



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

**STD 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

*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 _____

Employer Tax ID _____

	Group Short-Term Disability (STD)
Employer Premium Contribution	_____ %
Employee Premium Contribution	
<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax	
<input type="checkbox"/> Gross up <input type="checkbox"/> Tax Choice	_____ %

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

Important Note: In order for AGL/USL to provide Employer FICA Match and W-2 Preparation services accurately, it's critical that you complete and return this form to your AIG implementation team. We ask that you return the completed form within 7 business days of receiving this form.

STANDARD TAX SERVICES

- Employer agrees that AGL/USL 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 AGL/USL will deposit said taxes under AGL/USL’s applicable Tax Identification number.
- Employer agrees that AGL/USL 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 AGL/USL is paying.
- Employer agrees that if an employee properly elects federal and/or state income tax withholding, AGL/USL will withhold and deposit the appropriate income taxes from STD payments.
- Employer agrees to provide AGL/USL 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 AGL/USL 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

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

Employer authorizes AGL/USL to withhold and remit Employer's share of FICA taxes (FICA Match Services). **Employer agrees that adding STD FICA Match Services will require underwriter review. If selection of this service results in a change in premium or fees, AGL/USL will promptly notify the Employer.**

- Fully Insured STD
- Administrative Services Only (ASO) STD

Employer **declines** AGL/USL to withhold and remit FICA Match Services and will report and deposit Employer's share of FICA tax as required from STD benefits paid.

- Fully Insured STD
- Administrative Services Only (ASO) STD

Note: Employer FICA Match Services are not available for Statutory STD plans.

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

B. W-2 SERVICES

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 AGL/USL to prepare W-2 statements for payees and file federal and state information returns reporting disability benefits.

- Employer agrees AGL/USL 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 AGL/USL will use its applicable Tax Identification Number on each of these forms, unless noted differently below.
- Employer agrees that if the STD policy is terminated, AGL/USL 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.
- This authorization applies to the following plans:

- Fully Insured STD
- Administrative Services Only (ASO) STD
- New York Statutory (DBL) – Employer's Tax ID Number will be used
- New Jersey Statutory (TDB) – Employer's Tax ID Number will be used



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Employer declines AGL/USL to prepare Forms W-2 for payees or file Federal and State information returns reporting disability benefits/sick pay. AGL/USL 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. This authorization applies to the following plans:

- Fully Insured STD
- Administrative Services Only (ASO) STD
- New York Statutory (DBL)
- New Jersey Statutory (TDB)

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 AGL/USL 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.

CHANGING TAX SERVICES

1. Once this authorization is received, AGL/USLL 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 STD Policy. 3. December 1st 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