

TIME OF HIRE PAMPHLET

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

WHAT IS WORKERS' COMPENSATION?

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

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

—or—

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

—or—

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

Discrimination is illegal

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

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

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

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation

- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

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

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at www.dir.ca.gov.

Workers’ compensation fraud is a crime

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

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

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

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

Workers’ compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

TECHNOLOGY INSURANCE COMPANY, INC
800 SUPERIOR AVENUE EAST, 21ST FLOOR
CLEVELAND, OH 44114
866.272.9267
AMTRUSTCLAIMS@QRM-INC.COM

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

Get emergency treatment if needed

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

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

CONCENTRA URGENT CARE IF POSSIBLE.

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

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

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

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

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

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

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

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

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

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

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

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

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

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

WHAT IF THERE IS A PROBLEM?

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

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

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

The nearest I&A Unit is located at:

7575 Metropolitan Dr, Ste 202, San Diego, CA 92108-4424

(619) 767-2082

Consult with an attorney

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

Warning

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

Additional rights

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

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

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

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature _____ Date: _____



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Allen's Flowers & Plants, LLC		4. Employer Identification Number (EIN) 27-4645584	
5. Employer address 5225 Lovelock St		6. Employer phone number 619.784.3962	
7. City San Diego	8. State CA	9. ZIP code 92110	
10. Who can we contact about employee health coverage at this job? Sam Bowles, General Manager			
11. Phone number (if different from above)		12. Email address gm@allensflowers.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time employees who have been with the company for at least 1 year are eligible. The company pays 50% of the monthly premium for the least expensive plan offered by the company.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Dependents may be added to your company health insurance plan. Employee pays 100% of monthly premium for all dependents.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

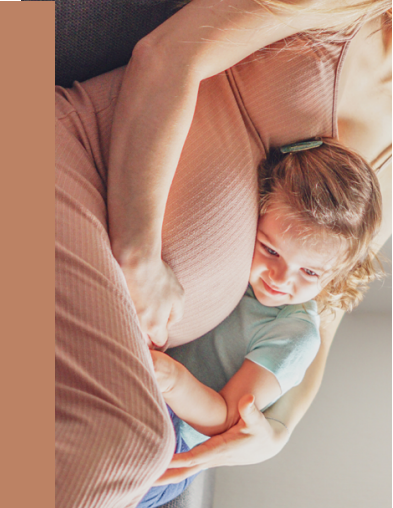
16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



What Are My Benefits During Pregnancy?

Your disability period begins the first day you are unable to do your regular work. DI benefits are based on the period of time your licensed health professional certifies you are unable to do your regular work. You can file a DI claim for your pregnancy-related disability, and recovery from delivery.

Without medical complications, you can receive benefits up to four weeks before your expected delivery date and up to six weeks after your delivery. For cesarean section, you can receive benefits up to eight weeks after delivery.

After your DI pregnancy claim ends you may be eligible to receive up to eight weeks of Paid Family Leave (PFL) to bond with your new baby. A PFL bonding claim form is automatically sent with the final DI benefit payment.

What If I Require Care During My Disability?

If you require care during your disability, your child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner may be eligible to receive up to eight weeks of PFL benefits to take time off work to care for you. For more information visit [California_PFL_\(eddc.ca.gov/enr/disability/paid-family-leave\)](http://California_PFL_(eddc.ca.gov/enr/disability/paid-family-leave)).

What is Disability?

Disability is an illness or injury, either physical or mental, which prevents you from doing your regular work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

What is Disability Insurance?

Disability Insurance (DI) is a part of the State Disability Insurance (SDI) program. DI helps replace your income when you can't work as a result of a non-work-related disability. The program is funded through your SDI tax withholding. You are most likely eligible if you've paid into the SDI program (noted as "CASDI" on pay/subs).

Elective Coverage is a plan where employers, the self-employed, and general partners may choose to be covered under SDI. Benefits and eligibility are determined differently between these plans. Find the annual cost of participating at your local [Tax Office \(eddc.ca.gov/office_location\)_or_by_visiting_Disability_Insurance_Elective_Coverage_\(eddc.ca.gov/enr/Payroll_Taxes/Disability_Insurance_Elective_Coverage\)](http://Tax_Office_(eddc.ca.gov/office_location)_or_by_visiting_Disability_Insurance_Elective_Coverage_(eddc.ca.gov/enr/Payroll_Taxes/Disability_Insurance_Elective_Coverage)). Citizenship and Immigration status do not affect eligibility for SDI benefits.



