

Communication to Your Employees

Attention Team:

As you may have heard, the State of California has enacted a program to help employees save for retirement: the CalSavers Retirement Savings Program. Through this program, you will be able to contribute a portion of your salary into a Roth Individual Retirement Account that belongs to you. As we are required to do, US Quality Furniture Services is now registered with CalSavers.

Shortly, you will receive a communication informing you of your opportunity to begin participating in CalSavers. The communication will be sent to the email or mailing address you have on file with us from a company called Ascensus (e-mail: clientservices@calsavers.com), which is working with the State of California to administer the program.

The program is completely voluntary for you but is set up as automatic enrollment, so if you choose to not participate, you need to follow the instructions on the information you will receive from CalSavers in order to opt-out. If you choose not to opt out, you will be enrolled into the program automatically and we will begin deducting 5% of your paycheck to remit it to your CalSavers account. Once enrolled, you can log into your account at any time (at calsavers.com) and change your contribution amount, investment options, or choose to opt out – or opt back in.

If you have any questions regarding the program, you can go to www.calsavers.com or call 855-650-6918.

Please note: US Quality Furniture Services does not sponsor or maintain CalSavers. US Quality Furniture Services's involvement in CalSavers is limited to processing your payroll withholding contributions to the program and remitting them to CalSavers. We do not promise any particular investment return on your savings under CalSavers. In accordance with federal government regulations, US Quality Furniture Services does not endorse CalSavers. If you would like tax, investment, or financial advice, you should contact a financial advisor. US Quality Furniture Services is not in a position to provide financial advice.



Your Money. Your Future.

saver.calsavers.com

A simple, trusted way to save for retirement

CalSavers is California's new retirement savings program for workers in the private sector who do not currently have a way to save at work.

If your employer registered for CalSavers, enrollment is easy: you will be automatically enrolled within 30 days unless you choose to opt out. If you're self-employed or don't work for a CalSavers employer, you can enroll on your own and start saving today.¹



Contribute to a personal IRA (individual retirement account) that belongs to you.



Choose the savings rate and investment options that are right for you.



You keep your account even if you change jobs.



Participation is completely voluntary: you can opt out or opt back in at any time.²



It's time to get prepared for retirement

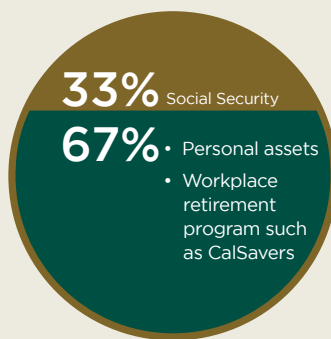
You work hard for your money, and it's time your money went to work for you.

For many of us, Social Security payments won't be enough when it comes time to retire.

Saving even a little now can potentially make a big difference later.

Did you know: Based on saving \$125 per month starting at age 24, you could possibly have a quarter million dollars at age 65?³

Where retirement income comes from, on average⁴



You control your account

- Stick with standard settings or choose your own.
- Select from a simple menu of investment options.
- Set automatic contributions from your bank account.
- Withdraw your contributions without penalty.
- Opt out or opt back in at any time.²

For more information

saver.calsavers.com

(855) 650-6918

clientservices@calsavers.com


Mon - Fri 8:00 a.m. - 8:00 p.m. PT


Follow us


@CalSavers


CalSavers


Standard savings choices:


 **Your account will be a Roth IRA.** Contributions into a Roth IRA are made after-tax so you don't pay taxes on your contributions when you make a withdrawal. Any earnings on those contributions could be tax-free if you meet certain IRS criteria.

 **The standard contribution savings rate is set at 5%. However, you can change it at any time.** Unless you choose a different rate, your contributions will **automatically increase 1% annually** until it reaches a maximum of 8%.

 **Your initial contributions will be invested in the CalSavers Money Market Fund for 30 days. After this period, your existing savings and future contributions will be invested in a CalSavers Target Retirement Fund based on your age.** You can decide at any time whether to keep your investment in this fund or choose from a simple menu of other investment options, including an environmentally and socially conscious fund, a bond fund, or a global equity fund.

 **The only administrative charge for CalSavers** is in the form of an annual asset-based fee of approximately 0.825% to 0.95%, depending on your investment choice. This means **you will pay between \$0.83-\$0.95 per year for every \$100 in your account.** You will not get a bill. This cost is automatically taken out of your CalSavers balance on a regular basis to help pay for the administration of the program.

 **Getting started through your employer.** CalSavers is now open for employer registration and employee enrollment. If your employer does not offer a workplace retirement plan, they must register for CalSavers by certain deadlines. When an employer registers, they must submit their roster of eligible employees to CalSavers. Added employees will then receive a notification from CalSavers and will have 30 days to decide to customize their account, opt out of the program, or be automatically enrolled with the standard savings choices. Paycheck contributions will begin after this 30-day period.

 **Stay on top of your savings when and where it's convenient for you.** You can easily monitor and manage your account with confidence using the CalSavers app. Available for Apple and Android devices.

¹ To enroll in CalSavers, you must be 18 years of age or older and provide either a Social Security Number or Individual Tax Identification Number, your personal address, and some other basic information.

² If you opt out and have any savings, you can leave the money in your account, transfer or roll it over to another Roth IRA, or request a distribution. Keep in mind, requesting a distribution may result in taxes and penalties.

³ This hypothetical example is for illustrative purposes only—your individual results will vary. The example assumes an investment return of 6%.

⁴ Social Security Administration, Fast Facts & Figures about Social Security, 2017.

The CalSavers Retirement Savings Program ("CalSavers" or the "Program") is an automatic enrollment payroll deduction IRA overseen by the CalSavers Retirement Savings Board ("Board"). Ascensus College Savings Recordkeeping Services, LLC ("ACSR") is the program administrator. ACSR and its affiliates are responsible for day-to-day program operations. Participants saving through CalSavers beneficially own and have control over their IRAs, as provided in the Program Disclosure Booklet available at saver.calsavers.com. CalSavers is not sponsored by the employer, and therefore the employer is not responsible for the Program or liable as a Program sponsor. Employers are not permitted to endorse the Program or encourage or advise employees on whether to participate, how much (if any) to contribute or provide investment help.

CalSavers offers investment options selected by the Board. For more information on CalSavers' investment options go to saver.calsavers.com. Account balances in CalSavers will vary with market conditions. Investments in CalSavers are not guaranteed or insured by the Board, the State of California, the Federal Deposit Insurance Corporation, or any other organization.

CalSavers is a completely voluntary retirement program. Savers may opt out at any time or reduce or increase the amount of payroll contributions. If a saver opts out they can later opt back into CalSavers.

Saving through an IRA may not be appropriate for all individuals. Employer facilitation of CalSavers should not be considered an endorsement or recommendation by a participating employer, IRAs, or the investment options offered through CalSavers. IRAs are not exclusive to CalSavers and can be obtained outside of the Program and contributed to outside of payroll deduction. Contributing to a CalSavers IRA through payroll deduction may offer some tax benefits and consequences. However, not everyone is eligible to contribute to a Roth IRA and savers should consult a tax or financial advisor if they have questions related to taxes or investments. Employers do not provide financial advice and employees should not contact an employer for financial advice. Employers should refer all questions about the Program to CalSavers. Employers are not liable for decisions employees make pursuant to Section 100034 of the California Government Code.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____
Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: US QUALITY FURNITURE SERVICES INC

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:
PO BOX 428, FRIENDSWOOD, TX 77549

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 713-943-7016

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____
Physical Address of Main Office: _____
Mailing Address: _____
Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: Commission based rates Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission
 Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No
If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: Every other Friday

WORKERS' COMPENSATION

Insurance Carrier's Name: Travelers
Address: _____
Telephone Number: 1-800-736-7401
Policy No.: _____
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGMENT OF RECEIPT
(Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT

(Poster may be printed on 8 ½" x 11" letter size paper)

**HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014
PAID SICK LEAVE****Entitlement:**

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later.
- Accrued paid sick leave shall carry over to the following year of employment and may be capped at 48 hours or 6 days. However, subject to specified conditions, if an employer has a paid sick leave, paid leave or paid time off policy (PTO) that provides no less than 24 hours or three days of paid leave or paid time off, no accrual or carry over is required if the full amount of leave is received at the beginning of each year in accordance with the policy.

Usage:

- An employee may use accrued paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 24 hours or three days in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website <http://www.dir.ca.gov/dlse/DistrictOffices.htm> using the [alphabetical listing of cities, locations, and communities](#). Staff is available in person and by telephone.

NOTICE TO EMPLOYEES

Your employer must send a copy of your *Employee's Withholding Allowance Certificate* (Form W-4 [federal] or DE 4 [state]) to the Franchise Tax Board (FTB) if the form meets either of the following two conditions:

- You claim more than 10 withholding allowances.
- You claim to be exempt from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200.

Your employer will continue to treat the Form W-4 and/or DE 4 as valid until notified, in writing, by the FTB of the proper marital status and number of allowances to use for California Personal Income Tax (PIT) withholding purposes.

If you disagree with the FTB determination, you may request a review of the determination by writing to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

You, as the employee, will have to provide proof that the FTB determination is incorrect for California PIT withholding purposes. Your employer must continue to withhold as instructed in the original determination until notified by the FTB, in writing, of any changes.

If the FTB finds that the number of withholding allowances you claimed is unreasonable, you may be subject to a \$500 penalty as provided by Section 13101 of the California Unemployment Insurance Code.

- Versión en español en la página 2 -

AVISO A EMPLEADOS

Su empleador debe de enviar una copia del certificado del empleado que autoriza la retención de impuestos conocido comúnmente en inglés como, *Employee's Withholding Allowance Certificate* (Formularios W-4 [federal] ó DE 4 [estatal]) al Franchise Tax Board (la oficina de recaudación de impuestos estatales), si el formulario cumple con cualquiera de las dos condiciones siguientes:

- Usted reclama más de 10 exenciones de retención en los cuales se basa la retención de impuestos.
- Usted sostiene estar exento de retención de impuestos federales y estatales y su empleador espera que usted gane su salario normal semanal de más de \$200.

Su empleador continuará considerando el Formulario W-4 y/o el formulario DE 4 como válido hasta que sea notificado por el Franchise Tax Board, por escrito, del estado civil apropiado y el número de exenciones que se pueden usar para el propósito de retención del Impuesto de Ingreso Personal (PIT, por sus siglas en inglés) en California.

Si usted no está de acuerdo con la determinación del Franchise Tax Board, usted puede pedir que se revise la determinación escribiendo al:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

Usted, como empleado, tendrá que proporcionar las pruebas de que la determinación del Franchise Tax Board es incorrecta para el propósito de retención del Impuesto de Ingreso Personal en California. Su empleador continuará la retención como fue indicado en la determinación original hasta que sea notificado por el Franchise Tax Board, por escrito, de cualquier cambio.

Si el Franchise Tax Board decide que el número de exenciones que usted reclama es irrazonable, se le podrá imponer una multa de \$500 conforme la Sección 13101 del Código del Seguro de Desempleo de California.

- English version on page 1 -

Notice to Employees:

THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

UI

Unemployment Insurance

(funded entirely by employers' taxes)

When you are unemployed or working less than full time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance (UI) benefits. There are three ways to file a claim:

Internet

File online with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616	Spanish 1-800-326-8937
Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058
Mandarin 1-866-303-0706	TTY (non voice) 1-800-815-9387

Mail or Fax

File by mailing or faxing UI Application, DE 11011, by accessing the paper application online at www.edd.ca.gov/unemployment. The paper application can be filled out online and printed, or printed and completed by hand. Then the application can be mailed or faxed to an EDD office for processing.

Note: File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

DI

Disability Insurance

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of Disability Insurance Provisions, DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not job related.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the new data capturing Claim for Disability Insurance Benefits (Optical Character Recognition), DE 2501, through your employer, doctor's office, hospital, by calling us at 1-800-480-3287, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for DI coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT DI, PLEASE VISIT www.edd.ca.gov/disability OR CONTACT DI CUSTOMER SERVICE BY PHONE AT 1-800-480-3287.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

PFL

Paid Family Leave

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of Paid Family Leave Program Brochure, DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the new data capturing Claim for Paid Family Leave Benefits (Optical Character Recognition), DE 2501F, through your employer, doctor's office, hospital, by calling us at 1-877-238-4373, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for PFL coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT PFL, PLEASE VISIT www.edd.ca.gov/disability OR CONTACT CUSTOMER SERVICE BY PHONE AT 1-877-238-4373.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.

