



If you are a business owner or self-employed, then Disability Insurance Elective Coverage may be for you!



STATE OF CALIFORNIA

LABOR AND WORKFORCE
DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT
DEPARTMENT

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 866-490-8879 (voice) or TTY 800-563-2441.

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



DISABILITY INSURANCE ELECTIVE COVERAGE

*A SAFETY NET FOR THE
BUSINESS OWNER
OR SELF-EMPLOYED*

Protect Your Most Valuable Asset: Your Ability to Earn an Income

As someone whose livelihood depends on your ability to run a business, you should consider what would happen if your income stopped because:

- You were sick, injured, or pregnant and could not work.
- Your child, parent, parent-in-law, grandparent, grandchild, sibling, spouse or registered domestic partner needed your care due to a serious health condition.
- You would like to bond with your new child.

Could you do without your income even temporarily?

A Financial Safety Net

Disability Insurance Elective Coverage (DIEC) offers a safety net to business owners or self-employed individuals. Premiums are based on net profits as declared on the Internal Revenue Service Form 1040 (Schedule SE) or (Schedule C). For information regarding maximum benefit amounts paid, view the *Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments*, DE 2589, at www.edd.ca.gov.

Consider the Benefits

- Protection against loss of income due to injury, pregnancy, or illness whether or not it is work-related.
- Up to 39 weeks of benefits for your own disability.
- Automatic coverage in PFL which provides up to six weeks of benefits to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner, or to bond with a new child.

For more information about DI, call 800-480-3287. For information about PFL, call 877-238-4373.

Major Requirements

- You must own your own business or be self-employed.
- You must have a minimum annual income of \$4,600.
- You must be normally and continuously engaged in a regular trade, business, or occupation.
- You must possess a valid active license, if required by your occupation.
- You must derive the major portion of your income from your trade, business, or occupation.
- You must be able to perform your normal duties on a full-time basis at the time you submit your application.
- Your business cannot be seasonal.
- You must stay in the program for two complete calendar years unless you discontinue your business or move out of California.

Benefit Eligibility

Generally, you must have this insurance coverage for at least six months before you are eligible to file a claim.

If you are interested in more information about this program, call 916-654-6288. If you would like an application, call 916-554-7104, complete and mail the attached form, or visit the EDD website at:

www.edd.ca.gov

Please send me more information and an application for DI Elective Coverage.

Name _____

Street Address _____

City _____ State _____ ZIP Code _____

E-mail Address _____

Please have someone call me at (_____) _____

Detach this portion and mail to the following address:

State of California
Employment Development Department
Taxpayer Assistance Center, Attn: DIEC Unit
PO Box 2068
Rancho Cordova, CA 95741-2068