

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
400 Golden Shore
Long Beach, California 90802-4275
(562) 985-2678

Date: December 22, 1997 **Code:** TECHNICAL LETTER
HR/NDI 6300
97-01

To: Human Resources Directors

From: Cathy Robinson, Senior Director *Cathy Robinson*
Human Resources Administration

Subject: NONINDUSTRIAL DISABILITY INSURANCE LEAVE (NDI)
ADMINISTRATIVE GUIDE - REVISED DECEMBER 1997

Human Resources has completed its revision of the Nonindustrial Disability Insurance (NDI) Administrative Guide and three copies of the revised Guide are attached for use by your staff. This revision replaces the NDI Administrative Guide dated September 1993. Updated resources are included with the revised Guide.

A significant change in the NDI policy allows campuses the option to approve an employee's use of vacation credits after the end of the NDI leave period without requiring the employee to return to active status for one day. Other revisions clarify language and provide policy direction due to the addition of other leave programs.

Questions regarding NDI policy should be addressed to Pamela Chapin in Human Resources Administration. She may be reached at (562) 985-2652 or via E-mail at pam_chapin@calstate.edu.

Attachments

Distribution:

| | |
|--|----------------|
| Presidents | w/o Attachment |
| Interim Senior Director, Human Resources | w/o " |
| Associate Vice Presidents/Deans, Faculty and Staff Affairs | w/Attachment |
| Benefits Officers | w/Attachment |
| Workers' Compensation Administrators | w/Attachment |
| Payroll Officers | w/Attachment |
| Systemwide ADA Coordinator | w/Attachment |
| Systemwide Risk Manager | w/Attachment |

THE CALIFORNIA STATE UNIVERSITY

**NONINDUSTRIAL DISABILITY INSURANCE
ADMINISTRATIVE GUIDE**

**Prepared by:
Human Resources Administration
Office of the Chancellor
Revised: December 1997**

**NONINDUSTRIAL DISABILITY INSURANCE LEAVE
ADMINISTRATIVE GUIDE**

TABLE OF CONTENTS

| | <u>Page No.</u> |
|---|-----------------|
| GENERAL INFORMATION | 1 |
| GENERAL ELIGIBILITY | 1 |
| SPECIFIC ELIGIBILITY - ACADEMIC YEAR EMPLOYEES | 2 |
| SPECIFIC ELIGIBILITY - TEN-MONTH, TEN/TWELVE, AND ELEVEN/TWELVE EMPLOYEES | 3 |
| OPTION TO SETTLE OUT - TEN/TWELVE, AND ELEVEN/TWELVE NONACADEMIC EMPLOYEES | 3 |
| EMPLOYEES IN REIMBURSED POSITIONS | 3 |
| PAYMENT OF BENEFITS TO MINORS | 4 |
| BENEFITS DUE EMPLOYEE WHO DIES BEFORE MAKING CLAIM | 4 |
| ELIGIBLE EMPLOYEE MENTALLY UNABLE TO MAKE CLAIM | 4 |
| QUALIFYING DISABILITIES | 4 |
| WAITING PERIOD | 5 |
| DISABILITY BENEFIT PERIOD | 5 |
| USE OF SICK LEAVE, VACATION, CTO | 5 |
| BENEFIT PAYMENTS COMPUTATION | |
| 1. General | 6 |
| 2. Definitions | 7 |
| 3. Voluntary and Mandatory Payroll Deductions | 9 |

TABLE OF CONTENTS - cont.

| | <u>Page No.</u> |
|--|-----------------|
| REDUCTION IN BENEFIT PAYMENTS | |
| 1. Receipt of Other Benefits | 9 |
| 2. Partial Return to Work | 10 |
| 3. Partial Return to Work - Holiday Pay | 10 |
| DISQUALIFICATION FROM BENEFITS | 10 |
| JURY DUTY CONCURRENT WITH NDI LEAVE | 10 |
| TERMINATION OF BENEFIT PAYMENTS | |
| 1. Return to Work Full-Time | 10 |
| 2. Separation | 11 |
| SEPARATION DUE TO RETIREMENT - EFFECTIVE DATE | 11 |
| EMPLOYEE REINSTATEMENT RIGHTS | |
| 1. Failure to Return at End of Authorized Benefit Period | 11 |
| 2. Disability Beyond the 26-Week Benefit Period | 12 |
| PHYSICIAN HEALTH STATEMENTS | |
| 1. Certificate of Physician | 12 |
| 2. Return to Work at End of Benefit Period | 12 |
| 3. Return to Work Before End of Benefit Period | 12 |
| EFFECT ON PROBATIONARY PERIOD | |
| 1. Nonacademic and Administrative Employees | 13 |
| 2. Academic Employees | 13 |
| 3. Academic Closely-Related Employees | 13 |
| APPENDICES | |
| A. NDI Application Procedure - Required Action and Assignment of Responsibility | |
| B. NDI Claim Statements (Form DE 8545 NDI Rev. 4) (Form DE 8501 Rev. 5) | |
| C. Education Code Reference | |

**THE CALIFORNIA STATE UNIVERSITY
NONINDUSTRIAL DISABILITY INSURANCE LEAVE PROGRAM**

GENERAL INFORMATION

Reference: Education Code Sections 89529.15-89529.25

The Nonindustrial Disability Insurance (NDI) program became effective October 1, 1976, with the passage and signing of SB 1555 (Berryhill), Chapter 341, Statutes of 1976. A major change was made in the law with the passage of AB 1353 (Berman), Chapter 663, Statutes of 1979, which provided eligible employees disability benefits for a disability due to pregnancy, childbirth, or related medical conditions on the same terms and conditions as other disabilities. This change was operative with respect to periods of disability due to pregnancy, etc., on or after April 29, 1979.

Wage-Loss Concept - Eligibility to receive benefit payments under the Nonindustrial Disability Insurance program is based on a "wage-loss" concept. That is, the employee must suffer a wage loss in order to be eligible to receive the benefit.

GENERAL ELIGIBILITY

Reference: Education Code Section 89529.15

A CSU employee who suffers a disability or injury which is not work-related may receive NDI benefits if all of the following four conditions are met. The employee:

- 1.) Is an active PERS/STRS member in compensated employment, and
- 2.) Is a permanent or probationary full-time CSU employee, regardless of period of service, in compensated employment,

or

Is a permanent part-time or hourly CSU employee who has permanent status with at least the equivalent of six monthly compensated pay periods of service in the 18 months of pay periods immediately preceding the pay period in which the disability begins. To qualify for the "six monthly compensated pay periods of service in the 18 months of pay periods" the employee must have been compensated for time worked during at least six of the 18 months prior to the pay period in which the disability begins. The amount paid could be as little as one hour each month for six months, but there must have been some compensation,

or

Is an employee of the CSU appointed half time or more for one year of service or one academic year or more, and

- 3.) Has a disability which has been verified and accepted by the Employment Development Department (EDD), and
- 4.) Submits to a medical examination if requested by EDD.

