

## EMPLOYMENT DEVELOPMENT DEPARTMENT APPLICATION FOR VOLUNTARY PLAN CONVERSION

**Instructions:**

1. Complete this application to convert a voluntary plan (VP) previously approved in accordance with Section 3254 of the California Unemployment Insurance Code (CUIC) to a VP that will operate and administer under the provisions of CUIC Section 3255.
2. The employers participating in this VP must appoint an agent approved by the Employment Development Department (EDD).
3. The “agent” certifies qualifications prescribed in Sections 1096 and 3255 of the CUIC are met by completion of this application. The agent must also submit the following EDD forms:
  - DE 972, Memorandum of Understanding: Certification of Payroll Agent;
  - DE 48, Power of Attorney Declaration, or a Letter of Authorization (LOA) for each client;
  - DE 973B, Payroll Reporting Agent Registration Form; and
  - DE 973C, Agent Client Detail.

**1) The requested effective date of this conversion is:**

**2) Agent Business Information**

- a) Business Name:
- b) Street Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- c) California Employer Account Number (EAN):  
*EAN is the 8-digit number that was assigned when company registered with the EDD as a California employer.*
- d) Federal Employer Identification Number (FEIN):
- e) Evidence of EDD approval or confirmation of agent (Form DE 973D):

**3) Agent Client Information**

- a) Total number of California employers represented by agent:
- b) Do all represented employers participate in the Voluntary Plan (VP)? Yes    No
  - i. If No, how many employers participate in the SDI Program?
- c) Industry type (technology, service, foods, transportation, etc.) which all the participating employers belong:
- d) Total number of California employees working for all participating employers:
- e) Total number of California employees eligible to participate in the VP:
- f) Total number of California employees that have rejected the VP coverage:
- g) Are all employees working for participating employers paid wages from a central payroll location?  
Yes    No  
If yes, provide the address of the central location:  
Street Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
If no, provide the address of other location(s) where employees’ wages are paid:  
Street Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**4) Participating Voluntary Plan Employers' Information**

Please provide the required information below on each employer participating in the VP. If additional space is needed, use separate page and attach to completed application.

**1) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**2) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**3) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**4) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**5) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**6) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**7) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**8) Business Information:**

Business Name:  
Address:  
City: State: ZIP:  
Phone: Fax:  
Employer Account Number (EAN):  
Voluntary Plan Number assigned to this company: –  
Total number of employees working for this company as of application/conversion date:  
Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:  
Title:  
Address:  
City: State: ZIP:  
Phone: Fax:  
E-mail address:

**9) Business Information:**

Business Name:

Address:

City:

State: ZIP:

Phone:

Fax:

Employer Account Number (EAN):

Voluntary Plan Number assigned to this company: -

Total number of employees working for this company as of application/conversion date:

Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:

Title:

Address:

City:

State: ZIP:

Phone:

Fax:

E-mail address:

**10) Business Information:**

Business Name:

Address:

City:

State: ZIP:

Phone:

Fax:

Employer Account Number (EAN):

Voluntary Plan Number assigned to this company: -

Total number of employees working for this company as of application/conversion date:

Nature of business or services performed by this employer (technology, service, foods, transportation, etc.):

**Owner/Voluntary Plan Contact**

Name:

Title:

Address:

City:

State: ZIP:

Phone:

Fax:

E-mail address:

**CERTIFICATION**

**By signing below, the agent and participating voluntary plan employers:**

- A. Agree to operate the voluntary plan in conformity with both the Code and Regulations and in accordance with the provisions of the approved voluntary plan.
- B. Agree to pay any assessments which are levied in conformity with the Code and Regulations that directly relate to the voluntary plan.
- C. Certify that all eligible employees were given the opportunity to elect or reject coverage under the plan and that a majority of the eligible employees consented, in writing or by electronic mail, to coverage under the plan.
- D. Agree to offer the plan to all eligible new employees, and will maintain available for inspection by Department representatives the signed consents of all employees for a period of not less than five years.
- E. Agree to post, upon request of the Director of the EDD, additional security in an amount determined by the Director to be adequate to pay this voluntary plan's obligations should the account created by this application or the financial security provided be inadequate to meet the obligations of this voluntary plan.
- F. Agree to provide written notice to the Director of the EDD not less than 30 days prior to the date of withdrawal in the event that a decision is reached to terminate participation in the voluntary plan.
- G. Certify that the foregoing statements, including any accompanying statements, are to the best of our knowledge and belief true and correct.

**Agent Certification**

Print Full Name:

Title:

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

**Employer Certification:**

Please list the employers in the order completed in section 4 of this application. If additional space is needed, use separate page and attach to completed application.

1. Business/Company Name:

Print Full Name of Owner/Rep:

Title:

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

2. Business/Company Name:

Print Full Name of Owner/Rep:

Title:

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

3. Business/Company Name:

Print Full Name of Owner/Rep:

Title:

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

4. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date:
5. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date:
6. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date:
7. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date:
8. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date:
9. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date:
10. Business/Company Name:  
Print Full Name of Owner/Rep:  
Title:  
  
Signature: \_\_\_\_\_ Date: