicsforPhysicians-Practitioners/>)

What the Certification Must Include

Your doctor's certification must contain:

- A diagnosis with an ICD code (International Classification of Diseases code — a standardized number that identifies your medical condition), or a detailed description of symptoms if no diagnosis has been made yet
- Medical facts supporting the conclusion that you cannot work
- Any secondary diagnoses
- The expected duration of your disability (a specific date, not "unknown" or "indefinite")
- The doctor's original signature and date

EDD – DI Certifications and Continued Medical FAQs (<https://edd.ca.gov/en/disability/faqs-certifications-continued-medical/>)

Certification Deadline

Critical: The medical certification must reach the EDD within 49 calendar days of when your disability started. This is the same deadline as your claim. If your doctor submits late, your claim may be denied — even if you filed your part on time.

To protect yourself:

- Give your doctor the receipt number or claim form right away
- Ask your doctor's office for a specific date they will submit
- Follow up at Day 20–25 to confirm they submitted it
- If your doctor is unresponsive, consider seeing a different provider

Note: Your doctor may charge a fee for completing the certification. No law prevents this fee. EDD – DI Certifications and Continued Medical FAQs (<https://edd.ca.gov/en/disability/faqs-certifications-continued-medical/>)

Part 6: After You File — Processing, Waiting Period, and Payments

Overview

After the EDD receives your complete claim (your part and the doctor's certification), it will review your eligibility and begin payments if you qualify. This process is explained at EDD – Disability Insurance Claim Process (<https://edd.ca.gov/en/disability/DIClaimProcess/>).

Processing Timeline

The EDD takes approximately 14 calendar days to make a decision after receiving your complete claim. During this time, the EDD may contact you, your employer, or your doctor for more information.

You will receive a Notice of Computation (DE 429D), which shows an estimated weekly benefit amount. This is only an estimate — it does not mean your claim is approved.

The Seven-Day Waiting Period

Before you receive any payment, you must serve a seven-day waiting period — seven calendar days (not business days) starting from the first day of your disability. You will not be paid for these seven days. Your first payable day is Day 8 of your claim. EDD – Disability Insurance Claim Process (<https://edd.ca.gov/en/disability/DIClaimProcess/>)

Receiving Your Payments

If the EDD approves your claim, you will receive an Electronic Benefit Payment Notification (DE 2500E) with details about your first payment. You can receive payments by:

- Direct deposit to your bank account
- EDD debit card
- Check by mail

EDD – Step 5: Receive Your First Payment (<https://edd.ca.gov/en/disability/step-5-receive-your-first-payment/>)

Continuing Your Benefits

Once you start receiving benefits, the EDD may place you on automatic payment, meaning payments continue without you submitting forms each week. However:

- After 10 weeks of automatic payments, the EDD sends a Disability Claim Continuing Eligibility Questionnaire (DE 2593)
- You must complete and return this form within 20 days
- You must report whether your disability continues, any wages you received, and any workers' compensation payments
- If you do not return the form on time, your benefits will stop

EDD – Continue or Stop Your Benefits
(<https://edd.ca.gov/en/disability/DiscontinueContinueorExtendYourDIBenefits/>)

Extending Your Benefits

If your disability lasts longer than your doctor originally estimated, you can extend your benefits:

- The EDD will send a Physician/Practitioner's Supplementary Certificate (DE 2525XX) with your final payment
- Your doctor must complete and return it within 20 days
- Benefits can continue up to the 52-week maximum if medically supported

When to Report Return to Work

You must notify the EDD immediately when you return to work, even part-time. Report using the DE 2587 form (if on automatic payment) or the DE 2500A form. EDD – Reporting Your Wages or Work Status for DI (https://edd.ca.gov/en/disability/ReportingYourWages_DI/)

Part 7: Paid Family Leave (PFL) Benefits

Overview

Paid Family Leave (PFL) is a separate benefit under the SDI program that pays you when you need time off for family reasons. PFL uses the same contribution fund and similar rules as DI. EDD – Paid Family Leave (<https://edd.ca.gov/en/disability/paid-family-leave/>)

Who Qualifies for PFL

You may receive PFL benefits if you need time off for one of these reasons:

- Bonding with a new child — through birth, adoption, or foster care placement
- Caring for a seriously ill family member — including a parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner
- Supporting a military family member who is deploying overseas or on rest and recuperation leave from foreign duty

EDD – Paid Family Leave for Military Family (<https://edd.ca.gov/en/disability/paid-family-leave/Military-Family-Members/>)

PFL Eligibility Requirements

- You must have earned at least \$300 and paid into SDI in the last 18 months
- You must be losing wages because of the family leave
- You must be employed or looking for work when the leave starts
- Citizenship and immigration status do not affect eligibility

Benefit Amount and Duration

- PFL uses the same formula as DI to calculate your weekly benefit
- The minimum is \$50 per week and the maximum is \$1,765 per week (2026)
- You can receive PFL for up to eight weeks in any 12-month period, across all PFL categories combined

Transitioning from Pregnancy DI to PFL Bonding

If you gave birth and received DI for pregnancy disability (usually four weeks before delivery and six to eight weeks after), you can transition directly to PFL bonding leave. The EDD will automatically send you the Claim for Paid Family Leave Benefits — New Mother (DE 2501FP) form when your DI pregnancy benefits end. This can give you up to eight additional weeks of paid leave. EDD – DI Pregnancy FAQs (<https://edd.ca.gov/en/disability/faqdipregnancy>)

San Francisco Supplemental Pay

If you work in San Francisco, your employer must pay you additional wages during PFL bonding leave to bring your total pay to 100% of your regular weekly wage. This is required by the San Francisco Paid Parental

Leave Ordinance (S.F. Administrative Code §§ 12R.1–12R.24). EDD – Employer Requirements (https://edd.ca.gov/en/disability/employer_requirements/)

Important: PFL provides wage replacement only — it does not protect your job. Job protection may come from the California Family Rights Act (CFRA) or the federal Family and Medical Leave Act (FMLA), which are separate laws.

Part 8: Working Part-Time or Receiving Other Income While on DI

Overview

If you work part-time or receive other income while on DI, you must report it to the EDD. Failing to report income is one of the most common causes of overpayments and penalties.

Part-Time Work Rules

You can work part-time while on DI and still receive benefits, but your combined income cannot exceed your regular weekly wage. EDD – Part-time, Intermittent, or Reduced Work Schedule FAQs (<https://edd.ca.gov/en/disability/faqs-part-time-intermittent-reduced-work-schedule/>)

Example: If your regular weekly wage is \$1,000 and your WBA is \$600:

- You earn \$300 part-time → $\$300 + \$600 = \$900$ (under \$1,000) → You keep the full \$600 WBA
- You earn \$500 part-time → $\$500 + \$600 = \$1,100$ (over \$1,000 by \$100) → Your WBA is reduced to \$500

Income You Must Report

You must report all income to the EDD, including: EDD – Reporting Your Wages or Work Status for DI (https://edd.ca.gov/en/disability/ReportingYourWages_DI/)

- Sick leave or paid time off from your employer
- Part-time work wages
- Self-employment income
- Bonuses, commissions, and residuals
- Holiday pay and military pay
- Workers' compensation payments
- Insurance settlements

Employer Wage Integration

Your employer may choose to combine your DI benefits with company-provided leave pay, a process called wage integration. Under this arrangement, your employer tops off your DI benefit with leave pay so your total equals your regular weekly wage. Your employer is not required to do this. EDD – Integration/Coordination of Benefits (<https://edd.ca.gov/en/disability/integration-coordination/>)

Workers' Compensation Coordination

If you are receiving workers' compensation for the same period as DI, your DI benefit is reduced by the workers' compensation amount. If workers' compensation pays less than DI would, you receive the difference. If the EDD pays DI while a workers' compensation claim is pending, the EDD places a lien (a legal claim for repayment) against any future workers' compensation award. EDD – Workers' Compensation and Disability Benefits (<https://edd.ca.gov/en/disability/EmployerWorkersCompensation/>)

Part 9: Overpayments, Fraud, and Penalties

Overview

An overpayment happens when the EDD pays you more benefits than you were entitled to receive. Overpayments can result in repayment demands, penalties, and loss of future benefits. EDD – Benefit Overpayments and Penalties (<https://edd.ca.gov/en/claims/Benefit-Overpayments/>)

Types of Overpayments

- Fraud overpayment: You intentionally gave false information or hid information (such as not reporting that you returned to work)
- Non-fraud overpayment: The overpayment was caused by a mistake or misunderstanding, not intentional wrongdoing

EDD – Benefit Overpayments FAQs (<https://edd.ca.gov/en/claims/FAQ-Benefit-Overpayments/>)

Consequences of Fraud Overpayments

If the EDD determines you committed fraud:

- You must repay the full overpayment amount
- You must pay an additional 30% penalty on top of the overpayment
- You may be disqualified from benefits for up to 23 weeks
- The EDD may withhold 100% of any future benefit payments until the debt is repaid
- Criminal charges are possible under Cal. UIC § 2708.2 (<https://law.justia.com/codes/california/2010/uic/2701-2714.html>)

EDD – Unemployment Overpayments and Penalties (<https://edd.ca.gov/en/unemployment/overpayments-and-penalties/>)

Consequences of Non-Fraud Overpayments

If the overpayment was not your fault:

- You must repay the full overpayment amount (no 30% penalty)
- The EDD may withhold 25% of future benefit payments until repaid
- You may qualify for a waiver if repayment would cause extreme financial hardship

How to Request a Waiver

The EDD may send you an Application for Overpayment Waiver (DE 1446) or similar form. Complete and return it within 14–15 days. The EDD will review your household income to determine if repayment would cause extraordinary hardship. If your income is below certain thresholds, you may not have to repay.

Other Collection Methods

If you do not repay voluntarily, the EDD may:

- Offset your state and federal tax refunds
- Intercept lottery winnings
- Issue an earnings withholding order requiring your employer to withhold up to 20% of your wages
- Place a lien on your property or levy your bank account

Part 10: How to Appeal a Denied Claim

Overview

If the EDD denies your DI or PFL claim, you have the right to appeal. The appeals process is explained at EDD – State Disability Insurance Appeals (<https://edd.ca.gov/en/disability/appeals/>) and in the Appeals for Disability Insurance guide (DE 1001) (<https://edd.ca.gov/siteassets/files/pdfpubctr/de1001.pdf>).

Step 1: Understand the Denial

When your claim is denied, you will receive a Notice of Determination (DE 2517 for DI or DE 2514 for PFL) explaining why. You will also receive an Appeal Form (DE 1000A).

Step 2: File Your Appeal

Critical: You must file your appeal within 30 calendar days of the mailing date on the Notice of Determination. If you miss this deadline, you must explain why, and a judge will decide if you had "good cause" for filing late.

You can appeal:

- Online through SDI Online
- By mail using the DE 1000A form

Your appeal must include:

- Your full name, claim ID number, and Social Security number
- Your address and phone number
- A detailed explanation of why you believe you are eligible
- Any supporting documents (medical records, pay stubs, etc.)
- Your signature and date

Step 3: EDD Review

After you appeal, the EDD reviews your case. If it finds an error, it may reverse the denial without a hearing. If not, your case goes to the California Unemployment Insurance Appeals Board, Office of Appeals.

Step 4: Hearing Before an Administrative Law Judge

An Administrative Law Judge (ALJ) — an independent judge who makes decisions on benefits disputes — will hold a hearing. You will receive written notice of the date, time, and location.

At the hearing:

- You may bring an attorney, advocate, or family member to help you
- You may present documents, witnesses, and other evidence
- An EDD representative will also present their case
- You must attend — if you miss the hearing, your appeal may be dismissed

Step 5: The Decision

The ALJ issues a written decision. If the ALJ rules in your favor, you receive back benefits for the entire denied period. If the ALJ agrees with the denial, you may file a further appeal with the California Unemployment Insurance Appeals Board. Cal. Code Regs. tit. 22, § 2706-5 (<https://www.law.cornell.edu/regulations/california/22-CCR-2706-5>)

Continuing Benefits During Your Appeal

If you were already receiving benefits and the EDD later denies continued benefits, you may request to keep receiving payments during the appeal. Submit the Notice of Right to Continue Disability Benefits Pending Appeal (DE 6315D) within 30 days of the denial. If your appeal is ultimately denied, you may have to repay those benefits.

