

90-400.07. STATE DISABILITY INSURANCE (SDI)

A. General

This section provides information regarding the SDI requirements in the GR Program.

B. Policy

All EL GR applicants who have been employed within the past 18 months preceding the initial application for GR shall be required to apply for SDI, if such employment occurred in any of the following states (or possession):

- California
- Hawaii
- New Jersey
- New York
- Puerto Rico
- Rhode Island

When determining the GR grant amount, the gross amount of SDI will be counted toward the GR budget. This includes situations in which an overpayment is being deducted from the SDI benefit.

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C. Information on SDI

SDI is a program which provides income to eligible persons who cannot work because of sickness or injury not caused by their job. In general, eligible claimants applying in California must have earned a minimum of \$300 during a twelve month base period and must:

- have an incapacity which was not incurred on the job
 - be under treatment by a physician at the present time
 - have a statement from the physician verifying incapacity
 - have earned a minimum of \$75 in a quarter within the base period.
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Information on SDI (continued)

The filing of a SDI claim commences with the applicant completing one side of the DE 2501 and submitting it to his doctor to complete the other side. The doctor then mails the application to the SDI Field Office. After the SDI office has received and processed the application, the claimant receives a Notice of Computation (DE 429D or DE 429R) which contains the same information as the DE 429 used in UIB. SDI claim payments are handled by mail to and from the SDI office. Approximately 11 days after the filing date of a valid SDI claim, the claimant is sent the first payment, and the DE 429D or DE 429R. If the claim is invalid, only the DE 429R will be sent. All of these items can be used for verification. SDI benefits are paid per number of days disabled, not per weeks as in UIB. If the claimant's work history is known, SDI benefits may be accurately estimated using the SDI Information Pamphlet in each FRC and EDD office.

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D. Procedure

When it is determined that an applicant must apply for SDI, the worker should take the actions in the table below.

| Step | Action |
|------|--|
| 1 | Inform the applicant of the application requirement. |
| 2 | Explain that the application for SDI and filing instructions may be obtained from EDD or his/her doctor. The applicant must complete one side of the application and submit it to the doctor to complete and mail back to EDD. FRC staff may provide this form to the applicant, if available. |
| 3 | Instruct the applicant to bring in verification of application for these benefits when he/she returns on the appropriate working day. |
| 4 | Verify the applicant's application by obtaining a phone or written statement from the doctor that the application was submitted to EDD. |
| 5 | Instruct the applicant to bring the DE 429D or DE 429R which he/she will receive when the SDI office has received and processed the application. |

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E. Requirement to Apply For/ Accept Voluntary Plan of Disability Insurance

When an applicant/recipient meets the basic qualification for SDI, but was employed by an employer with a private insurance carrier or self-insured employer approved by EDD, there may be eligibility for disability benefits under a voluntary or private plan. The applicant shall be required to apply for and accept such benefits as a condition of eligibility.

F. Private Plan Procedure

Workers must follow the actions in the table below for private plan applicants.

| When the applicant ... | Then ... |
|---|--|
| was or is covered by a private plan, | <ul style="list-style-type: none"> • Inform the applicant of the requirement that the application must be completed within the initial aid period. • Explain that the necessary forms and filing instructions may be obtained from the last employer. • Instruct the applicant to bring in verification of application for these benefits before issuance of supplemental aid. |
| returns on the appropriate working day, | <ul style="list-style-type: none"> • Verify the applicant's application by obtaining the best information available by a copy of the completed application form; or a phone or written statement from the employer. • Instruct the applicant to bring in the insurance carrier's notification letter which will inform the applicant of eligibility. This notification is usually enclosed with the first check. • Set a Case Alert to monitor the status of the claim every 30 days until a notification letter is received. |

G. Verification

Verify when:

- benefits are initially reported by the applicant/recipient
- there are changes in the amount/dates of benefits reported
- there are reasons to believe a claim has been filed or benefits are being received, which have not been reported
- a claim has been filed but no determination has yet been made, or the claim was denied.

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Verification (continued)

How to verify:

- documents in the applicant's/recipient's possession which verify receipt or non-receipt of benefits through a denial or reduction statement or the benefit check itself (checks may only be used for a private plan as EDD no longer issues checks)
- DE 429D, DE 429R or a written statement from the doctor that an application was submitted to EDD;
- EDD Real-Time
- IEVS is used to verify the information provided by the applicant/recipient. IEVS information received from EDD can be considered verified upon receipt.

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