SPECIFIC ELIGIBILITY - ACADEMIC YEAR EMPLOYEES

The following guidelines will be followed in determining benefit eligibility of academic year employees.

1.) Inclusive Dates

A disabled academic year employee is eligible to receive approved benefit payments commencing with the first academic work day of the academic year and ending with the last academic work day of the academic year. At QSYRO campuses, the academic year will be determined by the pattern of teaching for each individual faculty member.

An academic year employee who is otherwise eligible is entitled to continuation of NDI benefits during periods designated on the academic calendar as midyear recess or academic holiday.

2.) Disability During Summer Between Academic Years, During a Regular Quarter Off at OSYRO Campuses, or on Non-work Days

An academic year employee who becomes disabled during the summer period or quarter off will not normally be entitled to benefit payments under this program unless it can be established that the employee has suffered a wage loss. For example, a faculty member at a semester campus has been given an appointment to teach during the Summer Session. If the faculty member begins the assignment and then becomes disabled he/she may be eligible to receive disability benefit payments for the period of wage loss even though the faculty member may be receiving payments from his/her regular position. In these circumstances, wage loss may not be speculative. The EDD should always be contacted in these cases.

3.) Option to Settle Out

The decision to settle out a faculty member who has exhausted his/her sick leave and is otherwise eligible to receive NDI payments shall be determined by the campus following a review of the circumstances of each individual case. Generally, if the faculty member does not have more than the equivalent of one-half month of salary due, the campus may request settlement payment at the time the faculty member's sick leave is exhausted. Cases involving larger amounts of settlement payment must be evaluated in terms of the probable length of the disability; the effect on the employee's benefits, i.e., health insurance, sick leave; and other relevant factors. In any event, the decision should provide the faculty member the greatest benefit.

SPECIFIC ELIGIBILITY - TEN-MONTH, TEN/TWELVE, AND ELEVEN/TWELVE EMPLOYEES

The eligibility provisions of "Specific Eligibility - Academic Year Employees" apply to this group of employees except that the ten-month or eleven-month work period shall be used rather than the academic year.

Normally, ten-month and eleven-month employees are not eligible to receive NDI benefit payments during their two-month (10/12) or one-month (11/12) non-work period unless an actual wage loss can be determined similar to "Specific Eligibility - Academic Year Employees," section #2.

OPTION TO SETTLE OUT - TEN/TWELVE OR ELEVEN/TWELVE NONACADEMIC YEAR EMPLOYEES

The decision to settle out a ten-month or eleven-month nonacademic year employee paid in 12 installments who has exhausted his/her sick leave and is otherwise eligible to receive NDI payments shall be determined by the campus following a review of the circumstances of each individual case. Generally, if the employee does not have more than the equivalent of one-half month of salary due, the campus may request settlement payment at the time the employee's sick leave is exhausted. Cases involving larger amounts of settlement payment must be evaluated in terms of the probable length of the disability; the effect on the employee's benefits, i.e., health insurance and sick leave; and other relevant factors. In any event, the decision should provide the employee the greatest benefit.

EMPLOYEES IN REIMBURSED POSITIONS

Employees under programs which are reimbursed by an outside source are eligible for benefits which are to be paid from program contract funds. Campuses having contracts with outside agencies should contact the prime

sponsor to determine if funds are available to provide NDI benefits since they are not otherwise eligible under this program due to the source of funding.

PAYMENT OF BENEFITS TO MINORS

Reference: Unemployment Insurance Code, Section 2702

Minors who are eligible for disability benefits may be paid and receive such benefits in their own right and a receipt signed by a minor shall be valid and binding in all respects.

BENEFITS DUE EMPLOYEE WHO DIES BEFORE MAKING CLAIM

Reference: Unemployment Insurance Code, Sections 2705 and 1341

If an employee dies before making a claim, the Director of EDD may allow the filing of a claim by a person legally entitled to file.

ELIGIBLE EMPLOYEE MENTALLY UNABLE TO MAKE CLAIM

Reference: Unemployment Insurance Code, Section 2705.1

If an employee who would be eligible to receive disability benefits is mentally unable to make a claim, the spouse of such employee shall be allowed to file a claim for benefits on behalf of the employee in the absence of any other legally authorized representative of the employee. The benefit payment shall be made upon affidavit executed by the spouse or persons claiming to be entitled to the benefits. For purposes of this requirement "mentally unable to make a claim" shall be limited to those cases in which the individual is certified by a healing arts practitioner specified in Sections 2708 and 2709 of the Unemployment Insurance Code to be mentally unable to make a claim pursuant to Section 2705.1

QUALIFYING DISABILITIES

References: Education Code Section 89529.15(c) and Unemployment Insurance Code Sections 2626 and 2626.1

An individual shall be deemed disabled on any day in which, because of his/her non work-related physical or mental condition, he/she is unable to perform his/her regular or customary work. Disability or disabled includes mental or physical illness and mental or physical injury, including any illness or injury resulting from pregnancy, childbirth, or related medical conditions.

The Employment Development Department (EDD) is responsible for making all disability determinations following receipt of a claim.

WAITING PERIOD

Reference: Education Code Section 89529.18(b)

The eligible disabled employee must serve a seven consecutive day waiting period commencing on the first full day of disability for each period of disability. However, if the employee is confined in a hospital or EDD approved nursing home for one full day, the waiting period may be waived. The waiting period may be with or without pay depending upon whether the employee has accrued sick leave, vacation, CTO, etc.

DISABILITY BENEFIT PERIOD

A disability benefit period means the continuous period of disability beginning with the first day with respect to which the individual files a valid claim for nonindustrial disability benefits. Two consecutive periods of disability due to the same or related cause or condition and separated by a period of not more than 14 calendar days shall be considered as one disability benefit period. **Note:** An employee is not fully reinstated until the employee is returned to his/her regular or customary work at the time base the employee held prior to the disabling injury or illness.

