



Edmund G. Brown Jr.  
Governor

November 30, 2016

To: Voluntary Plan-Self-Insurers

Subject: GENERAL RELEASE LETTER

The General Release Letter (GRL) provides the 2017 State Disability Insurance (SDI) Contribution Rate and Wage Ceiling. The GRL also provides information on legislation, regulation, and procedural changes that may affect your Voluntary Plan (VP) for 2017 as well as a look ahead to 2018 for legislative impacts.

### **A. SDI Contribution Rate and Wage Ceiling**

Effective January 1, 2017, the SDI worker contribution rate will be 0.9 percent of an employee's gross taxable wages up to \$110,902. The taxable wage ceiling was \$106,742 in 2016.

**Reference:** California Unemployment Insurance Code (CUIC) Section 984(a)(1).

SDI program taxes cover employees up to a ceiling set by Section 985 of the CUIC. The 2017 SDI taxable wage ceiling (the maximum amount of wages per employee that are subject to SDI contributions) is \$110,902. The maximum annual contribution per employee for 2017 is \$998.12 (\$110,902 x 0.9 percent). Employers report these contributions to the Employment Development Department Tax Branch on the Quarterly Contribution Return, DE 30, line D, box 01 Voluntary Plan.

**Reference:** CUIC Section 985.

### **B. Voluntary Plan Assessment Rate**

Effective January 1, 2017, the VP assessment rate (on line K of the Quarterly Contribution Return, DE 30) will be 0.126 percent (0.00126). This figure is the product obtained by multiplying the worker contribution rate by 14 percent, or  $0.009 \times 0.14 = 0.126$  percent.

**Reference:** CUIC Section 3252(b).

**C. 2017 Legislation**

**Senate Bill 1083 Physician Assistants: Disability Certifications:** authorizes physician assistants (PA) to certify to a disability after a physical examination has been conducted under the supervision of a physician or surgeon. This bill expands the definition of practitioner for SDI purposes, to include a PA. This bill requires the Employment Development Department (EDD) to implement the provisions on or before January 1, 2017.

**Reference:** An act to amend Section 3502.3 of the Business and Professions Code and Section 2708 of the CUIC.

**Status:** 9/18/14 – Chapter 438, Statutes of 2014.

**D. 2018 Legislation – *Look ahead...***

**Assembly Bill 908 – Unemployment Insurance Code: Disability Compensation; Family Temporary Disability Insurance:** establishes a new methodology for calculating the weekly benefit amount for Disability Insurance (DI) and Paid Family Leave (PFL) benefits and eliminates the waiting period for all PFL claimants. This bill is effective January 1, 2018. It requires the EDD to report to the Assembly Committee specified information regarding options to reduce, eliminate, or modify the waiting period for DI by July 1, 2017. These provisions sunset January 1, 2022, reverting the calculation amount back to 55 percent unless a new law is passed to modify the calculation or continue the calculations as established by this bill.

This bill added Section 2655.1 to the Unemployment Insurance Code that requires the EDD to report to the legislature and legislative committees' specified data elements by March 1, 2021.

**Reference:** An act to amend Section 2655 of, to amend, repeal, and add Section 3303 of, and to add and repeal Section 2655.1 of the CUIC

**Status:** 4/11/16 – Chapter 5, Statutes 2016.

**Assembly Bill 2886 – Disability Compensation: Eligibility**

**Determinations: Overpayment Determinations: Appeals:** commencing March 1, 2018, this bill extends the deadline for claimants to file an appeal to an administrative law judge (ALJ) and to the California Unemployment Insurance Appeals Board from 20 days to 30 days from the mailing or personal service of the notice of determination. The delayed operative date provides the EDD the necessary time to implement the required programming and administrative changes.

This bill also provides that, before March 1, 2018, any individual who submits an appeal to an ALJ within 30 days from the mailing or personal service of the notice has good cause to extend the 20-day period. This facilitates the transition to the new requirement by effectively making the appeal timeframe 30 days until the change takes full effect in statute and the EDD implements the required changes.

**Reference:** An act to amend, repeal, and add Sections 2707.2, 2707.4, and 2737 of, to add Section 2707.8 to, and to add and repeal Sections 2707.7 and 2737.5 of the CUIC.

**Status:** 9/9/16 – Chapter 276, Statutes 2016.

**E. Regulations**

None identified at this time.

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

Please refer to the following enclosures for required actions and other information to ensure continued approval of your VP.

- Voluntary Plan Annual Calendar of Required Actions (Enclosure 1)
- Voluntary Plan Annual Security Adjustment Requirements (Enclosure 2)
- Voluntary Plan Employer Administrative Changes Form (Enclosure 3)

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- Voluntary Plan Third Party Administrator Administrative Changes Form (Enclosure 4)
- Voluntary Plan Third Party Administrator (TPA) Authorization Letter (Enclosure 5)
- Voluntary Plan Group (VPG) Contacts (Enclosure 6)

You can access information online about DI, PFL, and the VPG at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability). For further assistance with your VP, contact us at 916-653-6839 or [VPPProgram@edd.ca.gov](mailto:VPPProgram@edd.ca.gov).

Sincerely,



RENEE GIBSON  
Deputy Director  
Disability Insurance Branch

Enclosures

## Voluntary Plan Annual Calendar of Required Actions

Note: If the due date falls on a weekend or a holiday, the forms are due on the first workday after the holiday or weekend.

Date	REQUIRED ACTIONS															
<b>January 15</b>	<p><b>1. Voluntary Plan (VP) Text Amendment Changes</b></p> <ul style="list-style-type: none"> <li>○ For any changes to your VP, please provide the Voluntary Plan Group (VPG) with documentation describing all amendments.</li> </ul> <p>Reference: CUIC Section 3271(a).</p> <p><b>2. Annual Notice of Benefit Changes</b></p> <ul style="list-style-type: none"> <li>○ Provide a notice of benefit change(s) to your VP employees along with a copy of the plan text at least 10 days prior to the effective date.</li> </ul> <p>Reference: <i>Employers' Guide to Voluntary Plan Procedures</i>, DE 2040, Section - Amendments to Approved VP Provisions.</p> <p><b>3. Voluntary Plan Administrative Changes Form- for Employers and TPAs</b></p> <ul style="list-style-type: none"> <li>○ Return the completed Voluntary Plan Administrative Changes Forms (Enclosures 3 and 4).</li> <li>○ These forms (ER or TPA) should also be submitted anytime there is an applicable administrative change.</li> </ul> <p><b>4. Voluntary Plan Third Party Administrator Authorization Form</b></p> <ul style="list-style-type: none"> <li>○ Return the completed Voluntary Plan Third Party Administrator Authorization Form (Enclosure 5).</li> <li>○ This form is only required if you have a designated TPA.</li> </ul>															
<b>February 15</b>	<p><b>Annual Report of Self-Insured Voluntary Plan Transactions, DE 2568V</b></p> <ul style="list-style-type: none"> <li>○ Download, complete, and return the DE 2568V to the EDD/VPG.</li> <li>○ Form can be obtained at <a href="http://www.edd.ca.gov/pdf_pub_ctr/de2568v.pdf">http://www.edd.ca.gov/pdf_pub_ctr/de2568v.pdf</a>.</li> </ul> <p>Reference: California Code of Regulations, Title 22, Section 3267-2</p>															
<b>April 14</b>	<p><b>Security Review Worksheet</b></p> <ul style="list-style-type: none"> <li>○ Complete and return the <i>Voluntary Plan Security Review Worksheet</i> (Enclosure 2, page 2) to the EDD/VPG.</li> </ul> <p>Note: If a security adjustment is required, the original security document must be sent to the EDD.</p> <p>Reference: California Unemployment Insurance Code (CUIC), Section 3267</p>															
	<p><b>Send all required documents to either address below:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">EDD, Disability Insurance Branch</td> <td style="width: 10%; text-align: center; border: none;">or</td> <td style="width: 40%; border: none;">Email:</td> </tr> <tr> <td style="border: none;">Voluntary Plan Group</td> <td style="border: none;"></td> <td style="border: none;"><b>VPProgram@edd.ca.gov</b></td> </tr> <tr> <td style="border: none;">P O Box 826880, MIC 29VP</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Sacramento, CA 94280-0001</td> <td style="text-align: center; border: none;">or</td> <td style="border: none;">Email for DE 2568V:</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"><b>vp68@edd.ca.gov</b></td> </tr> </table>	EDD, Disability Insurance Branch	or	Email:	Voluntary Plan Group		<b>VPProgram@edd.ca.gov</b>	P O Box 826880, MIC 29VP			Sacramento, CA 94280-0001	or	Email for DE 2568V:			<b>vp68@edd.ca.gov</b>
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Sacramento, CA 94280-0001	or	Email for DE 2568V:														
		<b>vp68@edd.ca.gov</b>														

