



American General Life Insurance Company\*  
Houston, Texas  
The United States Life Insurance Company in the City of New York  
New York, New York

LTD W-2 Preparation Authorization Form and  
Employer Federal Insurance Contribution ACT  
(FICA) Match Agreement  
PO Box 14294, Lexington, KY 40512  
Tel +1 800-289-2266 Fax +1 855-864-0530  
Email: [claimsubmission@groupclaims.com](mailto:claimsubmission@groupclaims.com)

\*This company does not solicit business in New York

Please print or type all information requested.

**Name of Employer** \_\_\_\_\_

**Employer Address** \_\_\_\_\_  
*NUMBER STREET CITY STATE ZIP*

**Employer Contact** \_\_\_\_\_

**Employer Contact Email Address** \_\_\_\_\_

	Group Long-Term Disability (LTD)
<b>Employer Premium Contribution</b>	_____ %
<b>Employee Premium Contribution</b> <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax	_____ %

By signing and executing the following agreement, Employer ("You") authorizes American General Life Insurance Company (AGLIC) or The United States Life Insurance Company in the City of New York (US Life) to withhold, deposit and report the taxes described below.

**Important Note: In order for AGLIC/US Life to provide Employer FICA Match and W-2 Preparation services accurately, it's critical that you complete and return this form to the fax number or address listed above as soon as possible. We ask that you return the completed form to AGLIC/US Life within 7 business days of receiving this form.**

**STANDARD TAX SERVICES**

- Employer agrees that AGLIC/US Life will withhold and deposit applicable federal income taxes, state income taxes and FICA taxes from an employee's disability benefit; as well as make timely filings with the appropriate government agencies.
- Employer agrees that AGLIC/US Life will deposit said taxes under AGLIC/US Life's applicable Tax Identification number.
- Employer agrees that AGLIC/US Life assumes no responsibility for any other employment related tax, fee, premium or the like, including Federal Unemployment Insurance (FUTA), employer's share of FICA (unless elected below), State Unemployment Insurance (SUTA), State Disability Insurance, state or local occupational taxes or any Workers' Compensation tax which may be applicable to the disability benefits AGLIC/US Life is paying.
- Employer agrees that if an employee properly elects federal and/or state income tax withholding, AGLIC/US Life will withhold and deposit the appropriate income taxes from LTD payments.
- Employer agrees that AGLIC/US Life will prepare and deliver annual summary reports of LTD benefits paid to the Employer.
- Employer agrees to provide AGLIC/US Life with accurate and timely information to provide these services, including information to determine the taxable portion of the benefits.
- Employer agrees to indemnify and hold harmless AGLIC/US Life from any taxes, fines, penalties, etc., that may result from erroneous (including omitted) or untimely information provided by Employer.



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**A. EMPLOYER FICA MATCH SERVICES (Please check one)**

Note: If selecting Employer FICA Match Services, you must also select W-2 Services in Section B

- Employer **authorizes** AGLIC/US Life to provide W-2 services as selected in section B, and to pay Employer's share of FICA taxes (FICA match service). Employer FICA match services are free of charge.
- Employer **declines** AGLIC/US Life to prepare FICA match services and will report and deposit Employer's share of FICA tax as required from LTD benefits paid.

Note: Employer FICA match services are only available for employer-funded insured coverage.

**Effective Date of Request** (must be original effective date or anniversary/renewal date): \_\_\_\_\_

**B. W-2 SERVICES (Please check one)**

Note: If selecting Employer FICA Match Services in Section A, you must also select W-2 Services. However, W-2 Services can be selected if Employer FICA Match is declined. W-2 Services are free of charge.

- Employer **authorizes** AGLIC/US Life to prepare W-2 statements for payees and file federal and state information returns reporting disability benefits.
  - Employer agrees AGLIC/US Life will provide W-2 statements with sick pay information to payees by January 31st of each year, or other such date as required by law, and make information return filings in accordance with federal and state requirements regarding income tax, social security, and Medicare tax.
  - Employer agrees that AGLIC/US Life will use its applicable Tax Identification number on each of these forms.
  - Employer agrees that if the LTD policy is terminated, AGLIC/US Life will continue to provide W-2 statements and make information return filings for disability benefit payments on all claims incurred prior to the termination of the Policy.
- Employer **declines** AGLIC/US Life to prepare Forms W-2 for payees or file Federal and State information returns reporting disability benefits/sick pay. AGLIC/US Life will provide the Employer by January 15th of each year the information required by Federal law to enable the Employer to prepare Forms W-2 for its active and terminated employees.

**Effective Date of Request** (must be original effective date or anniversary/renewal date): \_\_\_\_\_

**C. HOW TAX SERVICES APPLY TO EMPLOYER'S LOCATIONS, DIVISIONS, OR EMPLOYEE CLASSES**

Tax Services selected above apply to all locations, divisions and/or classes of the Employer.

- Yes  No

If no, the Employer must provide AGLIC/US Life with a listing of all locations, divisions and/or classes that will have Tax Services that differ from the selections under Sections A and B of this agreement.



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**CHANGING TAX SERVICES**

1. Once this authorization is received, AGLIC/US Life will continue to provide these services every year going forward, until notified in writing that you no longer wish us to perform these services. 2. This Agreement may be terminated by either party by giving 30 days prior written notice to the other party. This Agreement will terminate automatically as of the date of termination of the employer’s LTD Policy. 3. December 1<sup>st</sup> is the last date for changing the W-2 services and/or Employer FICA match services option selected for the tax year.

\_\_\_\_\_  
LEGAL NAME OF ENTITY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
NAME AND TITLE OF AUTHORIZED SIGNER