

Attachment 4B

Do Not Write in This Space	
Account Number _____	
Statistical Code _____	
Subject Quarter _____	
Send Forms _____	Sent Forms _____
Classified By _____	Date _____

APPLICATION FOR UNEMPLOYMENT AND DISABILITY INSURANCE ELECTIVE COVERAGE FOR EMPLOYEES EXEMPTED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE

Return this form to: Employment Development Department
Taxpayer Assistance Center, Attn: Specialized Coverage Desk
P.O. Box 2068
Rancho Cordova, CA 95741-2068
(916) 654-6288

This form is not an application for an account number. Submit DE 1, Registration Form, to obtain an account number and also refer to question 14 if you are a nonprofit organization.

Complete this form only if:

- Your employees are engaged in employment exempted under the California Unemployment Insurance Code (CUIC).
- A majority of your employees who are engaged in exempt employment want to be covered by the provisions of the CUIC and you agree to such coverage. All employees in any establishment or location must be covered by the election.
- You and your employees want this coverage to be effective for at least two complete calendar years after the effective date of this agreement.

1. Business name: The Episcopal Diocese of San Diego 619-291-5947
(Telephone)
2. Business address: 2728 6th Avenue San Diego CA 92118
(Street) (City) (State) (ZIP Code)
3. Mailing address: Dame
(Street) (City) (State) (ZIP Code)
4. Type of organization: Individual Partnership: General Limited
Corporation: Domestic Foreign Other
5. Indicate Owners, Corporation Officers, Partners, etc. (Use additional sheets if necessary.)

FIRST and LAST NAME	TITLE	RESIDENCE ADDRESS
The Rt. Rev. James R. Mathes	President	
Catherine Campbell	Secretary	} Change to Rector/Vicar, Sr. Warden Treasurer
Julie Young	Treasurer	

6. Check the block for any type of service you want to include under elective coverage:
- Domestic services in a private home where such individual receives less than \$1,000 cash remuneration in a calendar quarter (Section 629). (An individual who receives at least \$750 in cash remuneration is mandatorily covered for disability insurance under Section 2606.5).
- Services described in Section 634.5:
- (a) For a church, convention of churches, or organization operated primarily for religious purposes.
- (b) Duly ordained, commissioned, or licensed minister or member of religious order.
- (c) Services for a rehabilitation program by a participant in the program. (Except as provided by Section 605.5)
- (d) Services in a work-relief or work-training program by a participant in that program.
- (e) Services by an inmate of a custodial or penal institution.
- (f) Services by individual under 18 years of age in the delivery or distribution of newspapers or shopping news.
- (g) Services by an individual in, and at the time of, the sale of newspapers and magazines to ultimate consumers.
- Domestic services in a local college club or local chapter of a college fraternity or sorority if the remuneration paid is less than \$1,000 cash remuneration in a calendar quarter (Section 639).
- Casual labor not in the course of the employing unit's trade or business (Section 640).

Change to your own name

- Services for an organization exempt from income tax if remuneration for such service is less than \$50 in any calendar quarter (Section 641).
- Services performed in the employ of a school, college or university if such service is performed (Section 642).
 - (a) By a student regularly attending classes at such college or university.
 - (b) By a spouse of such student in a program to provide financial assistance to such student. (To be excluded, the spouse must be so advised at commencement of services.)
- Service performed as a student nurse in the employ of a hospital or nurses' training school (Section 645).
- Service performed as an intern in the employ of a hospital (Section 645).
- Service in a program combining academic instruction and work experience (Section 646).
- Service performed for a hospital by a patient (Section 647).
- Service on other than an American vessel or aircraft and the service therewith is performed outside the United States (Section 648).

7. Is your business seasonal? No. If "yes," during what months do you operate? _____

8. Do you expect to remain in business for the next eight calendar quarters? Yes

9. Indicate the number of different locations at which your activities are conducted in California 4

Show locations covered by this application 12728 Sixth Avenue, San Diego, CA, ECC 2083

unset Cliffs Blvd San Diego, CA, Santa Rosa del Mar, 20 Monterey Ave., Desert
Shoes, CA 92102 1760 Water St, San Diego CA, 92101

Change

10. (a) Do you have any employees in California that you do not want included in this coverage? No
If "yes," what work do they do? _____

(b) Do these employees perform services at the same establishment or location as those in Item 9? Yes
If "no," identify the establishment or location at which the services are performed. _____

11. How many employees will be covered by this agreement? 12

Disregard Items 12 and 13 if deductions from your employees' wages are already required for disability insurance purposes.

12. SDI deductions should not be made from your employees' wages for the purpose of paying contributions until your application has been approved. If deductions have already been made, show the beginning date _____ and the amount \$ _____.

13. Were such SDI deductions made on all employees covered by this application? NA

14. Is this a nonprofit organization? Yes No If yes, is it exempt under Section 501(c)(3) of the Internal Revenue Code?
If yes, submit form DE 1SNP, Selection of Financing Method by a Nonprofit Organization.

15. On what date do you wish elective coverage to commence?
 First day of current quarter First day of next quarter - See instructions

The undersigned hereby elects and makes application, under the Unemployment Insurance Code, to become an employer subject to the CUIC with respect to all employment as set forth in this elective coverage agreement. It is understood that upon approval of this election by the Director the undersigned will be subject to the CUIC as of the date specified in the approval and will continue to be subject for at least two complete calendar years after the effective date of this agreement and thereafter until this elective coverage is terminated as provided by the CUIC.

I declare that this application has been examined by me and, to the best of my knowledge and belief, is true and correct and made in good faith under the provisions of the CUIC, and that I have posted form DE 1375 (Notice to Employees) in a prominent place on my premises.

This declaration must be signed by one or more persons shown under Item 5. If the application is a partnership all partners must sign the application. If there are more than three partners, attach a separate sheet bearing the signatures and addresses of such additional partners.

Signed Julie Young Date 5-24-2013

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