Employment Development Department
State of California

Nonindustrial Disability Insurance

Family Care Leave

(NDI-FCL)

NDI-FCL Training Goal

To provide a basic overview of the criteria and requirements for an excluded employee enrolled in the Annual Leave Program (ALP) to file a Non-Industrial Disability Insurance Family Care Leave (NDI-FCL) bond/care claim.

Objectives:

By the end of this training, you will be able to:

- ❖ Recognize the difference between PFL, NDI and NDI-FCL programs
- ❖ Understand who qualifies for NDI-FCL program
- ❖ Complete the DE 8501F
- ❖ Recognize special circumstances

Defined:

Nonindustrial Disability Insurance - Family Care Leave

(NDI-FCL) is an employer-funded program that provides partial wages to eligible state government employees enrolled in the Annual Leave Program (ALP) due to the need to care for a seriously ill family member or to bond with a new child.

Excluded employees include those with the following CBID:

E99, E98, E97, E79, E78, E77, E68, E67, E59, E58, E48, M01-M21, M99, S01-S21, C01-C21

Includes exempt, managerial, supervisory, and confidential.

Eligible employees can provide care for the following family members:

*Child	*Spouse	*Registered Domestic Partner
*Parent	*Parent-in-law	*Grandparent
*Grandchild	*Sibling	

At A Glance

SDI-PFL	NDI / ENDI	NDI-FCL
Rank and file employees to bond and/or to care for ill family member	Non-SEIU, Exempt, Excluded, and Confidential employees who are out on disability	Exempt, Excluded, and Confidential employees *enrolled in ALP* who are bonding and/or caring for an ill family member
No waiting period	7 or 10 day waiting period (waiting period may be waivable)	No waiting period
42 calendar days per rolling year from start date. (July 2020 expanding to 8 weeks)	182 calendar days per claim	42 days per rolling year from start date. (No expansion at this time)
Timeliness required	No timeliness required	No timeliness required
Taxable	Taxable	Taxable
Funded by Employee Contribution	Employer Funded	Employer Funded
Payment authorized and issued by EDD-PFL	EDD authorizes periods of disability; Employer qualifies payments; SCO issues out checks	EDD authorizes periods of Care/Bond; Employer qualifies payments; SCO issues out checks

Not Eligible VS Eligible Employees

Employees Not Eligible	Employees Eligible
Covered under a Bargaining Unit: SEIU bargaining units R01 – R21 and CSU	Exempt, Excluded, Managerial, Supervisory, or Confidential Employees under CBID: E99, E98, E97, E79, E78, E77, E68, E67, E59, E58, E48, M01-M21, M99, S01-S21, C01-C21
No CA-SDI deductions	No CA-SDI deductions

What does NDI-FCL pay?

- ❖ NDI-FCL provides wages for up to 42 days per rolling year from the beginning date of the claim.
- ❖ Employees receive 50% of gross monthly salary. Leave credits may be used to supplement salary 75% or 100%.

Claim Length

- CARE: Qualifying period is decided by the physician/practitioner as to when care is needed up to 42 days.

- BONDING: Qualifying period is 1 year from birth or placement of child. Period is 42 days.
  - bonding qualification period ends day prior to child's 1st birthday or date of placement

- If a care claim and a bonding claim are filed in the same rolling year the 42 days is still the maximum available.

- It is the responsibility of the employer to track days used

Who is Eligible?

- Claimants must be a current employee of the State of California.
  - Eligible employees include exempt, managerial, supervisory, and confidential.
- Must be a participant in the Annual Leave Program prior to the claim effective date.
- Must be a current active PERS or STRS member
- Have a wage loss due to the need to bond with a new child or care for a seriously ill family member.

Benefit Payment Process

- ❖ EDD determines eligibility and authorizes dates.
- ❖ The employer’s personnel office must process FCL payments or request the State Controller or paying agent to issue FCL payments to the employee.
- ❖ FCL benefits are paid as determined by the employer’s payment schedule.
- ❖ Once FCL is authorized, all inquiries concerning payment status, weekly rates, payment amounts, deductions, etc., will be directed to the employee’s attendance clerk or personnel office.

Benefits are not Payable

- ❖ Any day of entitlement to Worker's Compensation benefits/industrial disability leave.

- ❖ Any wages that are received in the form of leave usage i.e. sick leave, vacation, compensatory time off, bereavement, or catastrophic leave (outside of supplementation).

- ❖ On or after separation/retirement from state service.