## Voluntary Plan Annual Security Adjustment Requirements

The Voluntary Plan (VP) employer must submit a security deposit in the form of cash, guarantee bond, or letter of credit as part of the VP approval process to guarantee that it meets all obligations. The employer is responsible for providing the Employment Development Department (EDD) with an annual review of the amount of security deposit.

### Voluntary Plan Security Review Worksheet (SRW)

To complete a SRW, first obtain a reasonable estimate of your taxable wages up to the current wage ceiling amount per employee, and then calculate the required security amount by applying the following formula:

- Estimated VP Total Taxable Wages x 0.5 x worker contribution rate = estimated security amount. (Ref: California Unemployment Insurance Code Section 3258)
- Round up to the next even \$100.
- Minimum required deposit is \$1,000.

EXAMPLE #1:      Year 2017 taxable wages = \$1,455,000  
                          (\$1,455,000 x 0.5) x .009 = \$6,547.50  
                          Security deposit should be \$6,600 to round up to the next even  
                          \$100.

EXAMPLE #2:      Year 2017 taxable wages = \$155,000  
                          (\$155,000 x 0.5) x .009 = \$697.50  
                          Security deposit should be rounded up to \$1,000 because the  
                          minimum required security deposit is \$1,000.

For a SRW Extension: Voluntary Plan Administration Unit requires a 30-day notice from employers in order to allow a SRW extension.

## Voluntary Plan Security Review Worksheet (SRW)

Return this form by April 14 whether or not you need to increase your security deposit.

1. Employer Name  VP #

2. California Employer Account Number

3. Name of Third-Party Administrator, if any

4. 20\_\_ Quarterly Taxable Wages 1<sup>st</sup> Quarter \$   
(From Line D1 on your Quarterly Contribution Return Form DE 3D) 2<sup>nd</sup> Quarter \$   
3<sup>rd</sup> Quarter \$   
4<sup>th</sup> Quarter \$   
20\_\_ Total \$   
20\_\_ Total \$

5. Total Estimated 20\_\_ Taxable Wages 20\_\_ Total \$   
(The 20\_\_ Maximum Taxable Wage Ceiling is \$ 110,902.)

6. Security Required to Continue VP  
 Total Estimated 20\_\_ Taxable Wages \$  x .5 x .0 = \$   
(From line #5 above) (Rounded up to the nearest \$100)

7. Current Security Deposit \$

8. Adjustment (Increase/Decrease) +/- \$

9. Percentage of increase, if applicable: \$

10. Check the box/es below that apply:

- Security deposit is attached; i.e. cash, guarantee bond, or letter of credit.
- SRW submitted but the security deposit will be forwarded to the EDD under separate cover.
- When switching from one form of security deposit to another - submit the appropriate forms.
- No adjustment to the current security amount is needed.

