

Voluntary Plan (VP) Security Review Worksheet (SRW)

Return this form by April 14th 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**

(From Line D1 on your *Quarterly Return Form*, DE 3D.
This form automatically rounds up to the nearest dollar.)

1 st Quarter	\$	
2 nd Quarter	\$	
3 rd Quarter	\$	
4 th 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 _____ 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 more than five percent or higher, mail the increase/decrease along with the SRW which is required by April 14th of each year.
- 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)

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

1. Enter your company name and your 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 www.edd.ca.gov/disability/sdi_contribution_rates.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 (security required to continue VP).
10. Check the appropriate box that indicates how the adjusted security will be handled.
 - If the difference shows an increase/decrease of more than five percent or higher, mail the increase/decrease along with the SRW which is required by April 14th of each year.
 - 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 PO Box or overnight mailing address listed below.
 - The preferred method of submission of this DE 2544SRW form is by email but you can also send to the PO Box or overnight mailing address listed below.

PO Box Mailing Address	Overnight Mailing Address	Email Address or Fax
EDD Disability Insurance Branch Voluntary Plan Group Attention: Security Analyst PO 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	DIBVPSRW@edd.ca.gov Or Fax Number: 1-916-319-1438