



Edmund G. Brown Jr.
Governor

Date: December 2, 2013

To: Voluntary Plan Self-Insurers

Subject: GENERAL RELEASE LETTER FOR 2014

The General Release (GR) letter provides information on recent legislation, regulations, and procedural changes that affect your voluntary plan (VP) for the 2014 calendar year. The GR letter outlines actions needed to ensure continued approval of your plan.

You can access information about Disability Insurance (DI), the Paid Family Leave (PFL), and the Voluntary Plan Group (VPG) on the Disability Insurance website at www.edd.ca.gov/disability.

If you have a new third party administrator (TPA) or new VP corporate contacts, please notify the Employment Development Department (EDD). See Attachment 2 for the VP Administrative Changes form.

For assistance with your VP, contact us at 916-653-6839 or see the "Voluntary Plan Group Contacts" on page 7 where you will find the appropriate staff for your questions.

Sincerely,

A handwritten signature in black ink that reads "Monica Vazquez".

Monica Vazquez, Chief
Employment Development Department
Disability Insurance Branch

Attachments

29:129SK

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Acronyms

- CA California
- CCR California Code of Regulations, Title 22
- CUIC California Unemployment Insurance Code
- DI Disability Insurance
- DIVP Disability Insurance Voluntary Plan
- EDD Employment Development Department
- EAN Employer Account Number
- ER Employer
- FMLA Family and Medical Leave Act
- FTDI Family Temporary Disability Insurance
- GR General Release
- HIPAA Health Insurance Portability and Accountability Act
- IME Independent Medical Examination
- MBA Maximum Benefit Amount
- PFL Paid Family Leave
- SDI State Disability Insurance
- TPA Third Party Administrator(s)
- UI Unemployment Insurance
- UCD Unemployment Compensation Disability
- VP Voluntary Plan
- VPAG Voluntary Plan Advisory Group
- VPDI Voluntary Plan Disability Insurance (Claim)
- VPFL Voluntary Plan Paid Family Leave (Claim)
- VPG Voluntary Plan Group
- WBA Weekly Benefit Amount

1. 2014 Legislation/Regulations Update

Senate Bill 770- would expand the scope of the Family Temporary Disability Insurance (FTDI) program, also known as the Paid Family Leave (PFL), to include time off to care for a seriously ill grandparent, grandchild, sibling, or parent-in-law, as defined. The bill would also make conforming and clarifying changes in provisions relating to family temporary disability compensation.

Reference: An act to amend Section 3300 and to amend, repeal, and add Sections 2708, 3301, 3302, and 3303 of the California Unemployment Insurance Code (CUIC).

Status: 9/24/13-Approved by the Governor

Detailed California legislative information is available at the following website:
<http://leginfo.legislature.ca.gov/>.

2. Contribution Rate and Wage Ceiling

Effective January 1, 2014, the State Disability Insurance (SDI) worker contribution rate will remain at **1.0 percent** of an employee's gross taxable wages up to \$101,636. The taxable wage ceiling was \$95,585 in 2012, increased to \$100,880 in 2013, and has increased to \$101,636 for 2014.

Reference: CUIC Section 984

SDI program taxes cover employees up to a ceiling set by Section 985 of the CUIC. The 2014 SDI taxable wage ceiling (the maximum amount of wages per employee that are subject to SDI contributions) will be \$101,636. The maximum annual contribution per employee for 2014 will be \$1,016.36 (\$101,636 x 1.0 percent). Employers report these contributions to the EDD Tax Branch on the Quarterly Contribution Return, form DE 3D, line D, box D1 Voluntary Plan.

Reference: CUIC Section 985

3. Voluntary Plan Assessment Rate

Effective January 1, 2014, the VP assessment rate (on line K of the Quarterly Contribution Return, form DE 3D) will remain at **0.140 percent** (0.0014). This figure is the product obtained by multiplying the worker contribution rate by 14 percent, or $1.0 \times 0.14 = 0.140$ percent.

