



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:	
sick pay. Employer hereby designates USAble Life as its agent for information to payees by January 31st of each year, or so making information return filings in accordance with F and Medicare tax. USAble Life will use its EIN number USAble Life with all information necessary to determine made with after tax dollars will determine what portion If Policy terminates, USAble Life will continue to proving pay payments on all claims incurred prior to termination	ees and files Federal and State information returns reporting for the sole purpose of providing W-2 statements with sick pay such other date required by the Internal Revenue Service, and for ederal and State requirements regarding income tax, social security or on each of these forms. Employer is responsible for providing the the taxable portion of sick pay. The employee contributions of sick pay, if any, is excludable from employee's gross income.
reporting sick pay. If this option is chosen, USAble Life will provide Emp	ents for payees and Federal and State information returns ployer, by January 15 th of each year, with the information required imployees and file Federal and State information returns.
General Sick Pay Reporting Requirements	
	th accurate information, including employee contribution tributions were paid with BEFORE or AFTER tax dollars.
notify Employer of the payments on which employee to deposit of these amounts. Under no circumstance are a Medicare taxes, FUTA taxes or any other payroll or em	f employee social security and Medicare taxes. USAble Life will axes were withheld within the time required for USAble Life's my responsibilities for Employer's portion of social security and aployment related tax, fee, premium or the like, including State my Worker's Compensation tax which may be applicable to sick
USAble Life agrees to withhold and deposit Federal in	come tax as requested by the employee on Federal W-4S form.
November 30 th postmark is the last date for changing the W-2 information contained in this form. This Agreement will contin sick pay payments are discontinued. This Agreement will not a	ue until replaced by a new agreement, the Policy terminates and/or
EMPLOYER	USAble Life
Signature:	Signature:
Title:	Title:
Date:	Date:

W2-AGREE (10-06)