NOTE: SOME EMPLOYEES MAY BE EXEMPT FROM COVERAGE BY THE ABOVE INSURANCE PROGRAMS. IT IS ILLEGAL TO MAKE A FALSE STATEMENT OR TO WITHHOLD FACTS TO CLAIM BENEFITS. FOR ADDITIONAL GENERAL INFORMATION, VISIT THE EDD WEBSITE AT www.edd.ca.gov.

Aviso a los Empleados:

ESTE EMPLEADOR ESTÁ REGISTRADO CONFORME AL CÓDIGO DEL SEGURO DE DESEMPLEO DE CALIFORNIA Y ESTÁ REPORTANDO LOS CRÉDITOS DE SALARIOS/SUELDOS QUE SE ESTÁN ACUMULANDO A SU CUENTA PARA UTILIZARSE COMO UNA BASE PARA EL:

UI

Seguro de Desempleo

(financiado en su totalidad por los impuestos pagados por los empleadores)

Cuando usted se encuentre desempleado o trabajando menos de tiempo completo y está listo, dispuesto, y en condiciones para trabajar, usted posiblemente podría ser elegible para recibir beneficios del Seguro de Desempleo (UI, por sus siglas en inglés). Existen tres maneras para presentar una solicitud de beneficios:

Internet

Presente la solicitud de beneficios por Internet con eApply4UI-la manera rápida y fácil de presentar una solicitud de beneficios del Seguro de Incapacidad (UI, por sus siglas en inglés). Ingrese a eApply4UI en <https://eapply4ui.edd.ca.gov/>.

Por Teléfono:

Presente la solicitud de beneficios comunicándose con un representante de servicio al cliente a uno de los números telefónicos gratuitos a continuación:

inglés al 1-800-300-5616

español al 1-800-326-8937

TTY (no voz) 1-800-815-9387

Por Correo o Fax

Presente la solicitud del Seguro de Desempleo, DE 11011, por correo o por fax. Puede obtener la solicitud de beneficios en papel por Internet en www.edd.ca.gov/unemployment. La solicitud en papel puede completarse por Internet e imprimirse, o puede imprimirla y llenarla a mano y después enviarla por correo o fax a la oficina del Departamento del Desarrollo del Empleo para ser tramitada.

Nota: Presente su solicitud de beneficios inmediatamente. Si se demora en presentar su solicitud de beneficios, usted podría perder beneficios a los que normalmente tenga derecho a recibir.

DI

Seguro de Incapacidad

(financiado en su totalidad por las contribuciones de los empleados)

Cuando usted no puede trabajar o reduce sus horas de trabajo debido a una enfermedad, lesión, o embarazo, usted posiblemente podría ser elegible para recibir beneficios del Seguro de Incapacidad (DI, por sus siglas en inglés).

Su empleador debe proporcionarle una copia del folleto titulado Provisiones del Seguro de Incapacidad, DE 2515, a cada uno de sus empleados recién contratados y a todo empleado que deja el trabajo debido a un embarazo o debido a una enfermedad o lesión no relacionada al trabajo.

Cómo presentar una solicitud de beneficios:

- **Internet**, establezca una cuenta en www.edd.ca.gov/disability. Esta es la manera más fácil y rápida para presentar una nueva solicitud de beneficios y para obtener información sobre el estado de la solicitud de beneficios.
- **Por correo**, obtenga la nueva Solicitud para Beneficios del Seguro de Incapacidad (Reconocimiento Óptico de Caracteres), DE 2501F, con captura de datos, por medio de su empleador, consultorio médico, hospital, llamando al 1-866-658-8846, o por Internet en www.edd.ca.gov/forms.

Nota: Si su empleador maneja un Plan Voluntario aprobado para cobertura del Seguro de Incapacidad, comuníquese con su empleador para asistencia.

PARA MÁS INFORMACIÓN ACERCA DEL SEGURO DE INCAPACIDAD, POR FAVOR VISITE www.edd.ca.gov/disability O COMUNÍQUESE CON EL CENTRO DE SERVICIOS AL CLIENTE DEL SEGURO DE INCAPACIDAD AL 1-866-658-8846.

LOS EMPLEADOS DEL GOBIERNO ESTATAL DEBEN LLAMAR AL 1-866-352-7675.

TTY ESTÁ DISPONIBLE (SÓLO PARA PERSONAS SORDAS O CON IMPEDIMENTOS DEL OÍDO) AL 1-800-563-2441.

PFL

Permiso Familiar Pagado

(financiado en su totalidad por las contribuciones de los empleados)

Cuando usted deje de trabajar o reduce sus horas de trabajo para cuidar a un miembro de la familia que está gravemente enfermo o para establecer lazos afectivos con un nuevo hijo, usted posiblemente podría ser elegible para recibir beneficios del Permiso Familiar Pagado (PFL, por sus siglas en inglés).

Su empleador debe proporcionarle una copia del Folleto del Programa del Permiso Familiar Pagado, DE 2511, a cada uno de sus empleados recién contratados y a todo empleado que deja de trabajar para cuidar a un miembro de la familia que está gravemente enfermo o para establecer lazos afectivos con un nuevo hijo.

Cómo presentar una solicitud de beneficios:

- **Internet**, establezca una cuenta en www.edd.ca.gov/disability. Esta es la manera más fácil y rápida para presentar una nueva solicitud de beneficios y para obtener información sobre el estado de la solicitud de beneficios.
- **Por correo**, obtenga la nueva Solicitud para Beneficios del Permiso Familiar Pagado (Reconocimiento Óptico de Caracteres), DE 2501F, con captura de datos, por medio de su empleador, consultorio médico, hospital, llamando al 1-877-379-3819, o por Internet en www.edd.ca.gov/forms.

Nota: Si su empleador maneja un Plan Voluntario aprobado para cobertura del Permiso Familiar Pagado, comuníquese con su empleador para asistencia.

PARA MÁS INFORMACIÓN ACERCA DEL PERMISO FAMILIAR PAGADO, POR FAVOR VISITE www.edd.ca.gov/disability O COMUNÍQUESE CON EL CENTRO DE SERVICIOS AL CLIENTE DEL PERMISO FAMILIAR PAGADO AL 1-877-379-3819.

LOS EMPLEADOS DEL GOBIERNO ESTATAL DEBEN LLAMAR AL 1-877-945-4747.

TTY ESTÁ DISPONIBLE (SÓLO PARA PERSONAS SORDAS O CON IMPEDIMENTOS DEL OÍDO) AL 1-800-445-1312.

NOTA: ALGUNOS EMPLEADOS PODRÍAN SER EXENTOS DE LOS PROGRAMAS DE SEGUROS INDICADOS ANTERIORMENTE. ES UN ACTO ILEGAL EL HACER DECLARACIONES FALSAS O EL NO DIVULGAR TODOS LOS HECHOS DEL CASO CON EL PROPÓSITO DE RECIBIR BENEFICIOS. PARA OBTENER INFORMACIÓN GENERAL ADICIONAL, VISITE EL SITIO DE INTERNET DEL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO EN www.edd.ca.gov.

NOTICE TO EMPLOYEES **UNEMPLOYMENT INSURANCE BENEFITS**

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits that are being accumulated for you to be used as a basis for unemployment insurance benefits.

If you are:

- Unemployed, or
- Working less than full-time, AND
- You are ready, willing, and able to work full-time, or as instructed by the Employment Development Department,

You may be eligible to receive unemployment insurance benefits.

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public or nonprofit educational institution may not be paid during a school recess period if the employee has reasonable assurance of returning to work at the end of the recess period (California Unemployment Insurance Code Section 1253.3). Benefits based on other covered employment may be payable during recess periods if the unemployed individual is in all other respects eligible, and the wages earned in other covered employment are sufficient to establish an unemployment insurance claim after excluding wages earned from a public or nonprofit educational institution(s).

NOTE: Some employees may be exempt from unemployment and disability insurance coverage.

File your claim by telephone or Internet:

Toll-Free Telephone Numbers

English 1-800-300-5616

Mandarin 1-866-303-0706

Spanish 1-800-326-8937

Vietnamese 1-800-547-2058

Cantonese 1-800-547-3506

TTY (Non Voice) 1-800-815-9387

EDD's Internet Address to Complete and Submit Your On-Line Application:

<https://eapply4ui.edd.ca.gov>

Note: If contacting us to file a claim, you must contact us by Friday to receive credit for the week.
If calling, Mondays are our busiest days. For faster service, call Tuesday through Thursday.

NOTIFICACIÓN A LOS EMPLEADOS **BENEFICIOS DEL SEGURO DE DESEMPLEO (UI)**

Este empleador está inscrito bajo el Código del Seguro de Desempleo de California (CUIC) y está reportando créditos de sueldos que se están acumulando para usted, a fin de usarse como base para beneficios del seguro de desempleo.

Si usted está:

- Desempleado, o
- Trabajando menos de tiempo completo, Y
- Está listo, dispuesto y en condiciones físicas/mentales para trabajar tiempo completo, o según se lo indique el Departamento del Desarrollo del Empleo (EDD),

Es posible que usted sea elegible para recibir beneficios del seguro de desempleo.

Empleados de Instituciones Educativas:

Es posible que los beneficios del Seguro de Desempleo (UI) basados en los sueldos ganados mientras esté empleado por una institución educativa pública o sin fines de lucro no se paguen durante un periodo de receso escolar si el empleado tiene una garantía razonable de regresar a trabajar al fin del periodo de receso. (Sección 1253.3 del Código del Seguro de Desempleo de California). Es posible que los beneficios basados en otro empleo cubierto se paguen durante periodos de receso si la persona desempleada es elegible de todas las demás maneras, y los sueldos ganados en otro empleo cubierto son suficientes para establecer una solicitud de beneficios del seguro de desempleo, después de excluir los sueldos ganados de una institución o instituciones educativa(s) pública(s) o sin fines de lucro.

NOTA: Es posible que algunos empleados estén exentos de protección de seguro de desempleo (UI) y de incapacidad (DI).

Presente su solicitud de beneficios por teléfono o por Internet:
Números de Teléfono Gratis

Inglés 1-800-300-5616
TTY (Sin voz) 1-800-815-9387

Español 1-800-326-8937

Dirección de Internet del EDD para Completar y Presentar su Solicitud En Línea:
<https://eapply4ui.edd.ca.gov>

Nota: Si se está comunicando con nosotros para presentar una solicitud de beneficios, tiene que hacerlo a más tardar el viernes para recibir crédito por la semana. Si va a llamar, los lunes son nuestros días más ocupados. Para obtener servicio más rápido, llame de martes a jueves.

Notice to Employees:



THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

Disability Insurance (DI)

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of "Disability Insurance Provisions," DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not related to his/her job.

Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain DI claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from your doctor, hospital, or directly from any California Disability Insurance (DI) Claim Management office.
- File your "Claim for DI Benefits," DE 2501, within 49 days of the first day of your disability to avoid losing benefits.

Paid Family Leave (PFL)

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of "Paid Family Leave Program Brochure," DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain PFL claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from any California Disability Insurance (DI) Claim Management office or the PFL office.
- File your "Claim for PFL Benefits," DE 2501F, within 49 days of the first day of your family leave to avoid losing benefits.

FOR MORE INFORMATION ABOUT DI, VISIT THE EDD WEB SITE AT www.edd.ca.gov OR CALL 1-800-480-3287.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.
FOR MORE INFORMATION ABOUT PFL, VISIT THE EDD WEB SITE AT www.edd.ca.gov OR CALL 1-877-238-4373.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675 FOR DI AND 1-877-945-4747 FOR PFL.

