

Undocumented Workers' Guide to Applying for California Disability Insurance & Paid Family Leave

This guide provides step-by-step instructions for undocumented workers to apply for California Disability Insurance (DI) and Paid Family Leave (PFL) benefits. Eligible workers can apply to the Employment Development Department (EDD) for DI and PFL benefits, which provide partial pay when a worker takes time off work for their own disability or to care for a family member. These benefits are available regardless of immigration status. Because the DI and PFL applications ask for a Social Security number (SSN), this guide provides recommended steps that undocumented workers can follow to apply for benefits without swearing that they have a SSN. This information is current as of April 2021.

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About Disability Insurance and Paid Family Leave

The California State Disability Insurance (SDI) program provides short-term Disability Insurance (DI) and Paid Family Leave (PFL) wage replacement benefits to eligible workers who need time off work. If you have **paid into the California DI Fund**, you may be eligible to receive short-term DI and PFL benefits. **DI and PFL benefits are available regardless of immigration status.**

For what reasons can I receive DI and PFL benefits?

	DI	PFL
How long can I get this benefit?	52 weeks	8 weeks within a 12-month period
For what reasons?	Your own: <ul style="list-style-type: none"> - Non-workplace illness or injury - Pregnancy - Childbirth 	<ul style="list-style-type: none"> - To care for a seriously ill family member - To bond with a newborn, adopted, or foster child - To address qualifying needs arising from a family member's military deployment to a foreign country

You can apply for DI and PFL benefits through the Employment Development Department (EDD).

Do I have to provide a Social Security number to apply?

The DI and PFL applications currently ask for a worker's SSN so that the EDD can identify your wages and determine your weekly benefit amount. They also require you to sign and swear that everything included in the application is true. ***This guide provides steps that undocumented workers can follow to apply for benefits without swearing that they have a SSN.***

• **How do I know if I paid into the DI Fund?** Check your paystub for "CASDI" deductions to see if you have been paying into the DI Fund. If you don't know if you paid in, or if you were paid in cash, you still may be able to receive benefits. [SEE STEP 2.](#)

• **Does my employer pay for DI and PFL?** No. DI and PFL are 100 percent funded by workers. Employers do not pay for these benefits.

Do I have to pay taxes if I receive DI or PFL benefits?

DI	<ul style="list-style-type: none"> • Not taxed unless you switch directly to DI from receiving Unemployment Insurance. - If you do, your DI benefits will be federally taxable and the EDD will issue a 1099G tax form. 	PFL
		Subject to federal but not state taxes.



DI and PFL are not considered "public charge" benefits and will not affect the path to citizenship.



1 Request a Paper Application

STEP ONE

• When do I apply?

Apply for benefits within 49 days (DI) or 41 days (PFL) of the first day you are off work for your qualifying reason. You cannot apply early. You can apply late if you have good cause for the delay.

• How do I apply?

You must submit an application to receive DI or PFL benefits. There are two options:

1. Apply online at SDI Online at edd.ca.gov/disability/sdi_online.htm OR
2. Submit a paper application.

• Why should undocumented workers use a paper application?

- The application requires you to sign and swear that everything in the application is true.
- On the online application, you must answer the question asking for “your Social Security number” to complete and submit the application. You cannot leave this question blank.
- Undocumented workers should use the paper application because they can leave blank the question asking for “your Social Security number.” [SEE STEP 2.](#)

• What forms will I need?

	DI	PFL
English	Claim for Disability Insurance (DI) Benefits (DE 2501)	Claim for Paid Family Leave (PFL) Benefits (DE 2501F)
Spanish	Solicitud para Beneficios del Seguro Incapacidad (DI) (DE2501/S)	Solicitud de Beneficios del Permiso Familiar Pagado (PFL) (DE2501F/S)(PDF)

• How do I get a paper application?

	DI	PFL
Order Online	For ordering instructions visit, SDI Forms and Publications edd.ca.gov/Disability/Forms and Publications.htm	
Download and Print	Not available	English: NOT available to download Spanish : available to download at edd.ca.gov/pdf_pub_ctr/de2501fs.pdf
Call the EDD	1-800-480-3287	1-877-238-4373
Healthcare Provider	Ask your healthcare provider for a copy of the applications.	

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Complete and Submit the Application and Attach Proof of Wages

STEP TWO

• What information will I need to provide?

- Your biographical information (e.g., name, address, date of birth, etc.)
- Information about your employer (e.g., name of employer, address, dates of work, etc.)
- When you stopped working.

• Where am I asked to enter my Social Security Number (SSN)?

- **Question A1** on the DI and PFL applications ask you to enter “your Social Security number.”

Claim for DI Benefits (DE 2501), Question A1

Your disability claim can also be filed online at www.edd.ca.gov
PLEASE PRINT WITH BLACK INK.