Part 11: Self-Employed Workers and Elective Coverage

Overview

If you are self-employed, an independent contractor, or a small business owner, SDI deductions are not automatically taken from your income. However, you can choose to enroll in the Disability Insurance Elective Coverage (DIEC) program to get DI and PFL benefits. EDD – Disability Insurance Elective Coverage (<https://edd.ca.gov/en/payrolltaxes/DisabilityInsuranceElectiveCoverage/>)

Who Can Enroll

You may enroll in DIEC if you:

- Own a business, are self-employed, or work as an independent contractor
- Have a net profit (total business income minus expenses) of at least \$4,600 per year
- Have a valid professional license if your work requires one
- Are able to perform all your normal work duties at the time you apply
- Earn most of your income from your business

- Do not have a seasonal business

How to Enroll

Complete the Application for Disability Insurance Elective Coverage (DE 1378DI) and submit it to the EDD's DIEC Unit. Once approved, you pay quarterly premiums. EDD – DIEC FAQs (<https://edd.ca.gov/en/disability/faquelectivecoverage/>)

Premiums and Costs

For 2026, the premium rate is 8.84% of your net profit from your previous year's tax return. If your net profit is \$4,600 or less, you pay a flat annual fee of approximately \$406. Premiums are due quarterly. EDD – Self-Employed Benefit Amounts (<https://edd.ca.gov/en/disability/Self-EmployedBenefitAmounts/>)

Important DIEC Rules

- You must stay enrolled for at least two full calendar years
- You must pay premiums even while disabled
- You must be enrolled for at least six months before you can file a claim
- You can cancel only during January, effective the following January 1

DIEC Benefit Differences

DIEC participants receive:

- DI benefits for up to 39 weeks (not 52 weeks like employees)
- PFL benefits for up to eight weeks
- Benefit amounts calculated based on your tax return net profit, not on wages
- The same minimum (\$50/week) and maximum (\$1,765/week) as employees

Part 12: Pregnancy and Disability Insurance

Overview

Pregnancy creates a distinct category of DI eligibility. You can receive benefits before and after delivery, with additional time if there are medical complications. EDD – DI Pregnancy FAQs (<https://edd.ca.gov/en/disability/faqdipregnancy/>)

Standard Pregnancy Disability Periods

Without medical complications:

- Before delivery: Up to four weeks before your estimated due date
- After vaginal delivery: Up to six weeks after delivery
- After cesarean section (C-section): Up to eight weeks after delivery

Extended Periods for Complications

If you have pregnancy complications (such as gestational diabetes, preeclampsia, or a condition requiring bed rest), your doctor can certify a longer disability period based on medical necessity. You are not limited to the standard timeframes above.

After DI Ends: Transition to PFL

After your pregnancy DI benefits end, you can apply for PFL bonding leave to spend time with your new baby. The EDD will send you the appropriate form automatically. This gives you up to eight additional weeks of paid leave. Together, pregnancy DI plus PFL bonding can provide several months of wage replacement.

Licensed Midwives

As of January 1, 2024, licensed midwives and nurse-midwives can certify pregnancy-related disabilities. This change was made by Senate Bill 667 and makes it easier for mothers who use midwifery care to file claims. EDD – Certify or Extend Claims for Physicians/Practitioners (<https://edd.ca.gov/en/disability/BasicsofPhysicians-Practitioners/>)

Part 13: Common Mistakes and How to Avoid Them

Overview

Many people lose benefits or face penalties because of avoidable errors. Here are the most common mistakes and how to prevent them.

Mistake 1: Missing the 49-Day Filing Deadline

The 49-day deadline is counted from the day your disability started, not from when you decided to file. Weekends and holidays count.

How to avoid it: File your claim between Day 9 and Day 14 of your disability. Do not wait.

Mistake 2: Doctor Does Not Submit Certification on Time

Your claim cannot be processed without your doctor's medical certification. If your doctor misses the 49-day deadline, your claim may be denied — even though you filed on time.

How to avoid it: Give your doctor the receipt number or claim form immediately. Follow up at Day 20–25 to confirm they submitted it. If your doctor is unresponsive, consider switching to another provider.

Mistake 3: Not Reporting Income or Return to Work

You must report all income you receive while on DI, including part-time wages, sick leave pay, bonuses, and workers' compensation. You must also report when you return to work.

How to avoid it: Keep records of all income during your benefit period. Report everything, even amounts you think are too small to matter. Notify the EDD immediately when you return to work.

Mistake 4: Not Enough Earnings in the Base Period

If you earned less than \$300 in SDI-taxable wages during your base period, you do not qualify.

How to avoid it: Before filing, gather all pay stubs and W-2 forms to confirm you meet the \$300 minimum. If you are close to the line, call the EDD at 1-800-480-3287 to ask about a special base period.

Mistake 5: Doctor's Certification Lacks Detail

Certifications with vague information (such as "recovery date unknown") may delay your claim or trigger an Independent Medical Examination (IME) — a separate examination ordered by the EDD.

How to avoid it: Review the certification form with your doctor before they submit it. Make sure it includes a specific diagnosis with ICD code, concrete medical facts, and a reasonable recovery date.

Mistake 6: Missing Continued Eligibility Forms

After 10 weeks of automatic payments, the EDD sends a questionnaire. If you do not return it within 20 days, your benefits stop.

How to avoid it: Watch your mail and SDI Online account carefully. Return all forms within the deadline. Mark your calendar for approximately 10 weeks after your first payment.

Part 14: Contact Information and Resources

EDD Phone Numbers

- DI claims (English): 1-800-480-3287
- PFL claims (Spanish): 1-877-238-4373
- Automated phone information: Available 24/7
- Live representatives: Monday–Friday, 8:00 a.m.–5:00 p.m. (Pacific Time)

Online Resources

- SDI Online — File or manage your claim (https://edd.ca.gov/en/disability/SDI_Online/)
- myEDD Account Portal (<https://edd.ca.gov/en/disability/howtofileadclaiminsdionline/>)
- DI and PFL Benefit Calculator (2026) (https://edd.ca.gov/en/disability/PFL_Calculator/)
- Forms in Spanish and other languages (https://edd.ca.gov/en/disability/undocumented_workers/)

Mailing Address for Paper Claims

State of California

Employment Development Department

PO Box 989777

West Sacramento, CA 95798-9777

Northern California EDD Offices

- 100 Montgomery Street, Suite 800, San Francisco
- 630 Sansome Street, 4th Floor, Room 475, San Francisco
- 1855 Gateway Blvd., Suite 850, Concord (Hearing Location)

References

1. EDD – Am I Eligible for Disability Insurance Benefits? (https://edd.ca.gov/en/disability/AmIEligibleforDI_Benefits/) — California Employment Development Department.
2. EDD – Calculating DI Benefit Payment Amounts (<https://edd.ca.gov/en/disability/CalculatingDIBenefitPaymentAmounts/>) — California Employment Development Department.
3. EDD – Disability Insurance Benefits (https://edd.ca.gov/en/disability/disability_insurance/) — California Employment Development Department.
4. EDD – State Disability Insurance (<https://edd.ca.gov/en/disability/>) — California Employment Development Department.
5. EDD – Paid Family Leave (<https://edd.ca.gov/en/disability/paid-family-leave/>) — California Employment Development Department.
6. EDD – Contribution Rates and Benefit Amounts (<https://edd.ca.gov/en/disability/ContributionRatesandBenefitAmounts/>) — California Employment Development Department.
7. EDD – Workers' Compensation and Disability Benefits (<https://edd.ca.gov/en/disability/EmployerWorkersCompensation/>) — California Employment Development Department.
8. EDD – Disability Insurance Claim Process (<https://edd.ca.gov/en/disability/DIClaimProcess/>) — California Employment Development Department.
9. EDD – How to File a DI Claim in SDI Online (<https://edd.ca.gov/en/disability/howtofileadclaiminsdionline/>) — California Employment Development Department.
10. EDD – SDI Online (https://edd.ca.gov/en/disability/SDI_Online/) — California Employment Development Department.
11. EDD – How to File a DI Claim by Mail (https://edd.ca.gov/en/disability/howtofileadclaimby_mail/) — California Employment Development Department.
12. EDD – Benefits and Resources for Undocumented Workers (https://edd.ca.gov/en/disability/undocumented_workers/) — California Employment Development Department.
13. EDD – Step 3: Have a Medical Certification Completed (<https://edd.ca.gov/en/disability/step-3-have-a-medical-certification-completed/>) — California Employment Development Department.
14. EDD – Certify or Extend Claims for Physicians/Practitioners (<https://edd.ca.gov/en/disability/BasicsforPhysicians-Practitioners/>) — California Employment Development Department.

15. EDD – DI Certifications and Continued Medical FAQs (<https://edd.ca.gov/en/disability/faqs-certifications-continued-medical/>) — California Employment Development Department.
16. EDD – Step 5: Receive Your First Payment (<https://edd.ca.gov/en/disability/step-5-receive-your-first-payment/>) — California Employment Development Department.
17. EDD – Continue or Stop Your Benefits (<https://edd.ca.gov/en/disability/DiscontinueContinueorExtendYourDIBenefits/>) — California Employment Development Department.
18. EDD – Reporting Your Wages or Work Status for DI (https://edd.ca.gov/en/disability/ReportingYourWages_DI/) — California Employment Development Department.
19. EDD – Part-time, Intermittent, or Reduced Work Schedule FAQs (<https://edd.ca.gov/en/disability/faqs-part-time-intermittent-reduced-work-schedule/>) — California Employment Development Department.
20. EDD – Integration/Coordination of Benefits (<https://edd.ca.gov/en/disability/integration-coordination/>) — California Employment Development Department.
21. EDD – Benefit Overpayments and Penalties (<https://edd.ca.gov/en/claims/Benefit-Overpayments/>) — California Employment Development Department.
22. EDD – Benefit Overpayments FAQs (<https://edd.ca.gov/en/claims/FAQ-Benefit-Overpayments/>) — California Employment Development Department.
23. EDD – Unemployment Overpayments and Penalties (<https://edd.ca.gov/en/unemployment/overpayments-and-penalties/>) — California Employment Development Department.
24. EDD – State Disability Insurance Appeals (<https://edd.ca.gov/en/disability/appeals/>) — California Employment Development Department.
25. EDD – Appeals for Disability Insurance (DE 1001) (<https://edd.ca.gov/siteassets/files/pdfpubctr/de1001.pdf>) — California Employment Development Department.
26. Cal. Code Regs. tit. 22, § 2706-5 – Payment of Disability Benefits Pending Appeal (<https://www.law.cornell.edu/regulations/california/22-CCR-2706-5>) — Cornell Law Institute.
27. EDD – Disability Insurance Elective Coverage (DIEC) (<https://edd.ca.gov/en/payrolltaxes/DisabilityInsuranceElectiveCoverage/>) — California Employment Development Department.
28. EDD – DIEC FAQs (<https://edd.ca.gov/en/disability/faquelectivecoverage/>) — California Employment Development Department.
29. EDD – Self-Employed Benefit Amounts (<https://edd.ca.gov/en/disability/Self-EmployedBenefitAmounts/>) — California Employment Development Department.
30. EDD – DI Pregnancy FAQs (<https://edd.ca.gov/en/disability/faqdipregnancy>) — California Employment Development Department.
31. EDD – Paid Family Leave for Military Family Members (<https://edd.ca.gov/en/disability/paid-family-leave/Military-Family-Members/>) — California Employment Development Department.
32. EDD – Employer Requirements (https://edd.ca.gov/en/disability/employer_requirements/) — California Employment Development Department.
33. EDD – DI and PFL Benefit Calculator 2026 (https://edd.ca.gov/en/disability/PFL_Calculator/) — California Employment Development Department.
34. EDD – Disability Insurance Provisions (DE 2515) (<https://edd.ca.gov/siteassets/files/pdfpubctr/de2515.pdf>) — California Employment Development Department.
35. EDD – Claim for Disability Insurance Benefits (DE 2501) (<https://edd.ca.gov/siteassets/files/pdfpubctr/de2501.pdf>) — California Employment Development Department.
36. Cal. UIC § 2627 – Eligibility for Disability Benefits (<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-2/article-1/section-2627/>) — Justia.
37. Cal. UIC § 2610 – Disability Base Period (<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-1/section-2610/>) — Justia.
38. Cal. UIC §§ 2701–2714 – Medical Certification and Fraud Provisions (<https://law.justia.com/codes/california/2010/uic/2701-2714.html>) — Justia.
39. Cal. Code Regs. tit. 22, § 2601-1 – Disability Insurance Definitions (<https://www.law.cornell.edu/regulations/california/22-CCR-2601-1>) — Cornell Law Institute.

40. California Unemployment Insurance Code, Division 1, Part 2, §§ 2601–3303 – Disability Compensation General Provisions (<https://californiaglobe.com/fr/disability-compensation-general-provisions-in-the-ui-code/>) — California Globe.
41. The BFIS – Workers' Comp vs. Disability Insurance in California (<https://www.thebfis.com/workers-comp-vs-disability-insurance-in-california-whats-the-difference>) — The BFIS.
42. EDD – Paid Family Leave Benefit Payment Amounts (<https://edd.ca.gov/en/disability/CalculatingPFLBenefitPaymentAmounts/>) — California Employment Development Department.
43. DIR – DWC FAQs for Employers (<https://www.dir.ca.gov/dwc/faqs.html>) — California Department of Industrial Relations.
44. DIR – I Was Injured at Work (<https://www.dir.ca.gov/dwc/injuredworker.htm>) — California Department of Industrial Relations.
45. The Larkin Company – EDD Help Center FAQs (<https://thelarkincompany.com/edd-help-center/faq/>) — The Larkin Company.

California State Disability Insurance (SDI) and Disability Insurance (DI) Benefits: Legal and Procedural Analysis

(PART-B LEGAL ANALYSIS)

Generated by: Legal AI Assistant

Facilitated by: The Law Offices of Fernando Hidalgo, Inc.

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California State Disability Insurance (SDI) and Disability Insurance (DI) Benefits: Comprehensive Legal and Procedural Analysis

Executive Summary

California's State Disability Insurance (SDI) program, administered by the Employment Development Department (EDD), provides short-term wage replacement benefits to eligible workers who cannot work due to non-work-related illness, injury, pregnancy, or the need to care for family members. This comprehensive analysis examines the statutory framework, eligibility requirements, benefit calculation methodologies, procedural mechanisms, and critical considerations for both workers and advocates navigating the system. As of 2026, the SDI program operates under significantly reformed statutory provisions, with the elimination of wage ceilings and expansion of coverage categories. The program explicitly does not condition eligibility on citizenship or immigration status, making it accessible to all California workers, including undocumented workers, who meet the earnings and employment history requirements. For workers earning between \$2,890 and \$65,119.60 annually, DI replaces approximately 90% of lost wages, while higher earners receive 70% replacement up to the statutory maximum of \$1,765 per week. Claims must be filed between days nine and forty-nine of disability onset, with medical certification required from licensed health professionals within a strict 49-day window. Overpayments carry significant consequences including 30% fraud penalties and offset mechanisms that can affect future benefits, tax refunds, and wages. This report provides detailed guidance on eligibility determination, benefit calculation, claim filing procedures, continuation requirements, appeal mechanisms, and coordination with other benefit systems, with particular attention to nuances that affect vulnerable worker populations.