Aviso A Los Empleados:



ESTE EMPLEADOR ESTÁ INSCRITO CON EL DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD) CONFORME AL CÓDIGO DEL SEGURO DE DESEMPLEO DE CALIFORNIA, Y ESTÁ REPORTANDO LOS CRÉDITOS DE SALARIOS/JORNALES QUE SE ESTÁN ACUMULANDO A SU CUENTA PARA UTILIZARSE COMO UNA BASE PARA EL:

Seguro de Incapacidad (DI)

(financiado en su totalidad por las contribuciones de los empleados)

Cuando Ud. no puede trabajar o sus horas han sido reducidas debido a enfermedad, lesión o embarazo podrá tener derecho a recibir Beneficios del Seguro de Incapacidad (DI).

Su empleador deberá de proporcionar una copia del formulario DE 2515/S/ "Provisiones del Seguro de Incapacidad" a todas las personas recién contratadas para trabajar y a todos los trabajadores que dejan el empleo debido a embarazo o una enfermedad o lesión no relacionada con el trabajo.

Formularios de Solicitud

- Si su empleador maneja un aprobado plan voluntario en el lugar de un seguro de incapacidad y Ud. ha elegido ser protegido(a) por tal plan, obtenga los formularios del DI de su empleador.
- Si Ud. no está protegido(a) por un plan voluntario, obtenga formularios de solicitud en el consultorio de su médico, hospital o directamente en cualquiera de las Oficinas Tramitadoras de Solicitudes de Seguro de Incapacidad (DI) de California.
- Presente su "Solicitud de beneficios para beneficios del DI," DE 2501, dentro de 49 días del primer día de su incapacidad, para evitar perder beneficios.

Permiso Familiar Pagado (PFL)

(financiado en su totalidad por las contribuciones de los empleados)

Cuando Ud. deja de trabajar o reduce sus horas de trabajo para cuidar a un miembro de la familia que está seriamente enfermo(a) o para establecer lazos afectivos con un nuevo niño(a), usted puede tener derecho a recibir beneficios del Permiso Familiar Pagado (PFL).

Su empleador deberá de proporcionar una copia del folleto del programa del "Permiso Familiar Pagado," DE 2511, a todo empleado(a) nuevo y a todo empleado(a) que deja de trabajar para cuidar a un miembro de la familia que está seriamente enfermo(a) o para establecer lazos afectivos con un(a) nuevo(a) niño(a).

Formularios de Solicitud

- Si su empleador maneja un aprobado plan voluntario en el lugar de un seguro de incapacidad y Ud. ha elegido ser protegido(a) por tal plan, obtenga los formularios del PFL de su empleador.
- Si Ud. no está protegido(a) por un plan voluntario obtenga formularios de solicitud en el consultorio de su médico, hospital o en cualquiera de las Oficinas Tramitadoras de Solicitudes de Seguro de Incapacidad (DI) de California o en la oficina del PFL.
- Presente su "Solicitud de beneficios para beneficios del PFL," DE 2501F, dentro de 49 días del primer día de su permiso familiar, para evitar perder beneficios.

PARA MÁS INFORMACIÓN ACERCA DEL DI, VISITE EL SITIO DE INTERNET DEL EDD EN www.edd.ca.gov Ó LLAME AL 1-800-480-3287.
EL SISTEMA TTY ESTÁ A LA DISPOSICIÓN (PARA LAS PERSONAS SORDAS O CON IMPEDIMENTOS DEL OÍDO SOLAMENTE) AL 1-800-563-2441.
PARA MÁS INFORMACIÓN ACERCA DEL PFL, VISITE EL SITIO DE INTERNET DEL EDD EN www.edd.ca.gov Ó LLAME AL 1-877-238-4373.
EL SISTEMA TTY ESTÁ A LA DISPOSICIÓN (PARA LAS PERSONAS SORDAS O CON IMPEDIMENTOS DEL OÍDO SOLAMENTE) AL 1-800-445-1312.
LOS EMPLEADOS DEL GOBIERNO ESTATAL DEBEN DE LLAMAR AL 1-866-352-7675 PARA DI Y AL 1-877-945-4747 PARA PFL.



Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for a parent, child, spouse, registered domestic partner or to bond with a new child.
- Covers employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- Paid Family Leave benefits are considered taxable income.

In California, it's the law.

Paid Family Leave Benefits

The time to care. 1-877-238-4373

To apply online or for more
information, visit:

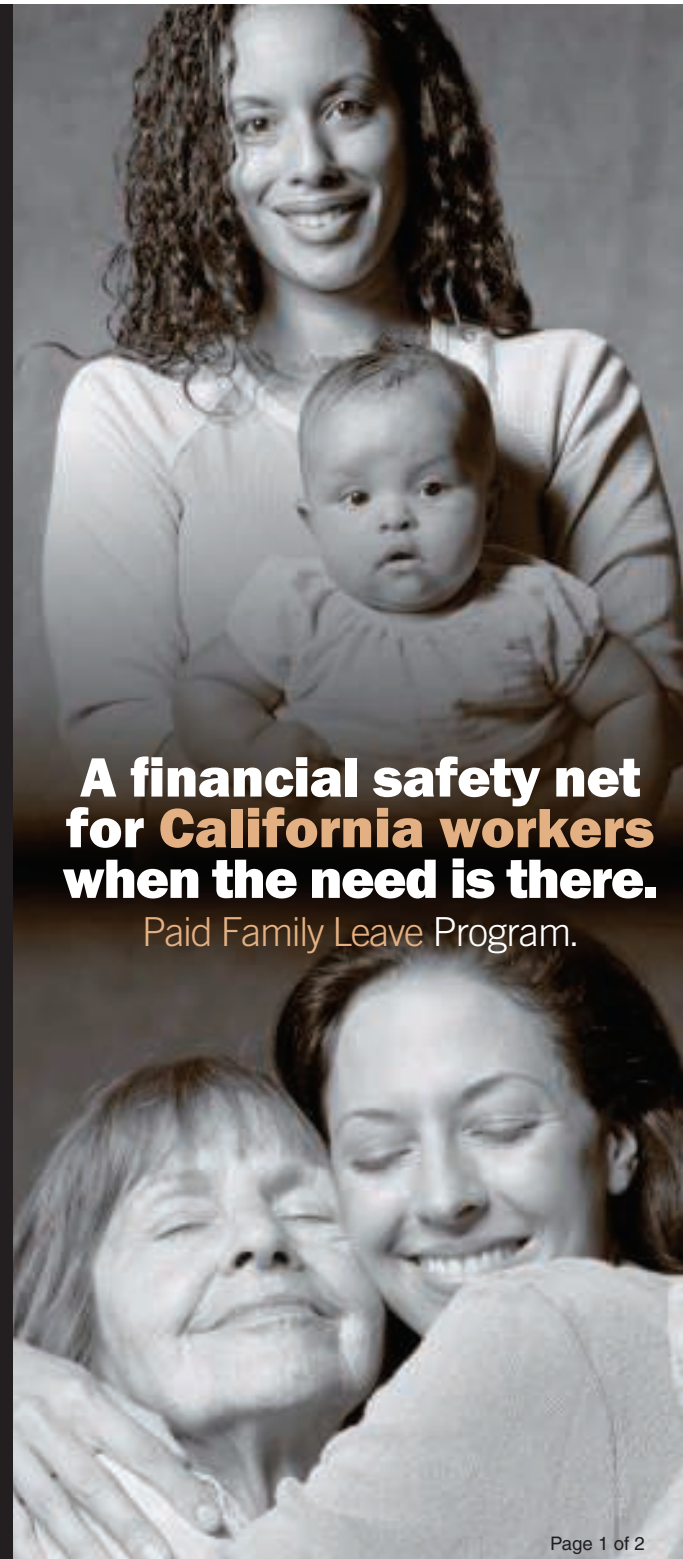
www.edd.ca.gov/disability

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

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 1-877-238-4373 (voice), or TTY 1-800-445-1312.

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

State of California



**A financial safety net
for California workers
when the need is there.**

Paid Family Leave Program.

Paid Family Leave benefits for California workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn, or an employee caring for a seriously ill parent, child, spouse, or registered domestic partner, California's Paid Family Leave program was created for these times (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits).



A program benefiting you and your family

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

Paid Family Leave for California employees

Paid Family Leave benefits do not provide job protection or return rights. Job protection **may** be provided if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

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

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

You may not be eligible for benefits if:

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

You are entitled to:

- Know the reason and basis for decision affecting your benefits.
- Appeal decisions about your eligibility for benefits (Appeals must be sent to Paid Family Leave in writing.)



- A hearing of your appeal before an Administrative Law Judge (ALJ). Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy — Information about your claim will be kept confidential except for the purposes allowed by law.

Apply for benefits

Apply for Paid Family Leave benefits online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file a paper form. To request a claim form visit www.edd.ca.gov/disability.

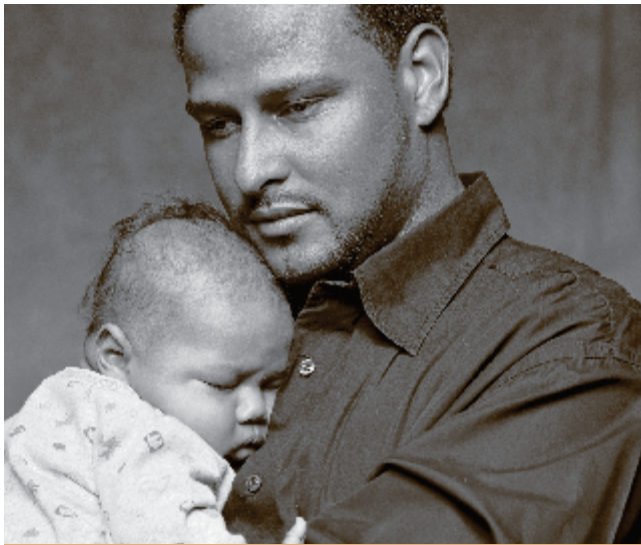
If you are currently receiving SDI pregnancy-related benefits, it is not necessary to request a PFL claim form. PFL claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

Contact Paid Family Leave

For questions about Paid Family Leave benefits, please visit www.edd.ca.gov/Disability/Paid_Family_Leave.htm.

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

For more information, visit: www.edd.ca.gov/disability
Claim forms should be mailed to Paid Family Leave at:
P.O. Box 997017, Sacramento, CA 95799-7017



Datos rápidos acerca del Programa del Permiso Familiar Pagado

- Proporciona beneficios, pero no proporciona protección de empleo ni los derechos de retorno al mismo.
- Proporciona a los trabajadores elegibles el reemplazo parcial de salarios cuando dejan de trabajar para proporcionar cuidado a un padre/madre, hijo/a, esposo/a, y pareja doméstica registrada, o para establecer lazos afectivos con hijos nuevos.
- Cubre a todos los empleados que tienen cobertura bajo el Seguro Estatal de Incapacidad (SDI) (o un plan voluntario en lugar del SDI).
- Ofrece hasta 6 semanas de beneficios en un período de 12 meses.
- Proporciona beneficios de aproximadamente el 55 por ciento de los salarios perdidos.
- Los beneficios del programa de Permiso Familiar Pagado se consideran ingresos sujetos a impuestos.

En California, es la ley.
Beneficios del

Permiso Familiar Pagado

El tiempo para prestar atención.
1-877-379-3819

Para solicitar por Internet o para obtener más información, visite:

www.edd.ca.gov/disability

1-877-238-4373 (inglés)
1-877-379-3819 (español)
1-800-445-1312 (TTY)

El Departamento del Desarrollo del Empleo (EDD) ofrece igualdad de oportunidad en empleos/programas. Servicios auxiliares y de asistencia para las personas discapacitadas, están disponibles cuando se solicitan. Peticiones para servicios, asistencia y/o formato alterno, necesitan hacerse llamando al 1-877-238-4373 (voz) o TTY al 1-800-445-1312.

Este folleto solamente sirve para proporcionar información general y no tiene la fuerza ni el efecto de ley, norma o reglamento.

Estado de California



Una red de seguridad financiera para los trabajadores de California para cuando sea necesario.

Programa del Permiso Familiar Pagado.



