

## 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- Withdrawn plans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 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 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 826880, MIC 29VP  
Sacramento, CA 94280-0001**

or

Email Address:

**[VPProgram@edd.ca.gov](mailto:VPProgram@edd.ca.gov)**

Fax:

**1-916-319-1438**