

Fort Dearborn Life Insurance Company® of New York

Home Office: 1250 Pittsford Victor Road
Bldg. 100, Suite 116
Pittsford, New York, 14534

W-2 Agreement

Administrative Office:
85 Allen Street, Suite 210
Rochester, NY 14608

Effective Tax Year of Request (current or future tax year only): _____

Employer Name: _____ Telephone Number: _____

Contact Person: _____ Fax Number: _____

Employer Tax ID Number (EIN): _____ E-mail address _____

Group Policy Number(s): _____

A. W-2 Options for reporting of the New York Disability Benefits Law (DBL) payments made under the group policy or policies identified above (the "Policy") (choose Option 1 or Option 2):

OPTION 1. Insurer prepares W-2 statements for payees and files Federal and State information returns reporting DBL payments.

Employer hereby designates Insurer as its agent for the sole purpose of providing W-2 statements with DBL payment information to payees by January 31st of each year, or such other date required by the Internal Revenue Service, and for making information return filings in accordance with Federal and State requirements regarding income tax, Social Security and Medicare tax. Insurer will use its EIN number on each of these forms. Employer is responsible for providing Insurer with all information necessary for Insurer to file timely and correct statements and returns, including the information necessary to determine the taxable portion of DBL payments. The employee contributions made with after tax dollars will determine what portion of DBL payments, if any, is excludable from employee's gross income. If Policy terminates, Insurer will continue to provide W-2 statements and make information return filings for DBL payments on all claims incurred prior to termination of Policy.

OPTION 2. Insurer DOES NOT prepare Form W-2 statements for payees and Federal and State information returns reporting DBL payments.

If this option is chosen, Insurer will provide Employer by January 15th of each year with the information required by Federal law for Employer to prepare W-2s for its employees and file Federal and State information returns.

B. General DBL Payment 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 DBL payment premium and whether these contributions were paid with BEFORE or AFTER tax dollars.

Insurer will withhold and make timely deposits of employee Social Security and Medicare taxes. Insurer will notify Employer of the payments on which employee taxes were withheld within the time required for Insurer's deposit of these amounts. Under no circumstance does Insurer assume any responsibility for Employer's portion of Social Security and Medicare taxes, FUTA taxes or any other payroll or employment related tax, fee, premium or the like, including State disability insurance, State or local occupational tax or any Workers' Compensation tax which may be applicable to the DBL payments.

Insurer agrees to withhold and deposit Federal income tax as requested by the employee on Federal W-4S form.

NOVEMBER 15th is the last date for changing the W-2 Option selected for the tax year and for changing any other information contained on this form. This Agreement will continue until replaced by a new agreement, the Policy terminates and/or DBL payments are discontinued. This Agreement will not apply to any claims incurred after the Policy terminates.

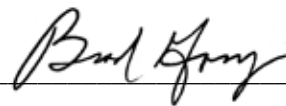
EMPLOYER

Signature: _____

Title: _____

Date: _____

INSURER

Signature: _____ 

Title: **Chief Marketing Officer**