I. Legal Framework and Statutory Authority

Statutory Foundation and Regulatory Structure

California's State Disability Insurance program derives its authority from the Unemployment Insurance Code (UIC), specifically Division 1, Part 2, Chapters 1 and 2, spanning sections 2601 through 3303[31][31]. The foundational statute, UIC Section 2601, articulates the program's core purpose: to provide partial wage replacement to workers unable to work due to the worker's own non-work-related sickness or injury, the sickness or injury of a family member, or the birth, adoption, or foster care placement of a new child, thereby reducing suffering caused by income loss and promoting worker stability[31]. This statutory purpose reflects a social insurance model that differs fundamentally from workers' compensation, which addresses work-related injuries, or unemployment insurance, which addresses joblessness caused by lack of available work.

The regulatory framework implementing the SDI program is codified in Title 22 of the California Code of Regulations, sections 2601-1 et seq., which establish detailed definitions, procedural requirements, and eligibility criteria[30]. The regulations prescribe forms, timelines, medical certification standards, base period calculations, and appeal procedures that govern the day-to-day administration of benefits. Specifically, Title 22, section 2601-1 defines key terms including "physician" to encompass not only medical doctors but also licensed chiropractors, podiatrists, optometrists, dentists, psychologists, nurse practitioners, physician assistants, and accredited religious practitioners whose licenses are in good standing with California licensing authorities[30].

Statutory Components Addressing Eligibility

The statutory eligibility framework reflects a multi-factor test that applicants must satisfy. UIC Section 2627 establishes that a disabled individual is eligible to receive disability benefits equal to one-seventh of the weekly benefit amount for each full day during which the individual is unemployed due to disability only if: the director determines that the individual has made a claim for disability benefits as required by authorized regulations; the individual has been unemployed and disabled for a waiting period of seven consecutive calendar days during each disability benefit period (with exceptions for subsequent claims within 60 days of initial claims); the individual has submitted to reasonable examinations as the director may require; and the individual has filed the required medical certificate[27]. The seven-day waiting period operates as a gatekeeping mechanism: while the waiting period does not reduce the total benefit amount available, claimants cannot receive compensation for the initial seven days of disability, and the "first payable day" is the eighth day of the claim[13][13].

UIC Section 2610 defines the "disability base period" as a 12-month window calculated backward from the disability claim start date, with the specific quarters included determined by the month in which disability began[34]. This base period definition is not subject to alteration by the claimant, and once a valid claim is established, the base period cannot be adjusted, creating significant implications for workers whose earnings have fluctuated or whose employment has been sporadic[2][2][2][2].

The statutory minimum earnings requirement, codified in multiple sections, requires that a claimant have earned at least \$300 in wages subject to SDI tax during the applicable base period[1][2][4][1][2][17]. The "taxable wage ceiling" that previously capped the amount of wages subject to SDI contributions was eliminated effective January 1, 2024, through Senate Bill 951, meaning that all wages are now subject to the 1.3% employee contribution rate (as of 2026), and the maximum weekly benefit amount for 2026 is \$1,765[10][10]. This represents a substantial expansion from the prior regime, which capped contributions and benefits.

Wage Computation and Base Period Determination

The statutory methodology for calculating weekly benefit amounts, codified in UIC Section 2651 and implemented through regulatory provisions and EDD policy, directs that the weekly benefit amount be calculated as either 70%, 80%, or 90% of the average weekly wage, depending on income level, with a statutory maximum[2][2][2][2]. For workers whose highest quarterly earnings fall between \$722.50 and \$16,279.90 (annual earnings approximately \$2,890 to \$65,119.60), the benefit replaces 90% of weekly wages[2][2][2][2]. For workers with higher quarterly earnings, the replacement rate decreases, reaching 70% for those with quarterly earnings exceeding \$20,931.31, subject to the weekly maximum of \$1,765 in 2026[2][2][2][2].

The base period is divided into four consecutive calendar quarters, and the weekly benefit is calculated using the quarter with the highest earnings within that base period[2][2][2][2]. For claims beginning in 2026 between January and March, the base period is the 12-month period ending September 30 of the preceding year[2][2][2][2]. For claims beginning April through June, the base period ends December 31; for July through September claims, March 31; and for October through December claims, June 30[2][2][2][2]. The base period does not include wages paid at the time the disability begins, which prevents workers from inflating their base period with contemporaneous earnings[2][2][2][2].

Medical Certification Requirements

UIC Section 2708 establishes the statutory framework requiring medical certification for all disability claims. The statute mandates that claimants establish medical eligibility for disability benefits by filing a claim supported by a certificate from a treating physician or practitioner that establishes the sickness, injury, pregnancy, or family member condition warranting employee care[64]. The certificate must contain a diagnosis and diagnostic code from the International Classification of Diseases, or if no diagnosis has been made, a detailed statement of symptoms[64]. The certificate must also contain statements of medical facts including secondary diagnoses, information demonstrating the physician's or practitioner's conclusion regarding disability, and the physician's or practitioner's opinion regarding expected duration of disability[64].

Licensed professionals authorized to certify include medical and osteopathic physicians, authorized medical officers of U.S. government facilities, chiropractors, podiatrists, optometrists, dentists, psychologists, nurse practitioners, physician assistants, licensed midwives or nurse-midwives for pregnancy-related conditions, and accredited religious practitioners[1][1][18]. The midwife and nurse-midwife authorization was specifically modified by Senate Bill 667 effective January 1, 2024, expanding their scope to certify disabilities related to normal pregnancy, childbirth, and postpartum conditions consistent with their professional licensing scope[7]. Certifications must be signed by the professional and submitted within 49 days of the disability start date, or the claim may be disqualified[1][1][11][18][13][13]. The 49-day deadline is strict and does not extend, though the EDD may waive the deadline in limited circumstances involving "good cause."

Integration with Other Benefit Systems

UIC Section 2629 addresses the coordination or integration of SDI benefits with other income sources. When a claimant is receiving workers' compensation benefits for the same period, the SDI benefit is reduced by the workers' compensation amount received, preventing double recovery[6][3][8][49]. However, if the workers' compensation benefit is less than the SDI benefit amount, the claimant may receive the difference, creating an

integration mechanism where SDI functions as a supplemental benefit[6][3][8]. If the EDD pays SDI benefits while a workers' compensation claim is pending, the SDI payments create a lien against any workers' compensation award, and upon settlement, the employer's workers' compensation insurer reimburses the SDI fund[6][3][8].

II. Eligibility Requirements and Qualifying Conditions

Primary Eligibility Criteria

The statutory and regulatory framework establishes a multi-component eligibility test that all applicants must satisfy. First, the claimant must be unable to perform regular or customary work for at least eight consecutive calendar days[1][4][1]. This requirement is not a permanence threshold; rather, it establishes a minimum duration for the disability. A worker disabled for only three days does not qualify, but a worker disabled for eight consecutive days does, regardless of whether recovery is expected within weeks[1][4][1].

Second, the claimant must have lost wages because of the disability[1][4][1]. This requirement creates the "unemployment" component of the disability benefit. A worker who is disabled but continues to receive full wages (through sick leave, paid leave, or employer-provided continuation of pay) is not "losing wages" and therefore does not qualify for DI benefits, though the worker's leave credits might be integrated with DI benefits if the employer so chooses[49][57]. Part-time workers, intermittent workers, and workers on reduced schedules can qualify for DI benefits if they are losing wages; the statute does not require that a worker be completely unable to work, only that the worker cannot perform regular or customary work[1][4][1][36][57]. A worker who normally works 40 hours per week but can only work 10 hours per week due to disability is losing wages and may be eligible[36][57].

Third, the claimant must have been employed or actively looking for work at the time the disability began[1][4][1]. This requirement excludes individuals who are already unemployed and searching for work; the statute reaches only those with active employment connections at disability onset. The "actively looking for work" language accommodates workers between jobs, but the regulatory implementation has narrowed this provision in practice[1][4][1].

Fourth, the claimant must have earned at least \$300 in wages from which SDI contributions were withheld during the applicable base period[1][4][1][17]. The statutory minimum is absolute; a worker with \$299 in base period wages, no matter how disabled or how long the disability lasts, cannot establish a valid claim under the standard base period[1][4][1][17]. However, workers who do not meet the \$300 threshold in the standard base period may request a special base period under specific circumstances: if the claimant was actively seeking work for 60 or more days during one quarter of the base period, that quarter can be excluded and replaced with a later quarter; if the base period was negatively affected by military service, industrial disability, trade dispute, or long-term unemployment; or if the claimant can establish a valid claim using a later beginning date[2][2][2][2][2].

Fifth, the claimant must be under the care and treatment of a licensed health professional within the first eight days of disability and must remain under such care and treatment to continue receiving benefits[1][4][1][18]. "Under care and treatment" does not require ongoing in-person visits; it means the professional has examined the claimant, established a medical relationship, and is monitoring the disability condition[1][4][1][18][9]. Telemedicine and virtual visits satisfy this requirement[1][4][1][18][9].

Qualifying Disabling Conditions

The statute defines disability to include illness or injury, either physical or mental; elective surgery; pregnancy, childbirth, and pregnancy-related conditions; and, under certain restrictions, alcohol or drug rehabilitation[1][4][1][18][15]. The breadth of this definition reflects the statute's non-punitive approach to the types of conditions that can trigger benefits.

Non-Work-Related Illness and Injury

The foundational qualifying condition is the inability to work due to non-work-related illness or injury, whether physical or mental[1][4][1]. Mental health conditions, including depression, anxiety, and other psychiatric disorders, qualify if certified by a physician, psychologist, or licensed mental health professional within the authorized practitioner categories[1][4][1][18]. The critical limitation is that the illness or injury

must be non-work-related; if the condition arose out of or in the course of employment, it falls under workers' compensation, not SDI[1][4][8][45].

Pregnancy and Childbirth Conditions

Pregnancy-related disability constitutes a distinct qualifying category. Without medical complications, a claimant can receive benefits up to four weeks before the estimated delivery date and up to six weeks after delivery[22]. If delivery involves cesarean section, the post-delivery period extends to eight weeks[22]. If medical complications exist, the certifying health professional may extend the pre- or post-delivery periods based on medical necessity[22]. Pregnancy-related conditions that prevent work-such as gestational diabetes, preeclampsia, or conditions requiring bed rest-qualify for DI benefits even if the claimant is not yet at the delivery stage[1][4][1][22]. The statute explicitly recognizes that pregnancy can create a disabling condition separate from the delivery itself, permitting claimants to stop work if medical conditions of pregnancy prevent performance of regular duties[1][4][1][22].

Elective Surgery

Elective surgery-any planned surgical procedure not required by emergency-qualifies as a disabling condition[1][4][1][18]. Common examples include joint replacement surgery, cosmetic procedures with recovery periods, and planned orthopedic procedures[1][4][1][18]. The statute does not distinguish between medically necessary elective procedures and those performed for other reasons; the availability of the procedure at the election of the patient, rather than emergency presentation, is the determining factor.

Substance Abuse and Rehabilitation

Alcohol and drug rehabilitation constitutes a qualifying disabling condition under limited circumstances. The claimant must be receiving treatment at a facility licensed and certified by the state in which the facility is located, and benefits are payable only for a limited time period during the rehabilitation stay[1][4][18][15]. The statute does not define the specific duration, but regulations and policy guidance limit these benefits to prevent indefinite coverage of rehabilitation stays[1][4][18][15].

Explicit Eligibility for Undocumented Workers

The statute and implementing regulations expressly state that citizenship and immigration status do not affect eligibility for DI or PFL benefits[1][4][1][12][13][13]. This provision creates a critical avenue for wage replacement for undocumented workers, who otherwise face exclusion from most public benefits. An undocumented worker who meets all other eligibility criteria-\$300 in base period wages with SDI contributions withheld, inability to work for at least eight days, loss of wages, and medical certification-qualifies for full benefits without proving work authorization[1][4][1][12][13][13].

The only restriction on undocumented workers relates to the application process: if a worker does not have a Social Security Number (SSN) that is their own, they must apply using a paper form rather than the online SDI Online system, as the online system requires an SSN field[12]. An undocumented worker may apply for benefits using an Individual Identification Number (ITIN) or may leave the SSN field blank on the paper form[12]. When submitting a paper claim without an SSN, the worker should attach a letter explaining that they do not have an SSN and provide proof of wages through other documentation, such as W-2 forms, paystubs, or other employer records[12]. The EDD has confirmed that undocumented workers do not need to provide documentation that the SSN is their own from the Social Security Administration[12].

III. The Claim Process: Filing, Medical Certification, and Processing Timelines

Initial Claim Filing: Timing and Procedures

The statutory and regulatory framework establishes strict timelines for claim filing. A claimant may file a claim beginning on day one of disability but should not file until day nine to avoid processing delays[11][13][13][13]. Most critically, the claim must be filed no later than day 49 after the disability begins[11][13][13][13]. The 49-day deadline is virtually absolute; missing this deadline results in disqualification unless the claimant can demonstrate "good cause" for late filing[11][13][13][13]. "Good cause" is interpreted narrowly and typically requires circumstances beyond the claimant's control, such as hospitalization, language barriers with documented efforts to obtain assistance, or other compelling circumstances[11][13][13][13].