11. Name  Date   
(Print or type your name)

Phone Number  Email Address

## Instructions for Completing Security Review Worksheet (SRW)

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1. Enter your company name and your voluntary plan number in the boxes provided.
2. Enter the California Employer Account Number which is eight digits.
3. Enter the name of the designated third party administrator, if applicable.
4. Enter the calendar year Quarterly Taxable Wages for which you are reporting.
  - Enter the total quarterly wages for the prior year and its sum.
  - Enter the estimated current year total.
5. Enter estimated Taxable Wages for the current year.
6. Use the Total Estimated Taxable Wages from line #5 in the formula to determine the required security amount.
  - Multiply the estimated taxable wages by 0.5, then multiply it by the current year's contribution rate to obtain the required security deposit amount.
7. Enter the current security deposit amount.
8. Enter any adjustment amount by subtracting line #6 from line #7.
9. Use this line only if there is an increase in security deposit amount in line #8. Divide line #8 by line #6 to calculate the percentage of the increase change.
10. Check the appropriate box that indicates how the adjusted security will be handled.
  - If the difference shows an increase of more than five percent, mail the increase along with the SRW which is required and reported on April 14 of each year.
  - If switching from guarantee bond or letter of credit to cash - submit DE 2545V, Agreement Regarding Deposit of Cash.
  - If switching from cash to guarantee bond – submit DE 2544V, Guarantee Bond.
  - If no security adjustment is required, mail the SRW only.
11. Enter the name, date, telephone number, and email address of the person completing this form.
12. Submission instructions:
  - Submit security adjustments to either the P O Box or the overnight mailing address.
  - Submit SRW with no security adjustment via *any* of the delivery methods below.

PO Box Mailing Address	Overnight Mailing Address	Email Address or Fax
EDD Disability Insurance Branch Voluntary Plan Group Attention: Security Analyst P O Box 826880, MIC 29VP Sacramento, CA 94280-0001	EDD Disability Insurance Branch Voluntary Plan Group Attention: Security Analyst 800 Capitol Mall, Room 3137, MIC 29VP Sacramento, CA 95814	VPProgram@edd.ca.gov  Fax Number: 916-319-1438



## How to Determine When to Increase/Decrease a Security Deposit

### Making Adjustments to Existing Security Deposits:

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 Security Review Worksheet* (enclosure 2, page 2) to assist you with this calculation. Complete and return the worksheet to the Voluntary Plan Group (VPG) by April 14 of each year, regardless of whether your VP security amount has changed.

**Reference:** CUIIC Section 3258.

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

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

Example #1 indicates that the security amount does not need to increase 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 five percent, thus requiring you to increase the security deposit.

If an adjustment to the security deposit is required, complete and return the *Voluntary Plan Security Review Worksheet* with one of the following items to the VPG by April 14:

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

**Reference:** California Code of Regulations, Title 22, Section 3258-1; CUIIC Section 3258.

## Voluntary Plan Employer Administrative Changes

If there are any changes to your company voluntary plan contact information, you must provide complete information about the changes within seven days.

Employer Name \_\_\_\_\_ Voluntary Plan Number \_\_\_\_\_

California Employer Account Number \_\_\_\_\_

**Employer Primary Contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Employer Secondary Contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Completed by** (should be signed by authorized personnel):

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

- **Complete and return this form by mail, e-mail or the fax number below:**

Mailing Address	Email Address and Fax
EDD Disability Insurance Branch Voluntary Plan Group PO Box 826880, MIC 29VP Sacramento, CA 94280-0001	VPPProgram@edd.ca.gov or Fax: 916-319-1438

# Voluntary Plan Employer Administrative Changes

## **INSTRUCTIONS FOR COMPLETING THE VP EMPLOYER ADMINISTRATIVE CHANGES FORM**

- Enter the full name of the Primary Contact, which is usually the owner, partner, or officer.
- Enter the full name of the Secondary Contact, which is usually the benefits manager, human resources manager, or personnel manager to contact when the Primary Contact is unavailable to deal with VP issues such as administration, securities, etc.
- Enter the requested information for the person completing this form. This should be an authorized personnel such as an owner, officer or partner.

## Voluntary Plan Third Party Administrator Administrative Changes

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Please provide pre-authorized Third Party Administrator (TPA) contact information.

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### 1. Primary TPA contact :

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Duties performed:  A  B  C  D  E  F  G  H  I  J

(Check applicable box/es above; see legend below for duty description.)

### 2. Secondary contact information and duties performed:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Duties performed:  A  B  C  D  E  F  G  H  I  J

(Check applicable box/es above; see legend below for duty description.)

