

SHORT AND LONG TERM DISABILITY EMPLOYER ELECTION AND AUTHORIZATION INCOME TAX WITHHOLDING/DEPOSITS/FICA PAYMENTS/W-2 REPORTING

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the Voya® family of companies



INCOME TAX WITHHOLDING/FEDERAL INSURANCE CONTRIBUTIONS/W-2 REPORTING

Effective on _____, 20____, for short term disability ("STD") or long term disability ("LTD") benefit payments made by ReliaStar, under the Employer's STD or LTD plan,

- ReliaStar agrees as follows:
- To withhold and deposit Federal and state income taxes;
 - To prepare and file Federal and state information returns;
 - To withhold and deposit the employee's share of the Federal Insurance Contributions Act ("FICA") tax;
 - If elected by the Employer using this election form, to withhold and deposit the Employer's matching share of FICA;
 - If elected by the Employer using this election form, to prepare and file Form W-2s.

EMPLOYER FEDERAL INSURANCE CONTRIBUTIONS ACT ("FICA") MATCHING SHARE ELECTION - STD

Please indicate how you would like ReliaStar Life Insurance Company or ReliaStar Life Insurance Company of New York, (hereinafter "ReliaStar"), to administer your STD plan's share of FICA payments. Select **only the applicable options** from the STD Plan by choosing **ONE** of Options 1, 2, 3 or 4.

NOTE: If you select Option 3 you must also select the desired method for issuing the Federal and state tax W-2 reporting.

STD Plan Options

- 1: ReliaStar Pays FICA Matching Share. **(This option is only available for Fully Insured STD Plans.)**
- ReliaStar: • will pay the Employer's FICA Matching Share.
- will issue Form W-2s to individual sick pay recipients and other related forms to government agencies.
- Employer: • acknowledges that the premiums charged by ReliaStar have been adjusted to reflect ReliaStar's payment of the Employer's FICA Matching Share.
- 2: ReliaStar Pays Employer FICA Matching Share but invoices Employer for reimbursement.
- ReliaStar: • will pay the Employer's FICA Matching Share.
- will prepare and send an invoice to the Employer showing the Employer's portion of FICA paid by ReliaStar on behalf of the Employer.
 - will issue Form W-2s to individual sick pay recipients and other related forms to government agencies.
- Employer: • will reimburse ReliaStar for the Employer's FICA Matching Share within thirty-one days of receipt of the invoice¹.
- 3: Employer Pays FICA Matching Share.
- ReliaStar: • will provide the information required by the Employer to make its FICA tax payments.
- Employer: • will be solely responsible for payment of the Employer's FICA Matching Share.
- will be responsible for electing the administration of Federal and state tax W-2 reporting (*choose one below*).
- ReliaStar will issue form W-2s to individual sick pay recipients and other related forms to government agencies.
- Employer will issue form W-2s
- ReliaStar: • will provide the information required by the Employer to issue Form W-2s.
- Employer: • will issue Form W-2s to individual sick pay recipients and government agencies under the Employer's name, address, and Employer Identification Numbers ("EINs")
- 4: No Employer FICA Matching Share needed at this time.
- ReliaStar: • will provide the information required by the Employer to make its FICA tax payments when applicable.
- Employer: • will be solely responsible for payment of the Employer's FICA Matching Share.
- will be responsible for electing the administration of Federal and state tax W-2 reporting (*choose one below*).
- ReliaStar will issue form W-2s to individual sick pay recipients and other related forms to government agencies.
- Employer will issue form W-2s
- ReliaStar: • will provide the information required by the Employer to issue Form W-2s.
- Employer: • will issue Form W-2s to individual sick pay recipients and government agencies under the Employer's name, address, and Employer Identification Numbers ("EINs")

¹Interest will be charged at a monthly rate of 1% if payment is not received within thirty-one days of the due date.

EMPLOYER FEDERAL INSURANCE CONTRIBUTIONS ACT ("FICA") MATCHING SHARE ELECTION - LTD

Please indicate how you would like ReliaStar to administer your LTD plan's share of FICA payments. Select **only the applicable options** from the LTD Plan by choosing **ONE** of Options 1, 2 or 3.

NOTE: If you select Option 2 you must also select the desired method for issuing the Federal and state tax W-2 reporting

LTD Plan Options

1: ReliaStar Pays FICA Matching Share.

ReliaStar: • will pay the Employer's FICA Matching Share.

- will issue Form W-2s to individual sick pay recipients and other related forms to government agencies

Employer: • acknowledges that the premiums charged by ReliaStar have been adjusted to reflect ReliaStar's payment of the Employer's FICA Matching Share.

2: Employer Pays FICA Matching Share.

ReliaStar: • will provide the information required by the Employer to make its FICA tax payments.

Employer: • will be solely responsible for payment of the Employer's FICA Matching Share.

- will be responsible for electing the administration of Federal and state tax W-2 reporting (*choose one below*).

ReliaStar will issue form W-2s to individual sick pay recipients and other related forms to government agencies.

Employer will issue form W-2s

ReliaStar: • will provide the information required by the Employer to issue Form W-2s.

Employer: • will issue Form W-2s to individual sick pay recipients and government agencies under the Employer's name, address, and Employer Identification Numbers ("EINs")

3: No Employer FICA Matching Share needed at this time.

ReliaStar: • will provide the information required by the Employer to make its FICA tax payments when applicable.

Employer: • will be solely responsible for payment of the Employer's FICA Matching Share.

- will be responsible for electing the administration of Federal and state tax W-2 reporting (*choose one below*).

ReliaStar will issue form W-2s to individual sick pay recipients and other related forms to government agencies.

Employer will issue form W-2s

ReliaStar: • will provide the information required by the Employer to issue Form W-2s.

Employer: • will issue Form W-2s to individual sick pay recipients and government agencies under the Employer's name, address, and Employer Identification Numbers ("EINs")

OTHER FEDERAL AND STATE TAXES

Employer will be responsible for the liability, deposit and required governmental filings with respect to Federal and State Unemployment Tax as well as all other taxes. Other than Federal income, state income and FICA payments and reporting described in this form, ReliaStar assumes no responsibility for any other payroll or employment related tax, fee, premium or the like including FUTA/SUTA, State Disability Insurance, State or Local Occupational Taxes or any Workers' Compensation Tax which may be applicable to ReliaStar's disbursement of disability benefits under the Employer's STD or LTD plan. The Employer agrees to indemnify and to hold ReliaStar harmless from any and all taxes, costs (including reasonable actual attorney fees) and penalties for any other tax which may be applicable to the disability benefits paid. ReliaStar agrees to indemnify and hold harmless the Employer for any and all taxes, costs (including reasonable attorney's fees) and penalties directly resulting from incorrect disability payment data reported to the Employer.

EMPLOYER INFORMATION

Employer Name _____ Group Policy Number _____

Contact Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

ACKNOWLEDGEMENTS AND AUTHORIZATIONS

Currently, ReliaStar has designated Disability Reinsurance Management Services, Inc. ("DRMS") as its paying agent for this purpose. These Statements will be prepared and filed annually by using DRMS' Federal Employer Identification Number or such other Tax Identification Number as may be required by the Internal Revenue Service (IRS).

Elections made using this election form shall be binding and remain in effect unless and until a new election form is filed by the Employer and approved and acknowledged in writing by ReliaStar, and while any short term or long term disability claim remains open, even if ReliaStar is no longer the insurer.

Employer

Employer Identification Number (EIN) _____

 Authorized Representative Signature _____ Date _____

Title _____