DE 8501F

- The employer fills out Part A
- Employee fills out Part B
- Bonding claim Part C completed by employee
  - Birth record, court adoption/placement documents must be attached
- Care claim Part D must be completed by care recipient
  - Care Recipient’s Medical Provider must complete Part E for Care claim
- The **original** completed claim form must be **MAILED** to the EDD office for eligibility determination.
  (Due to signature requirements and fraud prevention original signatures are require we are not accepting faxes or emails)
- Claims take approximately 7-10 days for eligibility determination

DE 8501F Instructions

This is the Claim for Nonindustrial Disability Insurance – Family Care Leave, DE 8501F's cover which provides instructions.

- ❖ Advises that you must be an excluded California State Government Employee and a participant in the Annual Leave Program.

Employment Development Department
State of California

Claim for Nonindustrial Disability Insurance – Family Care Leave (NDI-FCL)

NOTE TO NDI-FCL APPLICANTS: KEEP THIS INSTRUCTION AND INFORMATION JACKET FOR REFERENCE
Nonindustrial Disability Insurance – Family Care Leave (NDI-FCL) Benefits, an employer-funded program, provides benefits to eligible workers who have a full or partial loss of wages due to the need to care for a seriously ill family member or to bond with a new child.

To qualify for NDI-FCL benefits, you must be:
1. An Excluded California State Government Employee
   and
2. A participant in the Annual Leave Program.

NOTE: See Nonindustrial Disability Insurance – Family Care Leave Provisions, DE 8502F, for details.

Instructions for completing the NDI-FCL claim form, DE 8501F

While completing the NDI-FCL claim form, write clearly using only upper case. Enter your Social Security number on all pages of the claim form, including attachments. **Mail** the completed form to the Employment Development Department (EDD) in the envelope provided. Submit you claim no earlier than the first day your family leave begins.

How to complete the DE 8501F:
1. Part A-Employee Information to be complete by your Attendance Clerk or Payroll Officer.
2. Part B-Claim Statement of Employee to be completed when you have stopped working.
   NOTE: For box 3, the United States Postal Service will not deliver mail to a private mail box unless it is preceded by the initials "PMB."
   a. Sign and date box 15-Declaration and Signature on Part B-Claim Statement of Employee.
3. **BONDING:** Part C-Bonding Certification only completed for bonding claims. Enclose a copy of one of the documents listed in box 10. **Do not** complete Part C if you are filing to care for a family member.
4. **CARE:**
   a. Part D-Statement of Care Recipient to be completed by the care recipient. If the care recipient is a minor or incapacitated, an authorized representative may complete this part.
   b. Part E-Physician/Practitioner's Certification to be completed by the treating physician/practitioner. Certification may be made by a licensed physician or practitioner authorized to certify to a patient's disability or serious health condition pursuant to California Unemployment Insurance Code, Section 2708. If the care recipient is under the care of an accredited religious practitioner, obtain a *Practitioner's Certification for Nonindustrial Disability Insurance – Family Care Leave*, (DE 2502FF), by calling 1-866-758-9768. **Rubber stamp signatures are not accepted.**
5. Place the completed, signed form(s) in the envelope provided. Claims are generally processed within 14 days after the EDD receives a completed claim.
   - For **bonding**, a claim is complete when parts A, B, C and supporting documents are received.
   - For **care**, a claim is complete when parts A, B, D and E are received.
6. Keep these instructions and information pages for future reference.

NOTE: It is the employee's responsibility to see that this claim form and all sections that apply are filled out COMPLETELY and mailed to the EDD address listed below. If you do not understand this form you may call Nonindustrial Disability Insurance at 1-866-758-9768.

MAIL COMPLETED FORM TO: State of California
Employment Development Department
NDI-FCL
PO Box 2168
Stockton, CA 95201-2168

DE 8501F (7-19) Instruction & Information page A

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Information Collection and Access

State law requires the following information to be provided when collecting information from individuals:

Agency Name: Employment Development Department (EDD)	Title of Official Responsible for Information Maintenance: Manager, EDD Disability Insurance Office
Local Contact Person: Manager, EDD Disability Insurance Office	Address and Telephone Number: PO Box 2168, Stockton, CA 95201-2168 1-866-758-9768

Maintenance of the Information is authorized by:
California Unemployment Insurance Code, sections 2601 through 3272.
California Code of Regulations, title 22, sections 2706-1, 2706-3, 2708.1-1, 2710-1.
California Government Code, sections 19878 through 19886.2.