STATE OF CALIFORNIA
LABOR AND WORKFORCE DEVELOPMENT AGENCY
EMPLOYMENT DEVELOPMENT DEPARTMENT

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

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-5879 (voice), TTY users, please call the California Relay Service at 711.

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Disability Insurance Provisions



How Do I Apply for Disability Insurance Benefits?

1. Use [SDL Online](https://edd.ca.gov/SDLOnline) (edd.ca.gov/SDLOnline) to file for benefits.

OR

You can request a paper claim form by:

- Visiting [Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).
- Calling 1-800-480-3287.

California state government employees covered by SDI should call 1-866-352-7675.

2. After you complete Part A – Claimant’s Statement, have your licensed health professional complete Part B – Physician/Practitioner’s Certificate online or by using a paper claim form. If you are filing online, SDI Online will provide you a receipt number once Part A is submitted. Your licensed health professional will need your receipt number to complete Part B.

A claim cannot begin more than seven days before you were examined by or under the care of a licensed health professional.

3. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits. Visit [Appeals](https://edd.ca.gov/en/Disability/Appeals) (edd.ca.gov/en/Disability/Appeals) for more information.

What Happens Next?

- A properly completed claim takes two weeks to be processed.
- We will mail you a *Notice of Computation* (DE 429D) confirming we received your claim and providing your estimated benefit amount.
- You will know we approved your claim once you receive an *Electronic Benefit Payment (EBP Notification)* (DE 2500E).
- If more information is needed or if the claim has been denied, we will contact you.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related condition within 60 days of the first claim, it will be added on as a continuation of the initial claim. There is no additional waiting period.
- Benefits are paid once all information is received and you are approved. Benefit periods are two weeks at a time. If you are eligible for additional benefits, you will be sent the needed forms to complete and return. Allow 10 days for processing. If your benefits end midweek, that week will be paid at the daily rate. This rate is one-seventh of your weekly benefit amount.
- You will receive your benefits by the payment method you choose when filing a claim.



How Are My Benefits Calculated?

They are based on your paychecks during a specific 12-month period (called a base period) 5 to 18 months before the start of your claim. To qualify, you must have earned at least \$300 in your base period.

Visit the [Disability Insurance and Paid Family Leave Calculator](https://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL_Calculator) to get an estimate.

What Affects My Ongoing Benefits?

You cannot be paid more than your normal weekly salary while receiving benefits. DI benefits are not affected by vacation pay you may receive.

Is There a Maximum Amount to My Benefits?

The maximum amount is 52 times the weekly rate of your benefits, but not more than your total base period wages earned when you were employed.

Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Keep in mind that benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

What Are My Rights If My Benefits Are Denied?

- You can know the reason and basis for any decision that affects your benefits.
- You can appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
- You can request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- Your privacy – all claim information will be kept confidential except for the purposes allowed by law.

Contact DI

- English 1-800-480-3287.
- Spanish 1-866-658-8846.
- By US mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By TTY (for TTY users only) at 1-800-563-2441.
- In person by visiting any of the [DI Offices](https://edd.ca.gov/office_location) (edd.ca.gov/office_location).

If your disability is permanent or is expected to continue for a year or more, contact the [US Social Security Administration](https://www.ssa.gov) (ssa.gov) or by phone at 1-800-772-1213 (TTY 1-800-325-0778).



Paid Family Leave

Be there for the moments that matter.

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

Visit a [Paid Family Leave](#) or [State Disability Insurance Office](#) (edd.ca.gov/en/Disability/Contact_SD1) near you to obtain claim forms, receive information, or speak to a representative.

For more information, visit:
edd.ca.gov/PaidFamilyLeave

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.

About California Paid Family Leave

California's Paid Family Leave program was created for those moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

Facts About California Paid Family Leave

- Provides up to eight weeks of partial-wage-replacement benefits. Leave doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your weekly salary.
- Funded through your State Disability Insurance tax withholding, noted as "CASDI" on paystubs, or a qualifying voluntary plan paid into in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

What if My Claim Is Denied?

