

FACT SHEET

DISABILITY INSURANCE ELECTIVE COVERAGE PROGRAM (DIEC)

California's Disability Insurance Elective Coverage (DIEC) program provides benefits to eligible business owners and self-employed individuals suffering a loss of income when they are unable to perform their usual work due to illness, injury, or pregnancy.

Background

The DIEC program was created by the California State Legislature in 1962. California became the only state to offer a state-sponsored disability insurance program to business owners and self-employed individuals on an elective basis.

Today this program serves as a safety net to those small business owners, entrepreneurs, or self-employed individuals who make up a large portion of companies doing business in California.

Who Can Elect to be Covered by DIEC?

Any self-employed individual who receives the major part of his or her income from the trade, business, or occupation in which he or she is self-employed may elect to be covered by DIEC.

Individual proprietors and general partners are eligible to apply for coverage. It is not required that all active general partners be included in the election. A general partnership also includes a husband and wife co-ownership in which both spouses are active in the operation and management of the business. Limited partners and corporate officers are not eligible since they are considered to be employees subject to the mandatory provisions of the California Unemployment Insurance Code (CUIC).

Major Requirements

There are major requirements that must be met in order to participate in the DIEC program:

- Must own a business or be self-employed.
- Must have a minimum income of \$4,600 annually.

- Must possess a valid active license, if required by the occupation.
- Must be able to perform all normal duties on a full-time basis at the time the application is submitted.
- Must derive the major portion of income from the trade, business, or occupation.
- The business cannot be seasonal.
- Must remain enrolled in the DIEC program for two complete calendar years unless an individual discontinues their business or moves out of California.

Eligibility and Benefits

DIEC benefits are payable when a participant cannot work due to illness, injury, or pregnancy. Benefits are payable for a maximum of 39 weeks.

To receive benefit payments, applications for elective coverage must be approved before individuals become disabled. Also, individuals must:

- File a claim in accordance with regulations.
- Serve a 7-day nonpayable waiting period.
- Have paid contributions for at least one quarter during the 12-month base period of the claim. Generally, a minimum of 6 months must elapse from the effective date of coverage before a valid claim may be filed based solely on this election.
- Submit to a reasonable medical examination, if required.
- File a certificate of disability signed by a duly authorized medical or religious practitioner.

Claims are filed by mail and benefits are generally paid every two weeks.

What is the Cost?

Premiums are based on net profit reported on Internal Revenue Service (IRS) Schedule SE. Each quarter, one-fourth of this amount is reported as “wages.” Premiums are calculated at a percentage of these “quarterly wages.”

If the participant becomes disabled for a portion of the quarter, premiums may be reduced.

The DIEC rate is evaluated and computed on or before November 30 of each calendar year to ensure program solvency.

The state makes no revenue on this plan. Therefore, premiums are based on benefits paid and administrative costs.

Disqualifications

The DIEC program is committed to program integrity and will take all possible measures to detect and deter fraud and protect benefits.

No disability insurance payments can be made to persons who willfully make false statements or withhold material facts to gain benefits.

A disabled participant is also ineligible for disability benefits:

- If coverage has been terminated prior to becoming disabled (there is no vested interest).
- When in legal custody as the result of a conviction, or when confined by a court order.
- If the participant is no longer in business.
- If a quarterly contribution return is delinquent.

Appeals

All participants have the right of appeal to an impartial Administrative Law Judge (ALJ) concerning determinations of eligibility or benefit amounts. Further appeal from an ALJ’s decision may be filed with the Unemployment Insurance Appeals Board, or the Board may set aside the ALJ’s decision on its own motion. Decisions of the Board may be reviewed by the courts.

Social Security

If a person is permanently disabled, he or she should contact the Social Security Administration for information about benefits under its programs. For additional information, call the Social Security Administration at 1-800-772-1213.

Paid Family Leave

Persons covered by DIEC are also automatically covered by Paid Family Leave (PFL) insurance. PFL benefits are available to persons who take time off work to care for a seriously ill child, spouse, parent, or domestic partner or to bond with a new child. (Please see the *Paid Family Leave Fact Sheet*, DE 8714CF, for further information.)

For More Information

For additional information on the DIEC program, visit EDD’s Internet site at www.edd.ca.gov, contact your nearest Disability Insurance office, listed under “Employment Development Department” in the State Government section of your telephone directory or call the DIEC Unit at 916-654-6288.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.