

THE DIOCESE OF CALIFORNIA'S PAYROLL & BENEFITS SERVICE TERMINATION PROCESS & PAPERWORK

Employees who are terminated or laid off are due their final paycheck with all hours worked and any accrued but unused vacation or PTO time on their last day **worked**. In addition, all voluntary resignations with 72 or more hours' notice, are due their final pay including vacation or PTO on their final day worked. Employees giving less than 72 hours' notice, must receive their final check within 72 hours of their *notice*. Employers cannot request employees wait until the next regular payday under any circumstances.

Terminated employees must be paid at the place of termination. If you mail the final check, the employee must have it in their hands at the moment you tell the employee that they no longer have a job. In addition, direct deposit also terminates when an employee does. Therefore, unless you have the written consent from the employee, final checks must be in live form even if they had previously authorized direct deposit of their paycheck.

Waiting time penalties apply for not providing the final check on the last day worked. This means that for each *calendar* day the check is late, you must pay a full day's wages to the employee until they receive the final paycheck to a maximum of 30 calendar days.

This packet contains instructions and forms for employer to complete and return to Diocese, to complete and keep in your local personnel files, as well as informational forms that are to be provided to the terminating employee. Please read through all pages and call Diocese with any questions.

Form to be completed in the termination process.

1. **Termination Notice:** Completed by employer and returned to the Payroll & Benefits Office prior to final pay date, if possible.
2. **Final Paycheck Acknowledgement.** It is best practice to have an employee confirm receipt in writing of their final paycheck to prove that you paid all wages timely. Keep original in your local, on-site, personnel files. A copy may be sent to Diocese.
3. **Change in Relationship (required in State of CA)** This should to be completed for all exiting employees and employees going on a leave of absence. Keep original in your local, on-site, personnel files. A copy may be sent to Diocese.

Forms for employer to print and provide to departing employee. Make sure to note the date these were provided to employee on Termination Notice to Diocese:

1. **HIPP Notice (required in State of CA)** – This must be given to all exiting employees who were on your group health insurance plan. If the employee was not on your health insurance plan, this is not required.
2. **Programs for the Unemployed (required in CA)** –this pamphlet (which can be ordered at no cost from the [EDD](#)) must be given to all exiting employees, even if they are not eligible to collect unemployment. See below for Salary Continuation, DioCal benefit provided to all employees working at least 20hr/week in lieu of SUI.
3. **Extension of Benefits Information Page:** Religious non-profit employers **do not have COBRA** obligation under federal laws and regulations. However, The Episcopal Church Medical Trust provides an Extension of Benefits (EoB) for medical and/or dental. Page 3 of this packet outlines the basic provisions of this policy.
4. **Salary Continuation Information & Claim Form:** As a religious non-profit employer we are exempt from, and do not participate in, State of California Unemployment Insurance program. Salary Continuation benefits are provided to employees working at least 20hr/week in lieu of SUI.
 - a. **Employee** has 30 days from termination date to apply for benefits by filing the claim form directly to Wage Works, the plan administrator.
 - b. The Salary Continuation plan administrator will contact the employer to verify application details, please respond in a timely manner.
 - c. If the former employee was paid through the Diocese of California's payroll service and their claim is approved the Diocese payroll office we will handle the payment of benefits. Otherwise we will contact you to arrange for you to issue payments to former employee and coordinate reimbursement from DioCal.

TERMINATION NOTICE TO DIOCESE OF CALIFORNIA

Employing Entity, City: _____ Parish Code: _____

Employee Name: _____ Last Day Worked: _____

Employee's current contact information (required for EOB offer & year end payroll documents):

Street/City/State/Zip: _____

Preferred Phone & Personal Email: _____

Remove Employee from Benefits (employees working 20+ hrs./wk have benefits)

Employment ending because of (circle one): **Termination, Resignation, Retirement, Death**

Employee benefits end date (mm/dd/yy): _____ Employee receives health and dental coverage through the last day of the month indicated. For example, Jan 1 or Jan 16 = Jan 31st cancellation of coverage.

See attached information on deadlines to file for Extension of Benefits or Salary Continuation

Remove Employee from Diocesan Payroll

1) To issue final paycheck on day of termination: contact the DioCal payroll office to report the total gross pay owed which includes the cash value of accrued vacation or PTO benefit. Diocese will provide you with the Gross to Net details (including taxes and other appropriate deductions) so the employer can write the final check for employee. Employer must return a copy of the final check issued with a copy of the Final Check Acknowledgment and this notice to the Diocesan Payroll Office by fax: 415-673-4863 or email: sarahc@diocal.org

OR if final day of work falls on pay date and employee requests (in writing) to receive their final check with the regular payroll cycle

2) Process final paycheck with regular payroll on this date: _____ 15th or _____ 30th/31st

Use the timesheet to indicate any amount of pay to be added (+) or deducted (-) from the final paycheck (i.e.: salary adjustment, accrued vacation)

OR

3) If the final paycheck has already been issued please specify the date of last check issued: _____

Employer verifies that HIPP Notice, Program for the Unemployed, Extension of Benefits & Salary Continuation information was provided to the terminating employee on the date of: _____

Prepared by: _____ **Today's Date:** _____

Contact Phone: _____ **Contact Email:** _____

Termination Notice should be returned by fax to 415-673-4863 or email to sarahc@diocal.org

Extension of Benefits Information (Medical and Dental)

Religious non-profit employers **do not have COBRA** obligation under federal laws and regulations. However, The Episcopal Church Medical Trust does provide an Extension of Benefit option for our employees and their eligible dependents. The following outlines the basic provisions of this policy.

1. Extension of Benefits will be offered by The Episcopal Church Medical Trust. ECMT will send information & instructions directly to you. If you have questions on extension of benefits, please call ECMT client services, M-F 5.30am-5pm PT:

1-800-480-9967

2. Extension of Benefits may be continued for a maximum of 36 months. Coverage must be in place at the time of the termination of your employment. Only those dependents covered at the time of termination may be remain on the plan if primary member continues coverage.
3. **The terminated employee pays the cost of the coverage** effective the first of the month following date of termination. For example: if your employment ends on April 12 your employer will continue your coverage until April 30, then former employee will assume responsibility for coverage effective May 1.
4. Canonically resident clergy have the option to continue benefits through the Diocese with no term limits. Cleric should contact DioCal Benefits Office to request information and form to continue medical and/or dental coverage directly with Diocese.

