



**PEHP
LONG TERM DISABILITY
TAX WITHHOLDING CERTIFICATE**

For Disability Benefit Recipients
560 East 200 South
Salt Lake City, UT 84102 | 801-366-7583 or 800-365-7347

Please Print:

Full Name (Last, First, Middle Initial)	Social Security Number
Full Name of Employer	Disability Date

TAX WITHHOLDING OPTIONS ON MONTHLY BENEFIT

Check one of the following options. Please read all alternatives carefully before selecting the tax withholding method you prefer. If you select option 2 or 3, please complete the "Exemptions Claimed" section. Your selection will begin with your first disability benefit check.

- _____ 1. I do not wish to have federal and state withholding tax deducted from my benefit. I realize I am liable for payment of federal taxes on my disability benefits. If my payments are not adequate, I may be subject to tax penalties under the quarterly estimated tax payment rules.
- _____ 2. Based upon the exemptions listed below, I wish to have Public Employees Long-Term Disability Program determine and withhold the amount, if any, of federal and state income taxes in accordance with the current tax tables and exemptions claimed.
- _____ 3. I wish to have the Public Employees Long-Term Disability Program determine the amount of federal income tax to be withheld in accordance with the tax tables and exemptions claimed plus add an additional \$_____ per month.
- _____ 4. I wish to have Public Employees Long-Term Disability Program determine the amount of state income tax to be withheld in accordance with the tax tables and exemptions claimed plus an additional \$_____ per month.
- _____ 5. I wish to have \$_____ federal and \$_____ state taxes withheld from each monthly benefit check. If my payments are not adequate, I understand I may be subject to tax penalties under the quarterly estimated tax penalty rules.

FILING STATUS

_____ Married _____ Single

EXEMPTIONS CLAIMED

_____ for yourself _____ other exemptions
 _____ for your spouse _____ TOTAL number exemptions claimed

I have reviewed the information on this form and hereby submit this statement of preference for purposes of income tax withholding.

SIGNATURE: _____ DATE: _____