The claim start date—the date the disability actually began, not the filing date—determines which base period applies and cannot be changed after a valid claim is established[13][13][13]. A worker who became disabled on March 1 but did not file until May 15 cannot backdate the claim start date to May 15; the claim will be processed with a start date of March 1, establishing the applicable base period at that earlier date[13][13][13]. This timing is critical because it affects benefit amounts, the duration of eligibility, and the base period calculation.

Claimants have two filing options: online through SDI Online (the recommended method) or by paper form[11][13][13][38][13]. Online filing through SDI Online requires registration through myEDD, which involves identity verification through ID.me, a third-party identity verification service[38][41]. The myEDD account system is available 24 hours per day, seven days per week, allowing asynchronous filing without regard to EDD office hours[38][41]. For claimants filing online, the process involves: creating a myEDD account; registering for SDI Online with ID.me verification; selecting "New Claim"; choosing "Disability Insurance"; and completing each section with employment history, disability information, and expected recovery information[38]. Claimants receive a receipt number upon completion, which they must provide to their health professional for medical certification[38].

Paper filing requires completing the Claim for Disability Insurance Benefits (DE 2501), which is a two-part form: Part A (Claimant's Statement) completed by the worker, and Part B (Physician/Practitioner's Certificate) completed by the health professional[11][54]. Paper forms can be obtained by ordering online (allowing 10 days for receipt), visiting an SDI office, requesting a form from the health professional's office, or calling 1-800-480-3287[11][54]. The paper form must be mailed to the EDD using the pre-addressed envelope provided[11][54]. While paper filing remains an option, the EDD discourages it due to longer processing times and encourages online filing whenever possible[11][13][38][13].

Medical Certification: The Critical Bottleneck

The claim cannot be processed as complete until the EDD receives both Part A (completed by the claimant) and Part B (medical certification)[9][13][9][13]. This requirement creates a dependency on healthcare provider responsiveness. The claimant's responsibility extends to ensuring the health professional completes and submits the medical certification no later than 49 days after disability begins[9][13][13][9][13]. If the health professional misses this deadline, the claim may be disqualified, even if the claimant filed timely[9][13][13][9][13].

Health professionals can submit Part B through SDI Online using their own registration (which requires medical license verification through ID.me) or by completing the paper form[9][13][9]. If the health professional submits online, the EDD can process the certification immediately upon receipt[9][13][9]. If submitted by mail, the EDD should receive and process the form within 14 calendar days, but mail delays can extend this timeline[11][13][9]. Upon online submission by the health professional, the EDD begins its eligibility determination process[9][13][9].

The medical certification must include specific elements to be accepted: a diagnosis with an International Classification of Diseases (ICD) code, or if diagnosis is pending, a detailed statement of disabling symptoms; statement of medical facts including secondary diagnoses; physician's or practitioner's conclusion regarding disability; statement of expected duration of disability; and the practitioner's original, wet signature with date in the format MMDDYYYY[7][9]. Submission of "unknown" or "indefinite" as the recovery date is insufficient and may trigger an Independent Medical Examination (IME) or request for supplementation[7][9][9]. The health professional may be charged a fee for completing the certification, and the EDD has confirmed that no law prohibits this fee[47].

Processing Timeline and Eligibility Determination

Once the EDD receives a properly completed claim (both Part A and Part B), the processing timeline is 14 calendar days for initial eligibility determination[13][13][13]. However, this timeline can vary if the claim requires additional information, is incomplete, or involves communications with the employer or health professional[13][13][13]. If the claim is complex or involves issues requiring clarification, the EDD may contact the claimant, employer, or health professional for supplementation[13][13][13].

During the processing period, the EDD sends a Notice of Computation (DE 429D), which informs the claimant of the estimated weekly benefit amount based on base period earnings[13][13]. Receiving the Notice

of Computation does not confirm eligibility; it is an estimate pending final determination[13][13]. If the EDD determines the claimant is eligible, it sends an Electronic Benefit Payment Notification (DE 2500E) with information about the first benefit payment[13][13]. If the EDD determines the claimant is ineligible, it sends a Notice of Determination (DE 2517) explaining the ineligibility reason and an Appeal Form (DE 1000A)[16][13][13].

The Seven-Day Waiting Period

Upon approval, the claimant must serve an unpaid seven-day waiting period (calendar days, not business days) before receiving any payment[13][13][13]. The first payable day is the eighth day of the claim[13][13][13]. This waiting period is mandatory and cannot be waived, though it does not reduce the total benefit amount available to the claimant; it simply delays the first payment[13][13][13]. If a claimant becomes disabled on Monday, January 6, the waiting period spans January 6 through January 12, and the first payable day is January 13[13][13][13].

IV. Benefit Calculation Methodologies and Maximum/Minimum Amounts

Weekly Benefit Amount Calculation: The Income Tiers

The weekly benefit amount (WBA) is calculated using a tiered system based on the claimant's highest quarterly earnings within the applicable base period[2][2][2][2]. The EDD has established specific income thresholds with corresponding replacement rates:

For annual income up to \$1,199.96 (quarterly earnings less than \$300), the claimant is not eligible-this is the statutory minimum earnings threshold[2][2][2][2]. For annual income between \$1,200 and \$2,889.96 (quarterly earnings \$300 to \$722.49), the weekly benefit amount is \$50, the statutory minimum[2][2][2][2]. For annual income between \$2,890 and \$65,119.60 (quarterly earnings \$722.50 to \$16,279.90), the weekly benefit replaces 90% of weekly wages[2][2][2][2]. For annual income between \$65,119.64 and \$83,725.20 (quarterly earnings \$16,279.91 to \$20,931.30), the weekly benefit is approximately \$1,127[2][2][2][2]. For annual income exceeding \$83,725.24 (quarterly earnings \$20,931.31 or more), the weekly benefit is 70% of weekly wages, up to the statutory maximum of \$1,765 per week in 2026[2][2][2][2].

The calculation methodology works as follows: the EDD identifies the quarter with the highest earnings within the 12-month base period; calculates the average weekly wage for that quarter by dividing total quarterly earnings by 13; applies the appropriate percentage replacement rate; and rounds to the nearest dollar[2][2][2][2]. For example, a claimant with highest quarterly earnings of \$12,000 (equating to approximately \$923 weekly) would receive 90% of that weekly amount, or approximately \$831 per week[2][2][2][2].

Maximum and Minimum Weekly Benefit Amounts

The statutory minimum weekly benefit amount is \$50 per week[1][2][4][10][25][25]. Every claimant who qualifies with \$300 in base period wages and meets all other eligibility criteria is entitled to at least \$50 per week, even if their calculated benefit amount would be less[1][2][4][10][25][25]. The statutory maximum weekly benefit amount for 2026 is \$1,765 per week[10][10]. This represents the absolute maximum payment regardless of prior earnings; a worker earning \$200,000 per year still receives only \$1,765 per week[10][10]. The maximum WBA adjusts annually based on a statutory formula to maintain fund solvency[10][10].

Duration of Benefits and Maximum Total Payable

A claimant can receive DI benefits for a maximum of 52 weeks (one year) within a benefit period[1][4][18][13][13]. This is not a rolling 52-week window; it is 52 weeks from the start of the disability claim[1][4][18][13][13]. The 52-week limitation is measured from the claim start date, not from the first payable day after the waiting period; the seven-day waiting period is counted toward the 52-week total[1][4][18][13][13]. Thus, a claimant with a year-long disability receives up to 52 weeks of payments (minus the unpaid waiting week), equaling a maximum of 51 weeks of paid benefits[1][4][18][13][13].

The maximum benefit amount is calculated by multiplying the weekly benefit amount by 52 weeks[1][2][4][10][18][13][13]. For a claimant with a WBA of \$1,000 per week, the maximum total benefit is \$52,000[1][2][4][10][18][13][13]. However, the maximum cannot exceed the total base period wages earned;

if a claimant earned \$30,000 during the base period, the maximum benefit is limited to \$30,000, even if the calculated WBA times 52 weeks exceeds that amount[1][4][18][13][13].

Wage Integration and Non-Conflicting Wages

If an employer continues to pay the claimant during the disability period through sick leave, vacation pay, paid time off, or other leave credits, the DI benefit may be reduced or coordinated[49][57][68]. The integration mechanism, governed by regulatory provisions addressing "non-conflicting wages," allows the employer to supplement DI benefits using employer-provided leave credits, provided that the combined amount does not exceed the claimant's regular weekly wages[49][57][68]. For example, a worker earning \$1,000 per week with a \$600 WBA would have a \$400 weekly wage loss; the employer could provide \$400 in leave pay, combined with the \$600 DI benefit, to restore the claimant to \$1,000 per week[49][57][68].

Employers are not required to provide wage integration; if the employer does not integrate wages, the DI benefit may be reduced by the amount of any leave pay received[49][57][68]. The worker is responsible for reporting all wages, leave, and other compensation to the EDD, and failure to do so constitutes fraud[49][57][68]. The Integration of Benefits provisions are codified in Title 22 regulations and EDD policy guidance, with specific procedures for employers and employees to declare integration arrangements[49][57][68].

Calculation of Partial WBA for Part-Time Work

A claimant who returns to part-time or reduced-hour work during the disability period may receive a partial WBA if the part-time wages are less than the regular weekly wages, provided that the part-time work wages plus the WBA do not exceed regular wages[2][2][2][2][57][68]. The EDD provides a detailed example: if a claimant normally earns \$1,000 per week, receives a \$600 WBA, returns to part-time work earning \$500 per week, the total ($\$500 + \$600 = \$1,100$) exceeds the regular \$1,000 weekly wage by \$100, and thus the claimant receives only \$500 WBA (the reduction eliminates the excess)[2][2][2][2]. If instead the claimant earns \$300 in part-time work while on a \$600 WBA, the total ($\$300 + \$600 = \900) does not exceed the regular \$1,000, so the claimant receives the full \$600 WBA[2][2][2][2]. The claimant must report all part-time wages and work status to the EDD to avoid overpayments[2][2][2][2][57][68].

V. Paid Family Leave (PFL) and Integration with Disability Insurance

Statutory Basis and Qualifying Conditions for PFL

The Paid Family Leave program, also authorized under the SDI statutory framework and administered by the EDD, provides benefit payments for specified family caregiving needs. PFL is distinct from DI but operates under similar eligibility and benefit calculation principles[1][4][25][25][15]. A claimant may receive PFL benefits for up to eight weeks within a 12-month period[1][25][25][15]. PFL covers three categories of family-related leave: bonding with a new child (through childbirth, adoption, or foster care placement); caring for a seriously ill family member (parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner); and supporting a family member in the U.S. armed forces who is deploying to a foreign country[1][25][25][15].

For bonding leave, birth mothers can transition from pregnancy disability benefits directly to PFL bonding benefits; other parents (fathers and non-birth mothers) and adoptive/foster parents can file for bonding PFL without a prior pregnancy disability claim[1][25][25][15]. For care leave, the family member must have a serious health condition, and the claimant's care must be warranted-meaning physical assistance and/or psychological comfort are necessary and the employee's participation is appropriate[1][25][25][15][67]. For military assistance leave, the qualifying event must be overseas military deployment or rest and recuperation leave from a foreign duty location, and the claimant must take time for qualifying activities such as arranging childcare, handling legal/financial matters, attending counseling, or attending military-related ceremonies[46][47].

Eligibility Requirements for PFL

Eligibility for PFL mirrors DI eligibility in many respects but contains some distinct requirements[1][25][25][15]. The claimant must have earned at least \$300 and paid into State Disability Insurance in the last 18 months (not the base period)[1][25][25][15]. The claimant must be unable to do regular work and have lost wages because of the need for family leave[1][25][25][15]. The claimant must be

employed or actively looking for work when family leave starts[1][25][25][15]. Unlike DI, PFL does not have a mandatory waiting period if the claimant is bonding with a child or providing care within the same 12-month period as a prior PFL claim; the waiting period applies only to the first PFL claim within a new 12-month period or to the first claim period in general[1][25][25][15].

Citizenship and immigration status do not affect PFL eligibility[1][25][25][15]. Undocumented workers can apply for PFL using the same paper claim procedures available for DI[1][12][25][25][15].

Benefit Calculation and Duration for PFL

The weekly benefit amount for PFL is calculated identically to the DI WBA, using the same base period, earnings history, and percentage replacement rates[1][25][25][15]. The minimum weekly benefit is \$50 and the maximum is \$1,765 per week in 2026[1][25][25][15]. However, PFL has an aggregate limitation: the claimant can receive only eight weeks of benefits in any 12-month period combined across all three PFL categories[1][25][25][15]. If a claimant takes four weeks of bonding leave and then uses five weeks of care leave within the same 12-month period, the total is nine weeks, but the claimant receives only eight weeks of total benefits (one week is unpaid)[1][25][25][15].

Transition from DI Pregnancy Disability to PFL Bonding

The statutory framework creates a seamless transition for workers with pregnancy-related disability moving to postpartum bonding leave. When a claimant's DI pregnancy disability ends (typically six weeks postpartum without complications), the EDD automatically sends a Claim for Paid Family Leave Benefits-New Mother (DE 2501FP) form[22][25][25]. The claimant completes and submits this form to establish a PFL bonding claim, which can commence immediately after the DI pregnancy disability period ends, providing up to eight weeks of additional family leave benefits[22][25][25][15]. This transition allows a birth mother who was disabled four weeks before delivery and six weeks after delivery (through DI) to potentially claim up to eight weeks of PFL bonding leave after her DI benefits terminate, providing extended family leave support[22][25][25][15].