Salary Continuation Benefits Program (in lieu of State Unemployment Insurance for lay & clergy)

PURPOSE:

To provide full-time (20 hours or more a week) lay and clergy employees a Salary Continuation Benefits Program intended to benefit those individuals whose employment within the Diocese of California is discontinued for reasons beyond their control.

ELIGIBILITY:

Salary Continuation Benefits are payable to lay and clergy employees working 20 hours or more a week, and continuously employed for a minimum of 90 days, who qualify for benefits for the reasons described below.

BENEFITS:

The amount of Salary Continuation Benefits for eligible employees will be determined by length of service and average weekly salary. Eligible employees will earn one week of Salary Continuation Benefits for every calendar month employed (starting with their date of employment to a maximum of 26 weeks. Eligible employees will be entitled to a weekly benefit amount equal to 40% of their average weekly salary for the actual period of employment up to 26 weeks immediately preceding separation of employment, to a maximum weekly benefit of \$555.00.

CLAIMS ADMINISTRATION:

Determination of claimant's eligibility and approval of payment of benefits are the responsibility of a third-party Claims Administrator, appointed by the Personnel Practices Committee which serves as Trustee for the Salary Continuation Benefits Program. The Claims Administrator is responsible for determining eligibility for benefits at the time a claim is first presented by the employee. Eligibility for benefits will cease when claimant gains employment.

Eligibility for continuing weekly benefits is determined by a bi-weekly audit conducted by the Claims Administrator.

Either the employee or employer may appeal eligibility determinations within 15 days of such determination being communicated in writing to both parties. Such appeals will be referred to an impartial Arbitrator experienced in unemployment benefits practices and procedures who will hear testimony by both parties in order to reach a final decision.

A details explanation of Claims Procedures follows.

I. **QUALIFICATION** – Eligible employees may qualify for weekly Salary Continuation Benefits if they

A) Quit for a job related cause because of:

- 1) Threat of safety in the workplace
- 2) Reduction in working hours of 20% or more
- 3) Work-related stress if substantiated by medical documentation
- 4) Proven discrimination in the workplace based on that individual's race, color, sex, national origin, ancestry, or physical handicap
- 5) Proven sexual harassment provided the individual has taken reasonable steps to preserve the working relationship
- 6) Required resignation because of change of clergy leadership
- 7) Completion of non-renewable fixed-term contract

B) Were improperly discharged, provided:

- 1) Discharge is without sufficient documented warning (at least one verbal and one written warning, except for act of gross misconduct)
- 2) Discharge is solely based on employee's unavoidable absence or tardiness. Unavoidable absence or tardiness includes: a) death in the immediate family, b) unlawful detainment, c) hospitalization for treatment of an emergency or life-threatening condition, d) due to a summons to serve jury duty or a court subpoena
- 3) The employee is not offered similar or same position at similar or same rate of pay upon returning from authorized leave of absence

- C) Were discharged for lack of work resulting from
 - 1) Reduction in force
 - 2) Elimination of position

- II. DISQUALIFICATION – Claimant will be denied weekly Salary Continuation Benefits should one or more of the following conditions occur:
 - A) Discharge for gross misconduct, such as deliberate disregard for the well being of the employer and/or employees.
 - B) Job abandonment defined as unreported absence of three (3) or more days
 - C) Failure to Comply with employer’s wishes that employee seek professional treatment for substance abuse
 - D) Employee willfully made a false statement or representation, with actual knowledge of the falsity, or withheld a material fact in completing employment application or in filing a claim for Salary Continuation Benefits
 - E) Voluntarily quit without work-related cause
 - F) Voluntary retirement
 - G) Failure to comply with the rules and policies of the employer as established by the employer’s personnel policy.
 - H) Temporary lack of work due to established vacation, holiday or recess periods, provided reasonable assurance of re-employment is given prior to said period
 - I) Individual becomes unable to work due to a physical or mental illness or injury unrelated to his/her job

III. FILING A CLAIM

- A) Separated employee may file a claim for Salary Continuation Benefits by completing a Salary Continuation Benefits Claim form within 30 days of the official date of separation from the Diocese
 - 1. Completed forms must be submitted to the Claims Administrator at the following address and post-marked within 30 days of separation.
 - 2. The Claims Administrator will render a benefits decision within 10 working days of receipt of the claim form and employer verification.

IV. FILING AN APPEAL

- A) Disputed benefits decisions may be appealed by either party within 15 days of the date indicated on the notice of decision.
 - 1. Such appeals must be submitted in writing by the appellant to the Claims Administrator:

WageWorks – ATTN: Nancy Comdohr
735 N Water St., Ste 1500
Milwaukee WI 53202
Email: nancy.comdohr@wageworks.com
 - 2. Upon receipt of the appeal a Notice of Hearing will be issued to the claimant and the employer by an Arbitrator
 - a) Attendance at the hearing at the time and date indicated on the Notice of Hearing is mandatory
 - 3. The decision of the Arbitrator is final

**Salary Continuation
BENEFITS CLAIM FORM
(in lieu of State of CA unemployment)**

Claimant's Name: _____ Last 4 SS#: _____

Mailing Address: _____

Telephone: _____ Email: _____

Job Title / Description: _____

Dates of Employment First day: _____ to Last day: _____

Employing Entity Name: _____

Employer Address: _____

Name & Title of Immediate Supervisor: _____
(Supervisor will be contacted to verify Salary Continuation claim form)

Supervisor's Contact Information:
Phone #: () _____
Fax #: () _____
Email: _____

Are you able to work, available for work and actively seeking work?
(circle one) **YES** **NO**

Did you voluntarily quit your job?
(circle one) **YES** **NO**

Were you discharged or fired for reasons other than lack of work?
(circle one) **YES*** **NO**

if yes, please explain: _____

Employee's Signature: _____ Date: _____

Return completed claim form to:
WageWorks – ATTN: Nancy Comdohr
735 N Water St., Ste 1500
Milwaukee WI 53202
Email: nancy.comdohr@wageworks.com

Final Paycheck Acknowledgment

I, the undersigned recipient, have received my final paycheck from:

Company

The total amount of the paycheck is: \$ _____

Paycheck amount represents:

Wages \$ _____

Accrued Vacation Pay \$ _____

Other _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Deductions

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

To the best of my knowledge, there is no additional money owed to me by the employer at the present time.