Beneficios del Permiso Familiar Pagado para los Trabajadores de California

A veces hay momentos en la vida de toda persona trabajadora en los que se necesita cuidar a un ser querido. Si bien se trate de padres de familia que trabajan y necesitan más tiempo para establecer lazos afectivos con su recién nacido, y cuidar de éste o se trate de un empleado que necesite cuidar a uno de sus padres, a sus hijos, a su esposo/a o pareja doméstica registrada que esté gravemente enfermo/a, en California, el programa del Permiso Familiar Pagado se creó para éstos momentos (**Nota:** Las parejas domésticas registradas deberán de cumplir con ciertos requisitos y estar registradas con el Secretario de Estado de California para ser elegibles para beneficios.)



Un programa que beneficia a usted y a su familia

California es el líder a nivel nacional como el primer estado que facilita a los empleados balancear las exigencias del lugar de trabajo y las necesidades en el hogar de cuidado de familia. Los beneficios del Permiso Familiar Pagado se basan en los ingresos del solicitante (el que proporciona cuidado) en trimestres anteriores. Para más información sobre las cantidades de beneficios máximas pagadas, diríjase al enlace del formulario DE 2589 de las *Cantidades de Beneficios Semanales para el Seguro de Incapacidad (DI) y el Permiso Familiar Pagado (PFL)* en Incremento de Dinero en www.edd.ca.gov/disability.

Permiso Familiar Pagado para los empleados en California

Los beneficios del Permiso Familiar Pagado no proporcionan protección de empleo ni los derechos de retorno al mismo. La protección de empleo **podrá** ser proporcionada, **si** su empleador está sujeto a la Ley Federal para Permiso Médico Familiar y la Ley de California para los Derechos de la Familia. Notifíquelo a su empleador sobre su razón para tomar el permiso, en una forma consistente con las normas de la compañía para los permisos.

Para calificar para recibir beneficios del Permiso Familiar Pagado, usted tiene que cumplir con los siguientes requisitos:

- Estar cubierto bajo el Seguro Estatal de Incapacidad (SDI) (o un plan voluntario en lugar del SDI) y haber ganado por lo menos \$300 en su período reglamentario de los cuales se retuvieron deducciones.
- Proporcionar información médica que justifique su declaración de que la persona que reciba el cuidado tiene una condición de salud grave y necesita ser cuidada por usted.
- Presentar su solicitud no antes de 9 días pero a más tardar 49 días después del primer día que comenzó el cuidado del miembro de la familia.
- Proporcionar documentación, para justificar una solicitud de beneficios para establecer lazos afectivos con un hijo(a) nuevo(a) biológico, adoptado o de crianza.
- Utilizar un máximo de dos semanas de cualquier permiso por vacaciones a las que tenga derecho, o días de descanso pagados (PTO) a las que usted tenga derecho, pero que no haya utilizado, en el caso de que su empleador así lo requiera, antes del comienzo del recibo de beneficios.
- Cumplir con un período de espera de 7 días, sin pago, antes del inicio de los beneficios por cada persona diferente que cuide durante el período de 12 meses.

Es posible que usted no sea elegible para recibir beneficios si:

- Usted está recibiendo beneficios del Seguro Estatal de Incapacidad, del Seguro de Desempleo, o Compensación para Trabajadores.
- Usted no está trabajando o buscando empleo, en el momento en que comience su permiso para el cuidado familiar.
- Usted no está sufriendo una pérdida de salarios.
- La necesidad de cuidado no está justificada por el certificado de un médico o profesional (médico) que esté a cargo de atenderle.
- Usted se encuentra bajo custodia a causa de un crimen.

(INTERNET)



Usted tiene derecho a:

- Saber la razón y la base de cualquier decisión que afecte sus beneficios.
- Apelar cualquier decisión acerca de su elegibilidad para recibir beneficios. (Las apelaciones deberán ser por escrito y enviadas al Permiso Familiar Pagado.)
- Una audiencia de la apelación y presentarse ante un Juez de Justicia Administrativa (ALJ). Además, puede apelar la decisión del Juez de Justicia Administrativa a la Junta de Apelaciones del Seguro de Desempleo de California (CUIAB) o en la corte.
- Su privacidad - La información acerca de su solicitud de beneficios se mantendrá confidencial, con excepción de los propósitos permitidos por la ley.

Solicite Beneficios

Solicite beneficios del Permiso Familiar Pagado por Internet en www.edd.ca.gov/disability. Los empleadores y médicos/profesionales (médicos) pueden presentar información de la solicitud de beneficios por medio de SDI por Internet. También puede presentar el formulario en papel. Para pedir un formulario de solicitud de beneficios visite www.edd.ca.gov/disability.

Si usted actualmente está recibiendo beneficios del SDI relacionados con el embarazo, no es necesario pedir una solicitud para beneficios del Permiso Familiar Pagado. Se le enviará automáticamente la información para presentar una solicitud del Permiso Familiar Pagado por medio de su cuenta de SDI por Internet o por correo cuando su solicitud relacionada con embarazo se termine.

Comunicándose con el Permiso Familiar Pagado

Si usted tiene alguna pregunta acerca de los beneficios del Permiso Familiar Pagado, por favor visite www.edd.ca.gov/Disability/Paid_Family_Leave.htm.

1-877-238-4373 (inglés) 1-877-379-3819 (español)
1-800-445-1312 (TTY)

Para obtener más información, visite: www.edd.ca.gov/disability
Los formularios de solicitud deberán ser enviados al Permiso Familiar Pagado al: P.O. Box 997017 Sacramento, CA 95799-7017

DI Office Locations and Mailing Addresses

Chico	645 Salem Street (PO Box 8190, Chico, CA 95927-8190)
Chino Hills ...	15315 Fairfield Ranch Road, Ste. 100 (PO Box 60006, City of Industry, CA 91716-0006)
Fresno	2555 S. Elm Avenue (PO Box 32, Fresno, CA 93707-0032)
Long Beach ...	4300 Long Beach Blvd., Ste. 600 (PO Box 469, Long Beach, CA 90801-0469)
Los Angeles	888 S. Figueroa Street, Ste. 200 (PO Box 513096, Los Angeles, CA 90051-1096)
Oakland	7677 Oakport Street, Ste. 325 (PO Box 1857, Oakland, CA 94606-1857)
Sacramento	5009 Broadway (PO Box 13140, Sacramento, CA 95813-3140)
San Bernardino	371 West 3rd Street (PO Box 781, San Bernardino, CA 92402-0781)
San Diego ...	9246 Lightwave Avenue, Bldg. A, Ste. 300 (PO Box 120831, San Diego, CA 92112-0831)
San Francisco	745 Franklin Street, Rm. 300 (PO Box 193534, San Francisco, CA 94119-3534)
San Jose	297 West Hedding Street (PO Box 637, San Jose, CA 95106-0637)
Santa Ana	2 MacArthur Place, Suite 400 (PO Box 1466, Santa Ana, CA 92702-1466)
Santa Barbara	128 East Ortega Street (PO Box 1529, Santa Barbara, CA 93102-1529)
Santa Rosa	606 Healdsburg Avenue (PO Box 700, Santa Rosa, CA 95402-0700)
Stockton	3127 Transworld Dr., Ste. 150 (PO Box 201006, Stockton, CA 95201-9006)
California State Government Employees	(PO Box 2168, Stockton, CA 95201-2168)
Van Nuys	15400 Sherman Way, Rm. 500 (PO Box 10402, Van Nuys, CA 91410-0402)



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 DI at 1-866-490-8879. TTY users, please call the California Relay Service at 711.



DISABILITY INSURANCE PROVISIONS



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit [State Disability Insurance \(edd.ca.gov/disability\)](http://StateDisabilityInsurance(edd.ca.gov/disability)), or contact the Employment Development Department (EDD) DI customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, which may be substituted for the State Plan. Voluntary Plans are established if the employer and majority of employees agree to do so. VP information and filing a claim is done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage under SDI. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims. However, there are differences in eligibility requirements from those listed in this pamphlet.

For additional information or to apply for coverage, contact the EDD DI customer service at 1-800-480-3287, the EDD employment tax customer service at 1-888-745-3886, or visit [State Disability Insurance \(edd.ca.gov/disability\)](http://StateDisabilityInsurance(edd.ca.gov/disability)).

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form online.
 - Online: [State Disability Insurance \(edd.ca.gov/disability\)](http://StateDisabilityInsurance(edd.ca.gov/disability)).
 - By phone: 1-800-480-3287.
 - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
 - California state government employees covered by SDI should call 1-866-352-7675.
2. If filing through SDI Online, complete all required fields. SDI Online will provide a receipt number once the claim is submitted. If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant's Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner's Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner's Certificate.

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a:

- Licensed medical or osteopathic physician and surgeon.
- Nurse practitioner.
- Physician assistant.
- Chiropractor.
- Dentist.
- Podiatrist.
- Optometrist.
- Designated psychologist.
- Authorized medical officer of a United States governmental facility.

Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.

4. 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 unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- If you are eligible to receive benefits, you have two payment options: by **EDD Debit Card**™ through Bank of America, or by a **check**. You do not have to accept the EDD Debit Card. Please allow 7 to 10 days for delivery of checks in the mail.
- Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all eligibility information is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a *Claim For Continued Disability Benefits* (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2021, uses a base period of October 1, 2019, through September 30, 2020.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2021, uses a base period of January 1, 2020, through December 31, 2020.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2021, uses a base period of April 1, 2020, through March 31, 2021.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2021, uses a base period of July 1, 2020, through June 30, 2021.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- Were in the military service.
- Received workers' compensation benefits.
- Did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation. Your DI benefits may be affected if your employer continues to pay you wages during your DI claim. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, 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 or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.

Note: For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

You May Not Be Eligible for Benefits

- If you are receiving Unemployment Insurance (UI) or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the DI rate. If workers' compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

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

Your Rights

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
- 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.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations

- Complete your claim and other forms correctly and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and claim identification number on letters to DI.

Contact DI

- By phone at:
 - English 1-800-480-3287
 - Spanish 1-866-658-8846
- By **U.S. 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 listed under "DI Office Locations."

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer.

If you are able and available to work but unemployed, contact the UI program by visiting [Unemployment Insurance](https://www.edd.ca.gov/unemployment) ([edd.ca.gov/unemployment](https://www.edd.ca.gov/unemployment)) or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of California™ listed at [Service Locator](https://www.careeronestop.org/LocalHelp/service-locator.aspx) ([careeronestop.org/LocalHelp/service-locator.aspx](https://www.careeronestop.org/LocalHelp/service-locator.aspx)) or in the white pages of your phone directory.

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

If you need time off work for a family leave, PFL provides benefits to:

- Care for a seriously ill family member (child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner).
- Bond with a new child entering the family (through birth, adoption, or foster care placement).
- Participate in a qualifying event resulting from a family member's (spouse, registered domestic partner, parent, or child) military deployment to a foreign country.

Contact the EDD PFL program by visiting [State Disability Insurance](https://www.edd.ca.gov/disability) ([edd.ca.gov/disability](https://www.edd.ca.gov/disability)), or by phone at 1-877-238-4373, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney's office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).

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Lista de las Oficinas del Seguro de Discapacidad (DI)

- Chico 645 Salem Street
(escriba a: PO Box 8190, Chico, CA 95927-8190)
- Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100
(escriba a: PO Box 60006, City of Industry, CA 91716-0006)
- Fresno 2550 Mariposa Mall, Rm. 1080A
(escriba a: PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600
(escriba a: PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles 888 S. Figueroa Street, Ste. 200
(escriba a: PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland 7677 Oakport Street, Ste. 325
(escriba a: PO Box 1857, Oakland, CA 94606-1857)
- Riverside 1190 Palmyrita Avenue, Ste. 100
(escriba a: PO Box 59903, Riverside, CA 92517-9903)
- Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino 371 West 3rd Street
(escriba a: PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300
(escriba a: PO Box 120831, San Diego, CA 92112-0831)
- San Francisco 745 Franklin Street, Rm. 300
(escriba a: PO Box 193534, San Francisco, CA 94119-3534)
- San Jose 297 West Hedding Street
(escriba a: PO Box 637, San Jose, CA 95106-0637)
- Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735
(escriba a: PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara 128 East Ortega Street
(escriba a: PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa 606 Healdsburg Avenue
(escriba a: PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton 3127 Transworld Dr., Ste. 150
(escriba a: PO Box 201006, Stockton, CA 95201-9006)
- Los Empleados del Gobierno Estatal de California
(escriban a: PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys 15400 Sherman Way, Rm. 500
(escriba a: PO Box 10402, Van Nuys, CA 91410-0402)



ESTADO DE CALIFORNIA

AGENCIA DEL TRABAJO Y DESARROLLO DE LA FUERZA LABORAL

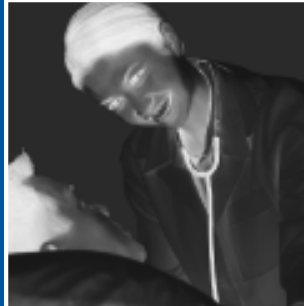
DEPARTAMENTO DEL DESARROLLO DEL EMPLEO (EDD)

Este folleto solamente proporciona información general, y no tiene ni fuerza ni efecto de ley, reglamento o regulación.