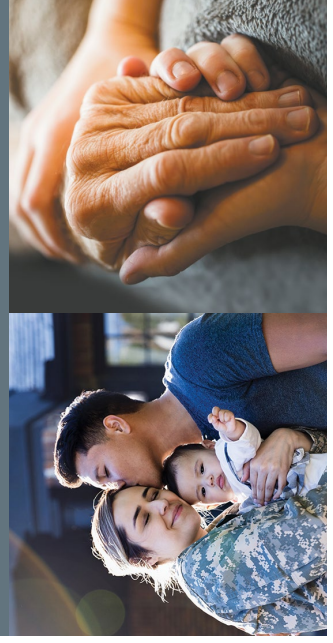
If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit Appeals (edd.ca.gov/en/Disability/Appeals) for information.

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

CALIFORNIA PAID FAMILY LEAVE

Helping Californians be present for the moments that matter.





Do I Qualify for California Paid Family Leave?

To qualify for Paid Family Leave benefits, you must:

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

How Are Benefit Amounts Calculated?

Benefits are 60 to 70 percent of your highest quarterly earnings 5 to 18 months before your claim begins.

Estimate your benefits at [Disability Insurance and Paid Family Leave Calculator](http://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL_Calculator).

How Do I Apply for Benefits?

You can apply for Paid Family Leave benefits using SDI Online (edd.ca.gov/SDI_Online).

To file by mail, you must complete and submit a *Claim for Paid Family Leave (PFL) Benefits (DE 2501F)* form. Learn more at File a Paid Family Leave Claim by Mail (edd.ca.gov/en/disability/How_to_File_a_PFL_Claim_by_Mail).

Caregiving Claims

Provide medical certification for your seriously ill family member who requires your care. This certification needs to be from their licensed health professional. You must also provide information about the family member you are caring for and their signature.

Bonding Claims

Provide documents that show your relationship to your child. This can be a copy of your child's birth certificate, adoptive placement agreement, or foster care placement record.

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

Military Assist Claims

Military assist claims require two types of supporting documents. This can be proof of covered active duty or call to covered active duty and documentation of the qualifying event.

Voluntary Plans

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



Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection. Job protection may be provided if you qualify under other laws:

- Federal Family and Medical Leave Act (dol.gov/agencies/whd/fmla).
- California Family Rights Act, Civil Rights Department (calcivilrights.ca.gov).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

For Your Benefit:

California's
Programs for the
Unemployed

Unemployment Insurance
Disability Insurance
Paid Family Leave
Workforce Services

For Your Benefit: California’s Programs for the Unemployed

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

Additional information is available by visiting the [EDD online](http://edd.ca.gov) (edd.ca.gov).

Unemployment Insurance (UI)	2
UI benefits provide partial wage replacement to workers who are unemployed through no fault of their own.	
State Disability Insurance (SDI)	14
Disability Insurance (DI) is part of SDI and provides partial wage replacement benefits to workers who are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth.	
Paid Family Leave (PFL)	15
PFL is part of SDI and provides partial wage replacement benefits to workers who need time off to care for a seriously ill family member, bond with a new child, or to assist a family member during a qualifying military event.	
Workforce Services	15
The EDD’s Workforce Services Branch provides a range of employment services for job seekers and employers.	
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Unemployment Insurance (UI)

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

Who Should File a UI Claim

You may file a claim for UI benefits if you are out of work or your hours have been reduced.

To be eligible for UI benefits, you must have earned enough wages during the base period to establish a claim, and be:

- Totally or partially unemployed.
- Unemployed through no fault of your own.
- Physically able to work.
- Available for work.
- Ready and willing to accept work immediately.
- Actively looking for work.

When to File

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

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

What You Need to File

To file a claim, you need to provide your:

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

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

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

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

Warning

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include fines, a loss of benefits, and/or criminal prosecution. See additional information on fraud and penalties on page 13.

ID.me.

ID.me is an identity proofing and authentication platform used by government agencies. This is the faster and easier way of verifying your identity in order to process your claim faster.

- Create an **ID.me** account and follow the prompts.
- You will need a mobile device, tablet, and/or a computer to take and submit a photo.
- Allow ID.me to transfer your information to the EDD.
- Having trouble connecting? Connect with a live video agent from 4:30 a.m. to 9 p.m. (Pacific Time), through your ID.me account and submit a request for help at **help.id.me** within ID.me.