Basic Eligibility:
Nonindustrial Disability Insurance – Family Care Leave can be paid only after you meet all the following requirements:
- You must be **unable** to do your regular or customary work **due to the need to provide care or to bond with a new child.**
- You must be an **Excluded Government Employee of the State of California** at the time your Nonindustrial Disability Insurance – Family Care Leave begins.
- If working, you must have **lost wages** because you were caring for a seriously ill family member or bonding with a new child.
- Must be a participant in the Annual Leave Program.

In addition, the following requirements must be met only if your NDI-FCL claim is **to care** for a seriously ill family member:
- The care recipient must be your child, parent, spouse, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law.
- The care recipient must be **under the continuing treatment** or supervision of a licensed physician/practitioner or accredited religious practitioner while you are receiving benefits.
- The care recipient's **physician/practitioner must complete the certification** that he/she requires care. If the care recipient is under the care of an EDD accredited religious practitioner, obtain a *Practitioner's Certification for Nonindustrial Disability Insurance – Family Care Leave*, (DE 2502FF).

In addition to basic eligibility requirements, the following requirements must be met only if your NDI-FCL claim is to **bond** with a new child:
- Your leave must take place within 12 months of the birth, adoption, or foster care placement of your child.
- The new child must be either your or your registered domestic partner's biological child, adopted child, or foster child.

Your Responsibilities:
- File your claim and other forms completely, accurately and in a timely manner.
- Carefully read the instructions on this and all other forms you receive from NDI-FCL.
- Call or report in writing to NDI-FCL any:
  - Change of address or telephone number.
  - Return to work.
  - Need for care or bonding to stop.
- **Include your name and Social Security number on all correspondence.**

All information requested on the claim form is required to process your claim. Please note the following:
- Failure to supply any or all information may cause a delay in issuing benefits or may cause you to be denied benefits to which you are entitled.
- If you willingly make a false statement or representation or knowingly withhold a material fact to obtain or increase any benefit or payment, EDD will disqualify you from receiving benefits and/or services and may initiate criminal prosecution against you.

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Benefit Amounts

Enhanced NDI benefits are provided to employees who participate under the State's Annual Leave Program (ALP) in the amount of 50% of gross pay that may be supplemented with leave credits at 75% or 100%.

State and federal taxes will be withheld from NDI-FCL benefits. Voluntary deductions such as health insurance premiums, credit union loans, savings accounts, bonds, parking fees, etc. will automatically be deducted from NDI-FCL benefits unless cancelled by the employee. If the employee continues health insurance premium deductions, the State's employer contribution will also continue.

Benefit Payment Process

The EDD determines eligibility and authorizes benefit payments. The employer's personnel office then must request the State Controller or paying agent to issue benefit payments to the employee. Benefits are paid by your employer's payment schedule.

Once benefits are authorized by the EDD, inquiries concerning payment status, weekly rates, payment amounts, deductions, etc. should be directed to the employee's attendance clerk or personnel office.

Questions concerning eligibility for benefits should be directed to NDI-FCL at 1-866-758-9768. Any determination of eligibility made by the EDD may be appealed before an administrative law judge by writing to NDI-FCL to request a hearing.

Benefits Are Not Payable:
- For any day of entitlement to temporary workers' compensation benefits or industrial disability leave.
- For any day wages are received in the form of sick leave, vacation, compensatory time off, or catastrophic leave.
- For any day Unemployment Insurance benefits are received.
- For any day on and after separation or retirement from state service. It is permissible to delay the effective date of a disability retirement until NDI-FCL benefits are exhausted.

Retirement Credit

You will not earn Public Employees' Retirement System (PERS) or State Teachers Retirement System (STRS) service credit while you are receiving NDI-FCL. State employer contributions to your retirement account will not be made while you are receiving NDI-FCL. If supplementing or working while on NDI-FCL, contact CalPERS for information on retirement credit/contribution amounts.

Disqualification

All available information will be considered before issuing a benefit payment or disqualifying your claim. Benefits will be paid only for the days to which you are eligible. If payment of benefits is denied or reduced, you will receive a written notice stating the reason for the disqualification.

If you deliberately report incorrect information or if you willfully omit or withhold information, disqualifications will be assessed.

Fraud

Under the California Unemployment Insurance Code, sections 1143, 2101, 2116, 2122 and 3305, it is a violation to willfully make a false statement or knowingly conceal a material fact in order to obtain the payment of any benefits. Such violation is punishable by imprisonment, and/or by a fine not exceeding $20,000, or both. To detect and discourage fraud, the EDD continually monitors claims, vigorously investigates suspicious activity, and will seek restitution and conviction through prosecution.

