



View Claim for Paid Family Leave (PFL) Benefits Parts A & B - Statement of Claimant & Bonding Certification (DE 2501F)

Receipt Number: R100000110002839

Section 1 - Personal Information

Social Security Number:	XXX-XX-7846	EDD Customer Account Number:	2150462612
Legal Name:	Joseph P Lang	Other Names (if any, under which you have worked):	
Date of Birth:	10-19-1990	Gender:	Male
Mailing Address:	20 Chelsea Ct Oakland, CA 94611-2416 United States		
Phone Number:	845-492-9852		
Preferred Language:	English		

Section 2 - Employer Information

Employer Name:	Leia Inc	Occupation:	software developer
State Government Employee?	No	If "Yes," indicate bargaining unit number:	
May we disclose benefit payment information to your employer(s)?	Yes	Do you have more than one employer?	No
Reason for reducing work hours or stopping work:	Bonding with a child	If "Other," please specify:	
Employer Mailing Address:	2440 Sand Hill Rd Ste 100 Menlo Park, CA 94025-6900 United States	Employer Phone Number:	650-488-6995

Section 3 - Bonding Certification

Relationship to Child:	Biological Child	If you select Foster Care, Adoption or Guardianship, please provide the date of placement:	09-03-2020
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Section 4 - Child's Legal Name and Information

Child's Social Security Number (if available):		Child's Legal Name:	Maya Benifand Lang
Child's Gender:	Female	Child's Date of Birth:	09-03-2020



Is the child's residence address different from your residence address?	No
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Section 5 - Proof of Relationship

Please indicate the type of "Proof of Relationship" you plan to provide from the list of approved "Proof of Relationship" documents:	Official Child's Birth Certificate
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Section 6 - Child's Residence Address

Do not include "PO Box", "PMB," "General Delivery" or "Rural Route Number."

Child's Residence Address:	20 Chelsea Ct Oakland, CA 94611-2416 United States
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Section 7 - Additional Questions

Date you last worked:	01-15-2021
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If the date you want your Paid Family Leave Claim to begin is prior to the Child's Birth Date (or the date of foster care or adoption placement), you will be disqualified for the time period prior to Child's Birth Date (or the date of foster care or adoption placement).

Date You Want Your Paid Family Leave Claim to Begin:	01-18-2021	Will you work at any time during your family leave?	No
Do you want to claim the maximum amount of benefit weeks now?	No	If "No," Date You Want to be Paid Through:	03-12-2021
Date you returned to work:		Date You Plan to Return to Work:	03-18-2021
If your employer(s) continued or will continue to pay you during your family leave, indicate type of pay:		If "Other," please specify:	
At any time during your Paid Family Leave, were you in the custody of law enforcement authorities because you were convicted of violating a law or ordinance?	No	Have you claimed or do you plan to claim Workers' Compensation benefits for any portion of the period covered by this claim?	No

Section 8 - Payment Choice



Preferred Payment Method:	Check	I acknowledge that I have reviewed the EDD Debit Card Fee Disclosures.	Yes
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Section 9 - Declaration

By my signature on this bonding certification, I authorize the medical provider, adoption agency, adoption party(ies), or foster care placement agency to disclose to the Employment Development Department all facts concerning the birth, adoption, or foster care placement of the above-named child. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (3) authorize release and use of information as stated in the "Information Collection and Access" section of the [Important Paid Family Leave Program Information](#) page. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Submitted by:	220-52029	Submitted on:	01-22-2021 02:41 AM
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