San Francisco Paid Parental Leave Ordinance and Supplemental Requirements

San Francisco Municipal Code sections 12R et seq. (the Paid Parental Leave Ordinance) impose additional requirements on employers in San Francisco. When an employee receives PFL benefits for bonding with a new child through childbirth, adoption, or foster care placement, the San Francisco ordinance requires the employer to pay supplemental wages up to 100% of the employee's regular pay during the PFL period[25][59]. This means that an employee in San Francisco receiving \$600 per week in PFL benefits from a \$1,000 regular weekly wage would receive an additional \$400 per week from the employer, totaling \$1,000 per week (100% of regular pay)[25][59]. This local ordinance significantly expands the family leave benefit for San Francisco-based workers and creates a distinct regime from the state SDI/PFL programs[25][59].

VI. Overpayments, Fraud, Penalties, and Recovery Mechanisms

Statutory Definition and Classification of Overpayments

An overpayment occurs when a claimant receives benefits in excess of the amount for which the claimant was eligible[37][40][37][55]. Overpayments are classified as either fraud or non-fraud[37][40][37][55]. A fraud overpayment arises when the claimant intentionally provides false information or withholds information; a non-fraud overpayment results from circumstances not attributable to intentional misconduct by the claimant[37][40][37][55]. The distinction is critical because it determines the penalty imposed and the offset mechanisms applied[37][40][37][55].

Common causes of overpayments include: incorrectly reporting wages during benefit certification, causing excessive benefits; failure to report return to work, resulting in continued payment after work resumption; failure to report receipt of leave pay or other compensation, resulting in overpayment relative to wage-loss eligibility; failure to report workers' compensation benefits received concurrently; and failure to report receipt of other disability benefits[37][40][37][55]. The claimant bears the obligation to report all such information; failure to do so, even if unintentional, can trigger overpayment findings[37][40][37][55].

Fraud Overpayments and Penalties

If the EDD determines that an overpayment resulted from intentional false statements or withholding of material information by the claimant, the overpayment is classified as fraud[37][40][37][55]. Fraud overpayments carry severe consequences: the claimant must repay the full overpayment amount plus a 30% penalty in addition to that amount[37][40][37][55]. Additionally, the claimant may be disqualified from receiving future benefits for up to 23 weeks from the date of the fraud determination[37][40][37][55]. For example, a claimant who intentionally failed to report return to work and received \$3,000 in overpaid benefits would owe \$3,000 plus \$900 in penalties (30% of \$3,000), totaling \$3,900, and might be ineligible for new DI or PFL claims for 23 weeks[37][40][37][55].

Non-Fraud Overpayments and Waiver Eligibility

Non-fraud overpayments, those resulting from circumstances not involving the claimant's intentional misconduct, may be subject to a waiver under EDD policy[37][40][37][55]. The EDD will send a Notice of Potential Overpayment (DE 1447) and, if waiver eligibility appears possible, an Application for Overpayment Waiver (DE 1446) or Personal Financial Statement (DE 1446 for UI, or equivalent for DI)[37][40][37][55]. The claimant must complete and return the waiver application within a specified period (typically 14-15 days for DI/PFL) to be considered for a waiver[37][40][37][55].

The EDD reviews gross family income from the preceding six months to determine whether repaying the overpayment would cause "extraordinary hardship"[37][40][37][55]. If the claimant's average monthly household income falls at or below specified thresholds (which vary by household size and are adjusted periodically), the claimant may qualify for a full or partial waiver[37][40][37][55]. A claimant with an overpayment of \$2,000 but household income insufficient to absorb repayment might receive a waiver of the full amount, eliminating the obligation to repay[37][40][37][55].

Recovery Mechanisms and Offset Procedures

If a non-fraud overpayment is not waived, or if a fraud overpayment is established, the EDD pursues recovery through multiple mechanisms. The primary mechanism is the benefit offset: for non-fraud overpayments, the EDD offsets 25% of the claimant's weekly DI or PFL benefit payments until the overpayment is repaid; for fraud overpayments, the EDD offsets 100% of weekly benefit payments until the full amount is recovered[40][37][55]. The offset continues until the balance is satisfied[40][37][55].

Secondary mechanisms include tax offset, where the EDD withholds state and federal income tax refunds; lottery offset, where lottery winnings are intercepted; and offset of other state payments owed to the individual[40][37][55]. If the claimant does not repay voluntarily or through offsets, the EDD may file a summary judgment against the claimant in court, recording a lien on the claimant's property, issuing an earnings withholding order to the employer, or issuing a bank levy[40][37][55]. An earnings withholding order requires the employer to withhold up to 20% of wages and submit the amount to the EDD[40][37][55]. Repayment in full is required to satisfy such orders[40][37][55].

Statutory Prohibition on Fraud and Enforcement

UIC Section 2708.2 prohibits any person from knowingly presenting false or fraudulent statements in support of a claim, whether in writing or orally, or knowingly certifying falsely to a condition of medical eligibility[64][65]. Violation of this prohibition constitutes a misdemeanor punishable by imprisonment, fines, or both[64][65]. The statute creates criminal exposure for claimants, practitioners, and any person assisting in making false statements[64][65].

VII. Continuation of Benefits, Extension, and Termination of Claims

Continued Claim Certification Requirements

Once a claimant begins receiving DI benefits and is placed on automatic payment (the EDD's default), the claimant does not need to submit continued claim forms every week; instead, the EDD periodically sends a Disability Claim Continuing Eligibility Questionnaire (DE 2593) after 10 weeks of automatic payments[13][33][36][33][13][68]. The claimant must complete and return the DE 2593 within 20 days of the mailing date to certify that disability continues[13][33][36][33][13][68]. If the form is returned late or not at all, benefits will stop[13][33][36][33][13][68].

For claimants not on automatic payment, the EDD sends a Claim for Continued Disability Benefits (DE 2500A) every two weeks[13][33][36][33][13][68]. The claimant must complete and return the DE 2500A within 20 days of receiving it, certifying that disability continues for the covered dates[13][33][36][33][13][68]. Failure to timely return the form results in benefit termination[13][33][36][33][13][68]. Both forms require the claimant to: report whether disability continues; report any wages received from any source (including part-time work, bonuses, residuals, commissions, etc.); report receipt of workers' compensation benefits; report any changes in address or contact information; and certify the information under penalty of perjury[13][33][36][33][13][68].

Requirements for Reporting Wages and Work Status

The claimant must report specific categories of wages and income while receiving DI benefits[68]. These include sick leave pay, paid time off, self-employment income, military pay, commissions, any wages including from modified duty work, residuals, part-time work income, bonuses, workers' compensation benefits, insurance settlements, and holiday pay[68]. Failure to report any of these wage sources constitutes fraud if intentional, even if the unreported amounts would not have changed the benefit calculation[68]. The claimant must also report if returning to any work, whether full-time or part-time, and provide the date of return[68].

The EDD explicitly warns that failure to report income or changes in work status could result in overpayments, penalties, and "false statement disqualification"-a period of ineligibility for future benefits[68]. The disqualification period for fraud-related issues can extend 23 weeks[37][40][37][55].

Extension of Benefit Period: Medical Certification

If a claimant has not fully recovered and disability extends beyond the initial recovery date estimated by the treating physician, the claimant may extend the DI benefit period by obtaining a physician's supplementary certification[33][33]. With the final benefit payment, the EDD sends a Physician/Practitioner's Supplementary Certificate (DE 2525XX)[33][33]. The physician or practitioner completes this form to certify continued disability beyond the initially estimated recovery date[33][33]. The DE 2525XX must be returned within 20 days of the mailing date, or the opportunity to extend is lost[33][33]. If returned timely and the extended disability is supported by medical evidence, benefits resume after the initial recovery date, potentially extending coverage up to the 52-week maximum[33][33].

Termination of Benefits: Return to Work and Recovery

The claimant must notify the EDD when returning to work (full-time or part-time) or when fully recovered[13][33][33][13][68]. If the claimant is on automatic payment, the Notice of Automatic Payment (DE 2587) should be signed and returned, indicating the date of return to work or recovery[13][33][33][13]. For claimants receiving continued claim forms (DE 2500A or DE 2593), return to work status is reported in the appropriate section of the form[13][33][33][13][68]. The claimant should promptly report return to work to avoid overpayments; continued claims submitted after return to work, certifying disability, constitute fraud if the claimant knew the disability had ended[13][33][33][13][68].

The EDD sends final payment notices when the 52-week benefit period expires or when the physician indicates expected recovery, even if the claimant remains disabled but benefit eligibility has ended[33][33][13]. Upon final payment, benefits terminate automatically[33][33][13].

VIII. Appeal Rights and Procedures

Initial Determination and Appeal Rights

If the EDD denies a claim for DI or PFL benefits, the claimant receives a Notice of Determination (DE 2517 for DI; DE 2514 for PFL) and an Appeal Form (DE 1000A)[16][13][55]. The claimant has the right to appeal any eligibility determination, including denials of initial claims, denials of continued benefits, or reductions in benefit amounts[16][13][55]. The appeal must be submitted in writing within 30 days of the mailing date on the Notice of Determination[16][13][55]. The 30-day deadline is strict; an appeal submitted on day 31 is late[16][13][55].

If the claimant misses the 30-day deadline, the appeal can still be filed, but the claimant must explain why the deadline was missed[16][13][55][19]. An Administrative Law Judge (ALJ) will review the explanation and

determine whether "good cause" exists for the lateness[16][13][55][19]. If good cause is found, the appeal proceeds; if not, the appeal is dismissed[16][13][55][19][62]. Good cause is interpreted narrowly and typically requires circumstances beyond the claimant's control[16][13][55][19][62].

Appeal Filing Options and Form Completion

The claimant can appeal either electronically (through the UI Online or SDI Online system) or by mail[16][13][55][19]. The Appeal Form (DE 1000A) or equivalent must include: full printed name; DI Claim Identification (ID) Number or EDD Customer Account Number; Social Security number; address; phone number; detailed explanation of why the claimant believes he or she is eligible; any missing documents or information supporting the claim; request for language assistance or special accommodations; signature; and date[16][13][55][19].

Processing of Appeals and Notice of Hearing

After the appeal is submitted, the EDD reviews it. If the EDD determines that it made an error or that the claimant has submitted additional evidence establishing eligibility, the EDD may reverse the denial and issue a favorable determination[16][13][55]. If the EDD does not reverse the denial, the appeal is forwarded to the California Unemployment Insurance Appeals Board, Office of Appeals[16][13][55]. The Office of Appeals schedules a hearing before an Administrative Law Judge[16][13][55]. The claimant receives written notice of the hearing date, time, location, and phone number for the appeals office[16][13][55][19].

Administrative Law Judge Hearing Procedures

The ALJ hearing is a formal proceeding at which both the claimant (or a representative on the claimant's behalf) and an EDD representative present evidence and arguments[16][13][55][19]. The claimant may bring documents, witnesses, or experts to support the claim[16][13][55][19]. The claimant may bring an attorney, family member, advocate, or other representative to assist[16][13][55][19]. Attendance is mandatory; if the claimant fails to appear at the scheduled hearing, the appeal may be dismissed[16][13][55][19].

ALJ Decision and Further Appeal

The ALJ issues a written decision addressing the facts presented, the legal standards, and the determination[16][13][55][19]. If the ALJ finds in favor of the claimant, any denied benefits are awarded, and back benefits (benefits for the denial period) are paid[16][13][55][19]. If the ALJ agrees with the EDD's denial, no benefits are awarded for the denied period[16][13][55][19]. If benefits were paid pending appeal (under certain conditions), the claimant may be required to repay those benefits[16][13][55][19].

A claimant dissatisfied with the ALJ decision may file a further appeal with the California Unemployment Insurance Appeals Board[16][13][55]. This level of review focuses on whether procedural or legal errors occurred in the ALJ hearing, rather than a full reconsideration of the merits[16][13][55]. The Appeals Board may affirm, reverse, or modify the ALJ's decision[16][13][55].

Right to Continue Benefits Pending Appeal

In limited circumstances, a claimant has the right to continue receiving DI benefits pending the outcome of an appeal. Specifically, if the EDD initially found the claimant eligible and paid benefits, but later denies continued benefits, the claimant may request continuation of benefits pending the appeal by submitting the Notice of Right to Continue Disability Benefits Pending Appeal (DE 6315D)[16][19][62]. This form must be received within 30 days of the denial[16][19][62]. If timely submitted, the claimant may continue receiving benefits during the appeal process, provided the claimant continues to submit continued claim certifications[16][19][62]. However, if the appeal is ultimately denied, the claimant may be required to repay benefits received during the appeal period[16][19][62].

IX. Elective Coverage and Special Programs for Self-Employed and Independent Contractors

Disability Insurance Elective Coverage (DIEC): Overview and Purpose

California law permits self-employed persons, independent contractors, and small business owners to voluntarily enroll in the Disability Insurance Elective Coverage (DIEC) program to obtain DI and PFL benefits even though they do not have employer-based SDI deduction obligations[32][35][66]. DIEC is optional; participation is not mandatory for self-employed individuals[32][35][66]. However, once elected,

DIEC participation must continue for two full calendar years, after which the individual may cancel only by submitting a written request by January 31 for effectiveness on January 1 of the following year[32][35][66].

