

WELCOME

America's **Job** Center
of CaliforniaSM



EDD Employment
Development
Department
State of California

Rapid Response Program:

- ❑ **Team Representatives**
- ❑ **Dislocated Worker**
- ❑ **Available Services and Resources**
 - **America's Job Center of California / WorkSource Centers Service Locator:**

<https://www.careeronestop.org/LocalHelp/service-locator.aspx>

Employment Development Department (EDD):

- **Workforce Services Branch**
-CaJOBS
www.caljobs.ca.gov
- **Labor Market Information Division**
www.labor.marketinfo.edd.ca.gov
- **Disability Insurance Branch**
www.edd.ca.gov/disability
- **Unemployment Insurance Branch**
www.edd.ca.gov/Unemployment

The EDD's Unemployment Insurance Benefit Program



State of California
Employment Development Department



About EDD

Find a Job

File & Manage a Claim

Employer Services

EDD News

▶ Unemployment Insurance

The Unemployment Insurance (UI) program pays benefits to workers who have lost their job and meet the program's [eligibility requirements](#). If you have become unemployed, you may [file a UI claim](#). You may be eligible for UI benefits if you meet all eligibility requirements. After you have filed a claim, you must continue to [certify for benefits](#) and meet [eligibility requirements](#) in order for the EDD to pay you benefits. Use the information below to access unemployment related services and information.

File a Claim

- [Information You Need to Apply for UI](#)
- [File or Reopen a UI Claim](#)
- [Eligibility Requirements](#)
- [Filing a UI Claim - Claim Process](#)
- [More...](#)

Manage a Claim

- [Managing Your Claim With UI OnlineSM](#)
- [Certify for UI Benefits](#)
- [Understanding the Certification Questions](#)
- [Fraud Prevention and Detection Activities](#)
- [How to Appeal a UI Benefit Decision](#)
- [More...](#)

Payment Information

- [Where is Your UI Benefit Payment?](#)
- [EDD Debit CardSM Information](#)
- [How to Avoid Improper UI Payments](#)
- [How to Pay Benefit Overpayments](#)
- [More...](#)

Online Services

- [UI OnlineSM](#)
- [eApply4UI](#)
- [EDD Web-CertSM](#)
- [Ask EDD](#)
- [More...](#)

General UI Information

- [Contact Us](#)
- [Forms and Publications](#)
- [Frequently Asked Questions](#)
- [UI News](#)
- [More...](#)

Employer Information

- [Responding to UI Claim Notices](#)
- [Preparing for Telephone Interviews](#)
- [Identity Theft Prevention](#)
- [Fraud and Penalties](#)
- [Layoff Alternatives](#)
- [More...](#)

EDD Call Center
PO Box
City CA Zip Code



Mail Date: 00/00/0000
SSN: 000-00-0000

EDD Telephone Numbers:
English 1-800-300-5616
Spanish 1-800-326-8937
Cantonese 1-800-547-3506
Mandarin 1-866-303-0706
Vietnamese 1-800-547-2058
TTY (non voice) 1-800-815-9387

Claimant's Name
Claimant's Address
City CA Zip Code

NOTICE OF UNEMPLOYMENT INSURANCE AWARD

- 1. Claim Beginning Date: 00/00/0000
- 2. Claim Ending Date: 00/00/0000
- 3. Maximum Benefit Amount: \$0000
- 4. Weekly Benefit Amount: \$000
- 5. Total Wages: 00,000.00
- 6. Highest Quarter Earnings: 0,000.00

7. This item does not apply to your claim. For more information, see item 7 on the reverse.

8. **You must look for full time work each week.** Please see your handbook, [A Guide to Benefits and Employment Services](#), DE 1275A, for more information about looking for work.

9. This item does not apply to your claim.

10. Employee Name	11. Employee Wages for the Quarter Ending:				12. Employer Name
	Month/Year	Month/Year	Month/Year	Month/year	
Claimant's Name	0,000	0,000			ABC CO
Claimant's Name			0,000	0,000	XYZ CO
13. Totals:	0,000	0,000	0,000	0,000	

The EDD Debit CardSM



High resolution image of
the EDD Debit CardSM

- ▶ Faster, easier and more secure
- ▶ No more waiting
- ▶ Use everywhere
- ▶ Keep the card

CONTINUED CLAIM

ANSWER ALL QUESTIONS. SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your Guide to Unemployment Insurance Benefits.

1ST WEEK
Begins Ends
YES NO

2ND WEEK
Begins Ends
YES NO

COMPLETE AND MAIL THIS FORM ON MONTH DAY YEAR

1. Were you too sick or injured to work? -----> YES NO
 If yes, enter the number of days (1 through 7) you were unable to work -----> (0-7) (0-7)
2. Was there any reason (other than sickness or injury) that you could not have Accepted full time work each workday? -----> YES NO
3. Did you look for work? -----> YES NO
 ← IF MARKED "X", YOU MUST COMPLETE SEC. B, WORK SEARCH RECORD, ON REVERSE
4. Did you refuse any work? -----> YES NO
5. Did you begin attending any kind of school or training? -----> YES NO
6. Did you work or earn any money, WHETHER YOU WERE PAID OR NOT? -----> YES NO
 (If yes, you MUST COMPLETE items a. and b. below
- a. Enter earnings before deductions here -----> \$
- b. Report employment or "source" of earnings information below: \$

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS INCLUDING ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1 ST WEEK				
2 ND WEEK				

7. If you want federal income tax withheld for the week(s) above, Mark this block ----->
8. If you had a change of mailing address or phone number, complete Sec. D on Reverse, and mark this block ----->

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by INS. I signed this form after the last date for which I am claiming benefits.

X _____

Unemployment Insurance and California Training Benefits (CTB)

- ▶ **Attend approved school /training and receive UI benefits**
- ▶ **Ask about training when you file your claim**
- ▶ **See “*Unemployment Insurance Benefits: What You Need to Know*” booklet for more information**
- ▶ **Approved training programs:**

https://edd.ca.gov/unemployment/California_Training_Benefits.htm

U.S. Department of Labor:

- ▶ **Consolidated Omnibus Budget Reconciliation Act (COBRA)**
- ▶ **Health Insurance Portability & Accountability Act (HIPPA)**
- ▶ **Employee Retirement Income Security Act (ERISA)**
- ▶ **Affordable Care Act (ACA)**

For additional information, access the Department of Labor website: www.dol.gov

Department of Labor Contact Information:

**U.S. Department of Labor
Employment Benefits Security Administration
1-866-444-3272**

More time to get peace of mind.

Finish your application by the end of Dec. 30 for coverage starting Jan. 1. Open enrollment ends Jan. 31.

[Apply](#)[Get Started](#)

Medi-Cal



COVERED CALIFORNIA

Can I get financial help?

You may be able to get help with your monthly payments, or if eligible, receive free or low-cost coverage through Medi-Cal.

[Continue](#)

Additional Resources / Materials:

(Refer to documents attached to email with virtual presentation overview)

Don't waste time...
Make your plan...
Take action NOW...

Questions?

THANK
YOU!