USE OF SICK LEAVE, VACATION, CTO

Reference: Education Code Sections 89529.18(c) and 89529.19 and CSU Policy

- 1.) **Sick Leave** - An employee must use all accrued sick leave credits before any NDI benefits may be paid. On the final day of sick leave, if the number of hours charged is four or less, the employee is eligible for NDI benefits for that date. If the number of hours charged is five or more hours, NDI benefits commence on the following date. The requirement to use sick leave credits before being eligible to receive NDI payments is conditional upon the employee's eligibility to use sick leave credits. For example, if an eligible employee is in multiple positions and is partially disabled and unable to work in one of the positions, normally the employee will not be required to exhaust sick leave credits in all positions prior to commencing NDI benefits.

In some cases, an employee may have a sick leave credit balance, however, if that employee's benefit eligibility is based on service in a position in which sick leave credit is not accrued and may not be used, and the employee is otherwise eligible, he/she may be certified to EDD as having no available sick leave credit.

For example, a full-time faculty member serving in an Extra Quarter Assignment is not eligible to earn additional sick leave credit and may not use previously accrued sick leave credits. If the faculty member is eligible for NDI payments, the available sick leave credit balance entered on Form DE 8501 would be "0" regardless of the amount of sick leave credits the faculty member may have accrued in his/her regular full-time position. This same procedure is to be followed for service in Summer Session, Extension, or other additional employment.

- 2.) Vacation - Use of accrued vacation credits during a disability is optional with the employee. However, if the employee elects to use accrued vacation credits, all of the accrued vacation credits must be used before NDI benefits will be paid. If an employee elects not to use accrued vacation credits, then the accrued time may not be used until the employee returns to active employment (i.e., back on the job physically performing his/her regular or customary duties at the time base the employee held prior to the disabling injury or illness) for a minimum of one full work day. However, the campus has the discretion to approve an employee's request to use vacation after the end of the NDI period without requiring the employee to return to work.
- 3.) Compensatory Time Off (CTO) - Use of accrued CTO during a disability is optional with the employee. However, if the employee elects to use accrued CTO, all of the accrued CTO must be used before NDI benefits will be paid. If an employee elects not to use accrued CTO, then the accrued time may not be used until the employee returns to active employment (i.e., back on the job physically performing his/her regular or customary duties at the time base the employee held prior to the disabling injury or illness) for a minimum of one full work day. However, the campus has the discretion to approve an employee's request to use CTO after the end of the NDI period without requiring the employee to return to work.

BENEFIT PAYMENTS - COMPUTATION

Reference: Education Code Sections 89529.17, 89529.18, 89529.21 and 89529.22; Collective Bargaining Agreements; and CSU Policy.

- 1.) General: NDI benefit payment checks will be issued monthly by the State Controller's Office following the submission of the required documents by the campus. NDI benefits are considered a salary or wage and will be reported as earnings for tax purposes. Benefits are computed as follows:
 - A.) An eligible employee who is a member of one of the following bargaining units may receive benefit payments up to 26 weeks

(182 calendar days) in an amount equal to one-half full pay not to exceed \$135.00 per week for any one disability benefit period.

- Unit 1 - Physicians
- Unit 2 - Health Care Support
- Unit 5 - Operations Support
- Unit 7 - Clerical and Administrative Support Services
- Unit 9 - Technical and Support Services
- Unit 10 - Operating Engineers

B.) Eligible employees in the following employee categories may receive benefit payments up to 26 weeks (182 calendar days) in an amount equal to one-half full pay not to exceed \$125.00 per week for any one disability benefit period.

- C99 - Confidential
- E99 - Excluded
- M80 - Management Personnel Plan
- M98 - Executive Management
- Unit 3 - Faculty
- Unit 4 - Academic Support
- Unit 6 - Skilled Crafts
- Unit 8 - Public Safety

2.) Definitions:

A.) Full pay is the base salary, plus shift differential where applicable, of the employee and subject to retirement contribution on the date of the commencement of his/her disability. Thereafter, straight NDI benefit payments shall not be modified to reflect any salary adjustments which the employee would have received had the disability not occurred.

B.) Full pay of a part-time or hourly employee shall be established in accordance with the following:

1. Employment is hourly - NDI payments for hourly employees are based on the average number of hours worked in the 18 monthly pay periods "immediately preceding the pay period in which the disability begins." Add the total number of hours compensated in the 18 preceding monthly pay periods and then divide by 18 to determine the average.

If the employment period preceding the disability period is less than 18 months, to find the average number of hours, campuses should still divide the total compensated hours by 18. The employment must be at least six months preceding the disability.

This average is used to calculate the number of hours for NDI payments. The method of requesting payment and the salary rate to be used can be found in the State Controller's Payroll Procedures Manual.

2. Employment is part-time, regularly scheduled, and is a fixed proportion of the established work week - The NDI payments shall be determined on the basis of that proportionate part of the monthly rate.
3. Daily benefit rate - An eligible employee shall receive disability benefits equal to one-seventh of his/her weekly benefit amount for each full day during which he/she is unemployed due to a qualifying disability.

- C.) NDI - Catastrophic Leave Supplement - Both represented and non-represented employees may use leave credits donated by employees of the same campus to supplement NDI benefits under the Catastrophic Leave Donation program. Supplementation may be on a partial or full supplementation basis but is not to exceed the employee's gross monthly salary rate. A disabled employee may participate in the Catastrophic Leave program upon exhausting all personal leave credits and meeting the criteria developed by each campus under the guidelines set forth in Technical Letter HR/Benefits 6600 92-19 and applicable collective bargaining agreements.

An NDI claimant who supplements with catastrophic leave is considered on pay status and is therefore eligible to receive pay adjustments (e.g., SSI, PSI, GSI) on the supplement portion of pay as long as the employee meets the eligibility criteria required for the pay adjustment. For example, to be eligible for an SSI increase, the employee has to meet the qualifying pay periods requirement.

- D.) Family Medical Leave - The Family Medical Leave (FML) entitlement, if available to the employee, should run concurrently with NDI benefits except for employees who take all or part of the four (4) month pregnancy disability leave under

Government Code Section 12945(b)(2). Please see HR 94-11 and applicable collective bargaining agreements for eligibility criteria.

- E.) Maternity/Paternity/Adoption Leave - An employee who is on NDI may have his/her NDI benefits interrupted in order to implement the Maternity/Paternity/Adoption Leave benefit. Please refer to HR 96-19 and applicable collective bargaining agreements for eligibility criteria.

3.) Voluntary and Mandatory Payroll Deductions:

- A.) The employee's PERS/STRS contributions shall not be deducted from the NDI benefit payment since the employee does not earn service credit while on NDI leave, however, OASDI (Social Security) will be deducted from NDI benefit payments.