Name of Recipient

Signature of Recipient

Date

Signature of Person Issuing Final Paycheck

Date

Notice to Employee as to Change in Relationship

(Termination Notice Pursuant to Provisions of Section 1089 of the California Unemployment Insurance Code)

Name _____ Social Security # _____ - _____ - _____

Your employment status has changed for the reason checked below:

- Voluntary separation - Effective ____/____/____
(Date)
- Layoff - Effective ____/____/____
(Date)
- Leave of absence - Effective ____/____/____, with a return to work date of ____/____/____
(Date) (Date)
- Discharge - Effective ____/____/____
(Date)
- Refusal to accept available work - Effective ____/____/____
(Date)
- Change in status from employee to independent contractor - Effective ____/____/____
(Date)

Comments:

(Supervisor's Signature)

(Company)

Date: ____/____/____

.....

Notice Acknowledgment

I received a copy of this notice on ____/____/____ _____
(Date) (Signature of Separating Employee)



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

**NOTICE TO TERMINATING EMPLOYEES
Health Insurance Premium Payment (HIPP) Program**

The California Department of Health Care Services will pay health insurance premiums for certain persons who are losing employment and have a medical condition that requires a physician's treatment. In order to qualify for the Health Insurance Premium Payment (HIPP) Program, you must meet all of the following conditions:

1. Applicant must have full scope or fee-for-service Medi-Cal;
2. Must have a medical condition that requires a physician's treatment. The monthly cost-savings to Medi-Cal must be 1.1 or greater;
3. Must have a current health insurance policy that covers your medical condition, COBRA or CAL-COBRA continuation policy; or a COBRA Conversion policy in effect or available at the time of application.

Health insurance cannot be court ordered. If a non-custodial parent has been ordered by the court to provide the health insurance, the child will not be eligible for enrollment in HIPP;

4. The health Insurance policy must cover your medical condition;
5. Apply online at <http://dhcs.ca.gov/HIPP>, then click on the "HIPP Application Form-Fillable" link to access the form.
6. Please upload all attachments in **PDF format only**;
7. Cannot be enrolled in a Medi-Cal related prepaid health plan, County Health Initiative, Geographic Managed Care Program, County Medical Services Program (CMSP) or Medicare.

For Persons Living with HIV/AIDS

Eligible California residents with an HIV/AIDS diagnosis may qualify for premium payment assistance through the Office of AIDS (OA) HIPP. For information regarding eligibility requirements and how to apply please see the web link below:

<http://www.cdph.ca.gov/programs/aids/Pages/OAHIPPForms.aspx>

FOR YOUR BENEFIT

CALIFORNIA'S PROGRAMS FOR THE UNEMPLOYED

**UNEMPLOYMENT INSURANCE
DISABILITY INSURANCE
PAID FAMILY LEAVE
WORKFORCE SERVICES**

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

FOR YOUR BENEFIT: CALIFORNIA’S PROGRAMS FOR THE UNEMPLOYED

The purpose of this pamphlet is to inform you about programs offered by the Employment Development Department (EDD) for the benefit of unemployed Californians.

To learn more about services provided by the EDD, access the EDD home page at www.edd.ca.gov. You may submit questions electronically through “Contact EDD” located at the bottom of the EDD home page.

Unemployment Insurance 2

Unemployment Insurance (UI) provides income to workers who become unemployed through no fault of their own and other work is not available.

Disability Insurance 20

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) Program and provides benefits to eligible workers experiencing a loss of wages when they are unable to perform their regular or customary work due to a non-work-related illness or injury, pregnancy or childbirth.

Paid Family Leave 22

Paid Family Leave (PFL) is a component of SDI and provides benefits to individuals unable to work because they need to care for a seriously ill family member or bond with a new minor child.

Workforce Services 23

The EDD’s Workforce Services helps job seekers find suitable employment.

UNEMPLOYMENT INSURANCE

Unemployment Insurance (UI) is an insurance program that is paid for by your employer. It provides you with an income when you are out of work through no fault of your own.

WHO SHOULD FILE

You may file a claim for Unemployment Insurance (UI) benefits if you are no longer working or your hours are reduced. To be eligible to receive UI benefits, you must be out of work due to no fault of your own and be physically able to work, ready to accept work, and looking for work.

WHEN TO FILE

You may apply for benefits as soon as you are unemployed or your hours are reduced. Your claim will be filed the Sunday of the week you file. All claims have a one-week, unpaid waiting period. The waiting period does not begin until the claim is filed.

WHAT YOU NEED TO FILE

To determine if you are eligible to receive UI benefits, you will be asked a variety of questions, such as information about your past employers and the reason you are currently out of work. To ensure your claim is filed as quickly as possible, you should have the following information available:

- Your name, (including all names you used while working) and Social Security number (SSN).
- Your mailing and residence address (including ZIP code) and phone number (including area code).
- Last employer information, including: name, address (mailing and physical location), and phone number. We will also need the ZIP code for both addresses (mailing and physical location), the area code for your last employer's phone number, and last day worked.
- The reason you are no longer working for your last employer. You may have quit, been laid off, fired, or left work because of a trade dispute. Be specific about the reason you are not working because the information you give to us must be sent to your last employer. If you quit, were fired, or left work because of a trade dispute, you will be scheduled to a future phone interview. The information we obtain during the interview will help us decide your eligibility to receive benefits.
- Information on all employers you worked for during the 18 months prior to filing your claim, including name, period of employment, wages earned, and how you were paid, including employers you worked for in other states.

- If you served in the military in the last 18 months, information from your DD214 Member copy 4.
- If you worked for the federal government during the last 18 months, information from your Standard Form 8, "Notice to Federal Employees About Unemployment Insurance."
- Your citizenship status and whether you have the legal right to work in the United States. Individuals who indicate they are registered with the United States Citizenship and Immigration Services (USCIS, formerly INS) and authorized to work in the United States will be asked for the title of their employment authorization document and information from the USCIS document, such as the Alien Identification Number, Card Number and/or Expiration Date.
- Driver's license number or state-issued identification card number.
- Past work records and dates worked including the names, dates of work, and wages earned for all of your employers for the last 18 months, including employers you worked for in other states.

NOTE: Your last employer's name and address are very important, regardless of how long you worked for this employer or whether this last job was in your usual line of work. List the last employer you worked for no matter how long you worked for this employer and the date you last worked. If you are working part time, be sure to tell us you are still working and give us the number of hours you are working each week.

PENALTIES

If you willfully give false information or withhold information to claim benefits, you will be assessed a false statement disqualification by the EDD. A false statement disqualification is a penalty that denies you benefits from 2 to 23 weeks. The penalty stays on your record for three years or until served, whichever comes first. To serve the penalty weeks, you must continue to certify for UI benefits, and be otherwise eligible for benefits each week claimed.