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Claim for Nonindustrial Disability Insurance – Family Care Leave (NDI-FCL)

Part A – Employee Information (To be completed by employer)

1. NAME OF EMPLOYEE (EE)
FIRST INITIAL LAST

2. SOCIAL SECURITY NUMBER

3. POSITION NUMBER
AGENCY UNIT CLASS SERIAL

4. GENDER
☐ MALE ☐ FEMALE

5. OCCUPATION

6. CBID #

7. GROSS MONTHLY SALARY
$

8. LAST DAY PHYSICALLY AT WORK
/ /

9. PERSONNEL TRANSACTIONS OFFICE
DEPARTMENT OR CAMPUS
BRANCH OR DIVISION
MAILING ADDRESS
NAME OF PAYROLL SPECIALIST (PLEASE PRINT)

PUBLIC PHONE	EXTENSION	FAX

10. APPOINTMENT/TIME BASE STATUS (CHECK ALL THAT APPLY)
☐ PERMANENT PROBATIONARY
☐ FULL TIME
☐ PT/INT-DID EE HAVE EQUIVALENT OF 6 MONTHS COMPENSATED PPS IN THE PAST 18 PPS?
YES ☐ NO ☐
☐ PERS/STRS MEMBER
☐ LT – DOES EE HAVE THE RIGHTS TO RETURN TO A PERMANENT, FULL-TIME POSITION?
YES ☐ NO ☐
☐ TAU – DOES EE HAVE THE RIGHTS TO RETURN TO A PERMANENT, FULL-TIME POSITION?
YES ☐ NO ☐
☐ CEA – DOES EE HAVE THE RIGHTS TO RETURN TO A PERMANENT, FULL-TIME POSITION?
YES ☐ NO ☐
☐ LEAP – HAS EE SUCCESSFULLY COMPLETED THE TEMPORARY JOB EXAMINATION PERIOD?
YES ☐ NO ☐
☐ SEASONAL
☐ ANNUITANT
☐ EMERGENCY

11. ADDRESS OR LOCATION WHERE EMPLOYEE ACTUALLY WORKS.

12. COMPLETED BY (PLEASE PRINT NAME)

DATE COMPLETED

SIGNATURE

PUBLIC PHONE	EXTENSION	FAX

13. FOR ANNUAL LEAVE PROGRAM (ALP) EMPLOYEES:
DID EE ELECT TO USE FULL LEAVE CREDITS, INCLUDING CATASTROPHIC LEAVE?
YES ☐ NO ☐

14. WORKERS' COMPENSATION INFORMATION
IS EE ENTITLED TO RECEIVE OR HAS EE RECEIVED WORKERS' COMPENSATION TEMPORARY DISABILITY OR INDUSTRIAL DISABILITY LEAVE FOR ANY DAY AFTER THE LAST DAY PHYSICALLY WORKED SHOWN ABOVE? YES ☐ NO ☐ PENDING ☐
IF YES, PROVIDE PERIODS PAID FROM ________ TO________
FOR WHAT BODY PARTS? ______________________________
FOR WHAT INJURY? ______________________________

15. HAS EE RETURNED TO WORK? YES ☐ NO ☐
IF YES:☐ PART TIME ☐ FULL TIME GIVE DATE(S) _________ _____________

NOTE TO EMPLOYER:
While the NDI office determines the period of eligibility and authorizes payment on claims your personnel office has the responsibility for requesting payment from the State Controller.

DE 8501F
Part A

Shown here is the first page of the application itself. As mentioned, this page is completed by the Attendance Clerk or Payroll Officer of the applicant.