Employer Notification

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

Types of Claims

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

You will file a:

- Regular California claim if you only worked in California, even if you now live outside of California.
- Federal claim if your employment was in civilian work for the federal government.
- Military claim if you served as a member of the United States Armed Forces.
- Combined wage claim if you earned wages in California and in at least one other state during the last 18 months.

- Interstate claim if you now reside in California and only worked in another state during the last 18 months. File your claim directly with the other state, the District of Columbia, Puerto Rico, or Canada. If you worked in the U.S. Virgin Islands, contact the EDD at 1-800-300-5616.

How to File

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

- **Online**
UI OnlineSM is the fastest and most convenient way to file your UI claim. Visit [UI OnlineSM](http://edd.ca.gov/UI_Online) (edd.ca.gov/UI_Online) to get started.
- **Phone**
Speak to an EDD representative Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays. Refer to page 20 for a list of UI phone numbers.
- **Fax or Mail**
When filing a claim with UI Online some customers will be instructed to fax or mail their UI application to the EDD. If this occurs, the paper *Unemployment Insurance Application* (DE 11011) will display for you to complete and submit.

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

Beginning Date of Claim

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

Ending Date of Claim

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

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

Minimum Earnings to Establish a Valid Claim

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

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

How UI Benefits are Calculated

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

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

Refer to the **Unemployment Insurance Benefit Table** on page 17 to estimate your WBA.

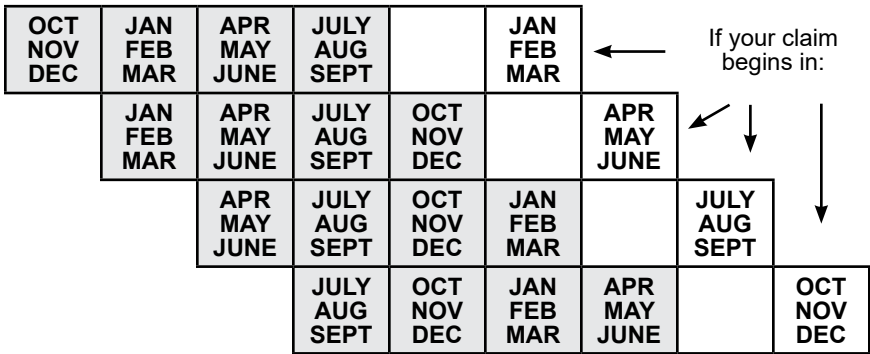
Base Period

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

Standard Base Period (SBP)

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

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



Alternate Base Period (ABP)

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

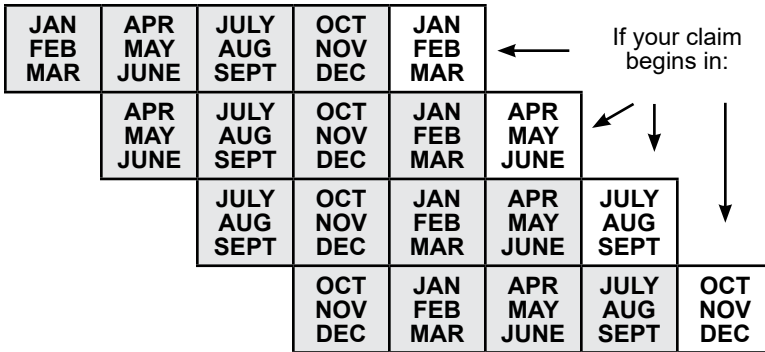
The ABP is the last four completed calendar quarters prior to the beginning date of the claim.

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

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

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

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



Waiting Period

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

How to Certify for Benefits

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

There are three ways to certify for benefits:

- **UI OnlineSM:** (edd.ca.gov/UI_Online) This is the fastest way to certify for benefits and report work and wages. To use UI Online, you must create a secure login through Benefit Programs Online **and** complete a one-time registration for UI Online.
For added convenience, UI Online MobileSM is available for mobile devices.
- **EDD Tele-CertSM:** 1-866-333-4606
Certify over the phone by calling 1-866-333-4606. Select option 2 and follow all instructions. To access EDD Tele-Cert you must create a PIN.
- **Mail:** Complete, sign, and mail the *Continued Claim* (DE 4581) form to the EDD.