Reference: CUIC Section 3252(b)

Employers using a voluntary plan must remit payments along with their employment tax payments. Employers may pay the assessment out of their corporate funds, or charge it to the VP trust fund. When charged to the VP trust fund, the expenditure must be shown on the Annual Report of Self-Insured Voluntary Plan Transactions, form DE 2568V Rev. 22 (1-13), and be submitted to the Voluntary Plan Group (VPG).

4. Calendar of Required Actions for the Year 2014

By January 1, 2014:

- Provide written notice to your VP employees of the maximum weekly benefit amount (WBA) of \$1,075 and maximum benefit amount (MBA) of \$55,900 and any other plan changes. A notice of benefit changes is not necessary if your VP already provides a higher WBA and MBA.
- Notify VP- and SDI-covered employees that the contribution rate last year of 1.0 percent of taxable wages will remain the same and the taxable wage ceiling will increase to \$101,636 in 2014. VP employers may decrease their VP contribution rate and VP taxable wage ceiling to levels lower than the SDI contribution rate and SDI tax ceiling. Please note that the \$101,636 taxable wage ceiling applies to both SDI and VP wages reported on line D1 Voluntary Plan and D2 State Plan, Quarterly Contribution Return, form DE 3D. (See "Contribution Rate and Wage Ceiling", page 1).

By February 15, 2014:

VP Text Amendment Changes

- For all changes to your VP, please provide the VPG with written documentation describing all amendments made to your 2014 plan. Include a copy of the employee notice informing employees of any rate changes and/or plan amendments.

The law requires that immediate notification be given to covered employees of any VP amendments no later than the effective date of the amendment. The notice of the amendment should include notification of the right to withdraw from the VP as of the effective date of the amendment. The VP is also required to notify the EDD immediately of any plan text changes.

Reference: CUIIC Section 3271(a)

Form DE 2568V, Annual Report of Self-Insured Voluntary Plan Transactions

- Download, complete, and return the Annual Report of Self-Insured VP Transactions, form DE 2568V Rev. 22 (1-13) to the VPG for the 2013 calendar year. Employers can obtain the DE 2568V at: http://www.edd.ca.gov/pdf_pub_ctr/de2568v.pdf.
- The DE 2568V Rev. 22 (1-13) can be submitted to the EDD via e-mail at: vp68v@edd.ca.gov.

- Mail hard copies of the DE 2568V to:

EDD, Disability Insurance Branch
Voluntary Plan Group
P.O. Box 826880, MIC 29VP
Sacramento, CA 94280-0001
- Fax hard copies of the DE 2568V to 916-653-6209.

NOTE: Use the most recent version of the form, DE 2568V Rev. 22 (1-13). Using an old version may cause it to be returned as incomplete. You must make sure all fields are filled in with the correct information. If a field is not applicable, enter zero (0) or N/A (not applicable).

The DE 2568V is due on or before the forty-fifth day following the close of each calendar year which the VP is in effect. Extensions are permitted if good cause is demonstrated and a written request is submitted to the VPG within the 45-day period. Unapproved late submissions of the DE 2568V will be subjected to termination of the VP (CCR Title 22 Section 3267-2).

Reference: California Code of Regulations (CCR), Title 22, Section 3267-2

By April 14, 2014:

Security Review Worksheet and Voluntary Plan Administrative Changes

- Complete and return to the VPG the attached “Voluntary Plan 2014 Security Review” worksheet, Attachment 1, outlining proposed changes to your security deposit, along with required documents.
- Complete and return to the VPG the “Voluntary Plan Administrative Changes” information sheet, Attachment 2, only if you have changes to report.

The VP Administrative Update form must be forwarded to the EDD whenever the responsible person(s) administering the voluntary plan changes. Please indicate on the form if you are still using the services of a TPA or if you have decided to process VP claims in-house.

5. How to Determine When to Increase/Decrease a Security Deposit

- **Making Adjustments to Existing Security Deposits**

The 2014 contribution rate is 1.0 percent of an employee's taxable wages, and the taxable wage ceiling is \$101,636. The amount of your existing security deposit may need to be adjusted due to the contribution rate used in the calculation. Please see the Voluntary Plan 2014 Security Review worksheet included as Attachment 1, to assist you with this calculation. Please complete and return the worksheet to the VPG by April 14, 2014, regardless of whether a change was made to your VP security amount.

