Employment Development Department
State of California

APPLICATION FOR ELECTIVE COVERAGE OF STATE DISABILITY INSURANCE* ONLY LOCAL PUBLIC ENTITIES AND INDIAN TRIBES

Reference: Section 709 of the California Unemployment Insurance Code (**CUIC**)

IMPORTANT

*Do not complete this form unless you wish to apply for State Disability Insurance only under Section 709 for **ALL** of your employees (excluding elected officials and appointees by the Governor). Coverage under this section of the CUIC **does not** make provision for Unemployment Insurance benefits.*

FOR DEPARTMENT USE ONLY	
EMPLOYER ACCOUNT NUMBER STATISTICAL CODE	
EFFECTIVE DATE	DATE EMPLOYER NOTIFIED
APPROVED BY	DATE APROVED
SEND	NUMBER OF EMPLOYEES

PLEASE TYPE OR PRINT

1. Name of Government Entity or Indian Tribe | Business Phone
2. Business Address (Number, Street, City, County, State, ZIP Code)
3. Mailing Address (Number, Street, City, County, State, ZIP Code)
4. Type of Local Public Entity
   ☐ County ☐ City ☐ Indian Tribe ☐ Other (Specify) _____
5. Law under which agency was established: (Complete a, b, c, or d; does not apply to Indian Tribes.)

a. California Tax Law	Title of Act		Number	Date
b. Califonia Codes	Title of Code	Division	Part	Chapter
c. Charter	Title of Charter			Date
d. Ordinance	Title of Ordinance			Date

6. Members of governing body of local public entity or Indian Tribe, such as Board of Supervisors, City Council, District Directors, Tribal Council, etc.

Name	Title	Residence Address	Phone	Social Security Number

NOTE: If your application is approved, the elective coverage agreement will be subject to all of the requirements and conditions outlined in *Information Concerning Elective Coverage Under Section 709 of the California Unemployment Insurance Code (CUIC)*, **DE 1378L**. Please retain your copy of the DE 1378L for reference.

* Includes Paid Family Leave (PFL).

7. Appointive Positions: (These persons are eligible for coverage unless appointed by the Governor.)

Title of Position	Number of Positions in This Category	By Whom Appointed	Number of Persons Desiring Coverage

8. Total number of employees to be covered, excluding elected officers and those appointed by the Governor: _____

9. On what date do you wish elective coverage to commence? Keep in mind that the commencement date of an elective coverage agreement shall not be prior to the first day of the calendar quarter in which the application is filed, nor later than the first day of the following calendar quarter.

☐ First day of current quarter ☐ First day of next quarter

NOTE: Deductions should not be made from your employee's wages for the purpose of paying employee contributions required under the CUIC until your election is approved.

Attach a copy of the resolution in which the governing body described in Item 6 approved the filing of an application for elective coverage under Section 709 of the CUIC.

The governmental or tribal entity described in Item 1 hereby files its application under Section 709 of the CUIC to become an employer subject to the CUIC. It is understood that upon approval of the election by the Director, the governmental or tribal entity will be an employer subject to the CUIC for State Disability Insurance purposes only to the same extent as other employers as of the date specified in the approval, and will remain a subject employer for at least **two complete calendar years**. Thereafter, this election may be terminated as provided by the CUIC.

I certify that this application has been examined by me, and to the best of my knowledge and belief, it is true and correct and made in good faith under the provisions of the CUIC.

This certificate must be signed by one or more of the persons listed under Item 6.

Signature	Title	Date

Return completed application to:

Employment Development Department
Analysis Resolution and Correspondence Organization
PO Box 2068
Rancho Cordova, CA 95741-2068

Questions may be directed to the above address or call 888-745-3886.