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

Payments

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

You have an option in how you receive your benefit payments. The EDD issues benefit payments by the EDD Debit CardSM or by check. The EDD Debit Card is the fastest and most secure way to receive your benefits. However, you do not have to accept. Once, your claim is filed, contact the EDD if you wish to receive your benefits by paper check.

The EDD Debit Card is valid for three years and used for all Disability Insurance (DI), Paid Family Leave (PFL), and Unemployment Insurance (UI) benefits.

If you have an EDD Debit Card from a previous DI, PFL, or UI claim that is still valid, you will not be mailed a new card until the card has expired. If you need a replacement card, contact Bank of America EDD Debit Card Customer service by calling 1-866-692-9374 or 1-866-656-5913 (TTY).

For more information, visit Bank of America EDD Debit Card (visaprepaidprocessing.com/eddcard).

Tax Requirements

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

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

Child Support Obligations

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

Report Earnings

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

Types of income to report:

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

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

Pension or Retirement Pay

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

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

Part-Time Work

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

Example 1:

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

Example 2:

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

How Your Eligibility is Determined

To be eligible, you must be:

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

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

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

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

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

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

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

Appeals Process

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

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

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

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

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

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

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

Canceling a Claim

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

- No benefits have been paid.
- You are not disqualified for benefits due to an eligibility issue.

- An overpayment has not been established on the claim.
- You notify the EDD before the 52-week benefit year ends.

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

Workers Not Covered by Unemployment Insurance

The following groups of workers are not normally covered:

- Elected officials.
- Self-employed, unless participating in elective coverage.
- Students enrolled and regularly attending classes at the school or education institution where employed.
- Members of a Limited Liability Company (LLC) that are treated as a partnership for federal income tax reporting purposes.
- A student's spouse who is working for an educational institution in an employment program provided for the purpose of financially aiding the student.
- Parents employed by their children, or children under the age of 18 employed by their parent(s).
- Husbands and wives employed by each other.
- Registered domestic partner employed by a registered domestic partner.
- Certain state-licensed salespersons paid only by commissions.
- Caddies and jockeys.

For more information, refer to *Exempt Employment (DE 231EE)* (edd.ca.gov/siteassets/files/pdf_pub_ctr/de231ee.pdf) and *Family Employment (DE 231FAM)* (edd.ca.gov/siteassets/files/pdf_pub_ctr/de231fam.pdf) for additional information

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

Elective Coverage

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

Request a Claim Print Out

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

- Create an account by visiting UI OnlineSM (edd.ca.gov/UI_Online).
- Select **Claim History** and print.
- Call the EDD at 1-800-300-5616.

Special Programs

California Training Benefits (CTB)

If you are attending school or training while receiving UI benefits, you may qualify for CTB.

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

While in school or training, you will be exempt from the requirements to be available for work, actively seek work, and accept work. You may also be eligible for additional weeks of benefits. Learn more online by visiting [California Training Benefits](http://edd.ca.gov/en/unemployment/California_Training_Benefits) (edd.ca.gov/en/unemployment/California_Training_Benefits).

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

Training Extension (TE)

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

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

Disaster Unemployment Assistance (DUA)

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

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

Trade Adjustment Assistance (TAA)

The TAA program is a federally funded program that provides benefits and services to eligible workers who are certified by the U.S. Department of Labor (DOL) as having lost their jobs, or had their hours and wages reduced, as a result of foreign trade. Types of benefits include training, employment and case management services, job search and relocation allowances, income support, and wage subsidies. To learn more, visit [TAA Programs](http://edd.ca.gov/en/jobs_and_training/trade_act) (edd.ca.gov/en/jobs_and_training/trade_act).

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

Extended Benefits

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

Work Sharing (WS)

The Work Sharing program helps participating employers minimize or eliminate the need for layoffs, if the business's production or services have been reduced. It allows employers to keep trained employees and quickly recover when business conditions improve.