Reference: CUIC Section 3258

If the difference between your existing security and the required amount is more than 5 percent, you must increase your security amount.

EXAMPLE #1: Required Security Amount: \$205,000
 Existing Security Amount: \$200,000

Example #1 indicates that the security amount does not need to be increased since the difference between the two amounts is only 2.5 percent.

EXAMPLE #2: Required Security Amount: \$219,350
 Existing Security Amount: \$200,000

Example #2 indicates that the difference between the two amounts exceeds 5 percent, thus requiring you to increase the security amount.

If a change is required, please complete and return the Voluntary Plan 2014 Security Review worksheet with one of the following items to the VPG by April 14, 2014:

- ❖ Guarantee bond rider amendment
- ❖ Letter of credit amendment
- ❖ Cash

Reference: CCR, Title 22, Section 3258-1; CUIC Section 3258

6. How to Complete the VP 2014 Security Review Worksheet

To complete the worksheet (Attachment 1), first obtain a reasonable estimate of your 2014 taxable wages up to the ceiling amount of \$101,636 per employee, and then calculate the required security amount by applying the following formula:

- 2014 Estimated VP Total Taxable Wages x 0.5 (per CUIC Section 3258) x 1.0 percent (worker contribution rate beginning January 1, 2014) = estimated 2014 security amount.

- Round up to the next even \$100
- Minimum required deposit is \$1,000

EXAMPLE #1: Year 2014 taxable wages = \$1,455,000
 $(\$1,455,000) \times .5 \times .010 = \$7,275$
Security deposit should be \$7,300 because you should round up to the next even \$100.

EXAMPLE #2: Year 2014 taxable wages = \$155,000
 $(\$155,000 \times .5) \times .010 = \775
Security deposit should be rounded up to \$1,000 because the minimum required security deposit is \$1,000.

7. Where to Send Your Security Deposit

- **Guarantee Bond or Letter of Credit Deposits**

Send an original and one copy of your guarantee bond or letter of credit to one of the following addresses, depending on mail or in-person delivery:

Mailing Address

EDD, Disability Insurance Branch
Voluntary Plan Group
Attention: Security Analyst
P.O. Box 826880, MIC 29VP
Sacramento, CA 94280-0001

In-Person Delivery Address

EDD, Disability Insurance Branch
Voluntary Plan Group
Attention: Security Analyst
800 Capitol Mall, Room 3137, MIC 29VP
Sacramento, CA 95814

8. Voluntary Plan Advisory Group

The EDD actively participates in the Voluntary Plan Advisory Group (VPAG). The VPAG consists of VP employers, TPAs, and EDD representatives who meet twice yearly to discuss VP issues and pending legislation, share common concerns, clarify VP claim procedures, and exchange ideas to improve the VP program.

The Spring VPAG meeting was held on Thursday, April 18, 2013, in San Jose, California and hosted by Matrix Absence Management Incorporated.

The Fall 2013 VPAG meeting was held on Thursday, October 17, 2013, in Burbank, California and hosted by Trion, a Marsh & McLennan Agency, LLC.

To join the VPAG, contact Chris Okugo, manager of the Voluntary Plan Group at 916-654-8250 or e-mail cokugo@edd.ca.gov.

9. General Information

9.1. EDD Tax Questions

Inquiries regarding employer tax issues should be directed to the EDD Tax Branch. The forms that generate most of these questions are the DE 3D, DE 9, DE 16, and DE 938.

For answers to your tax questions, contact the EDD Tax Branch at the toll free number 1-888-745-3886, or call 916-464-2500 and ask to speak with the "Auditor of the Day."

9.2. SDI Online Registration and EDD Award Notification

The EDD released the new SDI Online system to external users (claimants, medical providers, VP employers, and others) on October 9, 2012. We continue to encourage VP employers and TPAs to register for SDI Online and use the system to submit online VP forms to the EDD.