It is illegal to willfully make false statements or knowingly fail to report all facts to receive benefits. Making a false statement or withholding information to receive benefits can be a felony. A person convicted under Section 2101 of the Unemployment Insurance Code will lose the right to collect benefits for 52 weeks. Penalties may include both fines and criminal prosecution.

HOW TO FILE

You may file a UI claim by using **one** of the methods listed below:

- **ONLINE**

File online with eApply4UI. This is the fastest way to file a new UI claim. It is convenient, secure, and available in English and Spanish 24 hours a day, 7 days a week. Access eApply4UI on the EDD website at www.edd.ca.gov/eapply4ui.

The fastest and most intuitive way to reopen an existing claim is through your UI OnlineSM account. Login to your UI OnlineSM account and select the "Reopen Your Claim" button and answer all of the questions.

- **PHONE**

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

EDD UI Toll-Free Phone 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 (nonvoice)	1-800-815-9387

Customer service representatives handle UI claim filing, UI claim information calls, and calls about missed appointments, appeals, and overpayments, Monday through Friday between 8 a.m. and 12 noon (Pacific Time). Mondays and Tuesdays are the busiest days. For faster service, you may wish to call Wednesday through Friday. However, to file a claim, you must call by Friday of the week in which you become unemployed or there is a reduction in your work hours to receive credit for that week. The EDD is closed on state holidays.

The Interactive Voice Response (IVR) System provides UI payment and general information 24 hours a day, 7 days a week. The UI payment information includes the date your last payment was issued, the amount paid, period of time paid, and balance remaining on your claim. To access your payment information, you will be asked to enter your SSN and Personal Identification Number (PIN), on your phone keypad. You will need to establish a PIN the first time you use the IVR to access your payment information. The EDD's IVR System provides step-by-step instructions to guide you to services you want, in English and Spanish. **For faster access to payment information, call the EDD Automated Self-Service, toll-free number at 1-866-333-4606, 24 hours a day, 7 days a week, including holidays.**

- **MAIL OR FAX**

File by mail or fax by accessing the application online at www.edd.ca.gov/Unemployment. The application for UI can be filled out online and printed, or printed and completed by hand. Fax or mail your UI application to the EDD office for processing using the fax number or the mailing address.

FRAUD PREVENTION AND DETECTION

The EDD recognizes your concerns about imposter fraud and the threat of identity theft. Imposter fraud occurs when someone intentionally files a UI claim using another person's employment or personal information. The EDD actively investigates cases of imposter fraud and is committed to protecting the identities of legitimate claimants. If you file a UI claim and there is reason to suspect the UI claim may have identity or imposter issues, you may receive a *Request for Identity Verification*, DE 1326C, requesting you to validate the information provided when you filed for UI benefits. The EDD will also contact employer(s) and governmental entities to verify the documents and any information you supply.

For more information about what steps you can take to protect your identity and prevent imposter fraud, download the *Protect Your Identity and Stop Unemployment Insurance Imposter Fraud*, DE 2360EE, brochure from the EDD website at www.edd.ca.gov/pdf_pub_ctr/de2360ee.pdf.

To report UI fraud, submit a Fraud Reporting Form online from the EDD website at <https://askedd.edd.ca.gov/frmFraudStart.htm>, and select the Category "Reporting Fraud," or call the EDD toll-free Fraud Hotline at 1-800-229-6297.

TYPES OF CLAIMS

The claim you file will depend on the type of employer you worked for and where you worked.

You will file:

- A regular California claim if you worked in California in a job covered by the UI law even if you now reside outside California.
- A federal claim if your employment was in civilian work for the federal government (benefit costs are paid from federal funds).
- A military claim if your employment was as a member of the Armed Forces (benefit costs are paid from federal funds).
- A combined wage claim if you have earnings in California and at least one other state during the last 18 months. This type of claim could increase your UI benefits.
- An interstate claim against another state if you worked and had earnings in a state other than California during the last 18 months, but you now reside in California. You may contact the other state, the District of Columbia, Puerto Rico, or Canada directly by phone or on the Internet to file your claim against them. If you worked in the Virgin Islands, contact the EDD toll-free number to file your interstate claim against them.

BEGINNING DATE OF CLAIM

The benefit year of your claim begins on the Sunday of the week in which you file and ends Saturday, 52 weeks after you filed. During the benefit year of the claim, you certify for benefits on a biweekly basis and will be paid UI benefits, if you meet all eligible criteria. You will be paid unless you stop certifying for benefits for whatever reason or until the balance runs out, or the benefit year on the claim ends, or until you no longer meet all UI eligibility criteria, whichever comes first. You cannot file another new California claim until the benefit year of the claim ends, even if you have received all of your benefits and are still unemployed. If you have worked in another state during the last 18 months, you may be entitled to a new claim in that state.

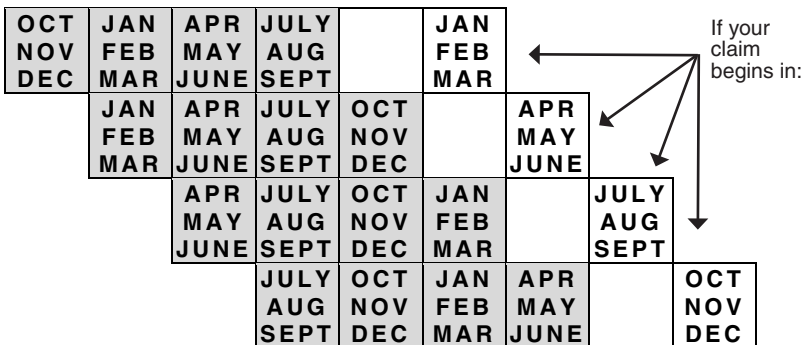
HOW YOUR UI BENEFITS ARE DETERMINED

Your UI weekly benefit, called the Weekly Benefit Amount and the total benefits available in your claim, called your Maximum Benefit Amount, are both based on the wages you earned in the Base Period of your claim. Your Base Period is a 12-month period of time. Each Base Period has four quarters of three months each. There are two types of base periods that may be used to establish a claim: The **Standard Base Period** and the **Alternate Base Period**. For more information regarding the two types of base periods, see the following explanations.

Standard Base Period

The **Standard Base Period** is the **FIRST** four of the last five completed calendar quarters prior to the beginning date of the claim.

For information on what your **Standard** Base Period may be when you file your claim, refer to the chart below. The shaded area represents the Base Period. The non-shaded area represents the month when the claim is filed.

