

Forms

California

Wear your passion. Gap Inc.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2015 _____
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) 916-845-6500

The *California Employer's Guide* (DE 44) provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the Franchise Tax Board website at www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION: Your employer is required to send a copy of your DE 4 to the FTB if it meets either of the following two conditions:

- You claim more than 10 withholding allowances.
- You claim exemption from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200 per week.

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing that the federal determination is incorrect for state withholding purposes. The FTB will limit its review to that issue. The FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by the FTB. In the event the FTB or the IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your Form W-4/DE 4, you may be subject to a penalty.

PENALTY: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided for by Section 13101 of the [California Unemployment Insurance Code](#).

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

TWO-EARNER/TWO-JOBS: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- (A) Allowance for yourself — enter 1 (A) _____
- (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B) _____
- (C) Allowance for blindness — yourself — enter 1 (C) _____
- (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D) _____
- (E) Allowance(s) for dependent(s) — do not include yourself or your spouse (E) _____
- (F) Total — add lines (A) through (E) above (F) _____

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B

ESTIMATED DEDUCTIONS

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1. _____
2. Enter \$7,984 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$3,992 if single or married filing separately, dual income married, or married with multiple employers — 2. _____
3. Subtract line 2 from line 1, enter difference = 3. _____
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4. _____
5. Add line 4 to line 3, enter sum = 5. _____
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) — 6. _____
7. If line 5 is greater than line 6 (if less, see below);
Subtract line 6 from line 5, enter difference = 7. _____
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number 8. _____
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) 9. _____
10. Enter amount from line 5 (deductions) 10. _____
11. Subtract line 10 from line 9, enter difference 11. _____
Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California Personal Income Tax (PIT) withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the [Family Code](#). For more information, please call our Taxpayer Assistance Center at 888-745-3886.

1. Enter estimate of total wages for tax year 2015 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) 2. _____
3. Add line 1 and line 2. Enter sum 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) 5. _____
6. Add line 4 and line 5. Enter sum 6. _____
7. Subtract line 6 from line 3. Enter difference 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2015 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$118.80) 9. _____
10. Subtract line 9 from line 8. Enter difference 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2015. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2015. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2015 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 15. _____

NOTE: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2015 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$7,749 ...	1.100%	\$0	\$0.00
\$7,749	\$18,371 ...	2.200%	\$7,749	\$85.24
\$18,371	\$28,995 ...	4.400%	\$18,371	\$318.92
\$28,995	\$40,250 ...	6.600%	\$28,995	\$786.38
\$40,250	\$50,869 ...	8.800%	\$40,250	\$1,529.21
\$50,869	\$259,844 ...	10.230%	\$50,869	\$2,463.68
\$259,844	\$311,812 ...	11.330%	\$259,844	\$23,841.82
\$311,812	\$519,687 ...	12.430%	\$311,812	\$29,729.79
\$519,687	\$1,000,000 ...	13.530%	\$519,687	\$55,568.65
\$1,000,000	and over	14.630%	\$1,000,000	\$120,555.00

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$15,498 ...	1.100%	\$0	\$0.00
\$15,498	\$36,742 ...	2.200%	\$15,498	\$170.48
\$36,742	\$57,990 ...	4.400%	\$36,742	\$637.85
\$57,990	\$80,500 ...	6.600%	\$57,990	\$1,572.76
\$80,500	\$101,738 ...	8.800%	\$80,500	\$3,058.42
\$101,738	\$519,688 ...	10.230%	\$101,738	\$4,927.36
\$519,688	\$623,624 ...	11.330%	\$519,688	\$47,683.65
\$623,624	\$1,000,000 ...	12.430%	\$623,624	\$59,459.60
\$1,000,000	\$1,039,374 ...	13.530%	\$1,000,000	\$106,243.14
\$1,039,374	and over	14.630%	\$1,039,374	\$111,570.44

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$15,508 ...	1.100%	\$0	\$0.00
\$15,508	\$36,743 ...	2.200%	\$15,508	\$170.59
\$36,743	\$47,366 ...	4.400%	\$36,743	\$637.76
\$47,366	\$58,621 ...	6.600%	\$47,366	\$1,105.17
\$58,621	\$69,242 ...	8.800%	\$58,621	\$1,848.00
\$69,242	\$353,387 ...	10.230%	\$69,242	\$2,782.65
\$353,387	\$424,065 ...	11.330%	\$353,387	\$31,850.68
\$424,065	\$706,774 ...	12.430%	\$424,065	\$39,858.50
\$706,774	\$1,000,000 ...	13.530%	\$706,774	\$74,999.23
\$1,000,000	and over	14.630%	\$1,000,000	\$114,672.71

*marginal tax

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES
(Not Toll Free) 916-845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, [California Code of Regulations](#), and the [Revenue and Taxation Code](#), including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California income tax return.