Once registered for the SDI Online system, it is very easy to submit the Report of Voluntary Plan Disability Claim, form DE 2523, or Report of Voluntary Plan Paid Family Leave Claim, form DE 2523F. If an employer or TPA submits the DE 2523 online to request claimant award information, the system will process the request and within 48 hours post the award information in the SDI Online Inbox of the employer.

One of the benefits of online submission of the Report of Voluntary Plan Family Leave Claim, form DE 2523, is the system provides immediate receipt upon successful submission of the form. This provides assurance that the EDD received the form. The response to an online submittal of the DE 2523F (Paid Family Leave) is still provided by paper notification.

In addition to using SDI Online to notify employers and TPA of awards, the EDD also uses SDI Online to send Full Coverage Referral to Voluntary Plan, form DE 5022, to VP employers or the TPA. The EDD sends the referral to the SDI Online Inbox of the employer.

(See Attachment 3 for SDI Online Guidelines for Voluntary Plans)

9.3. EDD Medical Director Contact Information

For medical questions contact:

EDD Medical Director
800 Capitol Mall, MIC 29 B
P.O. Box 826880
Sacramento, CA 94280-0001
916-654-8621

10. Voluntary Plan Group Contacts

VPG staff are always ready to provide you with assistance.

Name	E-mail Address and Phone Number	Functions
Chris Okugo	Chris.Okugo@edd.ca.gov 916-654-8250	Section Manager, Voluntary Plan Section
Victor Young	Victor.Young@edd.ca.gov 916-654-9248	Manager, VP Administration Unit
Phillina Lyles	Phillina.Lyles@edd.ca.gov 916-654-9172	Manager, VP Audit and Compliance Unit
Connie Anderson	Connie.Anderson@edd.ca.gov 916-654-9825	Disputed Coverage (DC) Claims
Darci Hoffman	Darci.Hoffman@edd.ca.gov 916-651-9344	Paid Family Leave (PFL) Claims
James Ellsworth	James.Ellsworth@edd.ca.gov 916-654-8742	DE 2523 Award Information
Jim Iwamiya	Jim.Iwamiya@edd.ca.gov 916-654-9279	Technical Assistance (VP Policy and Procedures)
Jaime Briseño	Jaime.Briseno@edd.ca.gov 916-654-7811	Annual Report of Self-Insured VP Transactions, DE 2568V
Myisha Robertson	Myisha.Robertson@edd.ca.gov 916-653-7417	VP Audits
Elena Torres	Elena.Torres@edd.ca.gov 916-654-8393	Withdrawn/Terminated Plans
Caroline Owoyele	Caroline.Owoyele@edd.ca.gov 916-657-5081	SBTPA Plan Approvals
Emmanuel Okoronkwo	Emmanuel.Okoronkwo@edd.ca.gov 916-654-8789	Self-Insured Plan Approvals
Sharisse Kemp	Sharisse.Kemp@edd.ca.gov 916-654-6777	Security Deposits and General Release Letter
Glenn Lomax	Glenn.Lomax@edd.ca.gov 916-653-2883	VP Database and SDI Online Technical Support

Voluntary Plan Self-Insurers
December 2, 2013

- **Written inquiries regarding voluntary plans may be addressed to:**

EDD, Disability Insurance Branch
Voluntary Plan Group, MIC 29VP
P.O. Box 826880
Sacramento, CA 94280-0001

Voluntary Plan 2014 Security Review

(Please do not alter or reformat this worksheet!)