El Departamento del Desarrollo del Empleo (EDD) ofrece igualdad de oportunidad al empleo, acceso a sus programas y servicios. Servicios de asistencia para las personas con discapacidades están disponibles cuando se soliciten. Para pedir servicios, asistencia y/o formatos alternos, comuníquese al **1-800-490-8879** o por TTY (teletipo) al 711.



INFORMACIÓN Y REQUISITOS DEL SEGURO DE DISCAPACIDAD (DI)



Una discapacidad es una enfermedad o lesión, ya sea física o mental, que le impide al trabajador desempeñar su trabajo acostumbrado. Un caso de discapacidad puede incluir una cirugía electiva, un embarazo, un parto o condiciones médicas relacionadas con el parto.

Seguro de Discapacidad (DI)
El Seguro de Discapacidad (DI, por sus iniciales en inglés) forma parte del programa del Seguro Estatal de Discapacidad (SDI, por sus iniciales en inglés), el cual es manejado por el estado de California. Este seguro ha sido diseñado para reemplazar parcialmente los salarios/sueldos que un individuo puede perder debido a una discapacidad **no** relacionada con el empleo.

Atención: Consulte la sección "Otros Programas", en este folleto, para obtener información sobre los programas y recursos disponibles para casos de discapacidad que sí están relacionados con el empleo.

Los fondos del Seguro Estatal de Discapacidad (SDI) se componen de contribuciones que son directamente pagadas por los trabajadores de California, quienes son cubiertos por este seguro. Los costos del seguro pueden variar de un año a otro. Para estar al tanto sobre los costos actuales, visite la página de Internet del Seguro Estatal de Discapacidad (SDI) en www.edd.ca.gov/disability, o comuníquese con la oficina del Seguro de Discapacidad (DI), llamando al **1-866-658-8846**, o con el Centro de Asistencia al Contribuyente del Departamento del Desarrollo del Empleo (EDD, por sus iniciales en inglés), al **1-888-745-3886**.

Cómo Solicitar Pagos de Beneficios del Seguro de Discapacidad (DI)

1. A continuación se encuentran los diferentes métodos para solicitar pagos de beneficios del Seguro de Discapacidad (DI):
 - Por Internet en SDI Online, visite www.edd.ca.gov/disability.
 - Por teléfono, llamando al **1-866-658-8846**.
 - Por correo postal, **Disability Insurance (DI), PO Box 989777, West Sacramento, CA 95798-9777**. Para ordenar el formulario en papel de la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* (DE 2501), visite la página *Online Forms and Publications*, (solamente disponible en inglés).
 - En persona, visite cualquiera de las oficinas del Seguro de Discapacidad (DI) indicadas en la "Lista de las Oficinas del Seguro de Discapacidad (DI)" en este folleto.
 - Los empleados del gobierno estatal de California cubiertos por el Seguro Estatal de Discapacidad (SDI), deben llamar al **1-866-352-7675**.
2. Si utiliza SDI Online para solicitar pagos de beneficios, asegúrese de contestar todas las preguntas y de completar todos los espacios requeridos de la *Solicitud de Beneficios del Seguro de Discapacidad (DI)*. Cuando presente la solicitud se le proporcionará un número de recibo.

Si usted decide completar el formulario en papel de la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* (DE 2501), asegúrese de contestar todas las preguntas, de completar todas las secciones y de firmar el documento. Al llenar el formulario, escriba claramente en letra de molde y verifique que sus respuestas sean completas y correctas, ya que los errores pueden demorar la entrega de los pagos de beneficios que le pueden corresponder.
3. Asegúrese que su doctor médico/profesional (médico) complete el Certificado de Doctor Médico/Profesional (Médico) (*Physician/Practitioner Certification*, en inglés) en SDI Online o complete la parte B del formulario en papel de la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* (DE 2501). Si el solicitante presenta la solicitud en SDI Online, su doctor médico/profesional (médico) va a necesitar el número de recibo para poder completar la sección que le corresponde.

Por lo general, después de ser presentada la *Solicitud de Beneficios del Seguro de Discapacidad (DI)*, la solicitud no

puede entrar en vigencia siete días antes de que el solicitante haya sido examinado o haya estado bajo el cuidado de un doctor médico/profesional (médico) que certifique su discapacidad. La certificación puede ser hecha por un médico o un médico osteópata y cirujano con licencia, enfermero(a) practicante, un médico quiropráctico, un dentista, un podiatra, un optometrista, un psicólogo aprobado, o por un oficial médico autorizado de una instalación del gobierno de los Estados Unidos. La certificación también puede ser hecha por una enfermera partera con licencia o una partera con licencia para discapacidades relacionadas al embarazo normal o de parto.

4. Asegúrese de presentar la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* en SDI Online o por correo postal al Departamento del Desarrollo del Empleo (EDD) dentro de un plazo de 49 días a partir del primer día en que usted quedó discapacitado. Si usted presenta la solicitud tarde, es posible que pierda su elegibilidad para recibir pagos de beneficios del Seguro de Desempleo (DI), a menos que proporcione una razón que justifique por qué es que se tardó en hacerlo.

Cómo Se Pagan los Beneficios del Seguro de Discapacidad (DI)

Los pagos de beneficios del Seguro de Discapacidad (DI) se hacen a través de la Tarjeta de Débito EDD. La Tarjeta de Débito EDD funciona como otras tarjetas de débito con acceso a fondos bancarios las 24 horas del día, los siete días de la semana. La tarjeta de débito se puede usar donde quiera que se acepten las tarjetas de débito Visa. Cuando el Departamento (EDD) reciba su *Solicitud de Beneficios del Seguro de Discapacidad (DI)*, es posible que un representante del Departamento (EDD) se comunique con usted a través de SDI Online, por correo postal, o por teléfono, para pedirle información adicional si es necesario. La mayoría de las solicitudes para beneficios del Seguro de Discapacidad (DI) completadas correctamente y firmadas se tramitan dentro de 14 días.

Una vez que una *Solicitud de Beneficios del Seguro de Discapacidad (DI)* sea tramitada por el Departamento (EDD), se debe cumplir una semana de espera (los primeros siete días a partir de la fecha inicial de la solicitud), por la cual no se le hacen pagos de beneficios al solicitante. Después de establecerse la elegibilidad del solicitante, el Departamento (EDD) le hará el primer pago de beneficios al solicitante a través de la Tarjeta de Débito EDD lo más pronto posible.

Si el solicitante llega a presentar otra *Solicitud de Beneficios del Seguro de Discapacidad (DI)* dentro de 60 días a partir de la fecha de haber presentado la solicitud inicial para beneficios del Seguro de Discapacidad (DI), por la misma causa o condición médica o algo relacionado a esa causa, esa solicitud será tramitada como una continuación de la solicitud inicial y el solicitante no tendrá que volver a cumplir con la semana de espera.

Si el solicitante es elegible para recibir pagos de beneficios adicionales, se le enviará el formulario en papel de la *Solicitud de Beneficios Continuos de Discapacidad (DI)* (DE 2500A/S) para completar y presentar. Si el solicitante falla en completar cualquier formulario requerido por el Departamento (EDD), se arriesga a no recibir pagos de beneficios. El Seguro de Discapacidad (DI) hace pagos de beneficios con base a la elegibilidad diaria del solicitante en cada semana de calendario de siete días por la cual se esté solicitando pagos de beneficios. Las semanas parciales se pagan basado en la cantidad diaria (una séptima parte) de beneficios que posiblemente se le puedan pagar al solicitante por cada día que sea elegible para recibir pagos de beneficios. Por favor, permita 10 días, a partir de la fecha en la que presente al Departamento (EDD) el formulario en papel de la *Solicitud de Beneficios Continuos de Discapacidad (DI)* (DE 2500A/S) o presente la *Solicitud de Beneficios Continuos de Discapacidad (DI)* en SDI Online, para recibir el pago de beneficios correspondiente, si es que es elegible.

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Cómo Se Determina la Cantidad de Pago de Beneficios Semanal

La cantidad de pago de beneficios semanal se basa en la cantidad total de los salarios/sueldos que ganó el solicitante durante el **período reglamentario** de 12 meses correspondiente a la solicitud. El período reglamentario se determina con base a la fecha en que primero se estableció la *solicitud para beneficios del Seguro de Discapacidad (DI)*. El solicitante debe considerar cuándo presentar la Solicitud de Beneficios del Seguro de Discapacidad (DI), ya que esto puede afectar la cantidad de pagos de beneficios que puede recibir el solicitante semanalmente, la cantidad máxima de beneficios que puede recibir en total y el período de elegibilidad que por el que puede recibir pagos de beneficios.

Solamente, los salarios/sueldos que ganó el solicitante durante el período reglamentario que fueron sujetos a impuestos del Seguro Estatal de Discapacidad (SDI), se pueden usar para calcular la cantidad máxima de beneficios que el solicitante puede recibir. Para ser elegible para recibir pagos de beneficios, el solicitante tiene que haber ganado por lo menos \$300 durante un trimestre del período reglamentario. El mes en el cual entre en vigencia la solicitud para beneficios del Seguro de Discapacidad (DI) determina cuál de los cuatro trimestres consecutivos indicados a continuación se usará para determinar la cantidad máxima de beneficios que el solicitante puede recibir en pagos de beneficios semanalmente.

Si su solicitud para beneficios del Seguro de Discapacidad (DI) ya está establecida en:

- **Enero, febrero, o marzo, el período reglamentario de 12 meses que le corresponde a la solicitud terminó el 30 de septiembre del año anterior.** Por ejemplo: Una solicitud para beneficios del Seguro de Discapacidad (DI) establecida el 14 de febrero de 2016, le corresponde el período reglamentario que empezó el 1o de octubre de 2014 y terminó el 30 de septiembre de 2015.
- **Abril, mayo, o junio, el período reglamentario de 12 meses que le corresponde a la solicitud terminó el 31 de diciembre del año anterior.** Por ejemplo: Una solicitud para beneficios del Seguro de Discapacidad (DI) establecida el 20 de junio de 2016, le corresponde el período reglamentario que empezó el 1o de enero de 2015 y terminó el 31 de diciembre de 2015.
- **Julio, agosto, o septiembre, el período reglamentario de 12 meses que le corresponde a la solicitud terminó el 31 de marzo del año anterior.** Por ejemplo: Una solicitud para beneficios del Seguro de Discapacidad (DI) establecida el 27 de septiembre de 2016, le corresponde el período reglamentario que empezó el 1o de abril de 2015 y terminó el 31 de marzo de 2016.
- **Octubre, noviembre, o diciembre, el período reglamentario de 12 meses que le corresponde a la solicitud terminó el 30 de junio del año anterior.** Por ejemplo: Una solicitud para beneficios del Seguro de Discapacidad (DI) establecida el 2 de noviembre de 2016, le corresponde el período reglamentario que empezó el 1o de julio de 2015 y terminó el 30 de junio de 2016.

Excepciones

Si el Departamento (EDD) determina que su solicitud para beneficios del Seguro de Discapacidad (DI) no es válida por que no cumple con el requisito de la cantidad mínima de salarios/sueldos que debe de haber ganado usted, el solicitante, durante el trimestre del período reglamentario correspondiente a su solicitud, pero continúa desempleado y en busca de un empleo por más de 60 días durante cualquier otro trimestre del período reglamentario, es posible que usted pueda sustituir los salarios/sueldos ganados en un trimestre anterior por los salarios/sueldos ganados en el trimestre del período reglamentario correspondiente a su solicitud.