*** CALIFORNIA ONLY FORM ***

Your Right to Know: California Workers' Compensation Facts

What is Workers' Compensation?

Workers' compensation is a no fault system designed to provide you with benefits for a work related injury or illness, whether physical or mental. Injuries which arise out of voluntary participation in any off-duty recreational, social or athletic activity not constituting part of the employee's work-related activities may not be covered.

Who is Covered?

Most employees in California are protected by workers' compensation. Some exceptions are self-employed people and unpaid volunteers. If you are not sure, ask your supervisor.

How do I Submit a Claim?

Notify your employer whenever you suffer a work related injury or illness as soon as it occurs or you realize it is work related. Reporting promptly helps avoid problems and delays in receiving benefits, including medical care. If you don't report your injury within 30 days, you could lose your right to receive workers' compensation benefits.

Your employer is required to provide you with a Workers' Compensation Claim Form (DWC-1), either in person or by mail, within 24 hours of your reporting your claim. You will need to complete the top portion of the form, lines 1 through 8, and return it to your employer and retain a copy for your records. It is very important to immediately complete and return the DWC-1 form, as under certain circumstances your benefits will not begin until the form is returned. The claims administrator, who is responsible for evaluating your claim and providing benefits, must decide within 90 days to accept or deny your claim.

You can obtain free information from an Assistance Officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go the DWC website at www.dir.ca.gov/dwc link to Workers' Compensation. You can also consult an attorney. If you decide to hire an attorney, his or her fee will be taken out of any award you may receive.

What Benefits are Provided?

Medical Care: All reasonable and necessary medical care for your work-related injury or illness is covered. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays and medicines. Treatment is subject to state-mandated treatment guidelines. For injuries on or after 1/1/04 there is a limit on some medical services per state law.

Gap Inc. participates in a Medical Provider Network (MPN) for work related accidents. You must seek treatment within the MPN or you may jeopardize your eligibility for receiving benefits. Your Primary Treating Physician (PTP) has overall responsibility for treatment of your work-related injury or illness. If you have not pre-designated a PTP your employer will select a physician within the MPN for you at the time of injury.

Within one working day after an employee files a claim, the claims administrator shall authorize the provision of all treatment consistent with the applicable treatment guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected.

After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Lost Wages: If you can't work while you are recovering from a work-related injury or illness, you will receive temporary disability (TD) payments. These payments may change or stop when your doctor says you are able to return to work or reach your maximum medical improvement. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days. For injuries on or after 4/19/04 you cannot be paid more than 104 weeks within a period of two years from the date of the first TD payment. For certain severe injuries such as chronic lung disease or severe burns, TD payments are capped at 240 weeks within five years from the date of injury.

Permanent Disability: If a doctor says your injury or illness results in permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation and date of injury. These payments are limited to the extent of the ratable injury and the amount may vary by the date of the injury. If you are entitled to permanent disability payments, the claims administrator handling your claim will notify you.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

Returning to Work

Transitional Return to Work: Your employer has a return to work program to assist you in the transition from your injury to full duty. Be sure to let your supervisor know of any work restrictions you may have as soon as your doctor provides them.

Vocational Rehabilitation: If a doctor says your injury or illness prevents you from returning to the same type of job, and your employer doesn't offer modified or alternative work, you may qualify for vocational rehabilitation. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. Vocational rehabilitation is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefits: For injuries after 1/1/04, if you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, you may receive up to the maximum benefit amount set by state law.

Discrimination: It is illegal for your employer to punish or fire you for having a job related injury or illness, for filing a claim or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

False Claims and False Denials: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined or imprisoned or both.

Pre-designation of Physician: In the event of a work related injury or illness, I request to receive medical treatment from my personal physician. I have been advised that the designation must be made prior to any injury.

My designated physician meets the requirements of workers' compensation:

1. Is within a reasonable geographic area from my home or worksite.
2. Previously directed my medical treatment and is my regular physician.
3. Retains my treatment records, including my medical history.
4. Agrees to be my pre-designated physician.