Eligibility and Enrollment Requirements for DIEC

To participate in DIEC, an individual must: own a business, be self-employed, or work as an independent contractor; have a net profit of at least \$4,600 per year; have a valid license if the work requires one; be able to perform all normal duties on a full-time basis at the time of application; receive most income from the trade, business, or independent contract work; and have a business that is not seasonal[32][35][66]. The DIEC program covers sole proprietors, independent contractors, partnerships (general partnerships and limited liability partnerships with managing members), and general partnerships that include married couple co-owners[32][35][66].

Application for DIEC requires completion of Application for Disability Insurance Elective Coverage (DE 1378DI) or similar form, submitted to the DIEC Unit[32][35][66]. The DIEC Unit at EDD determines eligible classifications and issues a DIEC plan approval[32][35][66]. Once approved, the individual pays quarterly premiums based on net profit reported to the IRS on tax returns[32][35][66].

DIEC Contribution Rates and Premiums

For 2026, the DIEC premium rate is 8.84% of net profit reported on the previous year's IRS Form 1040 Schedule SE (self-employment income) or Schedule C (business income)[32][35][66]. The net profit threshold determines the premium: if net profit is \$4,600 or less, the annual premium is a flat fee (approximately \$406 in 2026); if net profit exceeds \$4,600, the annual premium is calculated as 8.84% of the reported net profit[32][35][66]. The premium is payable in four equal quarterly installments, due by the last day of the month following each quarter[32][35][66].

Critically, an individual who enrolls in DIEC must remain enrolled for two full calendar years; premiums must be paid even if the individual becomes unable to work due to illness or disability, and benefits will not be paid if premiums are late or unpaid[32][35][66]. After two years, the DIEC account may be canceled only during the month of January for effectiveness on January 1[32][35][66]. If net profit falls below \$4,600 for three consecutive years, the EDD may cancel the account without the individual's request[32][35][66].

DIEC Benefit Eligibility and Waiting Period

Participants in DIEC are eligible for DI and PFL benefits, but with distinct limitations compared to employee participants. First, an individual must have been enrolled in DIEC for at least six months before becoming eligible to claim benefits[32][35][66]. If the individual was previously employed as an employee subject to SDI withholding within 5-18 months before the DIEC plan began, prior employee wages may count toward establishing eligibility, potentially allowing earlier benefits[32][35][66]. Second, the individual must have paid DIEC premiums for at least four months in the prior 12 months before applying for benefits[32][35][66].

Benefits under DIEC are payable whether the disability is work-related or non-work-related, with the exception that if the individual carries workers' compensation insurance for self-employment work, workers' compensation benefits take precedence and reduce or eliminate SDI payment[32][35][66]. DIEC participants receive DI benefits for up to 39 weeks (not the 52-week standard) and PFL benefits for up to eight weeks[32][35][66].

Benefit Calculation for DIEC Participants

Benefit amounts for DIEC participants are calculated based on "income credits" derived from net profit reported on tax returns, not on actual wages earned during a base period[32][35][66]. Income credits are based on net profit from tax forms filed up to four years prior, depending on the timing of the claim, with each quarter receiving 25% of the annual net profit as credits[32][35][66]. This methodology differs from the employee DI calculation, which uses actual wages earned during the base period[32][35][66].

For example, a self-employed individual who reported \$20,000 net profit on the prior year's tax return would have quarterly income credits of \$5,000 each, and the weekly benefit would be calculated using that quarterly credit amount as the basis[32][35][66]. The minimum weekly benefit is \$50 and the maximum is \$1,765 per week in 2026, the same as employee DI[32][35][66].

X. Northern California Implementation and San Francisco-Specific Considerations

San Francisco Paid Parental Leave Ordinance (PPLO)

San Francisco's Paid Parental Leave Ordinance (S.F. Administrative Code Section 12R.1-12R.24) imposes supplemental obligations on San Francisco employers whose employees are receiving PFL bonding benefits. When an employee takes PFL leave for bonding with a new child (through childbirth, adoption, or foster care), the employer must pay supplemental wages to bring the combined EDD PFL benefit plus employer payment to 100% of the employee's regular weekly pay[59]. This obligation is distinct from the state SDI/PFL program and creates an additional local mandate[59].

For an employee earning \$1,000 per week who receives \$600 per week in EDD PFL benefits, the San Francisco employer must pay an additional \$400 per week (the difference between the PFL benefit and the regular weekly wage) to bring the total to \$1,000[59]. This San Francisco requirement significantly enhances family leave financial support in the city[59]. Employees should understand that the employer payment obligation begins when PFL bonding leave starts, and employers must track and properly classify this supplemental pay[59].

Bay Area Immigration and Access to Benefits

The EDD San Francisco Disability Insurance offices are located at 100 Montgomery Street, Suite 800; 630 Sansome Street, 4th Floor, Room 475; and the Concord Hearing Location at 1855 Gateway Blvd., Suite 850[1][4][1]. For telephonic assistance, claimants in Northern California can contact EDD at 1-800-480-3287 (English), with Spanish-language assistance available at 1-877-238-4373 for PFL-specific questions[1][4][1][25]. The EDD website provides Spanish-language forms and instructions, including the Claim for Disability Insurance Benefits (DE 2501) in Spanish (DE 2501S) and the Claim for Paid Family Leave Benefits (DE 2501F) in Spanish (DE 2501F/S)[12][25].

For undocumented workers or workers with limited English proficiency, the EDD recommends utilizing community legal organizations, worker advocacy groups, and multilingual assistants to complete applications. Undocumented workers applying without an SSN must file using the paper form; the EDD has confirmed that undocumented status does not disqualify applicants from benefits[12].

Interaction with California Family Rights Act (CFRA) and Family and Medical Leave Act (FMLA)

While DI and PFL provide wage replacement, they do not themselves provide job protection; the benefits are wage payments only[1][4][25][15]. However, federal and state family leave laws may provide concurrent job protection. The California Family Rights Act (CFRA), codified in Government Code Section 12945 et seq., provides job protection for certain qualifying reasons, including pregnancy, childbirth, serious health conditions, and family care needs[1][4][25][15]. The Federal Family and Medical Leave Act (FMLA), 29 U.S.C. Section 2601 et seq., provides similar protections for covered employers[1][4][25][15].

A worker receiving DI benefits for a non-work-related disability may simultaneously be entitled to CFRA job protection if the disability qualifies as a "serious health condition" under CFRA's definition[1][4][25][15]. Similarly, PFL bonding or care leave may coincide with FMLA-protected leave[1][4][25][15]. Workers should understand that DI/PFL benefits and CFRA/FMLA protections operate independently; one does not imply or require the other[1][4][25][15]. An employer may deny CFRA protection while still being obligated to pay SDI benefits, or vice versa[1][4][25][15].

XI. Integration with Other California Worker Benefits Programs

Interaction with Workers' Compensation: The Coordination Framework

When a worker-related injury or illness occurs, California law provides workers' compensation benefits, distinct from SDI[3][6][3][8][23]. Workers' compensation, governed by California Labor Code Section 3200-6002, provides comprehensive coverage for work-related injuries, including medical care, temporary disability (wage replacement), permanent disability awards, supplemental job displacement benefits, and death benefits[3][6][3][8][20][23][61]. Every California employer must carry workers' compensation insurance or be self-insured[3][6][3][8][20][23][61]. The state operates the State Compensation Insurance Fund as an alternative for employers unable to obtain private insurance[20][23][61].

The critical distinction: if the injury or illness is work-related, it is governed by workers' compensation, not SDI[3][6][3][8][45]. If a worker claims both workers' compensation and SDI for the same period of disability, the programs coordinate such that the worker receives the greater of the two benefits, not both in full[3][6][3][8][28][49]. Under the coordination framework, SDI benefits are reduced by workers' compensation benefits; if workers' compensation benefits are less than SDI benefits, the claimant receives the difference[3][6][3][8][28][49].

If the EDD initially pays SDI benefits while a workers' compensation claim is pending (because the injury's work-relatedness is unclear), the EDD files a lien against any subsequent workers' compensation award[3][6][3][8][28][49]. Upon workers' compensation settlement or award, the insurer reimburses the SDI fund, and the worker's net benefit is not doubled[3][6][3][8][28][49].

Unemployment Insurance (UI) and DI/PFL: Mutual Exclusivity

A worker cannot simultaneously receive Unemployment Insurance (UI) and DI or PFL benefits for the same period[1][4]. DI and PFL are not unemployment benefits; they are disability or family leave benefits[1][4]. A worker receiving DI because unable to work due to disability is not available for work and does not qualify for UI[1][4]. Conversely, a worker collecting UI benefits (indicating availability and active job search) cannot simultaneously collect DI benefits[1][4]. The programs are mutually exclusive[1][4].

However, a worker may transition from DI to UI if the worker recovers and becomes unemployed; the same wages used to establish a DI claim may be used to establish a UI claim if those wages fall within the base period of the new UI claim[1][4][64].

Medi-Cal Coverage and Healthcare Coordination

DI and PFL provide wage replacement only; they do not provide health insurance or medical coverage[1][4][1][25][25][15]. A worker receiving DI must maintain separate health insurance (through private coverage, employer-sponsored plans, or Medi-Cal) to cover medical expenses during the disability period[1][4][1][25][25][15]. The worker is responsible for all medical expenses and must secure healthcare separately[1][4][1][25][25][15].

Medi-Cal, California's Medicaid program, provides health coverage to qualifying low-income individuals. Many workers receiving DI may be eligible for Medi-Cal, particularly if disability has reduced income below Medi-Cal thresholds. DI claimants should apply for Medi-Cal through the county social services office or CalWORKS program to ensure health coverage during the benefit period.

XII. Practical Procedural Roadmap: Step-by-Step Implementation Timeline

Pre-Filing Preparation (Days 1-8 of Disability)

Upon becoming disabled, the worker should immediately: document the onset date and specific circumstances causing disability; contact a licensed health professional (physician, nurse practitioner, physician assistant, chiropractor, psychologist, or other authorized practitioner) and schedule an appointment within the first 8 days of disability; request that the professional complete medical certification as soon as possible; gather all employment and wage documentation, including paystubs, W-2 forms, 1099s, and any other earnings records from the past 18 months; and determine the applicable base period using the table provided by the EDD based on the month of disability onset.

Claim Filing (Days 9-49 of Disability)

Between days 9 and 49 of disability, the worker should: create a myEDD account (if filing online) by visiting myEDD.ca.gov; complete ID.me identity verification; register for SDI Online; select "New Claim" and "Disability Insurance"; complete all sections of the online claim form, including: date disability began; employer information; type of disability; wages and income information; payment preference (direct deposit, debit card, or check); and save the receipt number; alternatively, if unable to file online, obtain the paper Claim for Disability Insurance (DE 2501) form and complete Part A (Claimant's Statement) with all required information, sign and date the form, and prepare to mail it.

Medical Certification Submission (Days 9-49, Optimally Within First 14 Days)

The worker should: provide the health professional with the receipt number (if filed online) or a copy of the claim form (if filed by paper); request that the professional complete Part B (Physician/Practitioner's Certificate) and submit it to the EDD through SDI Online (if the professional has an account) or by mail using the envelope provided with the form; confirm with the professional that the certification will be submitted within the 49-day deadline; and follow up with the professional's office at day 20-25 to confirm submission.

Mail Submission (If Using Paper Form)

The worker should: mail the completed Part A to the EDD at the address provided on the form (State of California, Employment Development Department, PO Box 989777, West Sacramento, CA 95798-9777); include a cover letter with the worker's name, SSN, and claim ID if available; retain a copy of the claim form for records; and allow 10-14 business days for the EDD to receive and process the paper form.

Claim Processing and Waiting Period (Weeks 1-2 After Submission of Complete Claim)

Upon receipt of the complete claim (Parts A and B), the EDD will: review the information; send a Notice of Computation (DE 429D) estimating the weekly benefit amount; process the claim for 14 calendar days; contact the worker, employer, or health professional if additional information is needed; and, if eligible, send an Electronic Benefit Payment Notification (DE 2500E). The worker serves the mandatory 7-day waiting period during this time. If eligible, the first payable day is the 8th day of the claim.

Receiving First Payment (Week 2-3 After Complete Claim Submission)

The worker should: monitor the myEDD account or mail for the Electronic Benefit Payment Notification; confirm receipt of payment through the chosen method (direct deposit, debit card, or check); and, if payments appear incorrect, contact the EDD at 1-800-480-3287 to inquire about the calculation. The worker should not assume a claim is approved or that the Notice of Computation represents final determination.

Continued Benefit Certification (Weeks 10+, If on Automatic Payment)

After 10 weeks of automatic payments, the EDD will send a Disability Claim Continuing Eligibility Questionnaire (DE 2593) by mail or SDI Online message. The worker must: complete the form within 20 days of receipt; report whether disability continues; report any wages received from any source; report receipt of workers' compensation or other benefits; update address or contact information if needed; and return the completed form through SDI Online or mail. Failure to timely return the form results in benefit termination.

Reporting Changes in Work Status and Wages (Ongoing, During Entire Benefit Period)

The worker must immediately: report any return to part-time or full-time work, providing the date of return; report all wages, including sick leave pay, bonuses, residuals, commissions, workers' compensation, or other income; report receipt of insurance settlements or other compensation; and contact the EDD using SDI Online, phone (1-800-480-3287), or mail to report changes. Failure to timely report wages and work status results in overpayments, penalties, and potential fraud disqualifications.

Extension of Benefit Period (If Disability Extends Beyond Initial Recovery Date)

When the EDD sends the final payment notice, the worker will receive a Physician/Practitioner's Supplementary Certificate (DE 2525XX). If disability continues beyond the initial recovery date, the worker should: request that the treating professional complete the DE 2525XX; have the professional submit it through SDI Online or mail it to the EDD within 20 days of the final payment notice; ensure the professional provides specific medical evidence supporting the extended disability claim; and follow up if the extension is denied.

