



The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/mybenefits

Group Disability Insurance Employee Tax Notice

1 Employee Information

Form fields for Employee Information: First Name, MI, Last Name, Social Security Number, Employee Phone Number, Claim Number, E-mail Address, Employer's Name, Control Number.

*Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.

2 Federal and State Withholding

Benefits provided under your Group Disability Income Plan may be subject to federal, state, and local taxation. Contact your employee benefits representative or disability plan trustee for details on your rights and obligations under the various tax codes.

If you wish to have Federal Income Tax (FIT) withheld from any payments you may receive, indicate the amount to be withheld (\$20 weekly minimum for STD/\$88 monthly minimum for LTD) below and sign the authorization. Withholding requests may also be submitted on IRS Form W-4S. Withholding requests must be stated in whole dollar amounts. FIT will not be withheld if the disability benefit is not taxable.

I request voluntary Federal Income Tax withholding from each payment, as authorized under section 3402(c) of the Internal Revenue Code, in the amount(s) of:

- 1. For STD [] .00 weekly (\$20.00 minimum)
2. For LTD [] .00 monthly (\$88.00 minimum)

3 Employee Signature

Employee Signature: X _____ Date (MM DD YYYY) [][][][][][][][][]