Please note: If an employee is on NDI with Catastrophic Leave supplementation, the donated leave portion of the pay is subject to the PERS/STRS deduction since it is treated as regular pay in the payroll system.

- B.) Voluntary deductions shall continue to be made unless canceled by the employee.
- C.) The employee's regular contribution to his or her health insurance premiums shall be deducted from his/her NDI benefit payment unless canceled by the employee.
- D.) The CSU shall continue to pay the employer's contribution for all appropriate insurance premiums as long as the employee continues health insurance coverage.

REDUCTION IN BENEFIT PAYMENTS

Reference: Education Code Section 89529.21

Payments to an employee receiving NDI disability benefits shall be reduced under the following conditions.

- 1.) Receipt of other benefits - If an employee receiving NDI benefit payments concurrently receives temporary disability payments under Workers' Compensation or temporary disability payments under any employer's liability law of this state or of any other state or of the federal government, the employee shall receive only the difference between the NDI benefit and the other benefit, if any.

- 2.) Partial return to work - An employee receiving NDI benefits, who is released by the physician to work only part-time, shall be eligible to continue receiving NDI benefits for the days on which he/she is disabled for four or more hours. The disabled employee shall receive wages for hours actually worked, and NDI payments for the balance of the work day. NDI benefit payments, plus wages, shall not exceed full pay for that day.
- 3.) Partial return to work - holiday pay - When an employee is reinstated to a part-time work schedule from an NDI-related leave of absence, the employee is entitled to be paid for holidays that fall on or after his/her date of reinstatement in an amount equal to the proportion that the employee's time base bears to full time.

DISQUALIFICATION FROM BENEFITS

Reference: Education Code Section 89529.20

- 1.) An employee is not eligible for NDI benefit payments in any period in which he/she receives unemployment insurance benefits under Part 1 (commencing with Section 100) of Division 1 of the Unemployment Insurance Code or under an unemployment compensation act of any other state or of the federal government.
- 2.) An employee cannot receive concurrent NDI and PERS or STRS retirement benefits.

JURY DUTY CONCURRENT WITH NDILEAVE

An employee will continue to receive NDI benefits while on jury duty provided he/she has received approval from his/her physician to serve in such a capacity. The employee shall be permitted to retain the jury duty pay. Under no circumstances is such an employee to be placed on active payroll status for pay purposes during his or her jury duty.

TERMINATION OF BENEFIT PAYMENTS

NDI benefit payments shall cease on the date any one of the following actions occur:

- 1.) Return to work full-time - NDI benefits shall cease on the day a disabled employee returns to full-time employment performing his/her regular or customary duties at the same time base held prior to disability.

- 2.) Separation due to:
- A.) Resignation
 - B.) Dismissal
 - C.) Rejection during probation
 - D.) Retirement
 - E.) Death
 - F.) Layoff
 - G.) Expiration of a temporary appointment

In no case shall benefits be payable for any day following the date of death, separation, or retirement from CSU employment.

Note: The expiration date of a temporary employee's appointment may not be extended, nor may the employee be reappointed during the period of NDI.

SEPARATION DUE TO RETIREMENT - EFFECTIVE DATE

Where an employee is on NDI and the employee or campus has applied for retirement of the employee and the PERS letter approving retirement does not state an effective retirement date, the effective date shall be the date following the end of the employee's NDI benefits unless the employee requests to retire at an earlier date.

EMPLOYEE REINSTATEMENT RIGHTS

An employee receiving NDI disability payments shall be considered temporarily separated and upon recovery from the disability is entitled to reinstatement in the position held at the time the disability began, if the position is still in existence, or to any comparable existing vacant position for which the employee is qualified provided an appropriate health statement is received from the attending physician. **Please note:** As part of the review of the case, the campus should consider if the returning worker meets the criteria to be covered under the Americans with Disability Act and plan accordingly.

- 1.) Failure to return at end of authorized benefit period - If an employee fails to return to active employment at the end of the authorized period of disability, the employee is responsible for requesting a leave of absence. If the leave request is denied and the employee fails to return to employment or no request is received and the employee fails to report for duty, the employee may be separated as Absent Without Leave (AWOL) as provided in the appropriate collective bargaining agreement and/or Education Code.

- 2.) Disability beyond the 26-week benefit period - If an employee's disability continues beyond the 26-week benefit period, the employee may request a leave of absence for the anticipated duration of the disability. However, if the disability continues for more than a reasonable time beyond the benefit period, disability retirement should be explored.

PHYSICIAN HEALTH STATEMENTS

References: Education Code Sections 89529.18(d) and 89529(e); Unemployment Insurance Code Sections 2708 and 2709; and Labor Code Section 3209.3

For each uninterrupted period of disability for which the employee is requesting NDI benefits and prior to returning to work, the employee must provide an appropriate health statement as follows:

- 1.) Certificate of Physician - When making application for NDI benefits, the employee must support his/her claim by means of a certificate of a physician as defined in Section 3209.3 of the Labor Code, or the certificate of a dentist or podiatrist duly licensed under California state law, acting within the scope of his/her practice, or by an authorized religious practitioner. Form DE 8501 is to be used for this purpose.
- 2.) Return to work at end of benefit period - Since the EDD determination of the benefit period is based on the attending physician's statement, normally an employee should be returned to active status at the end of the benefit period without further documentation.

However, if the employee appears not yet able to return to work even though he/she has a statement of release from the attending physician, the campus should require the employee to obtain medical clearance from a physician designated by the campus before returning the employee to active status. (The campus is responsible for paying the fee for such required examination - see Title 5, Section 43400 et seq.)

- 3.) Return to work before the end of the benefit period - If an employee wishes to return to full-time or part-time employment before the end of the disability period, the campus shall require a certification from the attending physician that the employee is able to resume full-time or part-time employment. However, if the campus employee appears not yet able to return to work even though he/she has a statement of release from the attending physician, the campus should require the employee to obtain medical clearance from a physician designated by the campus before returning the employee to active status.

EFFECT ON PROBATIONARY PERIOD

- 1.) Nonacademic and Administrative Employees - Except as otherwise provided in Title 5, California Administrative Code, time spent on a Nonindustrial Disability Leave shall not be counted as part of any required probationary period. The remaining portion of the probationary period shall be completed following the employee's return to active employment. A partial return to work does not constitute a return to active service for this purpose.
- 2.) Academic Employees - An academic year during which a probationary faculty member is on disability leave may not be counted toward the acquisition of tenure unless:
 - A.) The faculty member has served full-time for at least one-half the number of academic work days in the campus calendar for the academic year in question, and
 - B.) Such full-time service has, in the judgment of the President or designee, been of sufficient duration to provide an adequate opportunity for evaluation of the involved faculty member's contribution to the institution during that academic year; or
 - C.) If the conditions in items (A) and (B) are not met, the year in question shall not count toward the acquisition of tenure, but the disability period does not constitute a break in service.
- 3.) Academic Closely-Related Employees - The concepts in item 2 shall be applied to all academic closely-related employees.