To participate, an employer must apply and meet all requirements, including, but not limited to:

- Be a legally registered business in California.
- A minimum of two employees **and** at least 10 percent of your regular workforce must be affected by a reduction of at least 10 percent and no more than 60 percent in both hours worked and wages earned.
- Health and retirement benefits must stay the same as before, or they must meet the same standards as other employees who are not participating in Work Sharing.
- The employees' bargaining unit must agree to voluntarily participate and sign the application for Work Sharing.

With Work Sharing, participating employees whose hours and wages have been reduced can:

- Receive UI benefits corresponding to the percentage of their work hours and wages.
- Keep their current job.
- Avoid financial hardships.

To learn more, visit [Work Sharing Program](http://edd.ca.gov/en/Unemployment/Work_Sharing_Program) (edd.ca.gov/en/Unemployment/Work_Sharing_Program).

Partial Claims

Similar to the EDD's Work Sharing (WS) Program, Partial Claims is an alternative to layoffs and allows employers to retain staff by reducing their earnings.

The employer certifies that the employee is expected to return to work and provides the employee the [Notice of Reduced Earnings \(DE 2063\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063.pdf) (edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063.pdf) or [Notice of Reduced Earnings \(Fisherperson\) \(DE 2063F\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063f.pdf) (edd.ca.gov/siteassets/files/pdf_pub_ctr/de2063f.pdf) to file an Unemployment Insurance claim.

Employees participating in this program are considered partially employed and are not required to look for a new job to receive benefits.

To learn more, visit [Partial Claims](http://edd.ca.gov/en/unemployment/partial_claims) (edd.ca.gov/en/unemployment/partial_claims).

Railroad Unemployment Benefits

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

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

Unemployment Insurance Fraud Prevention and Detection

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

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

If the EDD suspects that there may be identity issues, you will receive a written request to validate the information provided. We will also contact your former employers and governmental entities to verify the documents and any information you supply.

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

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

Penalties

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

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

Benefit Audits

The EDD conducts audits by cross-referencing employer information with UI claim information to determine if a claimant properly reported all

work, wages and other income to the EDD while collecting for UI benefits. Overpayments and penalties collected from these audits ensure the solvency of the UI Trust Fund and help reduce UI taxes.

Social Security Number Verification

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

Your eligibility for benefits may be affected if:

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

If the EDD requires you to verify your SSN, you may be asked to submit a complete copy of your Annual Social Security Statement. To obtain a copy of your complete Social Security Statement visit the [SSA online](https://ssa.gov) (ssa.gov).

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

State Disability Insurance (SDI)

SDI is comprised of Disability Insurance (DI) and Paid Family Leave (PFL). The program is funded entirely by California workers through employee payroll deductions, noted as CASDI on paystubs.

Exceptions:

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

Note: Citizenship and immigration status do not affect eligibility for SDI.

Disability Insurance (DI)

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

When to submit a claim: Submit your claim no earlier than nine days after the first day your disability begins, but no later than 49 days after your disability begins or you may lose benefits.

For faster processing, file your claim using [SDI Online](http://edd.ca.gov/en/Disability/SDI_Online) (edd.ca.gov/en/Disability/SDI_Online).

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

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

Refer to page 20 for a list of DI phone numbers.

Paid Family Leave (PFL)

PFL provides short-term, partial wage replacement benefits to eligible workers who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. Benefits are available to parents who need time to bond with a new child entering their family either by birth, adoption, or foster care placement. Benefits are also available for individuals who need time off work to participate in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country.

When to submit a claim: Submit your claim no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins or you may lose benefits.

For faster processing, file your claim using [SDI Online](http://edd.ca.gov/en/Disability/SDI_Online) (edd.ca.gov/en/Disability/SDI_Online).

To file, or learn more visit [Paid Family Leave](http://edd.ca.gov/en/disability/paid-family-leave) (edd.ca.gov/en/disability/paid-family-leave).

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

Refer to page 20 for a list of PFL phone numbers.

Workforce Services

The EDD, in partnership with state and local agencies, provides a range of employment and training services, for job seekers at no cost, through the America's Job Center of CaliforniaSM (AJCC).

Through the AJCC, the EDD provides job seekers with job search and resume workshops, job fairs and referrals to other workforce partners, and much more. For more information, find your nearest AJCC by using the [Office Locator](http://edd.ca.gov/Office_Locator) (edd.ca.gov/Office_Locator).