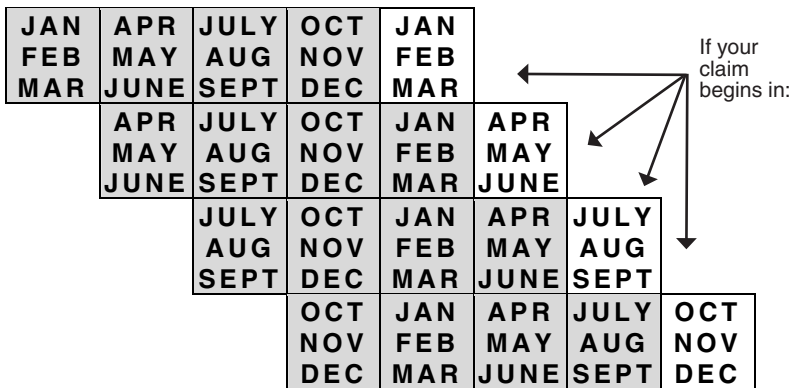


Alternate Base Period

If you do not have sufficient wages in the Standard Base Period to establish a claim, the EDD will consider whether you qualify to file a claim using the Alternate Base Period. The Alternate Base Period can **only** be used to file a UI claim when there are not enough wages earned in the Standard Base Period to file a monetarily valid UI claim.

The **Alternate Base Period** is the **LAST** four completed calendar quarters prior to the beginning date of the claim.

For information on what your **Alternate Base Period*** may be when you file your claim, refer to the chart below. The shaded area represents the Base Period. The non-shaded area represents the month when the claim is filed.



***An Alternate Base Period claim can only be filed when there are not enough wages earned in the Standard Base Period to file a valid claim.**

HOW MUCH UI PAYS

For your claim to be valid, you must have at least \$1,300 in earnings in one quarter of your base period or at least \$900 in earnings in the highest quarter and total base period earnings of 1.25 times your high quarter earnings. You can receive a minimum of \$40 to a maximum of \$450 a week. The quarter in which you were paid the highest wages determines the Weekly Benefit Amount you will receive. The Maximum Benefit Amount is 26 times the Weekly Benefit Amount or one-half of the total Base Period wages, whichever is less. The following table will help you figure your award:

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

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

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

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

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

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

WAITING PERIOD

The first week after you file your claim is normally the waiting period and benefits cannot be paid for that week.

Do not wait to file because the waiting period is not paid. The waiting period cannot begin until the claim is filed and you certify for the waiting period week.

In order to serve a waiting period, you must certify for benefits using one of the following methods: UI OnlineSM, EDD Tele-CertSM, or by mailing in the paper *Continued Claim Form*, DE 4581.

CERTIFYING FOR BENEFITS

After you have filed a UI claim, you must certify every two weeks that you are continuing to meet eligibility requirements to be paid benefits. The EDD will mail you a paper *Continued Claim Form*, DE 4581, for you to certify by mail, but the EDD recommends that you certify online using UI OnlineSM at **www.edd.ca.gov/UI_Online**, because it is a fast, convenient, and secure way to certify.

You may also certify by phone using the EDD Tele-CertSM at 1-866-333-4606. EDD Tele-CertSM allows you to certify for your UI benefits on a biweekly basis, over the phone, by calling the toll-free EDD Automated Self-Service number and using the automated Interactive Voice Response (IVR) system. For more information on EDD Tele-CertSM, visit **http://www.edd.ca.gov/pdf_pub_ctr/de2335.pdf**.

PAYMENTS

- You must meet UI eligibility requirements to be paid benefits.
- To meet the eligibility requirements, you must certify for benefits using one of the following methods: UI OnlineSM, EDD Tele-CertSM, or by mailing in the paper *Continued Claim Form*, DE 4581.
- Payments are issued after you certify for benefits using one of the three methods of certification.
- No payments are made in advance.
- The first payment on a new California claim will usually be issued within three weeks after filing.
- You will normally be paid every two weeks. A new EDD Debit CardSM is issued when your first UI payment is issued. The card is valid for three years. Subsequent benefit payments are issued to the same card.
- Eligibility requirements for UI benefits have not changed and claimants must continue to meet all eligibility requirements in order to receive payment. For more information on the EDD Debit CardSM, visit the website at **www.edd.ca.gov/Unemployment**.

REPORTING EARNINGS

All work and earnings must be reported in the week you work, even if you have not collected or received payment from the employer. Some types of income to report are:

Piece work	Vacation pay
Idle time pay	In-lieu-of-notice pay
Jury fees	Bonuses
Commissions	Tips
Witness fees	Self-employment income
Reuse pay	Strike benefits/Picket pay
Holiday pay	Stand-by-pay
Holding fees	Bereavement pay
Residuals (ask for form DE 4005)	Back-pay award
Paid sick leave	Workers' Compensation
Pension, retirement, annuity	

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

PART-TIME WORK

If you work less than full-time, you may still be eligible for UI benefits. The first \$25 or 25 percent of your gross total earnings for the week (whichever is greater) will not be counted. The amount remaining will be deducted from your weekly benefit amount. For example:

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

Your weekly benefit amount is \$115. You work less than full time and earn \$124. You must report the \$124; however, the first \$31 (25 percent of \$124) is not counted, leaving \$93 to deduct. You receive \$22 (\$115 minus \$93).

If you receive any type of payment from a former employer and do not know if you should report the payment, contact the EDD and ask. You can also report the payment and give an explanation on your claim form. The EDD will determine whether or not the payments are deductible.

ELIGIBILITY

When you file a UI claim, the EDD will ask you a number of questions to determine your eligibility to receive benefits. Your eligibility for UI benefits is based upon the reason you are no longer working for your last employer.

If you are laid off, you are considered to be out of work through no fault of your own. If you quit your last job or if you were discharged, the EDD will need to determine if you left work for compelling reasons or if you were let go from work for reasons other than willful misconduct. If it is determined you are out of work through no fault of your own, you must meet continuing eligibility. When you certify for weekly benefits, each week you will be asked eligibility questions. When it appears that you may not meet the eligibility requirements of the law, you will receive a written notification of the date and time for a determination interview with the EDD. For some eligibility issues, you may be mailed a request for written information instead of being scheduled for a phone interview.

EMPLOYER NOTIFICATION

Your last employer is notified when you file a claim. Also, any employer who contributed to your unemployment claim is notified when you are issued your first UI payment. An employer is required by law to furnish the EDD with any information that may affect your eligibility to receive benefits.