**NDI APPLICATION PROCEDURES
(Required Action and Assignment of Responsibility)**

Assignment of Responsibility

When an employee becomes disabled due to illness or injury, the parties involved shall follow the procedures below:

| <i>Responsible Party</i> | <i>Required Action</i> |
|---|--|
| Disabled Employee | Reports disability to immediate supervisor. Indicates whether vacation and/or CTO will be used. |
| Supervisor of Disabled Employee | Upon being notified by an employee or upon learning of a disabling illness or injury, will immediately contact the Human Resources/Payroll Office to prepare the Form DE 8501, Non-industrial Disability Insurance. Indicates whether employee desires to use vacation and/or CTO. |
| Human Resources/Payroll Office | Completes the upper portion of the Form DE 8501 in its entirety and delivers or mails to the disabled employee or the employee's agent. |
| Disabled Employee NOTE: A copy of completed Form DE 8501 may be forwarded to the campus Human Resources Office by the employee for his or her personnel file. | Upon receipt of the Form DE 8501, it will be the employee's responsibility to see that the bottom portion of the form is completed. After completion of the form it will be the responsibility of the employee to have the attending physician complete the reverse side of the Form DE 8501. The completed form must be mailed to: State of California, Employment Development Department P.O. Box 13140 Sacramento, CA 95813-4140 The claim should be filed with EDD immediately if the anticipated recovery date occurs after the employee's accrued sick leave will run out but not later than 20 days after the employee's sick leave has been used. |

**NDI APPLICATION PROCEDURES
(Required Action and Assignment of Responsibility)**

| <i>Responsible Party</i> | <i>Required Action</i> |
|--|---|
| <p>Employment Development Department</p> | <p>Upon receipt of the Form DE 8501 from the disabled employee or physician, the Claims Examiner will determine whether the claim is valid, etc. If the claim is valid, EDD will authorize benefit payment to the Human Resources/Payroll Office indicating the period of eligibility for NDI benefits.</p> <p>If the Form DE 8500A has not yet been received from EDD, submit a PPT (565 Code 7 Transaction) to Personnel Services effective the first day or part of the day the employee is in a non-pay status. Upon receipt of the Form DE 8500A authorizing benefit payments to an employee, submit a PPT to place the employee on non-industrial disability leave. Following the procedure contained in the Disability Section of the Payroll Procedures manual, submit Form 674D to the Controller for the benefit payment. A copy of all 674Ds requesting NDI payments shall be sent to:</p> <p align="center">State of California, Employment Development Department P.O. Box 13140 Sacramento, CA 95813-4140</p> <p><u>The Human Resources/Payroll Office is responsible for maintaining a cumulative record of the number of benefit days for which an employee has been paid and to ensure that payments are not made for more than the maximum number of days authorized for a disability benefit period (26 weeks, 182 calendar days).</u></p> |

NDI APPLICATION PROCEDURES
(Required Action and Assignment of Responsibility)

| <i>Responsible Party</i> | <i>Required Action</i> |
|--------------------------------|---|
| Sacramento EDD Office | Upon receipt of the duplicate Form 674D, will post the necessary information to the Claim Record File. |
| Human Resources/Payroll Office | If an employee is released by his or her physician to return to work before the end of the approved benefit period, the final request for payment should be prepared and submitted immediately to the Controller and a copy sent to EDD. Documents should then be processed to restore the employee to the payroll. |



Serving the People of California

NOTICE: THIS FORM MUST BE GIVEN TO NDI APPLICANTS WITH DE 8501

KEEP FOR YOUR RECORDS

INFORMATION COLLECTION AND ACCESS

| | | |
|--|--|---|
| STATE LAW REQUIRES THE FOLLOWING INFORMATION TO BE PROVIDED WHEN COLLECTING INFORMATION FROM INDIVIDUALS: | | |
| AGENCY NAME Employment Development Department (EDD) | TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE Manager, Disability Insurance Office | |
| LOCAL CONTACT PERSON Manager of this Employment Development Department Facility | ADDRESS 5009 Broadway Sacramento, CA | TELEPHONE NUMBER (916) 227-0274 |
| AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION <ul style="list-style-type: none"> • Sections 2601 through 3272 of the Unemployment Insurance Code. • Sections 2706-1, 2706-3, 2708.1-1 and 2710-1, Title 22, California Code of Regulations. • Sections 19878 through 19886.2 of the Government Code. | | |
| THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY <ul style="list-style-type: none"> • All information requested is mandatory. | | |
| THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION <ul style="list-style-type: none"> • Failure to supply any or all information may cause delay or may cause you to be denied benefits to which you are entitled. • Wilfully making a false statement or representation or knowingly withholding a material fact to obtain or increase any benefit or payment will result in a disqualification to receive benefits and/or services, and could lead to prosecution. | | |
| THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED <ul style="list-style-type: none"> • To determine eligibility for disability insurance benefits. • To be summarized and published in statistical form for the use and information of government agencies and the public (your name or identification will not appear in publications). • To be used to locate parents who are being sought for failure to provide support for minor children. • To be used by other governmental agencies to determine eligibility for public social services under the provisions of Division 9 of the Welfare and Institutions Code. • To be used by the Employment Development Department to enable it to carry out its responsibilities under the Unemployment Insurance Code. • To be exchanged pursuant to Section 322 of the Unemployment Insurance Code and Section 1798.24 of the Civil Code with other governmental departments and agencies both federal or state, which are concerned with any of the following: (1) administration of an unemployment insurance program; (2) collection of taxes which may be used to finance unemployment insurance or disability insurance; (3) relief of unemployed or destitute individuals; (4) investigation of labor law violations or allegations of unlawful employment discrimination; (5) the hearing of workers' compensation appeals; (6) or whenever necessary to permit a state agency to carry out its mandated responsibilities where the use to which the information will be put is compatible with the purpose for which it was gathered; (7) or when mandated by state or federal law. Disclosures under Unemployment Insurance Code Section 322 will only be made in those instances in which it furthers the administration of the programs mandated by that code. • Pursuant to Section 2714 of the Unemployment Insurance Code: (1) Information may be revealed to the extent necessary for the administration of public social services or to the Director of Social Services or his representatives; (2) claimant identity may be released to the Department of Rehabilitation. • Information shall be disclosed to authorized agencies in accordance with Sections 1095 and 2714 of the Unemployment Insurance Code. | | |
| UNDER CIVIL CODE SECTION 1798.34 YOU HAVE THE RIGHT TO INSPECT RECORDS MAINTAINED ON YOU BY THE AGENCY UNLESS EXEMPTED AS DESCRIBED ON THE REVERSE. | | |

(SEE REVERSE)

The Information Practices Act beginning with Section 1798 of the Civil Code imposes conditions on the gathering, maintenance, disclosure, and correction of personal information by public agencies.