### 3. Additional contact information and duties performed:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Duties performed:  A  B  C  D  E  F  G  H  I  J

(Check applicable box/es above; see legend below for duty description.)

### 4. Completed by authorized personnel:

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Duties performed legend:

- |  |
|--|
| <ul style="list-style-type: none"><li>A. Annual Report of Self-Insured VP Transactions, DE 2568V</li><li>B. New Plan Text and/or Statement of Coverage</li><li>C. Plan Text Amendments</li><li>D. Security Reviews</li><li>E. Financial Audits</li><li>F. Claims Audits</li><li>G. Withdrawn Plans</li><li>H. VP Administrative Change Updates</li><li>I. All forms related to Claims Processing</li><li>J. All of the above</li></ul> |
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**INSTRUCTIONS FOR COMPLETING THE VP TPA ADMINISTRATIVE CHANGES FORM**

- Enter the primary TPA contact information.
- Enter the secondary contact information.
- Enter the additional contact information.
- Enter the requested information of the authorized personnel completing this form.
- Send the form to the EDD by using one of the delivery addresses listed below.

**Mailing Address:**

EDD, Disability Insurance Branch  
Voluntary Plan Group  
Attention: Database Administrator  
PO Box 826880, MIC 29VP  
Sacramento, CA 94280-0001

or

**Email Address:**

**VPProgram@edd.ca.gov**

**Fax:**

916-319-1438

## Voluntary Plan Third Party Administrator Authorization Form

This form must be completed by the employer if the employer has delegated the administration of its Voluntary Plan (VP) to a Third Party Administrator (TPA). This authorization form is required by state law in accordance with California Unemployment Insurance Code Section 3267.

**1. Employer Name:** \_\_\_\_\_ VP Number \_\_\_\_\_

California Employer Account Number \_\_\_\_\_

**2. Primary Contact Person:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**3. Secondary Contact Person:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**4. Third Party Administrator Contact Information:**

Company Name \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Fax \_\_\_\_\_

**5. You are authorizing the Employment Development Department to discuss and release information to a designated TPA. Please check below the type of information that may be discussed and released to the TPA:**

- Annual Report of Self-Insured Voluntary Plan Transactions, DE 2568V*
- Annual Security Review
- Claims Audits
- Financial Audits
- New Plan Text and/or Statement of Coverage
- Plan Text Amendments
- All forms related to Claims Processing
- VP Employer Administrative Changes form
- Withdrawn Plans
- All of the above

**6. This form must be signed by employer's authorized personnel:**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

**Voluntary Plan  
Third Party Administrator Authorization Form  
Instructions**

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1. Enter the employer's name for the Voluntary Plan (VP), the VP number, and California Employer Account Number (eight digits).
2. Enter the full name of the Primary Contact Person for the Voluntary Plan. Also include other requested contact information (i.e., title, address, phone number, etc.).
3. Enter the full name of the Secondary Contact Person for the Voluntary Plan. Also include other requested contact information (i.e., title, address, phone number, etc.).
4. Complete section 4 for the TPA; this will be the TPA primary contact who has the authority and responsibilities to contact the EDD.
5. You must designate what VP information may be released and discussed with the TPA.
6. Form must be signed by an authorized personnel.

➤ Please return the completed form to:

**Mailing Address:**

EDD, Disability Insurance Branch  
Voluntary Plan Group  
Attention: Database Administrator  
PO Box 826880, MIC 29VP  
Sacramento, CA 94280-0001

or

**Email Address:**

**VPPProgram@edd.ca.gov**

**Fax:**

916-319-1438



## Voluntary Plan Group Contacts

<b>Gregory Wheeler</b>	<a href="mailto:Gregory.Wheeler@edd.ca.gov">Gregory.Wheeler@edd.ca.gov</a> 916-653-6717	<b>Deputy Chief</b>
<b>Zahida Mehirdel</b>	<a href="mailto:Zahida.Mehirdel@edd.ca.gov">Zahida.Mehirdel@edd.ca.gov</a> 916-654-8650	<b>Section Manager</b>
<b>VP Reception Phone Line</b> 916-653-6839		<b>VP FAX Number</b> 916-319-1438

