

**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:

- 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: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

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.