VERIFICATION OF SOCIAL SECURITY NUMBER

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

Your eligibility for benefits may be affected if the information available to the EDD indicates any of the following:

- The SSN presented may belong to another individual.
- The SSN is not valid.
- The SSN was never issued by the SSA.
- The wages shown in the base period of the claim may belong to another individual.

Some of the most common errors associated with SSNs are:

- The SSN being used is incorrect. You may have forgotten the number or transposed the number when you provided it to your employer.
- The name at the SSA is different than the one you used to file your claim. You may have changed your name and not notified the SSA.
- The date of birth at the SSA is different than the date of birth you gave when you filed your claim.

If the EDD requires you to verify your SSN, you must submit a complete copy of your Social Security Statement, which you receive annually from the Social Security Administration. A copy of your Social Security card will not satisfy this requirement.

To access a copy of your complete Social Security Statement or locate your nearest SSA office, access the SSA website at **www.ssa.gov**.

PHONE INTERVIEWS

Eligibility Issues

The EDD will contact you when there is a question regarding your eligibility if you:

- Quit your last job.
- Were fired from your last job.
- Are out of work due to a lockout or a strike.
- Quit, or are not able to work due to lack of child care.
- Are unable to work during normal working hours due to illness or injury.
- Are attending school during normal working hours.
- Did not have transportation.
- Did not look for work.
- Worked and/or earned wages that may reduce your UI benefits.
- Are receiving a pension.
- Are receiving Workers' Compensation.
- Mailed in a claim form late.
- Certify late using UI OnlineSM or EDD Tele-CertSM.
- Requested to have the beginning date of your claim backdated.
- Refused a job.
- Gave incorrect information or withheld information.

- Failed to participate in re-employment services.
- Are a school employee filing a claim during a school recess.
- Are a professional athlete filing a claim during the off season.

Phone Interview/Contact by Mail

To resolve eligibility issues, the EDD will schedule you for a phone interview or contact you by mail for additional information. Failure to be available for a scheduled determination interview or failure to respond to the EDD request for information may result in a denial of UI benefits. If you are scheduled for a phone interview, the EDD will mail you a notice advising you of the date and time the phone interview will take place. An EDD interviewer will call you during this scheduled interview time. You have the right to request more time if you need to get more information, contact witnesses, or obtain the advice of a representative. If the eligibility issue involves an employer, the EDD interviewer may contact the employer for additional information.

The EDD interviewer will ask you questions, document the information gathered, and make a decision of eligibility.

If you are sent a written request for information and you respond by mail, the EDD interviewer will use the information provided by you to make a decision of eligibility.

If you are eligible, your payment will be authorized on the EDD Debit CardSM. If UI benefits are denied, you will be mailed a disqualification notice. The notice advises you of the reason for our decision and gives you appeal rights.

IMPORTANT: If the EDD schedules a phone interview, or mails you a written request for information, you must continue to certify for benefits by using UI OnlineSM, EDD Tele-CertSM, or by mailing in your paper *Continued Claim Form*, DE 4581. If you are determined to be eligible for UI benefits, we cannot issue you a payment until you certify for the week.

APPEALS

You or the employer have 30 calendar days to appeal after a written notice is issued to you. Your appeal must be in writing and should state the reasons for your appeal. If you miss the 30-day deadline, you may still appeal but you must show good cause for the delay.

Before the hearing, you have the right to review all records affecting the appeal. Those records will be provided by the California Unemployment Insurance Appeals Board. For your appeal, you may represent yourself or you may be represented by someone such as a union official, an attorney, or anyone else you select.

Your appeal hearing is heard by an independent administrative law judge. The hearings are informal but all testimony is taken under oath and is subject to cross-examination. You will be notified when and where the hearing will be held.

If you are not satisfied with the administrative law judge's decision, you may appeal to the California Unemployment Insurance Appeals Board.

Your rights to further appeal will be explained in the written decision that will be mailed to you.

When the appeal is pending, you must still continue to certify for UI benefits through UI OnlineSM, EDD Tele-CertSM, or by mailing in the paper *Continued Claim form*, DE 4581, for each week that you want to receive UI benefits.

CANCELLING A CLAIM

You have the option of cancelling a California UI claim after you have been mailed your *Notice of Unemployment Insurance Award*, DE 429Z. You can only cancel a UI claim if no benefits have been paid, no notice of disqualification has been mailed to you, and/or no overpayment has been established on the claim. If a claim is cancelled, that claim cannot be reopened, but you can file a new UI claim with a later date. If the original claim is not cancelled, another California claim cannot be filed for 52 weeks from the start date of the claim.

REQUESTING COPIES OF YOUR UNEMPLOYMENT INSURANCE DOCUMENTS

If, for personal business reasons, you need copies of UI claim documents, contact the EDD.

WORKERS NOT COVERED

The following groups of workers are not normally covered by UI:

- Elected officials.
- Self-employed.
- Students enrolled and regularly attending classes at the school or education institution where employed.

- A student's spouse who is working for an educational institution in an employment program provided for the purpose of financially aiding the student.
- Parents employed by their children.
- Husbands and wives employed by each other.
- Certain state-licensed salespersons paid only commissions.
- Caddies and jockeys.

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

ELECTIVE COVERAGE

Employers who employ individuals whose services are excluded from covered employment may, under certain conditions, elect to cover those services. If you are not sure whether you are eligible for these benefits, you should contact the EDD.

PENSION OR RETIREMENT PAY

Your UI benefits may be affected if you are receiving a pension, retirement pay, annuity, or other similar payment based on your previous work. Your right to benefits will be determined by the EDD after your claim is filed.

CHILD SUPPORT OBLIGATIONS

Your UI benefits may be affected if you are required to pay child support payments to a court, District Attorney's office, or other child support enforcement agency. Your entitlement to benefits will be determined after your claim is filed.

EXTENDED BENEFITS

Extended benefits only become available when the insured unemployment rate equals or exceeds a certain percentage established by state and/or federal law or when the federal government approves special extended benefit legislation.

Generally, to be eligible for extended benefits you must have received all the benefits payable on your last regular claim. In addition, you must meet all eligibility criteria. You cannot establish an extended benefit claim if you can file another valid claim under any state or federal law.