Termination of Benefits (When Recovery Occurs or 52-Week Maximum is Reached)

When the worker recovers or the 52-week maximum is reached, the worker should: notify the EDD by completing the Notice of Automatic Payment (DE 2587) if on automatic payment, or the Claim for Continued Disability Benefits (DE 2500A) if not; provide the recovery date or return-to-work date; and confirm that no further benefits are anticipated. The worker will receive a final payment notice; once that payment is received, the claim terminates.

XIII. Risk Management: Common Pitfalls and Mitigation Strategies

The 49-Day Filing Deadline: Permanent Consequences

The 49-day filing deadline is perhaps the most critical procedural requirement in the SDI system. Missing this deadline by even one day results in claim disqualification unless extraordinary circumstances exist. Workers should understand: the deadline is measured from the date disability began, not from the date the worker decided to file; the deadline is calendar days, not business days, so weekends and holidays count; and the burden of proving "good cause" for lateness is heavy and falls on the worker.

To mitigate this risk: workers should consult with an advocate, attorney, or community organization as soon as disability occurs; workers should file claims by day 9-10 rather than waiting until day 49; and workers should obtain confirmation of claim submission.

Medical Certification and Healthcare Provider Delays

A second significant risk area involves delays in obtaining medical certification. If a worker files a timely claim but the health professional fails to submit the certification, the claim is not complete and may be disqualified if the deadline passes.

To mitigate: workers should provide the professional with the receipt number or claim form immediately after filing; workers should request a specific submission date from the professional's office; workers should follow up by phone or in person at day 20-25 to confirm submission; and workers should consider switching providers if the initial provider is unresponsive.

Wage Reporting and Overpayment Risk

Many workers, particularly those in gig economy work or with sporadic income, fail to report all wages and income sources while receiving DI benefits. This omission results in overpayment findings, 30% fraud penalties, and potential disqualification.

To mitigate: workers should maintain meticulous records of all income received during the benefit period, including part-time work, bonuses, commissions, residuals, sick leave paid by employers, workers' compensation, and insurance settlements; workers should report all income, not only income they believe will affect the benefit calculation; and workers should retain documentation (paystubs, bank statements, 1099 forms) proving income reported.

Return-to-Work Reporting and Benefit Suspension

A third critical risk area involves failure to report return to work. Workers who return to full-time employment while continuing to receive DI benefits may face fraud allegations, even if unintentional.

To mitigate: workers should immediately notify the EDD when returning to work, submitting the appropriate form (DE 2587 or DE 2500A) within the 20-day window; workers should stop certifying continued disability if they have returned to work; and workers should confirm with the EDD that the claim has been terminated to avoid receiving erroneous benefits.

Base Period Wages and Eligibility Challenges

Workers with sporadic or recent employment may struggle to establish the \$300 minimum base period earnings. Recent immigrants, workers transitioning from unemployment, or those with interrupted employment histories may not have sufficient base period wages under the standard base period.

To mitigate: workers with borderline or insufficient base period wages should request a special base period analysis by calling 1-800-480-3287 before filing, explaining the circumstances; workers should provide comprehensive wage documentation from all employers during the relevant periods; and workers should consider whether wages from prior employment or from self-employment can be included if those periods are within the base period window.

Medical Certification Content and Adequacy

Physicians who submit certifications with insufficient detail (such as "recovery unknown" or "indefinite" for expected duration, or lack of specific diagnostic codes) may trigger Independent Medical Examinations (IMEs), delaying benefits.

To mitigate: workers should review the DE 2501 or SDI Online certification form with the physician before submission to ensure all required elements are addressed; workers should request that the physician provide specific medical facts, diagnostic codes, and a reasonable recovery estimate; and workers should consider a second opinion if the initial physician is unwilling to provide detailed certification.

XIV. Specialized Situations and Eligibility Edge Cases

Part-Time and Intermittent Workers

Part-time, intermittent, and seasonal workers can qualify for DI if they meet all other eligibility criteria, including the \$300 base period minimum and loss of wages due to disability. The statute explicitly provides that workers do not need to work a minimum number of hours or days to qualify, and part-time workers are eligible if they are losing wages.

To establish a valid claim, a part-time worker should: provide documentation of all part-time employment and wages during the base period, including paystubs, 1099 forms, or written statements from employers; calculate total base period wages to confirm the \$300 minimum; and describe the usual and customary work schedule before disability, so the EDD can determine whether the worker has lost wages due to the disability. A worker who normally works 10 hours per week and can no longer work at all due to disability is losing wages and qualifies.

Misclassified Workers and Independent Contractors

Workers misclassified as independent contractors when they are actually employees may not be entitled to SDI deductions from their paychecks. If a worker has been misclassified and has not paid SDI contributions, the worker may still apply for DI benefits and explain the misclassification; the EDD will investigate and determine whether the worker was actually an employee[1][1]. The EDD's determination of worker classification for SDI purposes may differ from the worker's current employment status.

Additionally, workers who believe they have been misclassified should contact the EDD to request a preliminary worker classification assessment or audit lead referral, which may result in the employer being audited for SDI withholding compliance[32].

Undocumented Workers and SSN Issues

As discussed extensively, undocumented workers without a valid SSN can apply for DI using a paper form, leaving the SSN field blank or providing an ITIN if available. The worker should attach a letter to the paper form explaining the absence of an SSN and provide alternate wage documentation such as W-2 forms, paystubs, tax returns, or employer verification letters. The EDD has confirmed that undocumented status does not disqualify applicants and that the EDD does not report immigration status to federal authorities.

Self-Employed Individuals and DIEC Participants

Self-employed and independent contractor individuals who have enrolled in DIEC can receive DI and PFL benefits, subject to the six-month enrollment waiting period (unless they have prior employee SDI wages), the premium payment requirement, and the 39-week DI limit (rather than 52 weeks for employees)[32][35][66]. DIEC participants must ensure premiums are paid in full and on time; late or unpaid premiums result in ineligibility for benefits[32][35][66].

Mental Health Conditions and Psychological Disabilities

Mental health conditions, including depression, anxiety disorders, panic disorders, post-traumatic stress disorder, and other psychiatric disabilities, qualify for DI if certified by a physician, psychologist, or licensed mental health professional within the authorized practitioner categories. A psychologist can certify mental health disabilities; a physician can provide certification; or other authorized practitioners can certify if the condition falls within their scope of practice.

To establish a valid DI claim for a mental health condition, the worker should: obtain an evaluation and diagnosis from a qualified mental health professional; provide documentation of symptoms preventing work and the specific job duties that cannot be performed; ensure the professional provides a medical certification with diagnosis, functional limitations, and expected recovery timeframe; and be prepared for possible IME if the recovery estimate seems unusually extended.

Pregnancy Disability Extension Beyond Standard Recovery Periods

The standard recovery periods (four weeks before delivery, six weeks after, or eight weeks after cesarean delivery) apply when there are no medical complications. If the pregnancy involves complications such as gestational diabetes, preeclampsia, placental issues, or other medical conditions, the certifying health professional can extend the pre- or post-delivery disability period based on medical necessity.

Workers with pregnancy complications should: obtain thorough medical documentation of the complication and its disabling effect; ensure the physician certifies the specific complications and the medical reason for the extended recovery period; and attach detailed medical records supporting the extended disability claim if the initial certification is questioned.

XV. Case Study Examples and Application of Legal Framework

Case Study 1: Recent Immigrant, Part-Time Worker, Undocumented Status

Maria is a 35-year-old undocumented immigrant from Honduras working part-time as a housekeeper earning \$600 per month in cash and an occasional \$200 per month in 1099 income. She has no SSN but has been working in the United States for three years. She develops severe carpal tunnel syndrome requiring surgery and is unable to work for 12 weeks. She consults with a community legal organization about DI benefits.

Analysis: Maria can potentially qualify for DI benefits if she meets the earnings threshold and other requirements. First, she must establish \$300 in base period wages. If she has been paid through verifiable channels (bank deposits, 1099 forms showing income to the IRS, paystubs from employers), those wages can be documented. Three years of work history, even as undocumented, creates potential earnings documentation. If Maria's total base period earnings (the relevant 12 months) equal at least \$300, she meets the earnings requirement.

Second, Maria meets the disability requirement: she cannot perform her customary work (housekeeping) for 12 weeks due to non-work-related injury requiring surgery. She has lost wages. She needs medical certification from her surgeon confirming the disability and expected recovery timeframe.

Third, Maria must file the claim between days 9 and 49. Because Maria has no SSN, she must file using the paper form (DE 2501), not the online SDI Online system. She should obtain the form by calling 1-800-480-3287 or requesting it from her surgeon's office.

Fourth, Maria should attach a letter to her claim explaining her lack of an SSN and provide all available wage documentation: bank statements showing deposits from housekeeping income, 1099 forms from work, paystubs if available, or written statements from employers confirming wages paid.

If approved, Maria's WBA is calculated based on her highest quarterly earnings during the base period. If her highest quarter was \$2,000 (approximately \$667 per week), her WBA would be calculated as 90% of weekly wages. During the 12-week disability, she receives wage replacement while recovering from surgery.

Case Study 2: Professional with High Income and Complexity: Benefit Reduction and Integration

Robert is a 42-year-old software engineer earning \$250,000 annually. He becomes disabled due to a serious back injury requiring surgery and extended recovery. He files a DI claim and his surgeon estimates a 16-week recovery period.

Analysis: Robert's quarterly earnings are approximately \$62,500, which falls in the highest income tier. His WBA is calculated as 70% of weekly wages, subject to the \$1,765 maximum. His average weekly wage is approximately \$4,808 (annual \$250,000 divided by 52 weeks). 70% of \$4,808 is approximately \$3,366, but this exceeds the \$1,765 maximum. Robert's WBA is \$1,765 per week.

Robert's employer provides short-term disability insurance that pays 60% of salary (\$1,500 per week). Robert asks whether he can receive both the employer STD and the EDD DI benefit. The integration provision allows wage coordination. Robert's combined benefits (\$1,500 STD + \$1,765 EDD DI = \$3,265) exceed his regular weekly wage of \$4,808, but the employer STD benefit is separate from SDI and does not trigger the wage limitation rule. Robert can potentially receive both benefits concurrently unless the employer STD policy contains a coordination clause.

Robert files a DI claim, provides medical certification, and begins receiving \$1,765 per week in EDD DI benefits 15 days after filing (allowing for processing and the 7-day waiting period). He continues receiving employer STD benefits concurrently if permitted by the plan. Over 16 weeks of disability, Robert receives approximately \$28,240 in EDD DI benefits (16 weeks x \$1,765).

Robert must report the employer STD benefit payments to the EDD and comply with all wage reporting requirements. If Robert undergoes surgery and the recovery takes longer than 16 weeks, he must obtain a physician's supplementary certification (DE 2525XX) to extend benefits, provided the total disability period does not exceed 52 weeks.

Case Study 3: Denial and Appeal: Age-Based Discrimination in Medical Certification

Jennifer is a 68-year-old administrative assistant who becomes disabled due to a severe case of influenza with complications. She files a timely DI claim, and her physician certifies disability with an expected recovery of 4 weeks. However, the EDD sends a Notice of Determination denying benefits, stating that her medical condition "does not prevent her from working" based on her age and prior work history.

Analysis: The EDD's denial appears to violate the statute. Age is irrelevant to disability determination; the relevant question is whether the claimant cannot perform her customary work due to the medical condition. An older worker can be disabled if the condition prevents work performance, just as a younger worker can be.

Jennifer has 30 days from the mailing date of the Notice of Determination to appeal. She should: complete the Appeal Form (DE 1000A) with a detailed explanation that her medical condition (severe influenza with complications) prevents her from performing office work, that her physician has certified disability, and that age is not a factor in determining disability eligibility. Jennifer should obtain a written statement from her physician reaffirming the disabling condition and describing specific job duties she cannot perform (prolonged sitting, concentration, fine motor tasks due to fatigue, etc.).

Jennifer should gather medical records documenting her hospitalization or medical treatment, laboratory results, and physician progress notes. She should submit all materials to the Office of Appeals, either electronically or by mail, within 30 days.

At the ALJ hearing, Jennifer should testify about her symptoms (fever, severe fatigue, body aches, difficulty standing for extended periods), her job duties (answering phones, typing, organizing files), and how the condition prevented work. Her physician should testify or provide a declaration explaining the disabling nature of the condition and the medical necessity for rest and recovery.

If the ALJ finds the EDD's denial was based on impermissible age discrimination or misapplication of disability criteria, the ALJ will reverse the denial, award benefits retroactively to the claim start date, and direct the EDD to process DI benefits for the covered period. Jennifer would receive back benefits covering the entire period of denied claims.

Conclusion

California's State Disability Insurance program provides critical wage replacement to workers disabled by non-work-related conditions, including illness, injury, surgery, pregnancy, and family care needs. The program operates under a strict statutory and regulatory framework with defined eligibility criteria, benefit calculation methodologies, timing requirements, and appeal procedures. While accessible to all workers regardless of citizenship or immigration status, the program demands careful attention to procedural deadlines (particularly the 49-day filing and medical certification windows), wage reporting obligations, and continuation requirements. Workers navigating the SDI system must understand the base period calculation, weekly benefit amount computation, integration with other benefits, overpayment risks, and appeal mechanisms. For undocumented workers, self-employed individuals, and vulnerable populations, the SDI program represents a critical income support mechanism. Attorneys, advocates, and community organizations assisting workers should master the eligibility requirements, procedural timelines, and appeal processes to effectively represent clients seeking benefits. The system's complexity-with distinct DI and PFL benefits, interaction with workers' compensation, integration with CFRA/FMLA, coordination with other state programs, and state-specific requirements like San Francisco's Paid Parental Leave Ordinance-requires careful analysis of each individual's circumstances. With proper understanding and timely action, workers can access

benefits to replace lost wages during periods of disability, supporting economic stability during health crises and major life events.