DE 8501F Part B

Part B – Claim Statement of Employee

1. PLEASE RE-ENTER YOUR SOCIAL SECURITY NUMBER
2. DATE OF BIRTH
3. YOUR MAILING ADDRESS

STREET, PO BOX, OR RFD · APT. NO. · CITY · STATE · ZIP CODE

4. YOUR HOME ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)
5. OTHER NAME(S) USED
6. OCCUPATION
7. INDICATE YOUR DESIRE TO SUPPLEMENT NDI-FCL WITH LEAVE ☐ NO SUPPLEMENT ☐ 75% ☐ 100%
8. DATE YOU WANT YOUR NDI-FCL CLAIM TO BEGIN
9. LAST DAY PHYSICALLY WORKED
10. REASON YOU REDUCED YOUR WORK HOURS OR STOPPED WORKING ☐ CARE FOR FAMILY MEMBER ☐ BOND WITH CHILD ☐ OTHER (EXPLAIN) ____
11. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING OR WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)
12. THE ABOVE NAMED CARE OR BONDING RECIPIENT IS YOUR ☐ CHILD ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ PARENT ☐ PARENT IN-LAW ☐ GRANDPARENT ☐ GRANDCHILD ☐ SIBLING ☐ OTHER (EXPLAIN) ____
13. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING NONINDUSTRIAL DISABILITY INSURANCE - FAMILY CARE LEAVE? ☐ YES ☐ NO
14. HAVE YOU FILED A CLAIM FOR WORKERS' COMPENSATION? ☐ YES ☐ NO
   IF "YES", PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME OF WORKERS' COMPENSATION INSURANCE CARRIER · CARRIER'S PHONE NUMBER

ADDRESS OF CARRIER

NAME OF ADJUSTER · DATE OF INJURY · CLAIM NUMBER

BODY PARTS

ARE YOU RECEIVING WORKERS' COMPENSATION BENEFITS? ☐ YES ☐ NO · IF "YES", DATES BENEFITS PAID FROM ____ TO ____

15. **DECLARATION AND SIGNATURE.** By my signature on this claim statement for Nonindustrial Disability Insurance – Family Care Leave, I certify that (1) throughout the period covered by this claim, I was providing care for or bonding with the care recipient named above; (2) authorize the Employment Development Department (EDD) to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part D and Part E of this claim; (3) authorize my employer(s) to disclose to the EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the "Information Collection 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 statement, including any accompanying statements is to the best of my knowledge and belief true and correct, and complete. I agree that photocopies 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 fifteen years from the date of my signature or the effective date of the claim, whichever is later.

CLAIMANT'S SIGNATURE (DO NOT PRINT) · IF SIGNATURE IS MADE BY MARK (X), PLEASE PLACE MARK HERE.* · DATE SIGNED

*IF YOUR SIGNATURE IS MADE BY MARK (X), IT MUST BE ATTESTED TO BY TWO WITNESSES WITH THEIR ADDRESSES.

1ST WITNESS SIGNATURE AND ADDRESS · 2ND WITNESS SIGNATURE AND ADDRESS

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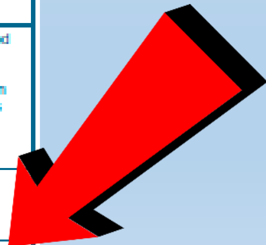

The second page of the DE 8501F is completed by the claimant. In addition to personal information, this page enables the claimants to provide their requested Claim Effective Date, the supplementation rate, type of claim, who they are bonding or caring for and if they have a Worker's Compensation claim.

- Please ask the employee to add their phone number

Part C – Bonding Certification (To be completed by person claiming NDI-FCL to bond with a child)

1. YOUR SOCIAL SECURITY NUMBER

2. YOUR LEGAL LAST NAME

3. CHILD'S SOCIAL SECURITY NUMBER

4. LEGAL NAME OF CHILD

5. CHILD'S DATE OF BIRTH

6. CHILD'S GENDER

7. DATE OF FOSTER CARE OR ADOPTION PLACEMENT

8. CHILD'S RESIDENCE ADDRESS

9. CHILD NAMED IN #4 IS MY

10. AS EVIDENCE OF RELATIONSHIP, CHECK ONE OF THE FOLLOWING AND ATTACH A COPY OF THE DOCUMENT CHECKED.

11. DECLARATION AND SIGNATURE.

DE 8501F
Part C

The 3rd page of the DE 8501F contains 2 sections.

- The Upper half of the page is the Bonding Statement must be completed by employee.
- Birth record, court adoption/placement documents must be attached

Part D – Statement of Care Recipient (May be completed by claimant if care recipient is mentally or physically unable to do so. Must be signed by care recipient or care recipient's authorized representative.)

1. CLAIMANT SOCIAL SECURITY NUMBER

2. YOUR LEGAL LAST NAME

3. LEGAL NAME OF CARE RECIPIENT

4. CARE RECIPIENT'S DATE OF BIRTH

5. CARE RECIPIENT'S GENDER ☐ MALE ☐ FEMALE

6. CARE RECIPIENT'S PHONE NUMBER

7. CARE RECIPIENT'S RESIDENCE ADDRESS

ADDRESS CITY STATE ZIP CODE COUNTRY (IF NOT U.S.A.)

