

Notice to Employees:

THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

UI

Unemployment Insurance

(funded entirely by employers' taxes)

When you are unemployed or working less than full time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance (UI) benefits. There are three ways to file a claim:

Internet

File online with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616	Spanish 1-800-326-8937
Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058
Mandarin 1-866-303-0706	TTY (non voice) 1-800-815-9387

Mail or Fax

File by mailing or faxing UI Application, DE 1101I, by accessing the paper application online at www.edd.ca.gov/unemployment. The paper application can be filled out online and printed, or printed and completed by hand. Then the application can be mailed or faxed to an EDD office for processing.

Note: File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

DI

Disability Insurance

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of Disability Insurance Provisions, DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not job related.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the data capturing Claim for Disability Insurance Benefits (Optical Character Recognition), DE 2501, from your employer, physician/practitioner, hospital, by calling us at 1-800-480-3287, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for DI coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT DI, PLEASE VISIT www.edd.ca.gov/disability OR
CONTACT DI CUSTOMER SERVICE BY PHONE AT 1-800-480-3287.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

PFL

Paid Family Leave

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of Paid Family Leave Program Brochure, DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim.
- **By mail**, obtain the data capturing Claim for Paid Family Leave Benefits (Optical Character Recognition), DE 2501F, from your employer, physician/practitioner, hospital, by calling us at 1-877-238-4373, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for PFL coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT PFL, PLEASE VISIT www.edd.ca.gov/disability OR
CONTACT CUSTOMER SERVICE BY PHONE AT 1-877-238-4373.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.

NOTE: SOME EMPLOYEES MAY BE EXEMPT FROM COVERAGE BY THE ABOVE INSURANCE PROGRAMS. IT IS ILLEGAL TO MAKE A FALSE STATEMENT OR TO WITHHOLD FACTS TO CLAIM BENEFITS. FOR ADDITIONAL GENERAL INFORMATION, VISIT THE EDD WEBSITE AT www.edd.ca.gov.

DI Office Locations

- Chicago 6415 Salem Street
write to: PO Box 811961, Chicago, CA 95927-811961
 - Chino Hills... 15315 Fairfield Ranch Road, Ste. 100
write to: PO Box 66368, City of Industry, CA 91714-0036
 - Fresno 2550 Mariposa Mall, Rm. 1080A
write to: PO Box 32, Fresno, CA 94707-0032
 - Long Beach... 4300 Long Beach Blvd., Ste. 600
write to: PO Box 409, Long Beach, CA 90801-0409
 - Los Angeles... 888 S. Figueroa Street, Ste. 200
write to: PO Box 51 3096, Los Angeles, CA 90051-1096
 - Oakland 7677 Oakport Street
write to: PO Box 1857, Oakland, CA 94666-1857
 - San Bernardino..... 371 West 3rd Street
write to: PO Box 781, San Bernardino, CA 92402-0781
 - San Diego... 9246 Lightwave Avenue, Bldg. A, Ste. 300
write to: PO Box 120831, San Diego, CA 92112-0031
 - San Francisco 745 Franklin Street, Rm. 300
write to: PO Box 193514, San Francisco, CA 94119-1514
 - San Jose..... 297 West Hedding Street
write to: PO Box 637, San Jose, CA 95106-0637
 - Santa Ana... 605 West Santa Ana Blvd, Bldg. 28, Rm. 735
write to: PO Box 1466, Santa Ana, CA 92702-1466
 - Santa Barbara..... 128 East Ortega Street
write to: PO Box 1529, Santa Barbara, CA 93102-1529
 - Santa Rosa..... 606 Hilschlags Avenue
write to: PO Box 700, Santa Rosa, CA 95402-0700
 - Stockton 528 North Madison Street
write to: PO Box 20306, Stockton, CA 95201-9006
- California State Government Employees
write to: PO Box 2168, Stockton, CA 95201-2168
- Van Nuys..... 15400 Sherman Way, Rm. 500
write to: PO Box 10402, Van Nuys, CA 91404-0402



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

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

The 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 (DI) at 1-800-480-3287 (voice) or TTY 1-800-563-2441, or PFI at 1-877-236-4373 or TTY 1-800-445-1312.