1. **Right to inspect and correct:** Civil Code Section 1798.34 gives you the right to inspect any personal records maintained about you by the Employment Development Department. Section 1798.35 permits you to request that the record be corrected if you believe that it is not accurate, relevant, timely, or complete.
2. **Exemptions:** Certain limited types of information that would generally be considered personal are exempt from disclosure to you, (a) Medical and psychological records where knowledge of the contents might be harmful to the subject (Civil Code Section 1798.40); (b) Records of active criminal, civil or administrative investigations (Civil Code Section 1798.40); (c) Names of individuals submitting letters of reference (Civil Code Section 1798.38).
3. **Appeal rights:** If you are denied access to records which you believe you have a right to inspect or if your request to amend your record is refused, you may file an appeal with your local Employment Development Department office.

FEDERAL PRIVACY ACT

The Employment Development Department requires disclosure of social security account numbers on a mandatory basis to comply with Unemployment Insurance Code Sections 1253 and 2627; with Title 22, California Code of Regulations Sections 1085, 1088, and 1326; and with Title 20, Code of Federal Regulations, Part 604. Social security account numbers may be disclosed pursuant to Sections 322 and 2714 of the Unemployment Insurance Code and Section 1798.24 of the Civil Code to other governmental departments and agencies both federal and state, which are concerned with any of the following: (1) administration of an unemployment insurance program; (2) collection of taxes which may be used to finance unemployment insurance or disability insurance; (3) relief of unemployed or destitute individuals; (4) investigation of labor law violations or allegations of unlawful employment discrimination; (5) the hearing of workers' compensation appeals; (6) or whenever necessary to permit a state agency to carry out its mandated responsibilities where the use to which the information will be put is compatible with the purpose for which it was gathered; (7) or when mandated by state or federal law. Disclosures under Unemployment Insurance Code Section 322 will only be made in those instances in which it furthers the administration of the programs mandated by that code.

INSTRUCTIONS FOR APPLYING FOR NONINDUSTRIAL DISABILITY INSURANCE BENEFITS

HOW TO COMPLETE THE CLAIM FORM, DE 8501:

First: You must complete ALL numbered items of the Claim Statement of Employee.

Second: If the upper portion of the first claim for Nonindustrial Disability Insurance has not been completed, have your attendance clerk complete it before taking the claim to your Doctor.

Third: Ask your Doctor to complete the Doctor's Certificate.

WHEN TO COMPLETE AND MAIL THE CLAIM FORM, DE 8501:

1. IF YOU WERE NOT HOSPITALIZED, complete and mail the claim form after the tenth (10) day following the date YOU enter in Item 3 on Claim Statement.
2. IF YOU WERE HOSPITALIZED, complete and mail the claim form after the first (1) day of hospital confinement.
3. **Important!** The claim in either case must be mailed within 49 days of the date you became disabled if you are to receive credit from the time you first became disabled.

It is YOUR OWN responsibility to see that this Claim and Doctor's Certificate are filled out COMPLETELY and mailed to the Employment Development Department at the address on the form. If any item is not completed on this form, it will be returned for completion, and your benefit payment may be delayed.

If an authorized agent is filing for benefits for an INCAPACITATED OR DECEASED claimant, or a spouse is filing for a MENTALLY INCAPACITATED individual, contact the office listed on the reverse or any Employment Development office for the required forms and instructions.

FIRST CLAIM FOR NONINDUSTRIAL DISABILITY INSURANCE
ATTENDANCE CLERK — PAYROLL OFFICER

Please complete this part before giving or sending the form to the employee.

| | | | | | | | |
|---|-----------------------------|------|--|-----------------|------|-------|--------|
| First | NAME OF EMPLOYEE Initial | Last | SOCIAL SECURITY ACCOUNT NUMBER | POSITION NUMBER | | | |
| | | | | AGENCY | UNIT | CLASS | SERIAL |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | | | CBID # _____ Cross Monthly Salary _____ Last day physically worked? _____ | | | | |
| Name, address, and phone number of Personnel Transactions Unit or Section responsible for employee's payroll documents. | | | TIME BASE: (Check one) If PT or Int., did EE have 6 monthly compensated PP's in the 18 PP's immediately preceding disability? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Department or Campus: _____ | | | APPT. TENURE: (Check one) PERS/STRS MEMBER? Exempt EE? Perm/Prob <input type="checkbox"/> LT <input type="checkbox"/> TAU <input type="checkbox"/> CEA <input type="checkbox"/> Other <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LEAP <input type="checkbox"/> Seasonal <input type="checkbox"/> Annuitant <input type="checkbox"/> Emergency <input type="checkbox"/> | | | | |
| PTU or Section: _____ | | | Is the EE required to exhaust sick leave? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| Mailing Address: _____ | | | Did the EE elect to use leave credits, including catastrophic leave? YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes" to either of the above, leave credits to be paid through (if less than 8). date _____ hrs. _____ | | | | |
| Name of Personnel Assistant: _____ | | | Is EE enrolled in the annual leave program? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| Public No. (_____) _____ | | | Did EE leave work because of sickness or injury? If "no" please give reason (separation, layoff, retirement, LOA, suspension, etc.) _____ YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| ATSS _____ | | | Is EE entitled to receive workers' compensation temporary disability or IDL for any day after the last day physically worked, shown above? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| Completed by: _____ | | | If EE has returned to work, enter date(s) returned: _____ | | | | |
| CSUS EMPLOYEES ONLY | | | | | | | |
| | | | EE appointed for one year of service or one academic year or more? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | | | Academic EE? If "yes" show 10/10, 10/12, or 12/12 and the designated summer period or quarter off dates: _____ YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | | | If employee is receiving catastrophic leave, is it supplementing NDI? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