Employee's Signature: _____
Printed Name: _____
Employee ID Number: _____
Pre-designated physician's name: _____
Physician's address: _____
Physician's telephone number: _____

Physician's Agreement to Pre-Designation

1. I am a physician who is licensed pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
2. I have previously directed medical treatment of the above named employee and am the employee's regular physician.
3. I retain the employee's medical records including medical history.
4. I agree to treat this employee for a work related injury or illness.

Physician Signature: _____
Date: _____

Original copy to stay in personnel file with an additional copy provided to employee.

Important Information about Medical Care if you have a Work-Related Injury or Illness

Initial Written Employee Notification Re: Medical Provider Network (Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by CorVel Corporation and the Third Party Administrator, Enterprise Comp./CorVel Corp. Your employer's workers' compensation carrier is Safety National Casualty Company. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What is a MPN?**

A Medical Provider Network (MPN) is group of health care providers (physicians and other medical providers) set up by an insurer or self-insured employer and approved by the Division of Worker's Compensation's Administrative Director to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs must meet access to care standards for common occupational injuries and work-related illnesses. Further, the regulations require MPN providers to use medical treatment guidelines adopted by the DWC.

MPNs must allow employees a choice of provider(s) in the network after the employee's first visit.

- **How do I find out which doctors are in my MPN?**

Your Employer or insurer has identified the following person to be the **MPN Contact** for all employees:

Name: CorVel/Kaiser Select MPN – MPN Liaison
Telephone Number: 800-966-5307
Email Address: CorVel_MPN@CorVel.com

This person will be able to answer your questions about the MPN and tell you how to receive or access the names of the doctors in the MPN. A regional list of MPN providers is available from your supervisor. A list of MPN providers can also be obtained by calling our MPN contact person, by asking your employer or by going to the following website.

Website: <http://mpn.corvel.com/corvelkaiserselectmpn>

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room. If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer or claims administrator that you have had a work-related injury, your employer or claims administrator will arrange an initial appointment with a doctor in the MPN.

- **Can I use my current physician?**

If you are eligible to participate in a group health plan, you may pre-designate your physician prior to injury or condition if; 1) you have received prior care with the physician, and 2) the physician agrees to be your predestinated treating physician. If your physician does not agree to participate in this capacity, you will be required to seek care with an MPN provider.

- **How do I choose a provider?**

After the first medical visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor you may call the MPN Contact listed above.

If you have trouble getting an appointment with a doctor within the MPN, contact the MPN contact who will assist you.

- **What if there are no providers in my area?**

The MPN has providers for the following areas in California: **Statewide**

If you are temporarily working outside the MPN service areas, you may treat with a doctor of your choice. If you are in a situation where a particular specialist is not available in your area, please contact the MPN contact. You may have the right to see a specialist outside of the MPN in this case.

- **Are there any guidelines for treatment?**

Yes, the MPN will review your treatment and authorize it based on approved treatment guidelines. If your injuries are not covered by the approved treatment guidelines, the MPN will authorize your treatment in accordance with other evidence-based medical treatment guidelines generally recognized by the national medical community and that are scientifically based. The MPN will advise you if your treatment is not authorized because it is not supported by the approved practice or treatment guidelines.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN. If you disagree with either the *diagnosis or treatment* prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN and tell them you want a second opinion. The contact person will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from the MPN and make an appointment within 60 days. You must tell the MPN contact person and the claims administrator of your appointment date to obtain prior authorization.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an Independent Medical Evaluation (IME). Your employer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion.

An IME will be done by a physician outside of the MPN who will be selected to conduct an independent assessment of your dispute.

As long as your second opinion, third opinion or Independent Medical Examiner agrees with the results of the treating doctor, you will need to continue to receive your medical treatment with doctors in the MPN network.

If the second opinion, third opinion or Independent Medical Reviewer does not agree with your treating doctor, you will be allowed to receive that medical treatment from a provider either inside or outside the MPN. If you decide to receive the treatment outside the MPN, it can only be for the treatment or diagnostic service recommended by the second opinion, third opinion or Independent Medical Reviewer.

What if a MPN doctor is treating me and the doctor leaves the MPN?

Your employer has a written Continuity of Care Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in the MPN. Your employer will make a copy of this policy to you upon request.

If you are being treated for a work-related injury in the MPN and your doctor no longer has a contact with the MPN, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. Your doctor may treat you for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.

If the contact with your doctor was terminated or not renewed by MPN for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor.

- **What if I have questions or need help?**

You may always contact the MPN Contact if you need more help or for an explanation about your medical treatment if you have a work-related injury or illness.