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities.)

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

DI Plans

- State Plan. DI's state plan is covered in this brochure.
 - Voluntary Plan (VP). A private plan, approved by the Director of EDD, which may be substituted for the State Plan. Voluntary plans may be established by the employer, and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of the brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
 - Elective Coverage (EC). Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.
- EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.
- For additional information or to apply for coverage, contact EDD DI Customer Service at 1-800-480-3287, EDD Employment Tax Customer Service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or to request a paper claim form.
 - By Internet: www.edd.ca.gov/disability.
 - By phone: 1-800-480-3287.
 - By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441 for DI or 1-800-445-1312 for PFI.
 - By mail: EDD, Disability Insurance, PO Box 13140, Sacramento, CA 95813-3140.
 - In person by visiting any of the DI offices listed under "DI Office Locations."
 - California State government employees covered by SDI should call 1-866-352-7675.
2. When filing SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted. If using a paper claim form, complete and sign the "Claim Statement of Employees." Print clearly, and verify your answers are complete and correct as errors delay payments.
 3. Have your physician/practitioner complete the "Physician/Practitioner Certification" online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the "Physician/Practitioner Certification." Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, 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 licensed midwife for disabilities related to normal pregnancy or childbirth.
 4. File online or submit your paper claim form within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- The SDI program serves you electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit CardSM. The EDD Debit CardSM works like other debit cards with access to funds 24 hours a day, 7 days a week and can be used everywhere Visa debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for completed information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be sent additional benefits electronically or sent a "continued claim" certification form for you to complete for the next benefit period. Usually these benefit periods will be in two week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail a certification for receipt of payment.

How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month base period, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only base period wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning

recovery, home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are disabled.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

You May Not Be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFI benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving Workers' Compensation at a weekly rate equal to or greater than the DI rate. If Workers' Compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested, (frees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights. 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 the DI office in writing.)
- Request an appeal hearing 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 – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reasons with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and Social Security number on letters to DI.

Contact DI

- By e-mail at <https://ask.edd.ca.gov>
- By phone at: 1-800-480-3267 (English) or 1-866-658-8846 (Spanish).
- By U.S. mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI Office.
- By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- In person by visiting any of the DI offices listed under "DI Office Locations."

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer,

If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-300-5616 (TTY 1-800-815-9367).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of CaliforniaSM (formerly known as One-Stop Career Centers) listed through the website at www.servicecenter.org or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration through the website at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child – including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD's PFI through the website at www.edd.ca.gov/disability, or by phone at 1-877-238-4327 (TTY 1-800-445-1121).

For questions relating to DI, contact the EDD through the website at www.edd.ca.gov/disability, or by phone at 1-800-480-3267 (TTY 1-800-563-2441).

Note: A PFI bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the District Attorney's Office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).

Beneficios Semanales para el Seguro de Incapacidad (DI) y el Permiso Familiar Pagado (PFL)

(Esta tabla refleja las sumas máximas de beneficios semanales, para solicitudes que comiencen **el o después del 1ro. de enero de 2014.**)

Esta tabla le muestra sus posibles beneficios semanales, en base al trimestre de mayores ingresos durante su período reglamentario.

Si su solicitud de beneficios empieza en: **Su período reglamentario es de 12 meses, terminando el:**

enero, febrero o marzo..... 30 de septiembre pasado

abril, mayo o junio..... 31 de diciembre pasado

julio, agosto o septiembre 31 de marzo pasado

octubre, noviembre o diciembre 30 de junio pasado

Usted debe considerar cuidadosamente cuándo comenzar su solicitud de beneficios. Si Ud. desea que su solicitud comience después de la fecha de su Incapacidad o de su permiso familiar para tener un período reglamentario diferente, no presente su solicitud antes de llamar a la oficina apropiada

Seguro de Incapacidad al 1-866-658-8846 o Permiso Familiar Pagado al 1-877-379-3819.