References

- [1] Employment Development Department - Am I Eligible for Disability Insurance Benefits? (https://edd.ca.gov/en/disability/Am_I_Eligible_for_DI_Benefits/)
- [2] Employment Development Department - Disability Insurance Benefit Payment Amounts (https://edd.ca.gov/en/disability/Calculating_DI_Benefit_Payment_Amounts/)
- [3] The BFIS - Workers' Comp vs. Disability Insurance in California (<https://www.thebfis.com/workers-comp-vs-disability-insurance-in-california-whats-the-difference>)
- [4] Employment Development Department - Disability Insurance Benefits (https://edd.ca.gov/en/disability/disability_insurance/)
- [5] Employment Development Department - DI and PFL Calculator 2026 (https://edd.ca.gov/en/disability/PFL_Calculator/)
- [6] Attorney Brodie - State Disability vs. Workers' Compensation (<https://www.attorneybrodie.com/2019/09/04/state-disability/>)
- [3] The BFIS - Workers' Comp vs. Disability Insurance (additional) (<https://www.thebfis.com/workers-comp-vs-disability-insurance-in-california-whats-the-difference>)
- [2] Employment Development Department - Disability Insurance Benefit Payment Amounts (additional) (https://edd.ca.gov/en/disability/Calculating_DI_Benefit_Payment_Amounts/)
- [7] Employment Development Department - Certify or Extend Claims for Physicians/Practitioners (https://edd.ca.gov/en/disability/Basics_for_Physicians-Practitioners/)
- [8] Employment Development Department - Workers' Compensation and Disability Benefits (https://edd.ca.gov/en/disability/Employer_Workers_Compensation/)
- [1] Employment Development Department - Am I Eligible for DI Benefits? (additional) (https://edd.ca.gov/en/disability/Am_I_Eligible_for_DI_Benefits/)
- [9] Employment Development Department - Step 3: Have a Medical Certification Completed (<https://edd.ca.gov/en/disability/step-3-have-a-medical-certification-completed/>)
- [10] Employment Development Department - Contribution Rates and Benefit Amounts (https://edd.ca.gov/en/disability/Contribution_Rates_and_Benefit_Amounts/)
- [11] Employment Development Department - How to File a DI Claim by Mail (https://edd.ca.gov/en/disability/how_to_file_a_di_claim_by_mail/)
- [12] Employment Development Department - Benefits and Resources for Undocumented Workers (https://edd.ca.gov/en/disability/undocumented_workers/)
- [2] Employment Development Department - Calculating DI Benefit Payment Amounts (additional) (https://edd.ca.gov/en/disability/Calculating_DI_Benefit_Payment_Amounts/)
- [13] Employment Development Department - Disability Insurance Claim Process (https://edd.ca.gov/en/disability/DI_Claim_Process/)
- [14] California Immigrant Legal Resource Center - Employment Rights of Undocumented Workers (<https://caimmigrant.org/wp-content/uploads/2023/03/legalaidatwork.org-Employment-Rights-of-Undocumented-Workers.pdf>)
- [15] Employment Development Department - State Disability Insurance (<https://edd.ca.gov/en/disability>)
- [16] Employment Development Department - State Disability Insurance Appeals (<https://edd.ca.gov/en/disability/appeals/>)

- [17] Employment Development Department - Paid Family Leave Benefit Payment Amounts (https://edd.ca.gov/en/disability/Calculating_PFL_Benefit_Payment_Amounts/)
- [18] Employment Development Department - Disability Insurance Provisions (DE 2515) (https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2515.pdf)
- [19] Employment Development Department - Appeals for Disability Insurance (DE 1001) (https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de1001.pdf)
- [5] Employment Development Department - DI and PFL Calculator 2026 (additional) (https://edd.ca.gov/en/disability/PFL_Calculator/)
- [20] Employees First Labor Law - Labor Code Section 3700 Employer's Duty (<https://employeesfirstlaborlaw.com/labor-code-%C2%A73700-employers-duty-to-provide-workers-comp/>)
- [21] Sharry & Monfette - Understanding SSDI Appeals Process (<https://sharrymonfette.com/blog/understanding-the-ssdi-appeals-process-in-massachusetts/>)
- [22] Employment Development Department - Disability Insurance Pregnancy FAQs (https://edd.ca.gov/en/disability/faq_di_pregnancy)
- [23] Department of Industrial Relations - DWC FAQs for Employers (<https://www.dir.ca.gov/dwc/faqs.html>)
- [24] Advanced Benefit Consulting - Denied Disability Benefits (<https://manzoorlawoffice.com/denied-disability-benefits-3-common-reasons-and-what-to-do-next/>)
- [25] Employment Development Department - Paid Family Leave (<https://edd.ca.gov/en/disability/paid-family-leave/>)
- [26] Advocate Magazine - Workers' Compensation Liens and Credit Issues (<https://www.advocatemagazine.com/article/2019-march/workers-compensation-liens-and-credit-issues>)
- [13] Employment Development Department - Step 5: Receive Your First Payment (<https://edd.ca.gov/en/disability/step-5-receive-your-first-payment/>)
- [27] Justia - California Unemployment Insurance Code Section 2627 (<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-2/article-1/section-2627/>)
- [28] Department of Industrial Relations - DWC Lien Filing Fees (<https://www.dir.ca.gov/dwc/liens.htm>)
- [29] Employment Development Department - Step 6: Receive Your First Payment (Unemployment) (<https://edd.ca.gov/en/unemployment/step-6-receive-your-first-payment/>)
- [30] Cornell Law - Cal. Code Regs. Tit. 22, Section 2601-1 - Disability Insurance Definitions (<https://www.law.cornell.edu/regulations/california/22-CCR-2601-1>)
- [31] California Globe - Disability Compensation General Provisions in the UI Code (<https://californiaglobe.com/fr/disability-compensation-general-provisions-in-the-ui-code/>)
- [32] Employment Development Department - Disability Insurance Elective Coverage (DIEC) (https://edd.ca.gov/en/payroll_taxes/Disability_Insurance_Elective_Coverage/)
- [33] Employment Development Department - Continue or Stop Your Benefits (https://edd.ca.gov/en/disability/Discontinue_Continue_or_Extend_Your_DI_Benefits/)
- [34] Justia - California Unemployment Insurance Code Section 2610 (<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-1/section-2610/>)
- [35] Employment Development Department - Disability Elective Coverage Benefits and Premium Amounts (https://edd.ca.gov/en/disability/Self-Employed_Benefit_Amounts/)
- [36] The Larkin Company - EDD Help Center FAQs (<https://thelarkincompany.com/edd-help-center/faq/>)
- [37] Employment Development Department - Unemployment Overpayments and Penalties (<https://edd.ca.gov/en/unemployment/overpayments-and-penalties/>)

- [38] Employment Development Department - How to File a DI Claim in SDI Online (https://edd.ca.gov/en/disability/how_to_file_a_di_claim_in_sdi_online/)
- [39] Debofsky Law - Privacy and Disability Claims (<https://www.debofsky.com/articles/privacy-disability-claims/>)
- [40] Employment Development Department - Benefit Overpayments FAQs (<https://edd.ca.gov/en/claims/FAQ-Benefit-Overpayments/>)
- [41] Employment Development Department - SDI Online (https://edd.ca.gov/en/disability/SDI_Online/)
- [42] Employment Development Department - Privacy Policy (https://edd.ca.gov/en/about_edd/privacy_policy/)
- [43] KSA Attorney - California's 30-Day Workers' Comp Notice Rule (<https://www.ksa-atty.com/blog/what-happens-if-you-miss-californias-30-day-workers-comp-notice-rule/>)
- [25] Employment Development Department - Paid Family Leave (additional) (<https://edd.ca.gov/en/disability/paid-family-leave/>)
- [44] Employment Development Department - Roles of Physician/Practitioners in SDI (<https://edd.ca.gov/en/disability/Physicians-Practitioners/>)
- [45] Department of Industrial Relations - I was injured at work (<https://www.dir.ca.gov/dwc/injuredworker.htm>)
- [46] Employment Development Department - Paid Family Leave for Military Family (<https://edd.ca.gov/en/disability/paid-family-leave/Military-Family-Members/>)
- [47] Employment Development Department - DI Certifications and Continued Medical FAQs (<https://edd.ca.gov/en/disability/faqs-certifications-continued-medical/>)
- [48] Justia - California Labor Code Section 5403 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-2/section-5403/>)
- [49] Employment Development Department - Combined Wages With Benefits (<https://edd.ca.gov/en/disability/integration-coordination/>)
- [2] Employment Development Department - Calculating DI Benefit Payment Amounts (additional) (https://edd.ca.gov/en/disability/Calculating_DI_Benefit_Payment_Amounts/)
- [50] WorkCompCentral - Labor Codes (5103-5404) (<https://www.workcompcentral.com/law/labor-codes?range=5103%7C5404&rows=50&letter=L>)
- [15] Employment Development Department - State Disability Insurance (additional) (<https://edd.ca.gov/en/disability>)
- [51] Employment Development Department - Fact Sheet: How Unemployment Insurance Benefits Are Computed (https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de8714ab.pdf)
- [52] Employment Development Department - Step 5: Receive Your First Payment (DI) (<https://edd.ca.gov/en/disability/step-5-receive-your-first-payment/>)
- [9] Employment Development Department - Step 3: Have a Medical Certification Completed (additional) (<https://edd.ca.gov/en/disability/step-3-have-a-medical-certification-completed/>)
- [37] Employment Development Department - Unemployment Overpayments and Penalties (additional) (<https://edd.ca.gov/en/unemployment/overpayments-and-penalties/>)
- [53] Employment Development Department - Get Payment Status (https://edd.ca.gov/en/unemployment/ui_payment_information/)
- [54] Employment Development Department - Application for DI Benefits (DE 2501) (https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2501.pdf)

- [55] Employment Development Department - Benefit Overpayments and Penalties
(<https://edd.ca.gov/en/claims/Benefit-Overpayments/>)
- [31] California Globe - Disability Compensation General Provisions (additional)
(<https://californiaglobe.com/fr/disability-compensation-general-provisions-in-the-ui-code/>)
- [56] California Civil Rights Department - Limitations on Confidentiality and Non-Disparagement Clauses
(https://calcivilrights.ca.gov/wp-content/uploads/sites/32/2022/11/Employment-Separation-and-Settlement-Agreements-Limitations-FAQ_ENG.pdf)
- [57] Employment Development Department - Part-time, Intermittent, or Reduced Work Schedule FAQs
(<https://edd.ca.gov/en/disability/faqs-part-time-intermittent-reduced-work-schedule/>)
- [58] Justia - California Unemployment Insurance Code Section 2701
(<https://law.justia.com/codes/california/code-uic/division-1/part-2/chapter-4/section-2701/>)
- [59] Employment Development Department - Employer Requirements
(https://edd.ca.gov/en/disability/employer_requirements/)
- [33] Employment Development Department - Continue or Stop Your Benefits (additional)
(https://edd.ca.gov/en/disability/Discontinue_Continue_or_Extend_Your_DI_Benefits/)
- [13] Employment Development Department - Disability Insurance Claim Process (additional)
(https://edd.ca.gov/en/disability/DI_Claim_Process/)
- [60] Employment Development Department - January 2026 DI Fund Forecast
(https://edd.ca.gov/siteassets/files/pdf_pub_ctr/january-2026-disability-insurance-di-fund-forecast.pdf)
- [61] Department of Industrial Relations - DWC Employer Information
(<https://www.dir.ca.gov/dwc/employer.htm>)
- [62] Cornell Law - Cal. Code Regs. Tit. 22, SectionSection 2706-5 - Payment of Disability Benefits Pending Appeal (<https://www.law.cornell.edu/regulations/california/22-CCR-2706-5>)
- [10] Employment Development Department - Contribution Rates and Benefit Amounts (additional)
(https://edd.ca.gov/en/disability/Contribution_Rates_and_Benefit_Amounts/)
- [63] CSLB - Workers' Compensation Requirements
(https://www.cslb.ca.gov/contractors/maintain_license/workers_compensation.aspx)
- [64] Justia - California Unemployment Insurance Code SectionSection 2701-2714
(<https://law.justia.com/codes/california/2010/uic/2701-2714.html>)
- [2] Employment Development Department - Calculating DI Benefit Payment Amounts (special base period)
(https://edd.ca.gov/en/disability/Calculating_DI_Benefit_Payment_Amounts/)
- [65] AELE - California Unemployment Insurance Code (family leave)
(<https://www.aele.org/law/2002FPDEC/cal-family-leave.html>)
- [66] Employment Development Department - Disability Insurance Elective Coverage FAQs
(https://edd.ca.gov/en/disability/faq_elective_coverage/)
- [67] Advanced Benefit Consulting - State Legislation (family leave regulations)
(<https://advancedbenefitconsulting.com/StateLegislation/caleaveregulations0704.pdf>)
- [68] Employment Development Department - Reporting Your Wages or Work Status for DI
(https://edd.ca.gov/en/disability/Reporting_Your_Wages_DI/)