CA

2706-1 Filing a First Claim for Disability Benefits

(a)

Any person or his or her authorized representative may file a first claim for disability benefits who has been continuously unemployed and disabled for a period of eight consecutive days, provided that a claimant has been examined by or under the care of a physician or practitioner during some portion of such period.

(b)

"First claim" means the claim initially filed on a form prescribed by the department with respect to a period of disability. By filing the first claim, the claimant establishes his or her disability period and the department computes the weekly benefit amount and maximum benefits potentially payable for the disability period.

(c)

Any individual who is unable to work and has a wage loss due to any of the causes specified in Section 2626 of the code for a period of eight days, may file a claim for benefits.

(d)

A "properly completed first or continued claim" means a claim containing all the required items as prescribed in subdivisions (e) and (f).

(e)

The claimant shall file the first or continued claim and shall provide his or her: (1) legal name, and any other last name(s) used by the claimant. (2) social security

account number, and any other names and social security account numbers by which the claimant is or was known. (3) date of birth. (4) gender. (5) mailing address and residence address if different from mailing address. (6) driver license number or identification card number, provided that the driver license or identification card was issued by a local, state, or federal agency, or a foreign government. (7) date disability began. (8) last day worked at his or her last job and date returned to work, if any. (9) reason why he or she is no longer working at his or her last job. (10) name(s) and address(es) of his or her most recent employer(s). (11) name and location of each facility where he or she has been incarcerated or otherwise in custody of law enforcement authorities upon adjudication or conviction at any time during his or her disability. (12) facility name, address and phone number if he or she is residing in an alcoholic recovery home or a drug-free residential facility. (13) Workers' Compensation claim information as follows, if he or she has filed or intends to file for Workers' Compensation benefits: (A) dates of injury on the job as shown on his/her Workers' Compensation claim. (B) Workers' Compensation carrier name and address. (C) Workers' Compensation claim number. (D) adjuster's name and telephone number. (E) employer's name and telephone number identified on the Workers' Compensation claim. (F) if the claimant is represented by counsel or other legal representative, provide the name, address and telephone number of such representative; and (G) Workers' Compensation Appeals Board case number, if applicable. (14) authorization for the claimant's treating physician, practitioner, hospital, or workers' compensation insurance carrier to furnish and disclose to the department all facts concerning the claimant's disability. (15) signature certifying to his/her disability. (16) authorization for the department to disclose the claimant's information as listed herein from subdivisions (e)(1) to (e)(10) to the claimant's treating physician, practitioner,

hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier. (17) such other information within the scope of eligibility requirements as the department may require.

(1)

legal name, and any other last name(s) used by the claimant.

(2)

social security account number, and any other names and social security account numbers by which the claimant is or was known.

(3)

date of birth.

(4)

gender.

(5)

mailing address and residence address if different from mailing address.

(6)

driver license number or identification card number, provided that the driver license or identification card was issued by a local, state, or federal agency, or a foreign government.

(7)

date disability began.

(8)

last day worked at his or her last job and date returned to work, if any.

(9)

reason why he or she is no longer working at his or her last job.

(10)

name(s) and address(es) of his or her most recent employer(s).

(11)

name and location of each facility where he or she has been incarcerated or otherwise in custody of law enforcement authorities upon adjudication or conviction at any time during his or her disability.

(12)

facility name, address and phone number if he or she is residing in an alcoholic recovery home or a drug-free residential facility.

(13)

Workers' Compensation claim information as follows, if he or she has filed or intends to file for Workers' Compensation benefits: (A) dates of injury on the job as shown on his/her Workers' Compensation claim. (B) Workers' Compensation carrier name and address. (C) Workers' Compensation claim number. (D) adjuster's name and telephone number. (E) employer's name and telephone number identified on the Workers' Compensation claim. (F) if the claimant is represented by counsel or other legal representative, provide the name, address and telephone number of such representative; and (G) Workers' Compensation Appeals Board case number, if applicable.

(A)

dates of injury on the job as shown on his/her Workers' Compensation claim.

(B)

Workers' Compensation carrier name and address.

(C)

Workers' Compensation claim number.

(D)

adjuster's name and telephone number.

(E)

employer's name and telephone number identified on the Workers' Compensation claim.

(F)

if the claimant is represented by counsel or other legal representative, provide the name, address and telephone number of such representative; and

(G)

Workers' Compensation Appeals Board case number, if applicable.

(14)

authorization for the claimant's treating physician, practitioner, hospital, or workers' compensation insurance carrier to furnish and disclose to the department all facts concerning the claimant's disability.

(15)

signature certifying to his/her disability.

(16)

authorization for the department to disclose the claimant's information as listed herein from subdivisions (e)(1) to (e)(10) to the claimant's treating physician, practitioner, hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier.

(17)

such other information within the scope of eligibility requirements as the department may require.

(f)

The claimant's physician or practitioner shall provide the following information on the department's designated form:(1) claimant's name. (2) treating doctor's or practitioner's name, address and telephone number. (3) treating doctor's or practitioner's license number. (4) date(s) medical care was provided to the claimant. (5) date the claimant has been incapable of performing his or her regular or customary work. (6) date claimant was released or is anticipated to be released

to return to claimant's regular or customary work. (7) diagnosis and diagnostic code(s) or procedure code prescribed in the International Classification of Diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms. (8) determination regarding whether disclosure of the claimant's disability would be medically or psychologically detrimental to the claimant. (9) determination regarding whether the completion of the doctor's certification is for the sole purpose of referral/recommendation to an alcoholic recovery home or drug-free residential facility. (10) the treating doctor's or practitioner's certification and signature. (11) such other information within the scope of eligibility requirements as the department may require.

(1)

claimant's name.

(2)

treating doctor's or practitioner's name, address and telephone number.

(3)

treating doctor's or practitioner's license number.

(4)

date(s) medical care was provided to the claimant.

(5)

date the claimant has been incapable of performing his or her regular or customary work.

(6)

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Classification of Diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms.

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the treating doctor's or practitioner's certification and signature.

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such other information within the scope of eligibility requirements as the department may require.