Salarios/Jornales del trimestre de mayores ingresos:	Cantidad semanal de beneficios:	Salarios/Jornales del trimestre de mayores ingresos:	Cantidad semanal de beneficios:	Salarios/Jornales del trimestre de mayores ingresos:	Cantidad semanal de beneficios:
\$75.00 - 1,374.99	\$50 - 59	9,430.92 - 9,667.27	400 - 409	17,703.64 - 17,940.00	750 - 759
1,375.00 - 1,624.99	60 - 69	9,667.28 - 9,903.63	410 - 419	17,940.01 - 18,176.36	760 - 769
1,625.00 - 1,867.27	70 - 79	9,903.64 - 10,140.00	420 - 429	18,176.37 - 18,412.72	770 - 779
1,867.28 - 2,103.63	80 - 89	10,140.01 - 10,376.36	430 - 439	18,412.73 - 18,649.09	780 - 789
2,103.64 - 2,340.00	90 - 99	10,376.37 - 10,612.72	440 - 449	18,649.10 - 18,885.45	790 - 799
2,340.01 - 2,576.36	100 - 109	10,612.73 - 10,849.09	450 - 459	18,885.46 - 19,121.82	800 - 809
2,576.37 - 2,812.72	110 - 119	10,849.10 - 11,085.45	460 - 469	19,121.83 - 19,358.18	810 - 819
2,812.73 - 3,049.09	120 - 129	11,085.46 - 11,321.82	470 - 479	19,358.19 - 19,594.54	820 - 829
3,049.10 - 3,285.45	130 - 139	11,321.83 - 11,558.18	480 - 489	19,594.55 - 19,830.91	830 - 839
3,285.46 - 3,521.82	140 - 149	11,558.19 - 11,794.54	490 - 499	19,830.92 - 20,067.27	840 - 849
3,521.83 - 3,758.18	150 - 159	11,794.55 - 12,030.91	500 - 509	20,067.28 - 20,303.63	850 - 859
3,758.19 - 3,994.54	160 - 169	12,030.92 - 12,267.27	510 - 519	20,303.64 - 20,540.00	860 - 869
3,994.55 - 4,230.91	170 - 179	12,267.28 - 12,503.63	520 - 529	20,540.01 - 20,776.36	870 - 879
4,230.92 - 4,467.27	180 - 189	12,503.64 - 12,740.00	530 - 539	20,776.37 - 21,012.72	880 - 889
4,467.28 - 4,703.63	190 - 199	12,740.01 - 12,976.36	540 - 549	21,012.73 - 21,249.09	890 - 899
4,703.64 - 4,940.00	200 - 209	12,976.37 - 13,212.72	550 - 559	21,249.10 - 21,485.45	900 - 909
4,940.01 - 5,176.36	210 - 219	13,212.73 - 13,449.09	560 - 569	21,485.46 - 21,721.82	910 - 919
5,176.37 - 5,412.72	220 - 229	13,449.10 - 13,685.45	570 - 579	21,721.83 - 21,958.18	920 - 929
5,412.73 - 5,649.09	230 - 239	13,685.46 - 13,921.82	580 - 589	21,958.19 - 22,194.54	930 - 939
5,649.10 - 5,885.45	240 - 249	13,921.83 - 14,158.18	590 - 599	22,194.55 - 22,430.91	940 - 949
5,885.46 - 6,121.82	250 - 259	14,158.19 - 14,394.54	600 - 609	22,430.92 - 22,667.27	950 - 959
6,121.83 - 6,358.18	260 - 269	14,394.55 - 14,630.91	610 - 619	22,667.28 - 22,903.63	960 - 969
6,358.19 - 6,594.54	270 - 279	14,630.92 - 14,867.27	620 - 629	22,903.64 - 23,140.00	970 - 979
6,594.55 - 6,830.91	280 - 289	14,867.28 - 15,103.63	630 - 639	23,140.01 - 23,376.36	980 - 989
6,830.92 - 7,067.27	290 - 299	15,103.64 - 15,340.00	640 - 649	23,376.37 - 23,612.72	990 - 999
7,067.28 - 7,303.63	300 - 309	15,340.01 - 15,576.36	650 - 659	23,612.73 - 23,849.09	1000 - 1009
7,303.64 - 7,540.00	310 - 319	15,576.37 - 15,812.72	660 - 669	23,849.10 - 24,085.45	1010 - 1019
7,540.01 - 7,776.36	320 - 329	15,812.73 - 16,049.09	670 - 679	24,085.46 - 24,321.82	1020 - 1029
7,776.37 - 8,012.72	330 - 339	16,049.10 - 16,285.45	680 - 689	24,321.83 - 24,558.18	1030 - 1039
8,012.73 - 8,249.09	340 - 349	16,285.46 - 16,521.82	690 - 699	24,558.19 - 24,794.54	1040 - 1049
8,249.10 - 8,485.45	350 - 359	16,521.83 - 16,758.18	700 - 709	24,794.55 - 25,030.91	1050 - 1059
8,485.46 - 8,721.82	360 - 369	16,758.19 - 16,994.54	710 - 719	25,030.92 - 25,267.27	1060 - 1069
8,721.83 - 8,958.18	370 - 379	16,994.55 - 17,230.91	720 - 729	25,267.28 - 25,385.45	1070 - 1074
8,958.19 - 9,194.54	380 - 389	17,230.92 - 17,467.27	730 - 739	25,385.46 and above	1075
9,194.55 - 9,430.91	390 - 399	17,467.28 - 17,703.63	740 - 749		

Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts

(This chart reflects maximum weekly benefit amounts for claims beginning on or after January 1, 2014.)

This chart shows what your weekly benefit might be based on your highest quarter of earnings in your base period.

If your claim begins in:

January, February, or March.....	September 30
April, May, or June.....	December 31
July, August, or September.....	March 31
October, November, or December.....	June 30

Your base period is the 12 months ending last

You should carefully decide the date you want your claim to begin. If you want your claim to begin later than the beginning date of your disability or family leave so that you will have a different base period, do not submit your claim before calling the appropriate office:

Disability Insurance at 1-800-480-3287 or Paid Family Leave at 1-877-238-4373.

Wages in the High Quarter:	Weekly Benefit Amount:	Wages in the High Quarter:	Weekly Benefit Amount:	Wages in the High Quarter:	Weekly Benefit Amount:
\$75.00 - 1,374.99	\$50 - 59	9,430.92 - 9,667.27	400 - 409	17,703.64 - 17,940.00	750 - 759
1,375.00 - 1,624.99	60 - 69	9,667.28 - 9,903.63	410 - 419	17,940.01 - 18,176.36	760 - 769
1,625.00 - 1,867.27	70 - 79	9,903.64 - 10,140.00	420 - 429	18,176.37 - 18,412.72	770 - 779
1,867.28 - 2,103.63	80 - 89	10,140.01 - 10,376.36	430 - 439	18,412.73 - 18,649.09	780 - 789
2,103.64 - 2,340.00	90 - 99	10,376.37 - 10,612.72	440 - 449	18,649.10 - 18,885.45	790 - 799
2,340.01 - 2,576.36	100 - 109	10,612.73 - 10,849.09	450 - 459	18,885.46 - 19,121.82	800 - 809
2,576.37 - 2,812.72	110 - 119	10,849.10 - 11,085.45	460 - 469	19,121.83 - 19,358.18	810 - 819
2,812.73 - 3,049.09	120 - 129	11,085.46 - 11,321.82	470 - 479	19,358.19 - 19,594.54	820 - 829
3,049.10 - 3,285.45	130 - 139	11,321.83 - 11,558.18	480 - 489	19,594.55 - 19,830.91	830 - 839
3,285.46 - 3,521.82	140 - 149	11,558.19 - 11,794.54	490 - 499	19,830.92 - 20,067.27	840 - 849
3,521.83 - 3,758.18	150 - 159	11,794.55 - 12,030.91	500 - 509	20,067.28 - 20,303.63	850 - 859
3,758.19 - 3,994.54	160 - 169	12,030.92 - 12,267.27	510 - 519	20,303.64 - 20,540.00	860 - 869