Employer Name _____ **VP #** ____ - _____

California Employer Account Number _____

Name of Third Party Administrator, if any _____

2013 Quarterly Taxable Wages

(from Line D1 on your Quarterly
Contribution Return Form DE 3D)

1 st Quarter	\$	
2 nd Quarter	\$	
3 rd Quarter	\$	
4 th Quarter	\$	
2013 Total	\$	

Total Estimated 2014 Taxable Wages*

2014 Total \$ _____

* Reminder: The maximum taxable wage ceiling will be \$101,636 for 2014

Security Required to Continue VP

Total Estimated 2014 Taxable Wages \$ _____ **x .5 x .010 = \$** _____
(From line above) (Rounded up to next even \$100)

Current Security Deposit

\$ _____

Adjustment (Increase/Decrease)

+/- \$ _____

Return this form whether or not you need to increase your security deposit. Submit this worksheet and your security increase documents by April 14, 2014, to one of the following addresses, depending on mail or in-person delivery:

Mailing Address:

EDD, Disability Insurance Branch
Voluntary Plan Group
Attention: Security Analyst
P.O. Box 826880, MIC 29VP
Sacramento, CA 94280-0001

In-Person Delivery Address:

EDD, Disability Insurance Branch
Voluntary Plan Group
Attention: Security Analyst
800 Capitol Mall, Room 3137, MIC 29VP
Sacramento, CA 95814

Check the box below that applies:

- Security adjustment is attached.
- Security adjustment will be forwarded to the EDD under separate cover.
- Request to submit cash.
- Request to submit bearer bond.
- No adjustment to the current security amount is needed.

Name _____ **Date** _____
(Print or type your name)

Phone Number _____ **E-mail Address** _____

Please direct questions about this form to the VPG at 916-653-6839.

Voluntary Plan Administrative Changes

Please provide company contact information and, if necessary, on a separate form provide TPA contact information. Associated companies may report identical information on one form.

➤ Complete and return the form by April 14, 2014, to:

EDD, Disability Insurance Branch
Voluntary Plan Group, MIC 29VP
P.O. Box 826880
Sacramento, CA 94280-0001

Employer Name _____ VP # ____ - _____

Employer doing business as (dba) or Alias Name _____

California Employer Account Number _____

Main Contact Person (usually the benefits manager, human resources manager, or personnel manager), regarding VP issues (VP administration, securities, claims, etc.):

Name _____ Title _____

Address _____

Phone _____ Fax _____

E-mail Address _____

Second Contact Person, regarding VP issues (VP administration, securities, etc.):

Name _____ Title _____

Address _____

Phone _____ Fax _____

E-mail Address _____

Contact Person for questions regarding Annual Report of Self-Insured Voluntary Plan Transactions, form DE 2568V:

Name _____ Title _____

Address _____

Phone _____ Fax _____

E-mail Address _____

Disputed Coverage Referrals Contact Person (claims received by the EDD that may be VP liability) should be addressed as follows:

Name _____ Title _____

Address _____

Phone _____ Fax _____

E-mail Address _____

Form Completed by: Name _____ Date _____

E-mail Address _____ Phone _____

Guidelines for TPAs to Submit Claim Information in SDI Online

(For TPAs only)

Overview:

Third Party Administrators (TPA) can use the Employment Development Department's (EDD) SDI Online system to submit information, such as the opening and closing of a claim using the form DE 2523 (Report of Voluntary Plan Disability Claim) or to request state award information. If the TPA's registered user submits a DE 2523 and requests the state award information online, in most cases the state award will be available within 24 to 48 hours.

SDI Online Registration:

Before the TPA can submit and retrieve state award information, the TPA must act on the behalf of a Voluntary Plan (VP) employer, complete the SDI Online Username Tracking Matrix, and send an e-mail to VPSDIOnlineRegistration@edd.ca.gov.

To complete the SDI Online Username Tracking Matrix, fill in the following fields: *Username, E-mail Address, First Name, Last Name, VP Employer, VP Account Number and Employer Account Number* (see sample matrix).

Employment Development Department SDI OnLine User Name Tracking Matrix						
Username	Email Address	First Name	Last Name	VP Employer	VP Account Number	ER Account Number
JDoe123	Jdoe@Company.org	John	Doe	John Doe Company	99-1234	123-4567

The TPA must first determine the number of employees (users) that would need SDI Online access to submit information on behalf of the TPA client (employers). For example, in the above EDD SDI Online Username Tracking Matrix, the TPA will complete the matrix requesting the EDD to grant John Doe access to John Doe SDI Online account. If approved, John Doe will be able to use his username to access the employer's SDI Online Inbox to retrieve messages addressed to John Doe Company.

