

Sample DE 2501F, Question A22

EDD Employment Development Department
State of California Claim for Paid Family Leave (PFL) Benefits
 2501F12033

PART A - STATEMENT OF CLAIMANT (CARE OR BONDING RECIPIENT)

A1. YOUR SOCIAL SECURITY NO. A2. YOUR DATE OF BIRTH A3. LANGUAGE YOU PREFER TO USE
 A4. YOUR LEGAL NAME A5. YOUR GENDER
 A6. YOUR TELEPHONE NUMBER A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED
 A8. YOUR MAILING ADDRESS A9. NAME OF YOUR EMPLOYER
 A10. DATE YOU LAST WORKED A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN A12. DATE YOU RETURNED OR WILL RETURN TO WORK A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?
 A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? A15. WHAT IS YOUR OCCUPATION?
 A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING FOR OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)
 A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:
 A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?
 A20. DO YOU HAVE MORE THAN ONE EMPLOYER? A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
 A23. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE?
 A24. Declaration and Signature: By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as often as necessary based on Part 1 and Part 2 of this claim; (3) authorize any employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as noted in the "Information Collection and Access" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statements, including any accompanying statements, to the best of my knowledge and belief are correct and complete. I agree that photographs of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of three years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature: (DO NOT PRINT) Date Signed: M / D / Y Y Y Y
 If signature is made by mark (X), please place mark here.
 If your signature is made by mark (X), it must be attested by two witnesses with their addresses.
 1) Witness Signature and Address 2) Witness Signature and Address

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NOTE FOR QUESTION A22: The EDD may disclose the Employee's (claimant's) weekly benefit amount (WBA) to their respective Employer if the employee (claimant) has provided his/her written authorization on the initial Claim for Paid Family Leave (PFL) Benefits form (DE 2501F) or has submitted a separate written authorization stating that the EDD may disclose weekly benefit payment information to his/her employer pursuant to Section 1094 of the California Unemployment Insurance Code.

<p>A20. DO YOU HAVE MORE THAN ONE EMPLOYER(?)</p> <p>.....NO.....YES#</p>	<p>A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:()</p> <p>.....SICK.....VACATION.....OTHER (EXPLAIN)#</p>	<p>A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?()</p> <p>.....NO.....YES#</p>