CalJOBSSM

CalJOBSSM is California's online resource to help job seekers and employers navigate the EDD workforce services. CalJOBSSM allows users to easily

search for jobs, build resumes, access career resources, find qualified candidates for employment, and gather information on education and training programs.

Job seekers can:

- Create a resume or upload multiple resumes.
- Search and apply for job openings.
- Set up alerts for job openings.
- Research employers.
- Make customized resumes viewable to employers.

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

Migrant and Seasonal Farmworkers (MSFW) Outreach Program

The MSFW Outreach program assists farmworkers unfamiliar with the services provided at the America's Job Center of CaliforniaSM. These no cost services include:

- Referrals to local supportive services.
- General information about unemployment and disability insurance.
- Assistance with employment services and employment related law complaints.
- Information about farmworker employment rights.
- Assistance with job search, job screening and referrals to jobs.

Services for Veterans

The EDD provides assistance to veterans to help them achieve their employment and training goals. Services include labor market information, veteran 24-hour priority hold on all job listings, customized job search assistance, job fairs, workshops, employer recruitments, and other resources.

Youth Employment Opportunity Program (YEOP)

The YEOP provides special service to help youth, ages 15 to 25 years, achieve their educational and vocational goals. Services include peer advising, referrals to supportive services, workshops, job referrals and placement assistance, and referrals to training and community outreach efforts.

For more information on the programs and services listed above, visit [Jobs and Training](http://edd.ca.gov/Jobs_and_Training) (edd.ca.gov/Jobs_and_Training).

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

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

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

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

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

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

How to Get Help

Online

- To learn more about EDD services and programs, visit [EDD](http://edd.ca.gov) online (edd.ca.gov).
- To ask us a question, access your UI Online or SDI account visit [Ask EDD](http://askedd.edd.ca.gov) (askedd.edd.ca.gov).
- To find your nearest AJCC, visit the [Office Locator](http://edd.ca.gov/en/Office_Locator) online (edd.ca.gov/en/Office_Locator).

Phone

All of our phone numbers are toll free. For relay service, provide one of the numbers below to the operator.

Unemployment Insurance

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

English	1-800-300-5616	TTY	1-800-815-9387
Spanish	1-800-326-8937	Korean	1-844-660-0877
Cantonese	1-800-547-3506	Armenian	1-855-528-1518
Mandarin	1-866-303-0706	Tagalog	1-866-395-1513
Vietnamese	1-800-547-2058		

Disability Insurance

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

English	1-800-480-3287
Spanish	1-866-658-8846
TTY	1-800-563-2441

Paid Family Leave

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

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



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

This *For Your Benefit: California's Programs for the Unemployed* (DE 2320) publication can be viewed, printed, and ordered online by visiting [Online Forms and Publications](http://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Disclaimer: If you opted out of receiving paper forms, it may still be necessary for the EDD to send some documents via U.S. mail.



THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

- 1 *Unwanted sexual advances*
- 2 *Offering employment benefits in exchange for sexual favors*
- 3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*
- 4 *Derogatory comments, epithets, slurs, or jokes*
- 5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*
- 6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

- ① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
- ② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written intake form on-line, by mail, or email, the DFEH can assist you by scribing your intake by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

The DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Contact the DFEH at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov to discuss your preferred format to access our materials or webpages.



ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
- Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
- ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
- ⑥ In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained during calendar year 2019, and, after January 1, 2020, training must be provided again every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

CIVIL REMEDIES:

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT, STALKING, CRIMES THAT
CAUSE PHYSICAL INJURY OR MENTAL
INJURY, AND CRIMES INVOLVING A THREAT
OF PHYSICAL INJURY; AND OF PERSONS
WHOSE IMMEDIATE FAMILY MEMBER IS
DECEASED AS A DIRECT RESULT OF A CRIME**

Your Right to Take Time Off:

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice

3/2021

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because the company offers Health Insurance for which you may be eligible (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information: must pay or aren't required to pay*] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- *[add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;];* or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [or enter longer period permitted under the terms of the Plan] after the qualifying event occurs. You must provide this notice to: [Enter name of appropriate party]. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation.]

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. *[Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]*

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Sam Bowles, General Manager
5225 Lovelock St, San Diego, CA 92110
gm@allensflowers.com