TAXATION OF BENEFITS

The Federal Tax Reform Act of 1986 provides for federal taxation of all Unemployment Insurance benefits received after December 31, 1986. You may request that federal income taxes be withheld from your UI benefit payment. You will be given the option on each claim form. Your choice remains in effect only until you send in your next claim form. The option is strictly voluntary; you are not required to have taxes withheld from your benefits. The EDD will provide an annual statement, Form 1099G, to each individual that shows total benefits paid and total federal taxes withheld during the year. The EDD will mail you the Form 1099G that states the amount of benefits paid to you during the previous year. The Form 1099G should arrive by January 31. If you do not receive the Form 1099G, you may request a duplicate by logging into your UI OnlineSM account and selecting the Form 1099G link from the Main Menu or by calling 1-866-401-2849. Individuals who may owe income tax, must pay any amounts due upon filing their tax returns. If you have any questions regarding your tax liability, contact the Internal Revenue Service.

SPECIAL PROGRAMS

- **California Training Benefits (CTB):** This program allows eligible UI recipients to retrain for new occupations while receiving their benefits. Individuals approved for CTB training do not have to: look for work, be available for work, or accept suitable work.

To continue to receive weekly UI benefits while you attend retraining, your training must be approved by the EDD for the CTB program. Training you select on your own or that is authorized by the Workforce Innovation and Opportunity Act (WIOA), Employment Training Panel (ETP), CalWORKs, or Trade Adjustment Assistance programs may be approved for the CTB program if you are otherwise eligible for UI benefits. Your training may also be approved if the training provider and program which you choose is on California's Eligible Training Provider List (EPTL); if you are a journey-level member of a union or trade association attending training which is union or trade association approved; or if you are in State or Federal approved apprenticeship training; or if you are a laid off teacher approved under a math, science, or special education credential program.

- **Training Extension Claims:** An extension of CTB training benefits may be available beyond your regular UI claim while you are in approved training. To be eligible for extended training benefits, you **must** ask for information about CTB or apply for CTB training approval **with the EDD no later than the 16th week** of UI benefits paid. If your UI claim award is 16 weeks or less, you must ask for information or apply before you receive the **last** UI benefit payment. To file an extended training benefits claim, call the EDD or file online by visiting the EDD website at www.edd.ca.gov.

More information about the CTB program can be found on the *California Training Benefits Program - Fact Sheet*, DE 8714U, on the EDD website at www.edd.ca.gov/Unemployment. Select “Forms and Publications” and then select “Fact Sheets.”

To find out more about training available in your local area, as well as the name and address of the America’s Job Center of CaliforniaSM nearest you, call the EDD Automated Self-Service number toll-free at 1-866-333-4606 or visit the EDD website at www.edd.ca.gov. You may also call the Employment and Training Administration Toll-Free Help Line at 1-877-US2-JOBS (1-877-872-5627), or visit their website at www.servicelocator.org

- **Workforce Innovation and Opportunity Act Programs (WIOA):** If you are out of work and need job training, or if you need to brush up on existing skills, WIOA programs may be able to help you. California’s WIOA Services are provided through the America’s Job Center of CaliforniaSM, under the policy guidance of the Local Workforce Investment Boards. The WIOA offers education and job skills training programs for economically disadvantaged adults and youth. Special training and skills upgrade programs are available for workers who are out of work because of plant closures or work force reductions.
- **Employment Training Panel (ETP):** If you are claiming UI benefits, or have exhausted such benefits and are unemployed, or you are likely to lose your job because your employer plans to reduce operations, you may be eligible for ETP approved training. Visit the ETP website at www.etp.ca.gov for a list of currently-funded training opportunities.
- **Disaster Unemployment Assistance (DUA):** Provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster and who are **not** eligible for regular unemployment insurance benefits. These benefits are available when the President of the United States declares a major disaster. Claimants may file a claim following an EDD announcement that disaster benefits are available. If DUA benefits are available, UI information will be posted on the EDD website at www.edd.ca.gov.
- **Trade Adjustment Assistance (TAA)/Re-employment Trade Adjustment Assistance (RTAA):** The TAA program is a federally funded program that provides training and training related benefits and services to those workers certified by the U.S. Department of Labor (DOL) as having lost their jobs, or had their hours and wages reduced, as a result of

increased imports from, or a shift in production to, a foreign country. The RTAA program provides wage subsidies to individuals 50 years of age or older who return to work paying less than their former trade impacted employment.

- **Work Sharing Benefits:** You may be eligible for Work Sharing benefits if your employer has a Work Sharing plan that has been approved by the EDD. To participate in Work Sharing, your employer must reduce your weekly hours and wages by a minimum of 10 percent and no more than 60 percent. You receive the percentage of your weekly benefit amount proportionate to the hour and wage reductions.
- **Railroad Unemployment Benefits:** Railroad workers may claim benefits under the U.S. Railroad Unemployment Insurance Act. This program is administered by the U.S. Railroad Retirement Board. To file a claim, go to the website www.rrb.gov/mep/ben_services.asp or call the toll-free number at 1-877-772-5772 between 9:00 a.m. and 3:30 p.m., Monday through Friday to speak to an RRB representative.

STATE DISABILITY INSURANCE

The State Disability Insurance (SDI) program provides short-time Disability Insurance (DI) and Paid Family Leave (PFL) wage replacement benefits to eligible workers who need time off work. You may be eligible for DI if you are unable to work due to non-work-related illness or injury, pregnancy, or childbirth. You may be eligible for PFL to care for a seriously ill family member or to bond with a new child.

The first seven days of your claim is a waiting period and no benefits will be paid. Benefits begin with the eighth day of disability or family leave. You cannot receive DI and Unemployment Insurance (UI) or (PFL) benefits for the same period. DI is payable for a maximum of 52 weeks. PFL is payable for a maximum of six weeks in a 12-month period.

ARE YOU COVERED BY STATE DISABILITY INSURANCE?

Most workers covered by California Unemployment Insurance are also covered by SDI. The program is funded entirely by workers through a payroll tax withheld from their earnings. The contribution is based on a percentage of a worker's earnings. The contribution rate may vary from year to year depending on the balance in the Disability Fund. Specific information about the contribution rate is available on the EDD website office.

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

FILING YOUR DISABILITY INSURANCE CLAIM

- For faster process, file your claim using SDI Online at **www.edd.ca.gov**. Provide the receipt number to your physician/practitioner to complete the medical certification.
- To order a claim form online, visit the EDD website at **www.edd.ca.gov** or call the DI toll-free number at 1-800-480-3287. You may also obtain the form from your physician/practitioner or employer, send an online message using Ask EDD, or visit an SDI office.
- The *Claim Form for Disability Insurance* (DI) Benefits provides you instructions for completing the claim form. It is very important to include your Social Security number and sign and date the claim form. Please print your information clearly. If you need help in completing the form, call the DI toll-free number 1-800-480-3287 for assistance.
- Once you complete Part A (Claimant's Statement), have your physician/practitioner complete Part B (Physician/Practitioner's Certificate).
- Your claim must be mailed within 49 days from the first day your disability begins. If your claim is submitted later than 49 days, you may lose benefits for the number of days that the claim is late unless you can establish "good cause" for late filing. To establish good cause, attach a detailed explanation to your claim form telling DI why it is late.