Name: CorVel/Kaiser Select MPN – MPN Liaison
Telephone Number: 800-966-5307
Email Address: CorVel_MPN@CorVel.com

- **The State of California MPN website is:**
http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html
- **DWC Information & Assistance Officer**
If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the Information and Assistance Officer at the Division of Workers' Compensation at 1-800-736-7401.
- **Independent Medical Review**
If you have concerns, complaints or questions regarding the Independent Medical Review process of the Independent Medical Reviewer, you may contact the Division of Workers' Compensation's Medical unit at: P.O. Box 8888, San Francisco, CA 94128-8888, 650-737-2700 or 800-794-6900.

Keep this information in case you have a work-related injury or illness.

EMPLOYEE ACKNOWLEDGEMENT OF THE MEDICAL PROVIDER NETWORK

In order to provide you with the best medical care for your workplace injuries, Gap Inc. has chosen to utilize the CorVel/Kaiser Select MPN (Medical Provider Network) for all California based workers' compensation injuries. Unless you pre-designate a physician or medical group, your new work injuries arising on or after April 1, 2012, will be treated by providers in a new Medical Provider Network, the CorVel/Kaiser Select MPN. If you have an existing injury, you may be required to change to a provider in the new MPN. Check with your claims adjuster. You may obtain more information about the MPN from the workers' compensation poster or from your employer.

Respectfully,

Edith Granillo-Fahey
Claims Manager
Gap Inc.
2 Folsom Street
San Francisco, CA 94105

The following procedures must be followed for all work related injuries and illnesses.

- Report promptly any work related injury to the supervisor.
- For a referral to a medical provider specialist, contact your employer or claims adjuster.
- Ensure all medical treatment is handled only through the MPN (Medical Provider Network) unless otherwise authorized.
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- A directory of medical care providers is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Medical Provider Network.

Print Name

Date

Employee Signature

Employer

RETAIN IN EMPLOYEE'S PERSONNEL FILE

Paid Family Leave Insurance Program

Paid Family Leave insurance benefits for California workers

There are times in the life of every working person when they need to care for a loved one. Maybe it's a working parent who needs more time to bond with and care for a newborn. Maybe it's an employee who needs to care for a seriously ill parent, child, spouse, or registered domestic partner. California's Paid Family Leave insurance benefit was created for times like these. (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits.)

A program that benefits you and your family

California is leading the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. Paid Family Leave insurance benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, view the link to the *Disability Insurance (DI) & Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589, at www.edd.ca.gov.

Paid Family Leave for California employees

Paid Family Leave insurance does not provide job protection or return rights. Your job **may** be protected **if** your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. You must notify your employer of your reason for taking leave in a manner consistent with your company's leave policy.

To qualify for Paid Family Leave compensation, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Complete your claim forms accurately, completely, truthfully, and timely.
- Submit your claim no earlier than 9 days, but no later than 49 days after the first day your family care leave began.
- Supply medical information that supports your claim that the care recipient has a serious health condition and requires your care.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off (PTO) prior to the initial receipt of benefits if required by your employer prior to the initial receipt of benefits.
- Serve a 7-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving State Disability Insurance, Unemployment Insurance, or Workers' Compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician or practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to Paid Family Leave in writing.)
- A hearing of your appeal before an Administrative Law Judge (ALJ). You may further appeal the ALJ's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy — Information about your claim will be kept confidential except for the purposes allowed by law.

Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for a parent, child, spouse, and registered domestic partner or to bond with a new child.
- Covers all employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.

Contact Paid Family Leave

If you have any questions about these benefits or would like to request a claim form, contact us today. If you are a woman currently receiving SDI pregnancy-related benefits, it is not necessary to request a Claim for Paid Family Leave Benefits. You will automatically be sent a Claim for Paid Family Leave (PFL) Benefits - New Mother, DE 2501FP, when your pregnancy-related disability claim ends.

1-877-238-4373 (English) 1-877-379-3819 (Español)
1-866-692-5595 (Cantonese) 1-866-692-5596 (Vietnamese)
1-866-627-1567 (Armenian) 1-866-627-1568 (Punjabi)
1-866-627-1569 (Tagalog) 1-800-445-1312 (TTY)

For more information, visit:

www.edd.ca.gov



Claim forms should be mailed to
Paid Family Leave at:
P.O. Box 997017
Sacramento, CA 95799-7017

EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 877-238-4373 (voice), or TTY 800-445-1312.

This pamphlet is for general information only and does not have the force and effect of law, rule or regulation.