PART A - CLAIMANT'S STATEMENT			
A1. YOUR SOCIAL SECURITY NUMBER 0 0 0 0 0 0 0 0 0 0	A2. IF YOU HAVE PREVIOUSLY BEEN ASSIGNED AN EDD CUSTOMER ACCOUNT NUMBER, ENTER THAT NUMBER HERE N O	A3. CALIFORNIA DRIVER LICENSE OR ID NUMBER Z 1 2 3 4 5 6 7	A4. GENDER MALE FEMALE X
A5. IF YOU EVER USED OTHER SOCIAL SECURITY NUMBERS, ENTER THOSE NUMBERS BELOW	A6. STATE GOVERNMENT EMPLOYEE (IF "YES" INDICATE BARGAINING UNIT#) YES X NO UNIT#	A7. YOUR DATE OF BIRTH 0 1 0 1 1 9 0 0	

Claim for PFL Benefits (DE 2501F), Question A1



Claim for Paid Family Leave (PFL) Benefits

PART A - STATEMENT OF CLAIMANT (CARE, BONDING, or MILITARY ASSIST PROVIDER)		
A1. YOUR SOCIAL SECURITY NO. 0 0 0 0 0 0 0 0 0 0	A2. YOUR DATE OF BIRTH M M D D Y Y Y Y 0 1 0 1 1 9 0 0	A3. LANGUAGE YOU PREFER TO USE ENGLISH ESPAÑOL OTHER (PRINT BELOW) X

• What do I do when I am asked to enter my SSN?

- You do NOT have to complete this part of the application. Because you must sign the application under penalty of perjury, undocumented workers should **leave question A1 blank**.
- Attach to your application a separate letter stating what SSN you have earned wages under. Also include your preferred language for communicating with the EDD on your application and in your letter. A template letter to inform the EDD of the SSN you used to earn wages is available at the end of this guide.
- Attach proof of your wages like a copy of your current and prior year's W-2 and/or pay stubs from the last 18 months. You can determine your exact base period by entering your requested claim start date in the [Disability Insurance and Paid Family Leave Calculator edd.ca.gov/Disability/PFL_Calculator.htm](http://edd.ca.gov/Disability/PFL_Calculator.htm).
- If you were paid in cash, state this in your letter, and explain how much and how often you were paid. You will need to submit detailed proof of your cash payments (e.g., cash deposit statements, Venmo, PayPal, receipts, etc.). Please note, if the EDD cannot verify your wages, you may be denied benefits.

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STEP TWO continued

• What do I do when I am asked about other SSNs I may have used?

- On the DI application, question A5 asks what other SSNs you have used. You can list the SSN you have earned wages under in response to question A5 (since you are not signing under penalty of perjury that this is your SSN, just that this is a SSN you have used), but you should still attach a letter and proof of wages. You can also leave question A5 blank. The PFL application does not ask this question.

• What do I do when I am asked if I have worked under another name?

- Question A9 on the DI application and A7 on the PFL application ask if you have worked under another name.
- You can provide other names in response to this question.

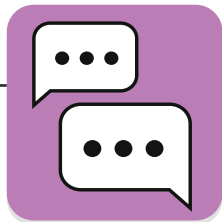
• Does anyone else need to fill out and sign the claim form?

- For PFL caregiving claims, the person you are providing care for will also need to fill out and sign their portion of the claim form.
- For DI claims and PFL caregiving claims, a doctor will also need to fill out their portion of the form.

• How do I submit the application?

- Complete the rest of the application and sign and mail it back to the EDD using the envelope provided with your paper application.
- If you can, make a copy of the application before you send in the original or take a picture of the application with your phone.

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Provide the EDD with Additional Information

STEP THREE

• Will the EDD contact me after I submit my application?

- The EDD may contact you to ask for more information. You should expect a phone call. Phone calls from the EDD may show on your caller ID as "St of CA EDD".
- You should answer or return the call as soon as possible, but no later than 2 days.



Mailing Date: _____
Claim ID: _____
CED: _____
Office No.: _____

Notice of Claim Error

We are unable to process the _____ claim you signed on _____, because:

1 You did not provide a Social Security number on your claim.

2 Your claim was submitted without a completed physician/practitioner's certificate.

3 The following signatures are missing from your claim. Rubber-stamped or electronic/digital signatures are not acceptable.

a The "Declaration and Signature" section must be signed by you or your authorized representative.

b The "Health Insurance Portability and Accountability Act Authorization" must be signed by you or your authorized representative.

c The "Statement of Care Recipient" must be signed by the care recipient or his/her authorized representative.

d The "Authorization for Disclosure of Personal Health Information" must be signed by the care recipient or his/her authorized representative.

4 Other:

• What happens if I miss the call from the EDD?

- If the EDD is unable to reach you by phone, they will send you a *Notice of Claim Error* (DE 2535) in the mail. You may send this notice back to the EDD with a letter including the SSN you used to earn wages or confirming you do not have a SSN. You may also provide this information by

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STEP THREE *continued*

phone at 1-800-480-3287 for DI and 1-877-238-4373 for PFL. Request other languages over the phone or Contact SDI edd.ca.gov/Disability/Contact SDI.htm#byphone for dedicated phone lines.

• **Will I receive any other notices from the EDD?**

- You may receive a *Notice of Computation* (DE 429D or DE 429DF) saying that the SSN you have been working under has already been used by another person. See sample DE 429D below. If this happens, the EDD will assign you an EDD Client Number (ECN) for you to use going forward.