HAVE YOU HAD EXCESS STATE DISABILITY INSURANCE TAX WITHHELD?

You may be eligible for a refund or credit of excess payroll deductions. For information about claiming a refund or credit, please review the Instruction Booklet for the State of California, Personal Income Tax Return, Form 540. For more information, visit the EDD website at **www.edd.ca.gov/Payroll**.

IF YOU NEED MORE INFORMATION

Visit the EDD website at **www.edd.ca.gov** or you may call the toll-free number 1-800-480-3287.

EDD DISABILITY INSURANCE TOLL-FREE NUMBER

1-800-480-3287

Press 1 for English

Press 2 for Spanish

TTY users dial the California Relay Service at 711.

PAID FAMILY LEAVE

Paid Family Leave (PFL) benefits may be available to you if you are unable to work because you need to care for a seriously ill family member or bond with a new child. You cannot receive PFL and Disability Insurance (DI) or Unemployment Insurance (UI) benefits for the same period. PFL benefits are payable for a maximum of six weeks in a 12-month period. Deductions for PFL coverage began January 1, 2004.

ARE YOU COVERED BY PAID FAMILY LEAVE?

PFL is a component of the SDI program. Workers covered by SDI are also covered for PFL.

HOW DO YOU FILE A PAID FAMILY LEAVE CLAIM?

- For faster process, file your claim using SDI Online at www.edd.ca.gov.
- To order a claim form online, visit the EDD website at www.edd.ca.gov or call the PFL toll-free number, 1-877-238-4372. You may also obtain the form from your physician/practitioner or employer, send an online message using Ask EDD, or visit an SDI office.

The *Claim Form for Paid Family Leave (PFL) Benefits* provides instructions for completing the claim form. Complete parts A and B for a bonding claim. Parts A, C, and D need to be completed for a care claim. It is very important to provide your Social Security number and sign and date the claim form. Please print your information clearly. If you need help in completing the form, call the PFL toll-free number for assistance.

Mail your claim form within 49 days from the first day of your family leave. If you submit your claim later than 49 days, you may lose benefits for the number of days that the claim is late unless you can establish “good cause” for late filing. To establish good cause, attach a detailed explanation to your claim form telling PFL why it is late.

IF YOU NEED MORE INFORMATION

Visit the EDD website at www.edd.ca.gov and select “Paid Family Leave,” or you may call the toll-free number 1-877-238-4373.

EDD PAID FAMILY LEAVE TOLL-FREE NUMBER

1-877-238-4373

Press 1 for English

Press 2 for Spanish

Press 3 for Cantonese

Press 4 for Vietnamese

Press 5 for Armenian

Press 6 for Tagalog

Press 7 for Punjabi

TTY users dial the California Relay Service at 711.

WORKFORCE SERVICES

The EDD is a partner in the America's Job Center of CaliforniaSM system. Through the Workforce Services Branch, the EDD provides employment and training programs services at nearly 200 service locations throughout California. Services for job seekers and employers are available at no cost. Services include:

JOB LISTINGS

Using CalJobsSM, California's online job and résumé resource, job seekers can:

- Search for jobs 24 hours a day, 7 days a week, from any location with Internet access, including on mobile devices with the CalJobsSM mobile application (available on iTunes and Google Play store).
- Use résumé Builder to create multiple résumés and if qualified, refer themselves to employers for consideration.
- Explore vocational training, workshops, and other events within their local area.

JOB SEARCH ASSISTANCE

The EDD, in partnership with your local America's Job Center of CaliforniaSM, offers a variety of workshops on such topics as job search training, résumé writing, and interview techniques. In addition, the EDD can refer you to resources within the community including training, education, and other supportive services.

SPECIAL PROGRAMS AND SERVICES

For job seekers who require more than the self-service job search, the EDD's Workforce Services has several no-fee employment assistance programs to help overcome barriers to employment:

Deaf and Hard of Hearing Program

Individuals who are deaf or hard of hearing can receive interpretive, job placement, and follow-up services to find a job or receive EDD services. Contact the EDD by using the TTY toll-free numbers, which will put you in direct contact with a representative:

- Disability Insurance: (TTY) 1-800-563-2441
- Paid Family Leave: (TTY) 1-800-445-1312
- Employment Tax: (TTY) 1-800-547-9565
- Unemployment Insurance: (TTY) 1-800-815-9387

Experience Unlimited Program

Professionals from a wide variety of fields can take advantage of EDD-sponsored job clubs. Provided at no fee, Experience Unlimited provides a place where job seekers can meet regularly with other career professionals to share job leads, provide support, and update their job search skills. Resources available to members include workshops, résumé evaluations, mock interviews, networking opportunities, and more.

Migrant and Seasonal Farm Workers and Food Processing Workers

Provides assistance to farmworkers and food processing workers who may be unfamiliar with the services available through America's Job Center of CaliforniaSM network or who have language barriers that might lessen the effectiveness of their job search.

Veterans Services Program

All EDD Workforce Services offices have specially-trained staff to ensure veterans of the U.S. Armed Forces receive maximum employment and training opportunities. Services include counseling, labor market information, job referrals, job search workshops, and job development with potential employers.

Youth Employment Opportunity Program (YEOP)

Provides special services to youth, ages 15 through 25, to assist them in achieving their educational and vocational goals. Services include peer advising, referrals to supportive services, workshops, job referrals and placement assistance, and referrals to training and community outreach efforts.

WHERE TO GET HELP

Workforce Services programs and services are available at Workforce Services offices and America's Job Center of CaliforniaSM locations throughout the State. For more information, call the EDD automated Self-Service number toll-free at 1-866-333-4606 or visit the EDD website at **www.edd.ca.gov**. You may also call the Employment and Training Administration toll-free Help Line at 1-877-US2-JOBS, 1-877-872-5627, or visit their website at **<http://americasjobcenter.ca.gov/>**.



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

This publication is available on the EDD website at
www.edd.ca.gov/pdf_pub_ctr/de2320.pdf

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