

THIS REPORT IS DUE ON FEBRUARY 15 OF EACH YEAR

Annual Report of Self-Insured Voluntary Plan (VP) Transactions
As required by California Code of Regulations, Title 22, Section 3267-2

Amended

Company Name and Mailing Address

Voluntary Plan #:	-
CA Employer Account #:	
Report for Calendar Year:	
Number of CA employees covered at the end of the calendar year:	
Prior Year Ending Loan Balance:	

1. Beginning VP Fund balance as of December 31

2. Income received during calendar year:

A. Employee contributions withheld	
B. Employer contributions	
C. Interest income from VP Fund	
D. Other income	
E. Loan to Voluntary Plan	

Itemize 2.D., Other Income	
Description	Amount

F. Total income (2A through 2E)

3. Expenses during calendar year:

A. Third Party Administration fees	
B. Employer internal administrative expense ...	
C. VP Assessment paid to the EDD	
D. Other authorized expenses	
E. Loan repayment	
F. Benefits paid - Disability Insurance	
G. Benefits paid - Paid Family Leave	

Itemize 3.D., Other Expenses	
Description	Amount

H. Total expenses (3A through 3G)

4. Ending VP Fund balance as of December 31 (add 1 and 2F; subtract 3H)

5. Outstanding amount of employer loan balance to plan \$

6. Bank account number, bank name, and location where VP funds are held as of December 31:

Commercial Account Number: _____	Bank Name and Address: _____
Saving Account Number: _____	Bank Name and Address: _____
Other (explain): _____	Bank Name and Address: _____

7. Person completing this form:

_____ Print Name and Title _____ Email Address _____ Area Code and Telephone No., Ext. # _____ Date

FOR INTERNAL USE ONLY

**INSTRUCTIONS FOR COMPLETING
ANNUAL REPORT OF SELF-INSURED VOLUNTARY PLAN TRANSACTIONS, DE 2568V**

- Select the "Send to EDD" button only after you have completed the entire form.
 - Check "Amended" if this is a corrected report.
 - Enter your company name and mailing address into the company Name and Mailing Address box to the left.
 - Enter your six digit Voluntary Plan Number in the box.
 - Enter your eight digit CA Employer Account Number.
 - Enter the calendar year for which you are reporting statistics.
 - Enter the number of California employees covered at the end of the calendar year.
 - Enter the previous year's ending loan balance from the DE 2568V, if applicable.
1. Beginning VP fund balance as of December 31: Enter the previous year's ending balance from the DE 2568V.
 2. Income received during the calendar year:
 - A. Enter the total amount of contributions withheld from all employees covered by the plan.
 - B. Enter the total amount of employer contributions paid by the employer under the terms of the plan. The amount is a contribution, not a loan, and cannot be reclaimed at a future date. It includes contributions an employer makes on behalf of all employees or a class of employees. It also includes an employer's share of benefit payments if such a cost commitment is made in the text of the plan.
 - C. Enter all interest, investments, or bank deposit income.
 - D. Enter the total amount of other income. Use the box to the right to itemize the amount and source: e.g., recovered overpayment amount, amount transferred from other VP accounts, workers' compensation reimbursement amount, EDD reimbursement, etc.
 - E. Enter the total employer loan to plan amount.
 - F. Entered total income from items 2A through E (this field contains an automated calculation function for summing total income).
 3. Expenses during the calendar year:
 - A. Enter the total amount of third party administrator fees charged to the plan.
 - B. Enter the total amount of employer's internal administrative expenses: e.g., phone usage, staff time, postage, equipment use, etc.
 - C. Enter the amount of assessments paid to the EDD as shown on line I of the *Quarterly Contribution Return*, DE 3D, if charged to the plan.
 - D. Enter the total amount of approved other costs charged to the fund during the calendar year. Use the box to the right to indicate the item and cost. This is the proper line to show security premiums, Independent Medical Examination costs, appeals, etc.
 - E. Enter the total amount of loan repayment charged to the plan.
 - F. Enter the total amount of Disability Insurance benefits paid during the calendar year.
 - G. Enter the total amount of Paid Family Leave benefits paid during the calendar year.
 - H. Total expense items 3A through G (this field contains an automated calculation function for subtracting total expenses).
 4. Ending VP fund balance as of December 31: (Item 1 + Item 2F – Item 3H) (This field contains an automated calculation function for calculating the ending fund balance as of December 31).
 5. Outstanding amount of the employer loan balance to plan (this field contains an automated calculations by adding Prior Year Loan Balance and adding 2E: Loan to VP and subtracting 3E: Loan Repayment).
 6. Bank name, account number and location of VP funds: Provide the bank account number, and indicate the name and address of the bank(s) where the funds are located. If the funds are held in an investment account, enter this information on the line marked "Other" and indicate the name of the institution and where the funds are held as of December 31.
 7. Please clearly print: the name and title, e-mail address, and telephone number of the person completing the form. Enter the date completed.

❖ To submit the completed form to the EDD, select "SEND to EDD" button at the top right corner of the form.

THIS REPORT IS DUE ON FEBRUARY 15 OF EACH YEAR

If you have any questions completing this form, contact the Voluntary Plan Group at 916-653-6839.

MAIL TO:	EMAIL or FAX TO:
Employment Development Department Disability Insurance Branch Voluntary Plan Group, MIC 29VP PO Box 826880 Sacramento, CA 94280-0001	Email: vp68v@edd.ca.gov Fax: 916-319-1438