Es posible que también se puedan sustituir los salarios/sueldos ganados en otros trimestres anteriores, ya sea para hacer válida su solicitud para beneficios del Seguro de Discapacidad (DI) o

para aumentar la cantidad máxima de beneficios que el solicitante pueda recibir, si durante el período reglamentario correspondiente a su solicitud usted:

- Estaba prestando servicio militar; o
- Recibió pagos de beneficios de compensación para trabajadores (*workers compensation*); o
- No trabajó debido a una disputa laboral.

Si su solicitud es afectada por cualquiera de las circunstancias indicadas arriba, entonces escriba una carta y preséntela junto con su *Solicitud de Beneficios del Seguro de Discapacidad (DI)* (DE 2501) al Departamento (EDD). Para las *Solicitudes de Beneficios del Seguro de Discapacidad (DI)* presentadas en SDI Online, los solicitantes deben ingresar a su cuenta de SDI Online y enviar un mensaje al Departamento (EDD) proporcionando la información apropiada y necesaria sobre su situación.

Si Usted Está Discapacitado y Continúa Recibiendo Pagos de Salarios/Sueldos Por Parte de Su Empleador

Si su empleador continúa pagándole salarios/sueldos mientras está usted discapacitado, esto puede afectar su elegibilidad y la cantidad de pago de beneficios semanales que puede recibir del Seguro de Discapacidad (DI). La cantidad del pago total de beneficios del Seguro de Discapacidad (DI) en combinación con los salarios/sueldos pagados por un empleador no pueden ser más que la cantidad del salario/sueldo semanal normalmente ganado por el solicitante. La elegibilidad, la cantidad de pago de beneficios semanal y la cantidad máxima de beneficios que el solicitante puede recibir del Seguro de Discapacidad (DI), no son afectadas por un pago de vacaciones que reciba el solicitante.

Cantidad Máxima de Beneficios

El solicitante puede recibir del Seguro de Discapacidad (DI) su cantidad máxima de beneficios en 52 pagos (un pago por semana), mientras la cantidad máxima no sea más que la cantidad total de los salarios/sueldos que el solicitante ganó durante el período reglamentario correspondiente a su solicitud. La excepción son aquellos empleadores y personas que trabajan por su cuenta propia que eligen el plan de Cobertura Electiva del Seguro de Discapacidad (DIEC, por sus iniciales en inglés). La cantidad máxima de beneficios que este tipo de solicitante puede recibir del Seguro de Discapacidad (DI) son 39 pagos (un pago por semana).

Recuperación del Abuso de las Drogas o el Alcohol

Los pagos de beneficios del Seguro de Discapacidad (DI) se pueden pagar solamente por un período limitado a aquellas personas internadas en un establecimiento para la recuperación del alcoholismo o de tratamiento del abuso de las drogas. Se requiere que el establecimiento tenga una licencia y un certificado del estado donde el solicitante se encuentre ubicado. Sin embargo, las discapacidades relacionadas o causadas por el alcoholismo o el abuso de drogas, que sean graves y estén bajo tratamiento médico, no tienen esta limitación.

Embarazo

Como con cualquier condición médica, el primer día en que empieza el período de discapacidad es en el mismo día en que la solicitante no pueda realizar su trabajo normal o acostumbrado. La elegibilidad de la solicitante para recibir pagos de beneficios del Seguro de Discapacidad (DI) se basa en la duración del período de tiempo que el doctor médico/profesional (médico) certifique que la solicitante no puede realizar su trabajo normal o acostumbrado. No es necesario que la solicitante presente una *Solicitud de Beneficios del Seguro de Discapacidad (DI)* en relación a un embarazo, hasta la fecha en que su doctor médico/profesional (médico) determine y la certifique como discapacitada.

Atención: Para obtener información sobre el Permiso Familiar Pagado (PFL), consulte la sección "Otros Programas" en este folleto.

Situaciones en las Que el Solicitante Posiblemente No Sea Elegible para Recibir Pagos de Beneficios del Seguro de Discapacidad (DI)

No todo el solicitante con una discapacidad es elegible para recibir pagos de beneficios del Seguro de Discapacidad (DI), por las siguientes razones:

- Si el solicitante está recibiendo pagos de beneficios del Seguro de Desempleo (UI) o del Permiso Familiar Pagado (PFL).
- Si el solicitante no estaba trabajando o buscando trabajo en el momento de resultar discapacitado.
- Si el solicitante está encarcelado como resultado de una condena judicial o por orden de la corte judicial.
- Si el solicitante está recibiendo pagos completos de sus salarios/sueldos por parte de su empleador.
- Si el solicitante está recibiendo pagos de compensación para trabajadores (*workers compensation*) por una cantidad igual o mayor a la cantidad que está recibiendo de pagos semanalmente del Seguro de Discapacidad (DI).
- Por el tiempo en el que el solicitante se tarde en presentar la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* sin presentar una razón justificada.
- Si el solicitante hace una declaración falsa o si no reporta un hecho relacionado con su solicitud. (Si se determina que el solicitante intencionalmente ocultó información o hizo una declaración falsa, y como resultado recibió un sobrepago de beneficios, también es posible que se le imponga una sanción y/o una multa de un 30 por ciento sobre la cantidad del sobrepago de beneficios que recibió).
- Si el solicitante falla en asistir a un examen médico independiente, como lo requirió el Departamento (EDD). (El Departamento (EDD) se encarga de pagar el costo asociado con tal examinación médica).

El Código del Seguro del Desempleo de California (CUIIC, por sus iniciales en inglés) tiene estipulaciones sobre las sanciones que se pueden imponer: las cuales consisten de multas, encarcelamiento y la pérdida del derecho a recibir pagos de beneficios, por cometer fraude contra el Seguro Estatal de Discapacidad (SDI).

Derechos del Solicitante

El solicitante tiene el derecho a:

- Saber la razón y la base de cualquier determinación que afecte su elegibilidad para recibir pagos de beneficios o la cantidad máxima de beneficios que se le puedan pagar.
- Apelar cualquier determinación contra su elegibilidad para recibir pagos de beneficios hecha por el Departamento (EDD). Si va a presentar una apelación, siga las instrucciones y complete el *Formulario de Apelación* (DE 1000AA) que viene junto con la *Notificación de la Decisión* (DE 2517/S), y después envíelo por correo postal al Departamento (EDD).
- Solicitar una audiencia de apelación ante un juez de ley administrativa (ALJ, por sus iniciales en inglés). También, el solicitante puede apelar la decisión del juez de justicia administrativa (ALJ) ante la Junta de Apelaciones del Seguro de Desempleo de California (CUIAB, por sus iniciales en inglés) y la corte judicial.
- Privacidad; toda la información sobre la solicitud de beneficios se mantiene confidencial, excepto para los propósitos permitidos por la ley.

Obligaciones del Solicitante

Al solicitante se le requiere:

- Completar la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* o cualquier otro formulario requerido por el Departamento (EDD) relacionado con su caso, de manera correcta, completa y honesta.
- Presentar a tiempo la *Solicitud de Beneficios del Seguro de Discapacidad (DI)* y cualquier otro formulario requerido por el Departamento (EDD) relacionado con su caso, de acuerdo a los plazos de tiempo indicados en los formularios. Si usted presenta cualquier formulario tarde, y cree que tiene una razón justificada por haberlo hecho, entonces debe incluir una carta escrita que explique la razón (o razones) junto con el formulario que va presentar al Departamento (EDD).
- Comunicarse con la oficina del Seguro de Discapacidad (DI) para obtener ayuda si no entiende una pregunta hecha en

cualquier formulario o no está seguro de cómo contestarla. Vea la siguiente sección para obtener la información de contacto del Departamento (EDD).

- Incluir su nombre y su número de Seguro Social o Número de Empleo del Solicitante (ECN, por sus iniciales en inglés) en todas las cartas, formularios u otra documentación que presente al Departamento (EDD).

Comuníquese con el Seguro de Discapacidad (DI):

- Por **correo electrónico** en www.ask.edd.ca.gov.
 - Por **téléfono**, llamando al 1-866-658-8846.
 - Por **correo postal**, escriba al **PO Box 13140, Sacramento, CA 95813-3140.**
- Atención:** Si usted actualmente no tiene una solicitud para beneficios establecida, puede escribir a cualquiera de las oficinas del Seguro de Discapacidad (DI). **No envíe ningún formulario a esta dirección postal.**
- Por **TTY** (teletipo), marque al **1-800-563-2441.**
 - En **persona**, visite cualquiera de las oficinas del Seguro de Discapacidad (DI) indicadas en la "Lista de Oficinas del Seguro de Discapacidad (DI)", la cual se encuentra en este folleto.

Otros Tipos de Planes de Seguros de Discapacidad para Trabajadores

Plan Voluntario (Seguro Privado)

Un plan voluntario, es un seguro privado que es obtenido por el empleador y aprobado por el Departamento (EDD). La cobertura de un plan voluntario puede sustituir la cobertura que ofrece el Seguro Estatal de Discapacidad (SDI), siempre y cuando el plan voluntario ofrezca una cobertura similar a la del Seguro Estatal de Discapacidad (SDI), proporcione por lo menos un beneficio adicional mejor que el que ofrece el Seguro Estatal de Discapacidad (SDI), y que el costo del plan voluntario para el empleado, no exceda el costo del Seguro Estatal de Discapacidad (SDI). Los empleadores y grupos de empleados pueden obtener cobertura de un plan voluntario con el consentimiento del empleador y por un voto mayoritario de los empleados. Cualquier empleado puede elegir tener la cobertura del Seguro Estatal de Discapacidad (SDI), aunque un plan voluntario esté disponible en su empleo.

Cobertura Electiva del Seguro de Discapacidad (DIEC)

Los empleadores y las personas que trabajan por su cuenta propia, incluyendo los socios generales de una compañía o empresa, pueden tener la Cobertura Electiva del Seguro de Discapacidad (DIEC). El método que se utiliza para calcular el costo del seguro no es el mismo que se utiliza para calcular el costo del Seguro de Discapacidad (DI) regular. El costo, fijado anualmente, se puede obtener visitando la oficina local de Atención al Cliente de la Sección de Impuestos Sobre el Empleo del Departamento del Desarrollo del Empleo (EDD), o llamando al **1-888-745-3886**.

La solicitud para beneficios para la Cobertura Electiva del Seguro de Discapacidad (DIEC), se establece del mismo modo que la solicitud para beneficios del Seguro de Discapacidad (DI); sin embargo, existen algunas diferencias en los requisitos de elegibilidad para obtener pagos de beneficios del plan de Cobertura Electiva del Seguro de Discapacidad (DIEC).

- Para **Obtener Más Información o Cobertura** Comuníquese con el Departamento (EDD) a la oficina del Seguro Estatal de Discapacidad (SDI), llamando al **1-866-658-8846**, o con el Centro de Asistencia al Contribuyente al Departamento (EDD), llamando al **1-888-745-3886** o visite en la página de Internet del Seguro Estatal de Discapacidad (SDI) en www.edd.ca.gov/disability.

Otros Programas de Ayuda

Compensación para Trabajadores (Workers' Compensation)

Si usted se lesiona en el trabajo o se enferma como resultado de su empleo, notifíquesele a su empleador para iniciar el proceso para solicitar pagos de beneficios de compensación para trabajadores (*workers' compensation*).

Seguro de Desempleo (UI)

Si usted está desempleado, pero está en buena condición física y disponible para aceptar un empleo, comuníquese con la oficina del Seguro de Desempleo (UI). Para obtener más información, visite la página de Internet del Seguro de Desempleo (UI) en www.edd.ca.gov/unemployment, o llame por teléfono al **1-800-300-5616**, o comuníquese por TTY (teletipo) al **1-800-815-9387**.

Centro de Empleo de América en California (AJCC)

Si usted necesita ayuda para encontrar un empleo, entrenamiento laboral, u otros servicios para ayudarle a regresar a trabajar, visite su Centro de Empleo de América en California (AJCC, por sus iniciales en inglés) más cercano. Para localizar un centro de empleo, visite www.servicelocator.org (sitio por Internet solamente disponible en inglés).

