



Voluntary Plan Third Party Administrator Administrative Changes

Please provide pre-authorized Third Party Administrator (TPA) contact information.

Employer Name: _____ Voluntary Plan Number: _____

1. Primary TPA contact:

Name: _____ Title: _____
Address: _____ Phone: _____
Email: _____ Fax: _____

Duties performed: A B C D E F G H I J
(Check applicable box(es) above; see legend below for duty description.)

2. Secondary TPA contact information and duties performed:

Name: _____ Title: _____
Address: _____ Phone: _____
Email: _____ Fax: _____

Duties performed: A B C D E F G H I J
(Check applicable box(es) above; see legend below for duty description.)

3. Additional TPA contact information and duties performed:

Name: _____ Title: _____
Address: _____ Phone: _____
Email: _____ Fax: _____

Duties performed: A B C D E F G H I J
(Check applicable box(es) above; see legend below for duty description.)

Duties performed legend:

- | |
|---|
| A. Annual Report of Self-Insured Voluntary Plan Transactions (DE 2568V) |
| B. New plan text and/or statement of Coverage |
| C. Plan text amendments |
| D. Security reviews |
| E. Financial audits |
| F. Claims audits |
| G. Withdrawn plans |
| H. VP administrative change updates |
| I. All forms related to claims processing |
| J. All of the above |

4. To be completed by the TPAs authorized representative:

Print Name: _____ Title: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

Voluntary Plan Third Party Administrator Administrative Changes Form Instructions

1. Enter the primary TPA contact information and duties performed.
 2. Enter the secondary contact information and duties performed.
 3. Enter the additional contact information and duties performed.
 4. Enter the requested information of the TPA's authorized representative completing this form.
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Send the form to the Employment Development Department by using one of the delivery methods listed below.

Mailing Address:

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

Email Address:

VPProgram@edd.ca.gov

or

Fax:

1-916-319-1438