

NOTICE TO EMPLOYEES

ELECTIVE COVERAGE APPLICATION FOR STATE DISABILITY INSURANCE*

To employees of Classified Management/ Confidential

This employer has filed an application for disability insurance elective coverage for employees exempt from the State Disability Insurance provisions of the California Unemployment Insurance Code.

If the application is accepted by the Director of the Employment Development Department (EDD):

1. Employee contributions will be required of all covered workers.
2. Covered employees may be entitled to file a claim for SDI benefit payments when they become unemployed due to a non-work related illness or injury.
3. Covered employees may be entitled to file a claim for Paid Family Leave benefit payments when they take time off work to care for a seriously ill or injured family member or to bond with a new child.

If you object to being covered:

Write to the EDD, Analysis Resolution and Correspondence Organization, PO Box 2068, Rancho Cordova, CA 95670, within seven business days of the date this notice is posted, stating the reason for your objection.

Date Posted

5/25/23

(To be posted for no less than six months.)

*Includes Paid Family Leave.