If the TPA wanted more than one employee (two or more users) to have access to the same employer SDI Online account, the TPA must complete the matrix to include the additional employees (users); and indicate John Doe Company as the VP employer. However, each employee must use a different username (different from the username JDoe123) already used by John Doe.

Once a username has been processed and authenticated in SDI Online, it cannot be used again to register with another employer. For example, John Doe cannot use the username (JDoe123) to register with another employer even if the employer is a client of the TPA. The SDI Online system accepts one username per employer to protect the integrity of the system.

If the TPA wants, an employee (one user) to service the VP accounts of two or more employers' the TPA must complete a separate SDI Online Username Matrix to register the employee (user) separately with each of the employers under a different username. The TPA user will use the applicable username and password to access each employer's SDI Online Inbox to receive online messages. This means that if you logged into SDI Online with the username approved for VP employer John Doe Company, you cannot use that username to log into another employer's SDI Online Inbox.

Once the EDD approves a username indicated in the Username Matrix, the EDD will send back the matrix with the approved username(s) and temporary password to the e-mail address of the requesting person, including instructions to log into SDI Online to obtain a permanent password. The EDD will send instructions on how to register for SDI Online. The system will reject a username that is already approved in the system.

A registered TPA user can access SDI Online with any of their own approved registered usernames, and can submit and retrieve information from the system. It is, therefore, not necessary to have multiple usernames unless you want access to each employer's SDI Online Inbox or to receive e-mail messages when there is a message in the system pertaining to your client.

The benefit of having access to employers' SDI Online Inbox is that the system will send you e-mail message alerts when there is a message requiring your attention in the employer's SDI Online Inbox. The e-mail message alert will also be sent to everyone that was registered with the same VP employer to have access to the same SDI Online Common Inbox as a back-up, in case the person who submitted the initial request is out of the office.

Selecting the *Manage My Profile* page in the main menu allows you to also change the employer address, phone number, and e-mail which is pre-populated from the initial registration and is marked with a red asterisk (see next page).

Help | Logout (User123)

MAIN MENU

- Home
- Inbox
- Saved Drafts
- Manage My Profile
- Contact Us

PAGE MENU

- Change Security Questions
- Change Password
- Change Site Key

Manage My Profile

Mailing Address

All written correspondence from EDD regarding this account will be sent to this address

Employer Name: Employer Inc

US International

*Address Line 1:

Address Line 2:

*City:

*State/Province:

*Postal Code:

*Country:

Phone Number

Phone Number: ext. Check here if the phone number is International

E-mail Address

*E-mail Address:

*Re-Type E-mail Address:

Communication Preferences

We will send you messages regarding items that need to be reviewed and completed in your message center. Please indicate below how you prefer to be notified.

*Preferred Communication: I prefer to be notified by e-mail
 I prefer to be notified by paper mail
 I do not want to receive notifications. I will be reviewing the items in my message center regularly.

You have the option of deleting the e-mail if you are not required to take any action. If you do not want to receive the e-mail alerts, you may change your *Preferred Communication* (e.g., I prefer to be notified by e-mail; I prefer to be notified by paper mail; or I do not want to receive notifications. I will be reviewing the items in my message center regularly).

Voluntary Plan Update Personal Profile Information

***Indicates Required Field**

Mailing Address

All written correspondence from EDD regarding this account will be sent to this address.

Voluntary Plan Name: John Doe Company

US International

*Address Line 1: 123 ABC Street

Address Line 2:

*City: Anytown

*State: CA

*ZIP Code: 11111 1111

Phone Number

*Phone Number: 999999999 Ext: Check here if the phone number is international
(No dashes or spaces)

E-mail Address

*E-mail Address: Someone@johndoc.com

*Re-Type E-mail Address: Someone@johndoc.com

Communication Preferences

Indicate below how you prefer to be notified. Some EDD forms are not available online and will be sent through the US Postal Service.

