



MAIL FORM TO:
 USABLE Life
 Attn: Group Issue – W2 Processing
 PO Box 1650
 Little Rock, AR 72203

W-2 Agreement

Effective Tax Year of Request (*note: this applies to current and future tax years*): **Tax year ending December 31, 20**

Employer Name: _____ Telephone Number: _____

Contact Person: _____ Fax Number: _____

Employer Tax ID Number (EIN): _____ E-Mail address: _____

USABLE Life Group Number: _____

W-2 Options for reporting of disability income benefits (“sick pay”) paid under the group policy or policies identified above (the “Policy”). (Please choose Option 1 or Option 2 below).

Option 1

USABLE Life DOES prepare W-2 statements for payees and files Federal and State information returns reporting sick pay.

Employer hereby designates USABLE Life as its agent for the sole purpose of providing W-2 statements with sick pay information to payees by January 31st of each year, or such other date required by the Internal Revenue Service, and for making information return filings in accordance with Federal and State requirements regarding income tax, social security and Medicare tax. USABLE Life will use its EIN number on each of these forms. Employer is responsible for providing USABLE Life with all information necessary to determine the taxable portion of sick pay. The employee contributions made with after tax dollars will determine what portion of sick pay, if any, is excludable from employee’s gross income. If Policy terminates, USABLE Life will continue to provide W-2 statements and make information return filings for sick pay payments on all claims incurred prior to termination of policy.

Option 2

USABLE Life DOES NOT prepare Form W-2 statements for payees and Federal and State information returns reporting sick pay.

If this option is chosen, USABLE Life will provide Employer, by January 15th of each year, with the information required by Federal law for Employer to prepare W-2’s for its employees and file Federal and State information returns.

General Sick Pay Reporting Requirements

Employer is responsible for providing USABLE Life with accurate information, including employee contribution percentage of sick pay premium and whether these contributions were paid with BEFORE or AFTER tax dollars.

USABLE Life will withhold and make timely deposits of employee social security and Medicare taxes. USABLE Life will notify Employer of the payments on which employee taxes were withheld within the time required for USABLE Life’s deposit of these amounts. Under no circumstance are any responsibilities for Employer’s portion of social security and Medicare taxes, FUTA taxes or any other payroll or employment related tax, fee, premium or the like, including State disability insurance, State or local occupational tax or any Worker’s Compensation tax which may be applicable to sick pay assumed by USABLE Life.

USABLE Life agrees to withhold and deposit Federal income tax as requested by the employee on Federal W-4S form.

November 30th postmark is the last date for changing the W-2 Option selected for the tax year and for changing any other information contained in this form. This Agreement will continue until replaced by a new agreement, the Policy terminates and/or sick pay payments are discontinued. This Agreement will not apply to any claims incurred after the Policy terminates.

EMPLOYER

USABLE Life

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____