



Mailing Address:  
Des Moines, IA 50392-0002

Principal Life Insurance Company | Agency Agreement for Form W-2 Reporting

# Agreement applies to: STD COVERAGE ONLY

This Agency Agreement for Form W-2 Reporting ("Agreement") is made by and between \_\_\_\_\_ ("Employer") and Principal Life Insurance Company ("Principal Life"), an Iowa corporation, with its principal place of business at 711 High Street, Des Moines, Iowa 50392-0002 (collectively the "Parties").

This Agreement becomes effective on the later of the dates it is signed by the Parties.

Employer hereby designates and appoints Principal Life to act as an agent for Employer for the purpose of fulfilling the requirements under IRC Sec. 6051 for employees receiving disability income benefits under Policy No. \_\_\_\_\_.

**Employer understands and acknowledges that it is the responsibility of Employer to coordinate and resolve any and all issues that may arise from any payroll service vendor relating to the terms of this Agreement, and Employer releases, indemnifies, and holds Principal Life harmless from any and all such issues or actions.**

Principal Life agrees to provide Form W-2 to each such employee of Employer, by mail, on or before January 31<sup>st</sup> of each year, while this Agreement is in effect. Such Form W-2 will include name, address, and the employer identification number from Principal Life if "Sick Pay Statement Furnished under an Agency Agreement with your Employer" appears in the box labeled "Employer's Use". Copies of Form W-2's, or information included therein, will be submitted to the appropriate government entities.

Principal Life agrees to provide to Employer daily FICA Reports, a Quarterly Disability Summary, and an Annual Disability Pay & Withholding Report.

In the event of any incorrect reporting, Principal Life agrees to submit a corrected Form W-2 to the appropriate government entities, provide a copy of such correction to the employee, and provide any updated reports necessary to Employer.

Principal Life agrees to provide these administrative services to Employer at no additional cost.

This Agreement may be terminated by either party upon sixty (60) days' written notice to the other party, with or without cause.

_____		<b>Principal Life Insurance Company</b>
<b>Company name</b>		
<b>Signature:</b> _____	<b>By:</b> _____	
<b>Printed Name:</b> _____	<b>Title:</b> _____	
<b>Title:</b> _____	<b>Date:</b> _____	
<b>Date:</b> _____		