*Preferred Communication: I prefer to be notified by e-mail.
 I prefer to be notified by paper mail
 I do not want to receive notifications. I will be reviewing the items in my message center regularly

Submitting the DE 2523 for VP Registered Employers:

1. Log into SDI Online (www.edd.ca.gov/Disability) with your approved username and permanent password to go to the SDI Online Home Page.

NOTE: If the TPA user registered in SDI Online represents more than one VP employer, you will need a unique username for each employer. You can log into SDI Online with any one of your approved usernames and you will be able to submit the DE 2523 for any employer. However, it is better to log in with the username and password that will enable you to receive e-mail alerts when the award is available in the system or to access the employer’s SDI Online Inbox.

2. On the Home Page, select *Report of Voluntary Plan Claim-SD*, DE 2523 to complete the online DE 2523. (See below)

Submit Initial Report of Voluntary Plan Claim

[Report of Voluntary Plan Claim-SDI DE 2523](#)

[Report of Voluntary Plan Claim-PFL DE 2523F](#)

Search

•Search By: Select

•Employee Last Name:

Search Cancel

Search Results				
Receipt Number	Employee Name	Employee SSN	Claim Effective Date	Claim Type
R123456789098754	Doe, John	XXX-XX-1234	12-06-2009	Disability Insurance

5. If you do not receive a state award information after 48 hours, contact the VPG at 916-653-6839.

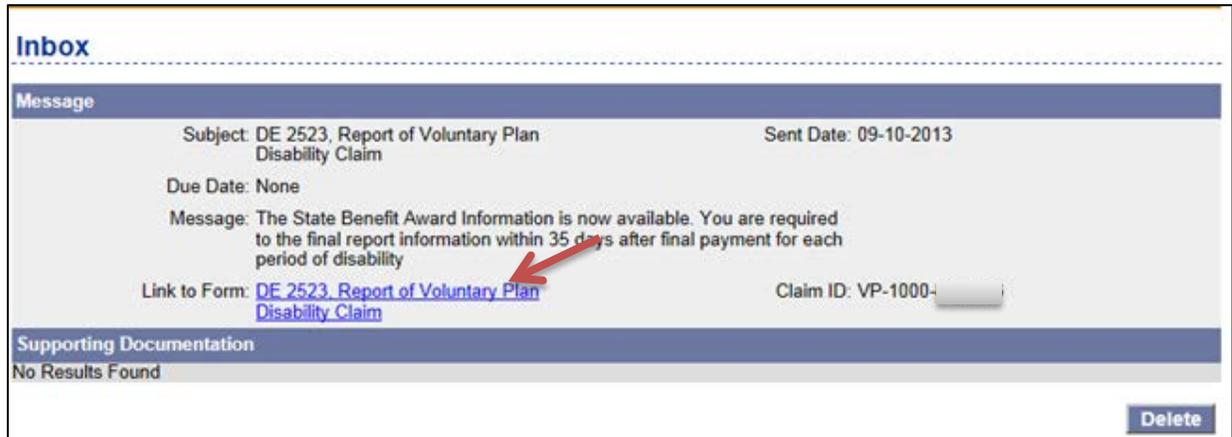
Retrieving EDD State Award:

1. If you receive an e-mail alert notice, log into SDI Online with your username and permanent password. (If you have more than one username, make sure you log in with the username associated with the employer you want to access the SDI Online Inbox).
2. On the Home Page, go to the **Main Menu** and select **Inbox**, (If you do not have permission to submit for the employer, you will not see the DE 2523 on the message page. Instead, you will conduct a search by Claimant ID and Last Name to see/retrieve the state award).

The **Message Center** page (see below) is displayed, which shows messages with the following categories: VP Name, VP #, Employer Name, Submitter Name, Claimant Name, SSN, Subject, Sent Date, Due Date, Read?, and Action.

