

## Voluntary Plan (VP) Security Review Worksheet (SRW)

This form is due to the EDD on or before April 15th annually.

1. **Employer Name** \_\_\_\_\_ **VP #** \_\_\_\_\_ - \_\_\_\_\_

2. **California Employer Account Number** \_\_\_\_\_

3. **Name of Third-Party Administrator, if any** \_\_\_\_\_

4. **20\_\_ Quarterly Taxable Wages**

(From Line D1 on your *Quarterly Return Form* [DE 3D].

This form automatically rounds up to the nearest dollar.)

1<sup>st</sup> Quarter \$ \_\_\_\_\_

2<sup>nd</sup> Quarter \$ \_\_\_\_\_

3<sup>rd</sup> Quarter \$ \_\_\_\_\_

4<sup>th</sup> Quarter \$ \_\_\_\_\_

**20\_\_ Total = \$** \_\_\_\_\_

5. **Total Estimated 20\_\_ Taxable Wages**

(Should not exceed maximum taxable wage ceiling)

**20\_\_ Total = \$** \_\_\_\_\_

6. **Security Required to Continue VP**

**Total Estimated 20\_\_ Taxable Wages**

\$ \_\_\_\_\_ x 0.5 x \_\_\_\_\_ = \$ \_\_\_\_\_

(From number 5 total above)

(Rounded up to the nearest \$100)

7. **Current Security Deposit** \$ \_\_\_\_\_

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

9. **Percentage of Increase or Decrease** % \_\_\_\_\_

10. **Check the appropriate box(es) that indicates how the adjusted security will be handled:**

- ☐ If the difference shows an increase/decrease of five percent or higher, mail the increased security based on the instructions on page 2.
- ☐ If switching from guarantee bond or letter of credit to cash – submit *Agreement Regarding Deposit of Cash* (DE 2545V).
- ☐ If switching from cash or letter of credit to guarantee bond – submit *Guarantee Bond* (DE 2544V).
- ☐ If no security adjustment is required, submit the SRW only.

11. **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

(Print or type your name)

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

## Instructions for Completing Security Review Worksheet (SRW)

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\* Select the "Send to EDD" button only after you have completely filled out the entire form.

1. Enter the company name and the Voluntary Plan (VP) number in the boxes provided.
2. Enter the eight-digit California Employer Account Number (EAN).
3. Enter the name of the designated Third Party Administrator (TPA), if applicable.
4. Enter the prior calendar year quarterly taxable wages for which you are reporting.
  - The "20\_\_ Total" field contains an automated calculation function summing all four quarters of taxable wages provided to the nearest dollar.
5. Enter the total estimated taxable wages for the current year.
6. Enter the total estimated taxable wages from number 5 to plug into the formula to determine the required security amount.
  - Multiply the total estimated taxable wages by 0.5 then multiply it by the current year's contribution rate (convert the percentage to a decimal) to obtain the required security deposit amount. The contribution rate can be found at **State Disability Insurance Contribution Rates** ([edd.ca.gov/Disability/Contribution\\_Rates\\_and\\_Benefit\\_Amounts.htm](http://edd.ca.gov/Disability/Contribution_Rates_and_Benefit_Amounts.htm)).
7. Enter the current security deposit amount.
8. This field will automatically calculate the adjustment amount by subtracting number 7 (current security deposit) from number 6 (security required to continue VP).
9. This field will automatically calculate the percentage of increase or decrease by dividing number 8 (adjustment) by number 7 (percentage of increase or decrease).
10. Check the appropriate box that indicates how the adjusted security will be handled.
  - If the difference shows an increase/decrease of five percent or higher, mail the increased security based on the instructions on page 2.
  - If switching from guarantee bond or letter of credit to cash – submit *Agreement Regarding Deposit of Cash* (DE 2545V).
  - If switching from cash or letter of credit to guarantee bond – submit *Guarantee Bond* (DE 2544V).
  - If no security adjustment is required, submit the SRW only.
11. Enter the full name, date, phone number, and email address of the person completing this form.
12. Submission instructions:
  - Submit the security adjustments to the mailing address listed below.
  - Email the DE 2544SRW form by using the SEND TO EDD button.

**Mailing Address:**

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

**Email Address or Fax:** [DIBVPSRW@edd.ca.gov](mailto:DIBVPSRW@edd.ca.gov)