Seguro Social:

Si usted se encuentra discapacitado permanentemente o a largo plazo (por más de un año), debe comunicarse con la oficina de la Administración del Seguro Social, para obtener información con respecto al programa y su derecho a recibir pagos de beneficios. Comuníquese con la Oficina de la Administración del Seguro Social al **1-800-772-1213** o por TTY (teletipo) al **1-800-325-0778**, o visite su sitio de Internet en www.ssa.gov.

Permiso Familiar Pagado (PFL)

Los trabajadores de California que tienen que ausentarse de su empleo para cuidar un miembro de su familia que se encuentra gravemente enfermo o para establecer lazos afectivos con un nuevo bebé o un niño nuevo adoptado permanentemente o colocado bajo crianza temporal (*foster care*), posiblemente pueden ser elegibles para recibir pagos de beneficios del Permiso Familiar Pagado (PFL, por sus iniciales en inglés). Para obtener más información, visite la página del Seguro Estatal de Discapacidad (SDI) por Internet en www.edd.ca.gov/disability, o comuníquese por teléfono al **1-877-238-4373**, o por TTY (teletipo) al **711**.

Atención: A las nuevas madres, después de dar a luz y se les haya hecho su último pago de beneficios del Seguro de Discapacidad (DI), se les enviará el formulario en papel de la *Solicitud de Beneficios del Permiso Familiar Pagado* (DE 2501FF) para que lo completen y presenten para solicitar pagos de beneficios del Permiso Familiar Pagado (PFL) para establecer lazos afectivos con su nuevo bebé. También se puede presentar esta solicitud electrónicamente a través de SDI Online en www.edd.ca.gov/disability.

Víctimas de un Crimen

Si usted es una víctima de un crimen y como resultado ha sido herido, es posible que usted sea elegible para recibir asistencia para pagar ciertos costos personales que podrían resultar en relación a tal situación. Para obtener más información comuníquese con el programa de *Compensación para Víctimas de California*, llamando al **1-800-777-9229** o por TTY (teletipo) al **1-800-735-2929**. También puede ponerse en contacto con el Centro de Asistencia para Víctimas o Testigos (*Victim/Witness Assistance Center*) de su condado de residencia.

Pensión Alimenticia (Spousal Support)

Si su caso de discapacidad le afecta con cumplir con su obligación de pensión alimenticia, comuníquese con la oficina del fiscal del distrito que le envió la orden de la corte judicial para ver que puede hacer.

Manutención de Hijos

Si su caso de discapacidad le afecta con cumplir con su obligación de manutención de hijos, comuníquese con el Departamento de Servicios de Manutención de Hijos al **1-866-901-3212**, o por TTY (teletipo) al **1-866-399-4096**, para ver que puede hacer.



FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact Human Resource - Ericka Brown 800-774-8700



STATE OF CALIFORNIA – DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

Notice to Employees – Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below.

MPN website: WWW.MYWCINFO.COM

MPN Effective Date: MPN Identification number 2493

If you need help locating an MPN physician, call your MPN access assistant at: (800) 287-9682

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at (800) 287-9682

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Claims Administrator THE TRAVELERS INSURANCE COMPANIES Phone (800) 238-6225

Workers' compensation insurer _____ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.



ESTADO DE CALIFORNIA – DEPARTAMENTO DE RELACIONES INDUSTRIALES

División de Compensación de Trabajadores

Aviso a los Empleados – Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, antes de que usted se lesione. Usted debe ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, la cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede quererse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN:

Página web de la MPN: WWW.MYWCINFO.COM

Fecha de vigencia de la MPN: Número de identificación de la MPN: **2493**

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: **(800) 287-9682**

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: **(800) 287-9682**

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos **TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**
THE TRAVELERS INSURANCE COMPANIES

Teléfono **(800) 238-6225**

Asegurador del Seguro de Compensación de trabajador (Añote "autoasegurado" si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en:

o llamando al número gratuito **(800) 736-7401**. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: www.dwc.ca.gov y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

OFFICIAL NOTICE



California Minimum Wage

MW-2023

Every employer, regardless of the number of employees, shall pay to each employee wages not less than the following:

Effective January 1, 2023 Minimum Wage \$15.50 per hour

PREVIOUS YEARS

EFFECTIVE DATE	Employers with 25 or Fewer Employees*	Employers with 26 or More Employees *
January 1, 2022	\$14.00	\$15.00
January 1, 2021	\$13.00	\$14.00
January 1, 2020	\$12.00	\$13.00

*Employees treated as employed by a single qualified taxpayer pursuant to Revenue and Taxation Code section 23626 are treated as employees of that single taxpayer. To employers and representatives of persons working in industries and occupations in the State of California:

SUMMARY OF ACTIONS

TAKE NOTICE that on April 4, 2016, the Governor of California signed legislation passed by the California Legislature, raising the minimum wage for all industries. (SB 3, Stats of 2016, amending section 1182.12. of the California Labor Code.) Pursuant to its authority under Labor Code section 1182.13, the Department of Industrial Relations amends and republishes Sections 2, 3, and 5 of the General Minimum Wage Order, MW-2022. Section 1, Applicability, and Section 4, Separability, have not been changed. Consistent with this enactment, amendments are made to the minimum wage, and the meals and lodging credits sections of all of the IWC's industry and occupation orders.

This summary must be made available to employees in accordance with the IWC's wage orders. Copies of the full text of the amended wage orders may be obtained by downloading online at <https://www.dir.ca.gov/iwc/WageOrderIndustries.htm> or by contacting your local Division of Labor Standards Enforcement office.

1. APPLICABILITY

The provisions of this Order shall not apply to outside salespersons and individuals who are the parent, spouse, or children of the employer previously contained in this Order and the IWC's industry and occupation orders. Exceptions and modifications provided by statute or in Section 1, Applicability, and in other sections of the IWC's industry and occupation orders may be used where such provisions are enforceable and applicable to the employer.

2. MINIMUM WAGES

Every employer shall pay to each employee wages not less than those stated above, on each effective date, per hour for all hours worked.

3. MEALS AND LODGING CREDITS - TABLE

When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited pursuant to a voluntary written agreement may not be more than the following:

EFFECTIVE:	JANUARY 1, 2020		JANUARY 1, 2021		JANUARY 1, 2022		JANUARY 1, 2023
	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees	26 or More Employees	25 or Fewer Employees	All Employers regardless of number of Employees
LODGING							
For an employer who employs:							
Room occupied alone	\$61.13 /week	\$56.43 /week	\$65.83 /week	\$61.13 /week	\$70.53 /week	\$65.83 /week	\$72.88 /week
Room shared	\$50.46 /week	\$46.58 /week	\$54.34 /week	\$50.46 /week	\$58.22 /week	\$54.34 /week	\$60.16 /week
Apartment – two thirds (2/3) of the ordinary rental value, and in no event more than:	\$734.21 /month	\$677.75 /month	\$790.67 /month	\$734.21 /month	\$847.12 /month	\$790.67 /month	\$875.33 /month
Where a couple are both employed by the employer, two thirds (2/3) of the ordinary rental value, and in no event more than:	\$1086.07 /month	\$1002.56 /month	\$1169.59 /month	\$1086.07 /month	\$1253.10 /month	\$1169.59 /month	\$1294.83 /month
MEALS							
Breakfast	\$4.70	\$4.34	\$5.06	\$4.70	\$5.42	\$5.06	\$5.60
Lunch	\$6.47	\$5.97	\$6.97	\$6.47	\$7.47	\$6.97	\$7.72
Dinner	\$8.68	\$8.01	\$9.35	\$8.68	\$10.02	\$9.35	\$10.35

Meals or lodging may not be credited against the minimum wage without a voluntary written agreement between the employer and the employee. When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited may not be more than the amounts stated in the table above.

4. SEPARABILITY

If the application of any provision of this Order, or any section, subsection, subdivision, sentence, clause, phrase, word or portion of this Order should be held invalid, unconstitutional, unauthorized, or prohibited by statute, the remaining provisions thereof shall not be affected thereby, but shall continue to be given full force and effect as if the part so held invalid or unconstitutional had not been included herein.

5. AMENDED PROVISIONS

This Order amends the minimum wage and meals and lodging credits in MW-2022, as well as in the IWC's industry and occupation orders. (See Orders 1-15, Secs. 4 and 10; and Order 16, Secs. 4 and 9.) This Order makes no other changes to the IWC's industry and occupation orders.

These Amendments to the Wage Orders shall be in effect as of January 1, 2023.

Questions about enforcement should be directed to the Labor Commissioner's Office. For the address and telephone number of the office nearest you, information can be found on the internet at www.dir.ca.gov/DLSE/dlse.html or under a search for "California Labor Commissioner's Office" on the internet or any other directory. The Labor Commissioner has offices in the following cities: Bakersfield, El Centro, Fresno, Long Beach, Los Angeles, Oakland, Redding, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San Jose, Santa Ana, Santa Barbara, Santa Rosa, Stockton, and Van Nuys.

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

PAYDAY NOTICE

REGULAR PAYDAYS FOR EMPLOYEES OF US QUALITY
(FIRM NAME)

FURNITURE SERVICES SHALL BE AS FOLLOWS:

BI-WEEKLY, EVERY OTHER FRIDAY

THIS IS IN ACCORDANCE WITH SECTIONS 204, 204A, 204B, 205, AND 205.5
OF THE CALIFORNIA LABOR CODE

BY Ericka Brown

TITLE Human Resource

DLSE 8 (REV. 06-02)

PLEASE POST

SAFETY AND HEALTH PROTECTION ON THE JOB



State of California
Department of Industrial Relations

California law provides workplace safety and health protections for workers through regulations enforced by the Division of Occupational Safety and Health (Cal/OSHA). This poster explains some basic requirements and procedures to comply with the state's workplace safety and health standards and orders. The law requires that this poster be displayed. Failure to do so could result in a substantial penalty. Cal/OSHA standards can be found at www.dir.ca.gov/samples/search/query.htm.

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster in a conspicuous place where notices to employees are customarily posted so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective Injury and Illness Prevention Program (IIPP) meeting the requirements of California Code of Regulations, title 8, section 3203 (www.dir.ca.gov/title8/3203.html) and provide access to employees and their designated representatives.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify a local Cal/OSHA district office of any serious injury or illness, or death, occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or illness, or death, within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA workplace safety and health regulations.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN WORKPLACE SAFETY & HEALTH RIGHTS:

As an employee, you (or someone acting for you) have the right to file a confidential complaint and request an inspection of your workplace if you believe conditions there are unsafe or unhealthful. This is done by contacting the local Cal/OSHA district office (see below). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator inspecting your workplace.

You and your designated representative have the right to access the employer's IIPP. Any employee has the right to refuse to perform work that would violate an occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or for otherwise exercising your rights to a safe and healthful workplace. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the California Department of Industrial Relations, Division of Labor Standards Enforcement (Labor Commissioner's Office) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the California Labor Commissioner's Office.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to an employee. While working, you must always obey state workplace safety and health laws.

HELP IS AVAILABLE:

To learn more about workplace safety rules, you may contact Cal/OSHA Consultation Services for free information, required forms, and publications. You can also contact a local district office of Cal/OSHA. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY FOR WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance that is listed as a hazardous substance in California Code of Regulations, title 8, section 339 (www.dir.ca.gov/title8/339.html), or is covered by the Hazard Communication standard (www.dir.ca.gov/title8/5194.html) must provide employees information on the hazardous chemicals in their work areas, access to safety data sheets, and training on how to use hazardous chemicals safely.

Employers shall make available on a timely and reasonable basis a safety data sheet on each hazardous substance in the workplace upon request of an employee, an employee's collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee or their representative has the right to observe monitoring or measuring of employee exposure to hazards conducted to comply with Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may visit the workplace to make sure your company is obeying workplace safety and health laws.

Inspections are also conducted when an employee files a valid complaint with Cal/OSHA.