MAIN MENU																																																						
Home Inbox Saved Drafts Manage My Profile	<h2 style="margin: 0;">Message Center</h2> <hr/> <p style="margin: 0;">Inbox</p> <p style="margin: 0; font-size: small;">It is important to read all messages from EDD carefully. Select the subject hyperlink below to view the message.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr style="background-color: #e0e0e0;"> <th>VP Name</th> <th>VP #</th> <th>Employer Name</th> <th>Submitter Name</th> <th>Claimant Name</th> <th>SSN</th> <th>Subject</th> <th>Sent Date</th> <th>Due Date</th> <th>Read?</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>DE 2523_Report of Voluntary Plan Disability Claim</td> <td>11-09-2012</td> <td>None</td> <td>Yes</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>DE 2523_Report of Voluntary Plan Disability Claim</td> <td>11-01-2012</td> <td>None</td> <td>Yes</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>DE 2523_Report of Voluntary Plan Disability Claim</td> <td>11-01-2012</td> <td>None</td> <td>Yes</td> <td>Delete</td> </tr> </tbody> </table>										VP Name	VP #	Employer Name	Submitter Name	Claimant Name	SSN	Subject	Sent Date	Due Date	Read?	Action							DE 2523_Report of Voluntary Plan Disability Claim	11-09-2012	None	Yes	Delete							DE 2523_Report of Voluntary Plan Disability Claim	11-01-2012	None	Yes	Delete							DE 2523_Report of Voluntary Plan Disability Claim	11-01-2012	None	Yes	Delete
VP Name	VP #	Employer Name	Submitter Name	Claimant Name	SSN	Subject	Sent Date	Due Date	Read?	Action																																												
						DE 2523_Report of Voluntary Plan Disability Claim	11-09-2012	None	Yes	Delete																																												
						DE 2523_Report of Voluntary Plan Disability Claim	11-01-2012	None	Yes	Delete																																												
						DE 2523_Report of Voluntary Plan Disability Claim	11-01-2012	None	Yes	Delete																																												

3. Select **Subject** to open message, i.e. *DE 2523 Report of Voluntary Plan Disability Claim*.
4. A message will appear in your Inbox with a hyperlink to **Link to Form**; *DE 2523 Report of Voluntary Plan Disability Claim*, including the *Sent Date, Due Date, Message, and Claim ID*.
5. Select *DE 2523 Report of Voluntary Plan Disability Claim*.





Report of Voluntary Plan Disability Claim

Receipt Number:	R1000000
Form Issued Date:	

Section 1 – Claimant Information

Claimant Name:	
SSN:	
Date Disability Began:	09-20-2013
Gender:	Female
Date of Birth:	

Section 2 – Claimant Contact Information

Claimant's Mailing Address:	
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Section 3 – Claim Information

VP Employer Name:			
VP Number:			
ICD Diagnosis Code:	182.0	Diagnosis Code Version:	ICD-9
Diagnosis:			

Section 4 – State Award Information

Do you want State Award Information?	Yes		
Claim Effective Date:	09-20-2013	Weekly Benefit Amount (\$):	0.00
Maximum Benefit Amount (\$):	0.00		

Section 5 – Final Report Information

Number of Days Benefits Paid:	
Benefits paid Through Date:	
Total Amount of Benefits Paid (\$):	
Total Amount Diverted to Satisfy Support Obligation (\$):	

Zero State Award(s):

You may receive the state award information and the DE 2523 will show a zero (\$0.00) award. A zero award could mean the following: the claimant earned no wages in the base period used to establish the claim; the employer failed to report the wages; the claimant provided incorrect information; or the information was incorrectly

5. In SDI Online, a DI claim (non-PFL) state award is available in the system within 24-48 hours. However, PFL state award information is available within 7 business days.

NOTE: The difference in the processing timeline is because the EDD PFL system is not fully linked with SDI Online system databases and certain parts of the DE 2523F claims are processed manually. (The design fully integrating the PFL and SDI Online systems is part of SDI Online future enhancements).

6. After the DE 2523F is submitted in SDI Online, the state award information is provided to the TPA via US Mail, e-mail, or fax.
7. If you do not receive a state award after 7 days, contact the VPG at 916-653-6839 with the following information:
 - a) Receipt number
 - b) Claimant's first and last name
 - c) Claimant's full SSN
 - d) Claim Effective Date or Date Disability Began