CLAIM STATEMENT OF EMPLOYEE

COMPLETE ALL ITEMS BELOW AFTER YOU HAVE STOPPED WORKING DUE TO DISABILITY

| | | |
|---|--|--|
| 1. Your mailing address: Street, P.O. Box, or R.F.D. _____ Apt. No. _____ City _____ State _____ ZIP Code _____ | 2. Date of Birth: _____ | |
| Home Address: (If different from mailing address) _____ | Other Name Used _____ | 4. Type of Work _____ |
| 3. What was the first full day you were too sick to work even if it was a Saturday, Sunday, holiday or normal day off? _____ Month _____ Day _____ Year _____ | 5. What was the last day you worked before this disability? _____ Month _____ Day _____ Year _____ | DEPARTMENT USE ONLY 17. From: _____ Through: _____ 8500 No. Days From: _____ To: _____ By: _____ |
| 6. Did you stop work because of sickness or injury? If "NO," please explain. _____ YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 7. Was this disability caused by your work? If "YES," please explain. _____ YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Are you claiming or receiving Workers' Compensation or Industrial Disability Leave for any on-the-job injuries or illnesses during the period covered by this claim? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 8. If you are not required to exhaust your sick leave, will you elect to use your sick leave, vacation leave, or catastrophic leave prior to receiving NDI? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 9. If you are required to exhaust your sick leave, will you elect to use your vacation leave in lieu of receiving NDI? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 10. If annual leave participant indicate your desire to supplement NDI with leave: NONE <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> | | |
| 11. Have you recovered or returned to work for any day, part-time or full-time, after the date shown in item 3 above? If "YES," please enter such dates. _____ YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 12. I hereby claim benefits and certify that for the period covered by this claim I was unemployed and disabled, that the foregoing statements including any accompanying statements are to the best of my knowledge and belief true, correct and complete. I hereby authorize my attending physician, practitioner, hospital and employer to furnish and disclose all facts concerning my disability and wages or earnings that are within their knowledge and to allow inspection of and provide copies of any hospital records concerning my disability that are under their control. I understand this authorization is granted for a period of 18 months from the date of my signature or the effective date of the claim, whichever is later. I agree that a photocopy of this release shall be as valid as the original. | | |
| Date Claim Signed: _____ | Your Signature: _____ (Do Not Print) | |
| | | Home Phone: _____ (area code) |

IT IS A VIOLATION OF THE UNEMPLOYMENT INSURANCE CODE TO WILFULLY MAKE A FALSE STATEMENT OR TO KNOWINGLY CONCEAL A MATERIAL FACT IN ORDER TO OBTAIN THE PAYMENT OF ANY BENEFITS.

DOCTOR'S CERTIFICATE
Patient File or I.D. No.:

Certification may be made by a licensed medical or osteopathic physician and surgeon, chiropractor, dentist, podiatrist, optometrist, designated psychologist or an authorized medical officer of a United States Government facility. Certification may also be made by a licensed nurse-midwife or nurse practitioner for the purposes of disability related to normal pregnancy or childbirth. All items on this sheet must be completed.

13. I attended the patient for the present medical problem from: _____ Month Day Year TO _____ Month Day Year At intervals of: _____

14. History (State nature, severity and bodily extent of the incapacitating disease or injury): _____

Findings

| | | | | |
|-----------|-----------|------------------------------------|------------------------------|-----------------------------|
| Diagnosis | ICD Code: | Confirmed by X-ray or other tests? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|-----------|------------------------------------|------------------------------|-----------------------------|

15. Is, or has the patient been pregnant since the date of treatment reported above?
If "YES", give date pregnancy terminated or future EDC: _____ YES NO
Is the pregnancy normal? YES NO If "NO," state nature and severity of maternal disability: _____

16. Operation

| | | |
|-----------------|--------------------------------------|--------------------|
| Performed | <input type="text"/> | Type of Operation: |
| To be performed | (Enter date) <input type="text"/> | |

17. Has this patient at any time during your attendance been incapable of performing his or her regular work? YES NO If "YES," the disability commenced on: _____

18. Approximate date, in your opinion, disability (if any) should end or has ended sufficiently to permit the patient to resume regular or customary work. Even if considerable question exists, make some estimate. This is a requirement of the Code, and the claim will be delayed if such date is not entered. Such answers as "indefinite" or "don't know" will not suffice. (Enter date)

19. In your opinion, is this disability the result of "occupation" either as an "industrial accident" or as an occupational disease? (This should include aggravation of pre-existing conditions by occupation.) YES NO

20. Have you reported this or a concurrent disability to any insurance carrier as an Industrial Disability Leave or Workers' Compensation claim? If "YES," give name of carrier or firm: YES NO

21. Further comments (if indicated): _____

22. In what HOSPITAL was or is patient confined as a registered bed patient, or in what SURGICAL CLINIC was patient treated? Name of facility: _____ Address: _____ ZIP Code: _____

23. Date entered as a registered bed patient: _____ Date discharged: _____

24. Would the disclosure of this information to your patient be medically or psychologically detrimental to the patient? YES NO

I hereby certify that the above statements in my opinion truly describe the patient's disability (if any) and the estimated duration thereof,

and that I am a _____ licensed to practice by the State of _____
Type of doctor

Print or type doctor's name _____ Signature of attending doctor _____

No. and Street _____ City _____ ZIP Code _____ State License No. _____ Telephone No. _____ Date form signed _____

"Under Section 2116 of the California Unemployment Insurance Code, it is a violation for any individual who, with the intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding twenty thousand dollars.

**MAIL COMPLETED FORM TO: State of California, Employment Development Department
P.O. Box 13140
Sacramento CA 95813-4140**

CALIFORNIA CODES
EDUCATION CODE
SECTION 89529.15-89529.25

89529.15. As used in this article:

(a) "Employee" means any of the following:

(1) A permanent or probationary full-time employee of the trustees, regardless of period of service, who is a member of the Public Employees' Retirement System or the State Teachers' Retirement System in compensated employment on or after October 1, 1976.

(2) A permanent or probationary part-time or intermittent employee of the trustees with at least the equivalent of six monthly compensated pay periods of service in the 18 months of pay periods immediately preceding the pay period in which the disability begins, who is a member of the Public Employees' Retirement System or the State Teachers' Retirement System in compensated employment on or after January 1, 1979.

(3) In addition to those eligible under paragraph (1), an employee of the trustees appointed half-time or more for one year of service or one academic year, as defined by the trustees, or more, who is a member of the Public Employees' Retirement System or the State Teachers' Retirement System in compensated employment on or after January 1, 1979.