8. CONFIRMATION OF MEDICAL DISCLOSURE AUTHORIZATION. I authorize my physician or practitioner to disclose my current personal-health information to my care provider and to the California Employment Development Department (EDD).

CARE RECIPIENT'S SIGNATURE (DO NOT PRINT) DATE SIGNED

9. AUTHORIZED REPRESENTATIVE signing on behalf of care recipient must complete the following: I, ____________________, represent the care or bonding recipient in this matter as authorized by ☐ parental rights ☐ power of attorney (attach copy) ☐ court order (attach copy) (For spouse or domestic partner, contact the EDD.)

AUTHORIZED REPRESENTATIVE'S SIGNATURE (DO NOT PRINT) DATE SIGNED

DE 8501F
Part D

- ❖ The Lower half of the page is the Statement of Care Recipient must be completed by care recipient.
- ❖ Only one of these sections will be completed depending on type of claim.

Medical certifications must be completed by a licensed physician or practitioner authorized to certify to a patients disability/serious health condition pursuant to California Unemployment Insurance Code Section 2708.

Part E – Physician/Practitioner's Certification (Do NOT complete this part if claim is for bonding.)

1. CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER
2. CLAIMANT LAST NAME
3. PATIENT'S NAME
4. PATIENT'S DATE OF BIRTH
5. DOES THE PATIENT REQUIRE CARE BY THE CLAIMANT?
6. DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS
7. PRIMARY ICD CODE
8. SECONDARY ICD CODES
9. FIRST DATE CARE NEEDED
10. DATE YOU EXPECT RECOVERY
11. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CLAIMANT
12. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CARE BY CLAIMANT?
13. WOULD DISCLOSURE OF THIS CERTIFICATE TO YOUR PATIENT BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL?
14. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER
15. STATE OR COUNTRY PHYSICIAN/PRACTITIONER IS LICENSED
16. PHYSICIAN/PRACTITIONER'S NAME
17. PHYSICIAN/PRACTITIONER'S ADDRESS
18. TYPE OF PHYSICIAN/PRACTITIONER
19. SPECIALTY (IF ANY)
20. PHYSICIAN/PRACTITIONER'S certification and signature

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Under sections 2116 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding $20,000. Section 1143 and 3305 require additional administrative penalties.

DE 8501F Part E

Finally, the fourth page of the DE 8501F is completed by the care recipient's treating Physician for a Care Claim.

- Medical is not needed for a Bonding Claim

Special Circumstances:

- Simultaneous Coverage (PFL and NDI-FCL):
  - Excluded employees may be eligible for both PFL and NDI-FCL if the employee has prior earnings in the base period that are subjected to SDI contributions and/or if they have a 2nd employer that pays into SDI.

- Overlapping Claims:
  - The employee cannot collect benefits for both NDI and NDI-FCL for the same periods. One claim must end for the other to begin.

- Incomplete Applications
  - Any applications not completed correctly will be returned to the employee.

Special Circumstances:

- Ineligible employees
  - Employee will receive a notice of disqualification

    "You are not an excluded employee and therefore do not meet the Nonindustrial Disability Insurance – Family Care Leave (NDI-FCL) program criteria."

- Employees covered under a Bargaining Unit are not eligible

Helpful Hints for Personnel Specialists:

- When completing Part A of the DE 8501F:
  - Include claimants phone number on the page.
  - Save a copy of 8501F Part A with NDI-FCL notated so that when HR receives the DE 8500A, it is known which program to track dates for.
    - Example: NDI is up to 182 calendar days or as indicated on the DE 8500A, for NDI-FCL it is up to 42 days. NDI-FCL claims will be authorized for a 1 year period from claim state date for Bonding. Care claims will be authorized for the period care is determined based on the medical provider.
  - NDI-FCL is recorded in one-day increments.
  - To check NDI-FCL approvals please email: DI217@EDD.CA.GOV

References:

Questions regarding claim status call
State Employees Office: (866)758-9768.

CalHR NDI Policy:
http://hrmanual.calhr.ca.gov/Home/ManualItem/1/1411

EDD NDI-FCL informational website:
https://edd.ca.gov/Disability/nonindustrial/family-care-leave.htm

To order DE 8501F: https://forms.edd.ca.gov/forms

Questions concerning eligibility for benefits will be directed to
State Department personnel offices