3,994.55 - 4,230.91	170 - 179	12,267.28 - 12,503.63	520 - 529	20,540.01 - 20,776.36	870 - 879
4,230.92 - 4,467.27	180 - 189	12,503.64 - 12,740.00	530 - 539	20,776.37 - 21,012.72	880 - 889
4,467.28 - 4,703.63	190 - 199	12,740.01 - 12,976.36	540 - 549	21,012.73 - 21,249.09	890 - 899
4,703.64 - 4,940.00	200 - 209	12,976.37 - 13,212.72	550 - 559	21,249.10 - 21,485.45	900 - 909
4,940.01 - 5,176.36	210 - 219	13,212.73 - 13,449.09	560 - 569	21,485.46 - 21,721.82	910 - 919
5,176.37 - 5,412.72	220 - 229	13,449.10 - 13,685.45	570 - 579	21,721.83 - 21,958.18	920 - 929
5,412.73 - 5,649.09	230 - 239	13,685.46 - 13,921.82	580 - 589	21,958.19 - 22,194.54	930 - 939
5,649.10 - 5,885.45	240 - 249	13,921.83 - 14,158.18	590 - 599	22,194.55 - 22,430.91	940 - 949
5,885.46 - 6,121.82	250 - 259	14,158.19 - 14,394.54	600 - 609	22,430.92 - 22,667.27	950 - 959
6,121.83 - 6,358.18	260 - 269	14,394.55 - 14,630.91	610 - 619	22,667.28 - 22,903.63	960 - 969
6,358.19 - 6,594.54	270 - 279	14,630.92 - 14,867.27	620 - 629	22,903.64 - 23,140.00	970 - 979
6,594.55 - 6,830.91	280 - 289	14,867.28 - 15,103.63	630 - 639	23,140.01 - 23,376.36	980 - 989
6,830.92 - 7,067.27	290 - 299	15,103.64 - 15,340.00	640 - 649	23,376.37 - 23,612.72	990 - 999
7,067.28 - 7,303.63	300 - 309	15,340.01 - 15,576.36	650 - 659	23,612.73 - 23,849.09	1000 - 1009
7,303.64 - 7,540.00	310 - 319	15,576.37 - 15,812.72	660 - 669	23,849.10 - 24,085.45	1010 - 1019
7,540.01 - 7,776.36	320 - 329	15,812.73 - 16,049.09	670 - 679	24,085.46 - 24,321.82	1020 - 1029
7,776.37 - 8,012.72	330 - 339	16,049.10 - 16,285.45	680 - 689	24,321.83 - 24,558.18	1030 - 1039
8,012.73 - 8,249.09	340 - 349	16,285.46 - 16,521.82	690 - 699	24,558.19 - 24,794.54	1040 - 1049
8,249.10 - 8,485.45	350 - 359	16,521.83 - 16,758.18	700 - 709	24,794.55 - 25,030.91	1050 - 1059
8,485.46 - 8,721.82	360 - 369	16,758.19 - 16,994.54	710 - 719	25,030.92 - 25,267.27	1060 - 1069
8,721.83 - 8,958.18	370 - 379	16,994.55 - 17,230.91	720 - 729	25,267.28 - 25,385.45	1070 - 1074
8,958.19 - 9,194.54	380 - 389	17,230.92 - 17,467.27	730 - 739	25,385.46 and above	1075
9,194.55 - 9,430.91	390 - 399	17,467.28 - 17,703.63	740 - 749		