

## FICA Tax/W-2 Agreement

Administrative Office: Lombard, Illinois Submit the completed form at:

service.ancillary.bcbsmt.com Fax (312) 946-3564

Request Effective with Tax Year: W-2:			FICA Match:	
		(current or future tax year)		(New group - current or future tax year) (Existing group - future tax year only)
Employer Name:			Telephone Number:	
Contact Person:			Fax Number:	
Employer Tax ID Number (EIN):		E-mail address:		
Grour	o Policy Number(s):			
This /	Agreement Applies to:			
Bc	oth STD and LTD	Long Term Disability Only	Short Te	rm Disability Only
A. W	<ul> <li>V-2 Options for disability income benefits ("sick pay") - Choose Option 1 or Option 2:</li> <li>W-2 Option may be selected up to November 15th of the current tax year.</li> </ul>			
	OPTION 1. Insurer p	repares W-2 statements for payees and file	es Federal and Stat	e information returns reporting sick pay.
Γ	<ul> <li>Federal and State requirements regarding income tax, social security and Medicare tax. Insurer will use its EIN number on each of these Employer is responsible for providing Insurer with all information necessary for Insurer to file timely and correct statements and returns, in the information necessary to determine the taxable portion of sick pay. The employee contributions made with after tax dollars will determ portion of sick pay, if any, is excludable from employee's gross income. If Policy terminates, Insurer will continue to provide W-2 statement make information return filings for sick pay payments on all claims incurred prior to termination of Policy.</li> <li>NOTE: We will issue W-2's on a continuous basis, until notified differently by the Employer.</li> <li>OPTION 2. Insurer DOES NOT prepare Form W-2 statements for payees and Federal and State information returns reporting sicl this option is chosen, Insurer will provide Employer by January 15th of each year with the information required by Federal law for Employer prepare W-2s for its employees and file Federal and State information returns.</li> <li>mployer FICA Options with respect to Employer's share of Social Security and Medicare taxes:</li> </ul>			
B. EI	FICA Match Option Match Option can or	can be selected as of your policy effective d hly be selected as of January 1st of the future	ate for new groups. It tax year.	f you are an existing group, FICA
	STANDARD. Employer retains responsibility for paying the Employer's share of Social Security and Medicare taxes. Insurer will provide Employer with reports containing these amounts on a quarterly basis.			
	OPTION 1. Insurer pays the Employer's share of Social Security and Medicare taxes and deposits the taxes using the Insurer's El Employer will not be required to reimburse the Insurer for these amounts. Employer understands that the Employer FICA Match service wil result in an increase of premium. If this Option is selected, the Insurer must prepare W-2 statements. Employer must select Option 1 in Section A.			
C. G	eneral Sick Pay Reporting Requirements			
	Employer is responsible for providing Insurer with accurate information, including total wages paid employee during the calendar year, the last date the employee worked, and the employee contribution percentage of sick pay premium and whether these contributions were paid with BEFORE or AFTER tax dollars.			
	Insurer will notify Employer of the payments on which employee taxes were withheld. A weekly report will be sent to the Employer within the tim required for Insurer's deposit of these amounts. Quarterly and Annual reports will also be sent to the Employer. Insurer will withhold and make timely deposits of employee Social Security and Medicare taxes.			
	Under no circumstances does Insurer assume any responsibility for Employer's portion of FUTA taxes or any other payroll or employment relate tax, fee, premium or the like, including State disability insurance, State or local occupational tax or any Workers' Compensation tax which may b applicable to the sick pay.			
	Insurer agrees to withhold and deposit Federal income tax as required by the IRS or as requested by the employee on Federal W-4S form.			
		continue until replaced by a new Agreement, t any prior dated Agreements.	the Policy terminates	and/or sick pay payments are discontinued. This
COM	PLETED BY - EMPLOYE	ER:		
Print I	Name:		Signature:	
Title:				

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