### VP Audit and Compliance Unit

Name	E-mail Address & Phone Numbers	Functions
<b>Caroline Owoyele</b>	<a href="mailto:Caroline.Owoyele@edd.ca.gov">Caroline.Owoyele@edd.ca.gov</a> 916-654-9172	<b>Manager, VP Audit and Compliance Unit</b>
<b>Darci Hoffman</b>	<a href="mailto:Darci.Hoffman@edd.ca.gov">Darci.Hoffman@edd.ca.gov</a> 916-653-8888	<b>Audit and Compliance</b>
<b>Emmanuel Okoronkwo</b>	<a href="mailto:Emmanuel.Okoronkwo@edd.ca.gov">Emmanuel.Okoronkwo@edd.ca.gov</a> 916-654-8789	<b>Audit and Compliance</b>
<b>Evangeline Seveses</b>	<a href="mailto:Evangeline.Seveses@edd.ca.gov">Evangeline.Seveses@edd.ca.gov</a> 916-651-6036	<b>Audit and Compliance</b>
<b>Lizeth Breaux</b>	<a href="mailto:Lizeth.Breaux@edd.ca.gov">Lizeth.Breaux@edd.ca.gov</a> 916-653-8892	<b>Audit and Compliance</b>

### VP Administration Unit

<b>Corazon Espanol</b>	<a href="mailto:Corazon.Espanol@edd.ca.gov">Corazon.Espanol@edd.ca.gov</a> 916-654-9248	<b>Manager, VP Administration Unit</b>
<b>Maurice Jackson</b>	<a href="mailto:Maurice.Jackson@edd.ca.gov">Maurice.Jackson@edd.ca.gov</a> 916-653-0763	<b>New Plan Approvals</b>
<b>Glenn Lomax</b>	<a href="mailto:Glenn.Lomax@edd.ca.gov">Glenn.Lomax@edd.ca.gov</a> 916-653-2883	<b>VP Database and SDI Online Technical Support</b>
<b>Jaime Briseño</b>	<a href="mailto:Jaime.Briseno@edd.ca.gov">Jaime.Briseno@edd.ca.gov</a> 916-654-7811	<b>Annual Report of VP Transactions, DE 2568V</b>
<b>Elena Torres</b>	<a href="mailto:Elena.Torres@edd.ca.gov">Elena.Torres@edd.ca.gov</a> 916-654-8393	<b>Security Deposits</b>
<b>Luan Buckley</b>	<a href="mailto:Luan.Buckley@edd.ca.gov">Luan.Buckley@edd.ca.gov</a> 916-654-6777	<b>Withdrawn/Terminated Plans</b>

To improve communication and access to Voluntary Plan program services, the Employment Development Department (EDD) and Voluntary Plan Group (VPG) has made email addresses available for employers and third party administrators to utilize in electronically submitting plan applications and related documents to the EDD VPG. In addition, these email addresses can be used to submit questions and receive answers to issues, program policy, and procedures in relation to VP.

The VP email addresses for electronic submittal of documents are as follows:

- [VPPProgram@EDD.ca.gov](mailto:VPPProgram@EDD.ca.gov)
  - New Plan and Successor Applications
  - Amendments to Plan Texts
  - Requests to withdraw the VP
  - Notice of Administrative Updates regarding contact information for the VP
  - Annual Security Review Worksheets
  - Questions regarding VP policies and procedures
  - Notices to EDD about organizational changes such as mergers and acquisitions
  - Questions to resolve hardship disputed coverage claim issues
  
- [vp68v@edd.ca.gov](mailto:vp68v@edd.ca.gov)
  - Submittal of Annual Report of Self Insured Voluntary Plan Transactions, Form DE 2568V
  
- [VPSDIOn-LineRegistration@edd.ca.gov](mailto:VPSDIOn-LineRegistration@edd.ca.gov)
  - Access this email to register for SDI Online or to inquire about SDI Online issues

**Exception:**

- Security deposits: Send the original and a copy of the security along with the associated documents, all in hardcopy form, to the following address:

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