MetLife

Your Guide to California Statutory Disability and Paid Family Leave for 2026 (CA DI & CA PFL)

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This guide aims to provide you with comprehensive information about your rights, benefits, and the process for applying for these programs.

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Overview of CA DI and CA PFL

California Statutory Disability Insurance (CA DI) and Paid Family Leave (CA PFL) are benefit programs that offer wage replacement for qualifying reasons. CA DI applies if you are unable to work due to a non-work-related injury or illness, including pregnancy and/or childbirth. CA PFL applies to family-related matters such as bonding with a new child, caring for a family member with a serious health condition, or handling a qualifying military exigency.

Eligibility

You are covered for CA DI/PFL if you:

- Are employed or actively looking for work at the time leave begins.
- Have earned at least **$300** from which DI/PFL deductions were withheld during the base period.
- Have lost wages due to a qualifying event for disability or paid family leave.

Benefit Details

Benefits and Qualifying Life Events

You can receive part of your pay, but no job protection, if you need to take time off for certain reasons, such as:

- **Disability Insurance:** For your own medical need leading to incapacitation (including pregnancy and/or childbirth).
- **Paid Family Leave:** For bonding with a new child, caring for a family member* with a serious health condition, or handling a qualifying military exigency.

* A covered family member can be a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.

Cost of Coverage

In 2026, your maximum cost of coverage is 1.3% of your total wages established by your employer's CA voluntary plan. Your employer may withhold up to this amount via payroll deductions.

Benefit Duration and Waiting Period

Leave can be taken continuously, intermittently, or on a reduced leave schedule.

52
Weeks

Disability Insurance: Up to 52 weeks with a seven (7) day waiting period.

8
Weeks

Paid Family Leave: Up to 8 weeks within 12 months with no waiting period.

Calculating Your Benefits

The benefit amount you can receive depends on your wages earned in the highest quarter in the base period. The base period is the 5 to 18 months before your leave begins. This information is then compared to the state average quarterly wage* in California. The state average quarterly wage for **2026** is $23,257. This is used to determine the benefit maximum and changes annually**.

1. **Determine Your Regular Wages**
   - Your regular wages are the amount you typically earn before any deductions. This includes your salary, hourly wages, tips, and any other earnings. If your employer has a CA voluntary plan, the legal alternative to the state run program, they will determine what will be included as wages for program purposes.
2. **Understand the Maximum Weekly Benefit Cap****
   - For **2026**, the maximum weekly benefit cap is **$1,765** per week. This means that no matter how much you earn, the maximum benefit you can receive per week is **$1,765**.
3. **Calculate Your Benefit Percentage**
   - If your regular wages are higher than **70%** of the state average quarterly wage, you will receive **70%** of your regular wages up to the maximum weekly benefit amount.
   - If your regular wages are less than **70%** of the state average quarterly wage, you will receive **90%** of your regular wages up to the maximum weekly benefit amount.

**The state's average quarterly wage is the state average weekly wage multiplied by 13.*

***CA voluntary plans can be more generous than the State Disability Insurance (SDI) program. Please consult with your employer or MetLife claim specialist for your employer's specific voluntary plan details.*

Example Calculation

Let's go through examples to make it clearer.

Example 1
If your weekly wages are $2,000

- Since **$2,000** is higher than 70% of the state average quarterly wage ($65,119.60 annualized), you will receive 70% of your regular wages.
- 70% of $2,000 **= $1,400**.
- Therefore, your weekly benefit amount will be **$1,400**.

Example 2
If your weekly wages are $1,000

- Since **$1,000** is less than 70% of the state average quarterly wage ($65,119.60 annualized), you will receive 90% of your regular wages.
- 90% of $1,000 = **$900**.
- Therefore, your weekly benefit amount will be **$900**.

Coordination with Other Benefits

California Statutory Disability and Paid Family Leave (CA SDI/PFL), CA Family Rights Act (CFRA), and federal Family Medical Leave Act (FMLA) benefits can and should be used at the same time when applicable. Your employer can no longer require you to take up to two weeks of earned but unused vacation time before receiving CA PFL benefits.

Applying for Benefits

Steps to Apply

1. Notify your employer of the need for a leave as soon as possible.
2. Apply for benefits by calling MetLife. An employee can file a claim up to 60 days after the DI or PFL leave has begun for CA Voluntary Plans administered through MetLife.
3. Submit supporting documentation.
4. Stay connected with your employer and MetLife until you return to work.



Documentation to Support Your Claim

For your own disability (when you are sick or hurt and cannot work for an extended period):

- Certification of a Disability/Serious Health Condition form filled out by you and your healthcare provider, or
- A doctor's note or Attending Physician Statement (APS) that includes the same information as the Certification form.

For child bonding for adoption or foster care placement:

- A copy of court documents finalizing the adoption; or
- Documentation from the child's healthcare provider; or
- Foster/adoption agency paperwork containing adoption or placement.

If you are not the parent named in the court documents (in loco parentis), you may also be asked to provide proof verifying your relationship to the in loco parentis named in the court documentation. This could be a marriage certificate, civil union papers, or something showing you are in a domestic partnership.

For child bonding for a newborn:

- A copy of the child's birth certificate, or
- A statement from the child's healthcare provider stating the child's date of birth, or
- A statement from the parent's healthcare provider stating the child's date of birth.



For leave to care for a family member with a serious health condition, including medical events related to pregnancy or childbirth, you must provide ONE of the following:

- Certification of a Disability/Serious Health Condition form filled out by you and your family member's healthcare provider, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form.

Documentation to Support your Claim (continued)

For qualifying military exigency needs, you will need to verify your family member's service with one of the following:

- Covered family member's active-duty orders, or
- Letter from the military unit documenting impending call or order to covered duty, or
- Documentation of military leave signed by the approval authority for the military member's Rest and Recuperation.
- If leave is requested to meet with a third party, such as a school official, counselor, or attorney, you must provide documentation of the meeting that includes:
- The name, address, and contact information of the individual or entity with whom you are meeting.
- A description of the meeting.

For leave to care for a family member with a serious health condition, including medical events related to pregnancy or childbirth, you must provide ONE of the following:

- Certification of a Disability/Serious Health Condition form filled out by you and your family member's healthcare provider, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form.

For caring for a family member who is a covered service member:

- Certification of a Disability/Serious Health Condition form filled out by you and your family member's healthcare provider, or
- A doctor's note or APS that includes the same information as the Certification of Serious Health Condition form.
- An alternative form of certification can be an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued by the Department of Defense to any family member to join an injured or ill service member at their bedside.

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