

Partners HealthCare System Medical Resident Consent Form

Social Security Number: _____

Medical Resident Name: _____
Last, first and middle initial

Prior name: _____
If you changed your name because of marriage, divorce, etc., enter the name used when you were a medical resident

Address: _____
Number and street or P.O. box number Apt. No

_____ _____ _____
City, town or post office State Zip Code

Note: If foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

Email address: _____

For each year shown below, check "Yes" if you authorize Partners HealthCare System ("Partners") to collect the refund on your behalf, or "No" if you do not authorize Partners to collect the refund on your behalf, or you are not eligible for a refund. Please note that whether or not Partners actually obtains a refund from the IRS depends upon whether the claim is approved by the IRS, and whether Partners filed a protective claim for the particular year. Such approval is contingent upon a number of factors, and it is possible that the claim, or certain years in the claim, may not be approved by the IRS.

The IRS has acknowledged Partners' ability to claim a refund for the following years:		Partners believes that the IRS may allow a refund claim for the following years:	
1997	<input type="checkbox"/> YES / <input type="checkbox"/> NO	1995	<input type="checkbox"/> YES / <input type="checkbox"/> NO
1998	<input type="checkbox"/> YES / <input type="checkbox"/> NO	1996	<input type="checkbox"/> YES / <input type="checkbox"/> NO
1999	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
2000	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
2001	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
2002	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
2003	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
2004	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
3/31/2005	<input type="checkbox"/> YES / <input type="checkbox"/> NO		

For each year I checked "Yes" above:

- I have not claimed and will not claim a refund or credit from the IRS for any over collected FICA taxes from wages paid for services performed as a medical resident, or if I have, the claim was rejected.
- I did not receive a FICA tax refund or credit because of earnings in excess of the social security wage base on my Federal income tax return (e.g., Form 1040).
- I understand that my Social Security earnings record will be corrected to reflect zero wages earned as a resident for tax periods for which I received a refund. I understand that removing these wages could affect my eligibility to or the amount of future Social Security benefits.

- I give my consent to Partners to file a Medical Resident FICA Refund Claim on my behalf for refunds of FICA taxes that Partners withheld from my wages for services I performed as a medical resident.

SIGN HERE ►

| **Date:**

Return your signed consent form to:

Mail: PricewaterhouseCoopers, LLP, c/o Partners HealthCare System FICA, 125 High Street, Boston, MA 02110

Fax: 813-329-5342

Email: partnersficarefund@us.pwc.com

Keep a signed copy of the consent form for your records.

If you also received pay as an intern, resident or clinical fellow from one of the following Partners affiliates, place a check next to the name of the affiliate. It is not yet clear whether the IRS will allow any refunds for former interns, residents and fellows paid by these other Partners affiliates:

Faulkner Hospital <input type="checkbox"/>	McLean Hospital <input type="checkbox"/>
Newton-Wellesley Hospital <input type="checkbox"/>	North Shore Medical Center (f/k/a Salem Hospital) <input type="checkbox"/>
Spaulding Rehabilitation Hospital <input type="checkbox"/>	