

FICA Tax/W-2 Agreement

Administrative Office: Lombard, Illinois Submit the completed form at: service.ancillary.bcbstx.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	er:	
Contact Person:			Fax Number:		
Employer Tax ID Number (EIN):			E-mail address:		
Gro	oup Policy Number(s):		_		
Thi	s Agreement Applies to:				
	Both STD and LTD	☐ Long Term Disability Only	☐ Short Te	erm Disability Only	
A.	W-2 Options for disability income benefits ("sick pay") - Choose Option 1 or Option 2: W-2 Option may be selected up to November 15th of the current tax year.				
	OPTION 1. Insurer pro	epares W-2 statements for payees and fil	es Federal and Stat	e information returns reporting sick pay.	
31st of each year, or such other date required by the Internal Revenue Service Federal and State requirements regarding income tax, social security and Media Employer is responsible for providing Insurer with all information necessary for the information necessary to determine the taxable portion of sick pay. The ender portion of sick pay, if any, is excludable from employee's gross income. If Polismake information return filings for sick pay payments on all claims incurred primate information return filings for sick pay payments on all claims incurred primate. We will issue W-2's on a continuous basis, until notified differently by the OPTION 2. Insurer DOES NOT prepare Form W-2 statements for payees at this option is chosen, Insurer will provide Employer by January 15th of each year prepare W-2s for its employees and file Federal and State information returns. B. Employer FICA Options with respect to Employer's share of Social Security at FICA Match Option can be selected as of your policy effective date for new				Medicare tax. Insurer will use its EIN number on each of these forms. In the second strain of the second strains and returns, including the employee contributions made with after tax dollars will determine what Policy terminates, Insurer will continue to provide W-2 statements and ad prior to termination of Policy. The by the Employer. The second federal and State information returns reporting sick pay. If the characteristic properties are sufficiently and the information required by Federal law for Employer to the urns. The second federal taxes:	
	STANDARD. Emp	ly be selected as of January 1st of the future ployer retains responsibility for paying the with reports containing these amounts on a	e Employer's share	of Social Security and Medicare taxes. Insurer will	
	OPTION 1. Insurer pays the Employer's share of Social Security and Medicare taxes and deposits the taxes using the Insurer's Elemployer will not be required to reimburse the Insurer for these amounts. Employer understands that the Employer FICA Match service will 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.	General Sick Pay Reporti	ng Requirements			
		rked, and the employee contribution percent		wages paid employee during the calendar year, the last nium and whether these contributions were paid with	
	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.				
	tax, fee, premium or the applicable to the sick p	ne like, including State disability insurance, Spay.	State or local occupat	n of FUTA taxes or any other payroll or employment related tional tax or any Workers' Compensation tax which may be	
	_		-	s requested by the employee on Federal W-4S form.	
		ny prior dated Agreements.	tne Policy terminates	and/or sick pay payments are discontinued. This	
СО	MPLETED BY - EMPLOYE	R:			
Print Name:			Signature:		
Titl	e:		DATE		
Em	nail:		_		

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