Cal/OSHA also goes on-site to the workplace to investigate a serious injury or illness, or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. An authorized representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS, AND PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, Cal/OSHA may issue a citation. Each citation carries a monetary penalty and specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Penalty amounts depend in part on the classification of the violation as regulatory, general, serious, repeat, or willful; and whether the employer failed to abate a previous violation involving the same hazardous condition. Base penalty amounts, penalty adjustment factors, and minimum and maximum penalty amounts are set forth in California Code of Regulations, title 8, section 336 (www.dir.ca.gov/title8/336.html). In addition, a willful violation that causes death or permanent impairment of the body of any employee can result, upon conviction, in a fine of up to \$250,000 or imprisonment up to three years, or both, and if the employer is a corporation or limited liability company, the fine may be up to \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

Call the FREE Worker Information Helpline – (833) 579-0927

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (CAL/OSHA)

HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 – Telephone (510) 286-7000

District Offices

American Canyon	3419 Broadway St., Ste. H8, American Canyon 94503	(707) 649-3700
Bakersfield	7718 Meany Ave., Bakersfield 93308	(661) 588-6400
Foster City	1065 East Hillsdale Bl., Ste. 110, Foster City 94404	(650) 573-3812
Fremont	39141 Civic Center Dr., Ste. 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St., Rm. 4000, Fresno 93721	(559) 445-5302
Long Beach	1500 Hughes Way, Suite C-201, Long Beach 90810	(424) 450-2630
Los Angeles	320 West Fourth St., Rm. 820, Los Angeles 90013	(213) 576-7451
Modesto	4206 Technology Dr., Ste. 3, Modesto 95356	(209) 545-7310
Monrovia	800 Royal Oaks Dr., Ste. 105, Monrovia 91016	(626) 239-0369
Oakland	1515 Clay St., Ste. 1303, Box 41, Oakland 94612	(510) 622-2916
Redding	381 Hemsted Dr., Redding 96002	(530) 224-4743
Sacramento	1750 Howe Ave., Ste. 430, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St., Ste. 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr., Ste. 207, San Diego 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave., Rm. 9516, San Francisco 94102	(415) 557-0100
Santa Ana	2 MacArthur Place, Ste. 720, Santa Ana 92707	(714) 558-4451
Van Nuys	6150 Van Nuys Blvd., Ste. 405, Van Nuys 91401	(818) 901-5403

Regional Offices

San Francisco	455 Golden Gate Ave., Rm 9516, San Francisco 94102	(415) 557-0300
Sacramento	1750 Howe Ave., Ste. 440, Sacramento 95825	(916) 263-2803
Santa Ana	2 MacArthur Place, Ste. 720, Santa Ana 92707	(714) 558-4300
Monrovia	800 Royal Oaks Dr., Ste. 105, Monrovia 91016	(626) 471-9122

Cal OSHA Consultation Services

Field / Area Offices

•Fresno / Central Valley	2550 Mariposa Mall, Rm. 2005 Fresno 93721	(559) 445-6800
•La Palma / Los Angeles / Orange County	1 Centerpointe Dr., Ste. 150 La Palma 90623	(714) 562-5525
•Oakland/ Bay Area	1515 Clay St., Ste 1103 Oakland 94612	(510) 622-2891
•Sacramento / Northern CA	1750 Howe Ave., Ste. 490 Sacramento 95825	(916) 263-0704
•San Bernardino	464 West Fourth St., Ste. 339 San Bernardino 92401	(909) 383-4567
•San Diego / Imperial County	7575 Metropolitan Dr., Ste. 204 San Diego 92108	(619) 767-2060
•San Fernando Valley	6150 Van Nuys Blvd., Ste. 307 Van Nuys 91401	(818) 901-5754

Consultation Region Office

•Fresno	2550 Mariposa Mall, Rm. 3014 Fresno 93721	(559) 445-6800
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Enforcement of Cal/OSHA workplace safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor Tel: (415) 625-2547. OSHA monitors the operation of state plans to assure that continued approval is merited. **July 2022**

EMERGENCY

AMBULANCE: ⁹¹¹ _____

FIRE — RESCUE: ⁹¹¹ _____

HOSPITAL: _____

PHYSICIAN: _____

ALTERNATE: _____

POLICE: ⁹¹¹ _____

CAL/OSHA: ⁵¹⁰⁻²⁸⁶⁻⁷⁰⁰⁰ _____

Posting is required by Title 8 Section 1512 (e), California Code of Regulations



March 1990
S-500

State of California
Department of Industrial Relations
Cal/OSHA Publications
DOSHPublications@dir.ca.gov

The Division of Labor Standards Enforcement believes that the sample posting below meets the requirements of Labor Code Section 1102.8(a). This document must be printed to 8.5 x 14 inch paper with margins no larger than one-half inch in order to conform to the statutory requirement that the lettering be larger than size 14 point type.

WHISTLEBLOWERS ARE PROTECTED

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency, person with authority over the employee, or another employee with authority to investigate, discover, or correct the violation or noncompliance, and to provide information to and testify before a public body conducting an investigation, hearing or inquiry, when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a local, state or federal rule or regulation.

Who is protected?

Pursuant to [California Labor Code Section 1102.5](#), employees are the protected class of individuals. "Employee" means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [[California Labor Code Section 1106](#)]

What is a whistleblower?

A "whistleblower" is an employee who discloses information to a government or law enforcement agency, person with authority over the employee, or to another employee with authority to investigate, discover, or correct the violation or noncompliance, or who provides information to or testifies before a public body conducting an investigation, hearing or inquiry, where the employee has reasonable cause to believe that the information discloses:

1. A violation of a state or federal statute,
2. A violation or noncompliance with a local, state or federal rule or regulation, or
3. With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

A whistleblower can also be an employee who refuses to participate in an activity that would result in a violation of a state or federal statute, or a violation of or noncompliance with a local, state or federal rule or regulation.

What protections are afforded to whistleblowers?

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under [California Labor Code Section 1102.5](#), if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

How to report improper acts

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, **call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225**. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.



Civil Rights
Department
STATE OF CALIFORNIA

CALIFORNIA LAW PROHIBITS WORKPLACE **DISCRIMINATION & HARASSMENT**

The California Civil Rights Department (CRD) enforces laws that protect you from illegal discrimination and harassment in employment based on your actual or perceived:

- ANCESTRY
- AGE (40 and above)
- COLOR
- DISABILITY (physical, developmental, mental health/psychiatric, HIV and AIDS)
- GENETIC INFORMATION
- GENDER EXPRESSION
- GENDER IDENTITY
- MARITAL STATUS
- MEDICAL CONDITION (genetic characteristics, cancer, or a record or history of cancer)
- MILITARY OR VETERAN STATUS
- NATIONAL ORIGIN (includes language restrictions and possession of a driver's license issued to undocumented immigrants)
- RACE (includes hair texture and hairstyles)
- RELIGION (includes religious dress and grooming practices)
- REPRODUCTIVE HEALTH DECISIONMAKING
- SEX/GENDER (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- SEXUAL ORIENTATION



CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION & HARASSMENT

THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT AND ITS IMPLEMENTING REGULATIONS PROTECT CIVIL RIGHTS AT WORK.

HARASSMENT

1. The law prohibits harassment of employees, applicants, unpaid interns, volunteers, and independent contractors by any person. This includes a prohibition against harassment based on any characteristic listed above, such as sexual harassment, gender harassment, and harassment based on pregnancy, childbirth, breastfeeding, and/or related medical conditions.
2. All employers are required to take reasonable steps to prevent all forms of harassment, as well as provide information to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment.
3. Employers with 5 or more employees and public employers must train their employees regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation.

DISCRIMINATION/REASONABLE ACCOMMODATIONS

1. California law prohibits employers with 5 or more employees and public employers from discriminating based on any protected characteristic listed above when making decisions about hiring, promotion, pay, benefits, terms of employment, layoffs, and other aspects of employment.
2. Employers cannot limit or prohibit the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
3. Employers cannot discriminate against an applicant or employee because they possess a California driver's license or ID issued to an undocumented person.
4. Employers must reasonably accommodate the religious beliefs and practices of an employee, unpaid intern, or job applicant, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of their religious beliefs.
5. Employers must reasonably accommodate an employee or job applicant with a disability to enable them to perform the essential functions of a job.

ADDITIONAL PROTECTIONS

1. The law provides specific protections and hiring procedures for people with criminal histories who are looking for employment.
2. Employers with 5 or more employees and public employers must provide up to 12 weeks of job-protected leave to eligible employees: to care for themselves, a family member (child of any age, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling) or a designated person (with a blood or family-like relationship to employee); to bond with a new child; or for certain military exigencies.

3. Employers must provide job-protected leave of up to 4 months to employees disabled because of pregnancy, childbirth, or a related medical condition, as well as require employers to reasonably accommodate an employee, on the advice of their health care provider, related to their pregnancy, childbirth, or a related medical condition.
4. Employers, employment agencies, and unions must preserve applications, personnel records, and employment referral records for a minimum of four years.
5. Employment agencies must serve all applicants equally, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertisements that express a discriminatory hiring preference.
6. Unions cannot discriminate in member admissions or dispatching members to jobs.
7. The law prohibits retaliation against a person who opposes, reports, or assists another person to oppose unlawful discrimination, including filing an internal complaint or a complaint with CRD.

REMEDIES/FILING A COMPLAINT

1. The law provides remedies for individuals who experience prohibited discrimination, harassment, or retaliation in the workplace. These remedies can include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.
2. If you believe you have experienced discrimination, harassment, or retaliation, you may file a complaint with CRD. Independent contractors and volunteers: If you believe you have been harassed, you may file a complaint with CRD.
3. Complaints must be filed within three years of the last act of discrimination/harassment/retaliation. For those who are under the age of eighteen, complaints must be filed within three years after the last act of discrimination/harassment/retaliation or one year after their eighteenth birthday, whichever is later.

**If you have been subjected to discrimination,
harassment, or retaliation at work, file a complaint
with the Civil Rights Department (CRD).**

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1684 / TTY: 800.700.2320
California Relay Service (711)

Have a disability that requires a reasonable accommodation?
CRD can assist you with your complaint.

The Fair Employment and Housing Act is codified at Government Code sections 12900 - 12999. The regulations implementing the Act are at Code of Regulations, title 2, division 4.1.

Government Code section 12950 and California Code of Regulations, title 2, section 11023, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather. Any employer whose workforce at any facility or establishment consists of more than 10% of non-English speaking persons must also post this notice in the appropriate language or languages.

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE



Civil Rights
Department
STATE OF CALIFORNIA

IF YOU ARE PREGNANT, HAVE A PREGNANCY-RELATED MEDICAL CONDITION, OR ARE RECOVERING FROM CHILDBIRTH, PLEASE READ THIS NOTICE.

YOUR EMPLOYER* HAS AN OBLIGATION TO

- Reasonably accommodate your medical needs related to pregnancy, childbirth, or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (if one is available) or duties if medically needed because of your pregnancy;
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff;
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code; and
- Never discriminate, harass, or retaliate on the basis of pregnancy.

FOR PREGNANCY DISABILITY LEAVE

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy, childbirth, or related medical condition. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same or a comparable position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, and doctor-ordered bed rest, and covers conditions such as severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

NOTICE OBLIGATIONS AS AN EMPLOYEE

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, or as soon as practicable if the need is an emergency or unforeseeable.
- Provide a written medical certification from your health care provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See if your employer has a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL LEAVE UNDER THE CALIFORNIA FAMILY RIGHTS ACT (CFRA)

Under the California Family Rights Act (CFRA), if you have more than 12 months of service with an employer, and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child**, or for your own serious health condition or that of your child, parent***, spouse, domestic partner, grandparent, grandchild, sibling, or someone else related by blood or in family-like relationship with the employee ("designated person"). Employers may pay their employees while taking CFRA leave, but employers are not required to do so, unless the employee is taking accrued paid time-off while on CFRA leave. Employees taking CFRA leave may be eligible for benefits administered by Employment Development Department.

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1684 / TTY: 800.700.2320
California Relay Service (711)

Have a disability that requires a reasonable accommodation? CRD can assist you with your complaint.

For translations of this guidance, visit:
www.calcivilrights.ca.gov/posters/required

*PDL, CFRA leave, and anti-discrimination protections apply to employers of 5 or more employees; anti-harassment protections apply to employers of 1 or more.

** "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

*** "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.