



Voluntary Plan Third Party Administrator Authorization

This form must be completed by the employer if the employer has delegated the administration of its Voluntary Plan (VP) to a Third Party Administrator (TPA). This authorization form is required by state law in accordance with California Unemployment Insurance Code section 3267.

1. **Employer Name:** _____ VP Number: _____

2. **Primary Contact Person:**

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

3. **Secondary Contact Person:**

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

4. **Third Party Administrator Contact Information:**

Company Name: _____

Name of Contact: _____

Address: _____

Phone: _____

Email Address: _____

Fax: _____

5. You are authorizing the Employment Development Department to discuss and release information to a designated TPA. Please check below the type of information that may be discussed and released to the TPA:

- Annual Report of Self-Insured Voluntary Plan Transactions (DE 2568V)
- Annual security review
- Claims audits
- Financial audits
- New plan text
- Plan text amendments
- All forms related to claims processing
- Voluntary Plan Employer Administrative Changes (DE 2520BV-C) (Attachment C)
- Withdrawn plans
- All of the above

6. This form must be signed by the employer's authorized representative:

Print Name: _____ Title: _____

Signature: _____ Phone: _____

Date: _____

Voluntary Plan Third Party Administrator Authorization Instructions

1. Enter the employer's name for the Voluntary Plan (VP) and the VP number.
2. Enter the full name of the Primary Contact Person for the VP. Also include other requested contact information (i.e., title, address, phone number, etc.).
3. Enter the full name of the Secondary Contact Person for the VP. Also include other requested contact information (i.e., title, address, phone number, etc.).
4. Complete section 4 for the Third Party Administrator (TPA); this will be the TPA primary contact who has the authority and responsibilities to contact the Employment Development Department.
5. You must designate what VP information may be released and discussed with the TPA.
6. Form must be signed by an authorized representative.

Please return the completed form to:

Mailing Address:

**EDD, Disability Insurance Branch
Voluntary Plan Group
Attention: Database Administrator
PO Box 980149, MIC 29VP
West Sacramento, CA 95798-0149**

or

Email Address:

VPProgram@edd.ca.gov

Fax:

1-916-319-1438