(4) A permanent or probationary full-time employee of the trustees, regardless of period of service, who is a participant in the optional retirement program pursuant to Chapter 5.5 (commencing with Section 89600), provided that he or she would otherwise be eligible to participate in the Public Employees' Retirement System except for the election to participate in the optional retirement program.

(b) "Full pay" means the gross base salary earnable by the employee and subject to retirement contribution on the date of the commencement of his or her disability.

(c) "Disability" or "disabled" includes mental or physical illness and mental or physical injury including any illness or injury resulting from pregnancy, childbirth, or related medical condition. An employee is deemed disabled on any day in which, because of his or her physical, mental, or medical condition, he or she is unable to perform his or her regular or customary work.

(d) "Disability benefit period", with respect to any individual, means the continuous period of disability beginning with the first day with respect to which the individual files a valid claim for nonindustrial disability benefits. For the purpose of this article, two consecutive periods of disability due to the same or related cause or condition and separated by a period of not more than 14 days shall be considered as one disability benefit period.

(e) "Appeals board" means the California Unemployment Insurance Appeals Board.

89529.16. If the provisions of this article are in conflict with the provisions of a memorandum of understanding reached pursuant to Chapter 12 (commencing with Section 3560) of Division 4 of Title 1 of the Government Code, the memorandum of understanding shall be controlling without further legislative action, except that if those provisions of a memorandum of understanding require the expenditure of funds, the provisions shall not become effective unless approved

by the Legislature in the annual Budget Act.

89529.17. (a) When an employee is disabled, whether temporarily or permanently, the employee shall become entitled, subject to the provisions of this article, to receive nonindustrial disability benefits in an amount equal to one-half pay, but not to exceed one hundred twenty-five dollars (\$125) per week, payable monthly for a period not exceeding 26 weeks for any one disability benefit period, but in no case shall benefits be payable for any day on and after death or separation or retirement from state service.

(b) For purposes of this section, the "full pay" of a part-time or intermittent employee only shall be established in accordance with the following:

(1) Where the part-time employment is regularly scheduled and is a fixed proportion of the established workweek, the payments shall be determined on the basis of that proportionate part of the monthly rate.

(2) Where employment is intermittent or irregular, the payments shall be determined on the basis of the proportionate part of a monthly rate established by the total hours actually employed in the 18 monthly pay periods immediately preceding the pay period in which the disability begins as compared to the regular rate for a full-time employee in the same group or class.

89529.18. A disabled employee is eligible to receive nonindustrial disability benefits under this article equal to one-seventh of his or her weekly benefit amount specified in Section **89529.17** for each full day during which he or she is unemployed due to a disability only if the Director of Employment Development finds that:

(a) He or she has made a claim for disability benefits as required by authorized regulations.

(b) He or she has been disabled for a waiting period of seven consecutive days during each disability benefit period with respect to which waiting period no benefits under this article are payable except for confinement in a hospital or nursing home for at least one day.

(c) He or she has exhausted all sick leave to which he or she was entitled under Article 1 (commencing with Section 89501) of this chapter.

(d) Except for an individual described in Section 2709 of the Unemployment Insurance **Code**, he or she has submitted to such reasonable examinations as the Director of Employment Development may require for the purpose of determining his or her mental or physical disability.

(e) He or she has filed a certificate described in Section 2708 or 2709 of the Unemployment Insurance **Code**.

(f) Except as otherwise provided, he or she meets, in all respects, the eligibility requirements imposed on individuals by Part 2 (commencing with Section 2601) of Division 1 of the Unemployment Insurance **Code** for receipt of unemployment compensation disability benefits.

In case of any conflict between Part 2 (commencing with Section 2601) of the Unemployment Insurance **Code** and this article, this article shall prevail.

89529.19. A disabled employee shall be eligible to receive

nonindustrial disability benefits under this article without being required to use any vacation leave accrued under Article 1 (commencing with Section 89501) of this chapter, unless the employee, in his or her sole discretion, elects to use the vacation leave in lieu of receiving benefits under this article, in which case benefits under this article shall not commence until the employee has exhausted the accrued vacation leave.

89529.20. An employee is not eligible for disability benefits under this article with respect to any period for which the Director of Employment Development finds that he or she has received or is entitled to receive unemployment compensation benefits under Part 1 (commencing with Section 100) of Division 1 of the Unemployment Insurance Code or under an unemployment compensation act of any other state or of the federal government.

89529.21. (a) Except as provided in this section, an individual is not eligible for disability benefits under this article for any day of unemployment and disability for which he or she has received, or is entitled to receive, "other benefits" in the form of cash payments.

(b) "Other benefits", as used in this section, means:

(1) Temporary disability indemnity under a workers' compensation law of this state or of any other state or of the federal government or under Article 1.1 (commencing with Section **89529**).

(2) Temporary disability benefits under any employer's liability law of this state or of any other state or of the federal government.

(c) If such "other benefits" are less than the amount an individual would otherwise receive as disability benefits under this article, he or she shall be entitled to receive, for that day, if otherwise eligible, disability benefits under this article reduced by the amount of the "other benefits". If after receipt of, or determination of entitlement to receive, such other benefits, a claim for disability benefits under this article is filed during the same continuous period of disability, because of a disability for which a claim for the other benefits was made, the maximum amount of disability benefits payable under this article during the disability benefit period thereby established shall be reduced by the amount of the "other benefits" which the claimant has received or has been determined to be entitled to receive.

89529.22. Discretionary deductions of the employee, including those for coverage under a state health benefits plan in which an employee is enrolled, shall be deducted from the disability benefits under this article unless canceled by the employee. If an employee deduction under a state health benefits plan is continued, the state employer contribution shall also continue.

An employee shall not receive service credit under the Public Employees' Retirement System or the State Teachers' Retirement System during the period of receipt of disability benefits under this article and contributions to the Public Employees' Retirement System or the State Teachers' Retirement System shall not be deducted. State employer contribution shall also not be made to either system during that period.

An employee shall not accrue sick leave or vacation credit or service credit for any other purpose during the period of receipt of disability benefits under this article.

89529.23. Filing, determination, and payment of disability benefit claims under this article shall be made in accordance with the procedures prescribed by Article 4 (commencing with Section 2701) of Chapter 2 of Part 2 of Division 1 of the Unemployment Insurance Code.

89529.24. The trustees shall adopt any rules and regulations necessary for the administration of this article for employees of the California State University.

89529.25. The reenactment of this article at the 1987-88 Regular Session of the Legislature does not constitute a change in, but is declaratory of, the existing law.