• **What do I do if I receive a Notice of Computation?**

- Although this notice says you may obtain proof that the SSN is yours from the Social Security Administration, you DO NOT need to do this. If your wages on the notice are correct, you do not have to do anything.

- If your wages on the notice are incorrect, you should respond to the notice with a letter listing your employer(s) during the last 18 months and a copy of your W-2 and/or paystubs showing your wages earned during the time period listed on the notice. This letter should also include your ECN if they have assigned you one.

DISABILITY INSURANCE
PO BOX 000000
MY CITY CA 00000-0000



---NOTICE OF COMPUTATION---

This notice does not establish your right to benefits. State Disability Insurance, Paid Family Leave, or Voluntary Plan benefits are paid to you only when you meet all the conditions of eligibility.

ALL BENEFIT PAYMENTS, IF DUE, ARE ISSUED SEPARATELY.

FIRSTNAME M LASTNAME
1234 SAMPLE ST APT 4321
MY CITY CA 99999-9999

EDD Customer Account Number (EDDCAN)	CLAIM ID	Your EDD Client Number (ECN)	CED
0000000000	DI-0000-000-000	999-99-9999	03-02-2021

NOTICE OF COMPUTATION

The Social Security number (SSN) you used when filing your claim for State Disability Insurance, Paid Family Leave, or Unemployment Insurance benefits was previously used by another person. The Employment Development Department (EDD) has assigned you an EDD client number (ECN) which will be used for all claims activity until SSN ownership is resolved. To resolve the SSN ownership, you may obtain verification of your SSN from the nearest office of the Social Security Administration. Once the verification is obtained, please send a copy to the EDD office where you filed your claim. Please retain this ECN for your records to be used for all future communication with the EDD.

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STEP FOUR

Receive Your Benefits

- **How long do I have to wait to receive my benefits?**

- You should expect to wait approximately 2 weeks before receiving payment. If your wages need to be verified, it may take additional time to receive payment.

- Ordinarily there is a 7-day unpaid waiting period before DI benefits begin. However, beginning January 24, 2020, through the duration of the COVID-19 emergency, the Governor's Executive Order waives the waiting period for workers who have a medically certified COVID-19 related diagnosis.

- There is no waiting period for PFL claims, so your benefits will begin the first day you are off work for a qualifying reason.

- Even if your benefits arrive late, you will still be paid for all qualifying days.

- **How will I receive the payment?**

- The EDD will pay you either on a debit card or by check. When you apply, the EDD will ask which method you prefer. However, if you are filing without a SSN and have been assigned an EDD Client Number, you will be limited to payment by check only.



Make Sure Your Job is Protected

- Remember, DI and PFL provide pay but do not give you the right to take leave and return to your job after.
- While you are receiving DI or PFL, your job may be protected under separate laws.
 - o For example, the California Family Rights Act (CFRA) provides up to 12 weeks of job-protected leave, with the right to return to work, if you have worked for your employer for at least one year; you worked at least 1,250 hours in the year before your leave; and your employer has at least 5 employees.
 - o If you do not qualify for CFRA but need leave because of your own health, the Fair Employment and Housing Act may give you the right to leave. For more information, contact the Department of Fair Employment and Housing at dfeh.ca.gov.
- You should ask your employer for leave and tell them how much leave you need as soon as you learn of your need for leave.
- Just like DI and PFL, job-protected leave is available regardless of immigration status.
- Even if you lose your job or do not qualify for job protection, you can still receive DI and PFL benefits.

Template letters for undocumented workers applying for DI and PFL.

If you are undocumented and have paystubs and/or W-2s, use this template letter, personalize it, and attach it to your DI or PFL claim form:

[Date]

Disability Insurance Branch
Employment Development Department

To Whom it May Concern:

My name is [full name]. My date of birth is [date]. The social security number or social security numbers I have worked under is [ssn]. (If applicable: My EDD Client Number is [number].)

I have attached the following proof of my wages during my base period: [paystubs, W-2s].

Please let me know if you need any additional information. You can reach me at [phone number]. I would like the EDD to communicate with me in [my preferred language].

Thank you.

[signature]
[full name]

If you are undocumented and were paid in cash, use this template letter, personalize it, and attach it to your DI or PFL claim form:

[Date]

Disability Insurance Branch
Employment Development Department

To Whom it May Concern:

My name is [full name]. My date of birth is [date]. The social security number or social security numbers I have worked under is [ssn]. (If applicable: My EDD Client Number is [number].)

My employer paid me in cash.

I worked as a [job] for [employer name] from [date] to [date/present]. My employer's address is [address]. My employer's phone number is [number]. My employer's email address is [email].

[Add the above information for all other jobs/employers during the past 18 months.]

My employer paid me [amount] every [frequency (e.g. week, two weeks)]. I have attached the following proof of my wages during my base period: [cash deposit statements, Venmo, PayPal, receipts, etc.].

Please let me know if you need any additional information. You can reach me at [phone number]. I would like the EDD to communicate with me in [my preferred language].

Thank you.

[signature]
[full name]

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