

**APPLICATION FOR APPROVAL OF VOLUNTARY PLAN
FOR SUCCESSOR**

Voluntary Plan No. _____

Successor
Effective Date: _____

Predecessor

Successor

CA Employer Account No. _____

CA Employer Account No. _____

Commercial
Name: _____

Commercial
Name: _____

Address: _____

Address: _____

The undersigned successor employer representative applies for continued approval of the Voluntary Plan, which was previously approved by the Department and administered by the predecessor employing unit. It is understood and agreed that with the continuance of approval of this Voluntary Plan, the successor assumes all obligations and liabilities of the predecessor.

(Signature of an Owner, Partner, or
Officer if a Corporation)

Typed name

Date

Title

A. Please indicate the reason for this Successor application:
(Choose one.)

New business (Subsidiary)

Purchased on-going business: All Part Other _____

Change in form - (individual to corporation; partnership to corporation; merger; corporation to LLC, etc.)

B. Name, address, and phone number of the individual responsible for coordinating all activities of the Voluntary Plan:

Name: _____

Address: _____

Phone: _____

Email: _____

C. Name, address, and phone number of the individual who will process voluntary plan claims and disputed coverage claim issues:

Name: _____

Address: _____

Phone: _____

Email: _____

D. Number of employees eligible to be covered by the successor plan: _____

E. Estimated Voluntary Plan taxable wages for current year: _____

F. To comply with the requirements of the Unemployment Insurance Code and Title 22, California Code of Regulations, security to guarantee payment of obligations of this Voluntary Plan will be deposited in the following form:

Cash Deposit or Letter of Credit (specify: _____)
United States or State of California bearer bonds
Guarantee Bond of an admitted surety insurer
Rider to a Guarantee bond currently on deposit
for an affiliate voluntary plan employer

G. Include a copy of the voluntary plan document.