



**LONG-TERM DISABILITY PROGRAM
TAX WITHHOLDING FORM**

For PEHP LTD
P.O. Box 1169
Salt Lake City, UT 84110 801-366-7583 or 800-365-7347

Please Print or Type:

Full Name: _____

Last 4 SSN Digits or PEHP ID #: _____

Employer Name: _____

First Date Covered by LTD: _____

TAX WITHHOLDING OPTIONS ON MONTHLY BENEFIT

You must complete the Filing Status, Number of Exemptions and then check ONLY one of the 3 given options and sign below. If not filled out correctly we will return the form to you and you may not have taxes taken from your benefit.

FILING STATUS

_____ Married
_____ Single

NUMBER OF EXEMPTIONS CLAIMED

_____ TOTAL number of exemptions I want to claim

- _____ 1. 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, filing status and exemptions claimed as noted.
- _____ 2. 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 pay additional taxes when filing.
- _____ 3. I do not wish to have federal and state withholding tax deducted from my benefit. I realize I am liable for payment of federal and/or state taxes on my benefit payments and will receive a W2 each year.

I have reviewed the information on this form and hereby submit this statement of preference for purposes of income tax withholding from my PEHP LTD MONTHLY BENEFIT.

SIGNATURE: _____ DATE: _____

Mail to "Attention LTD" to the address above, or email encrypted to pehp.ltd@pehp.org or fax to 801-366-7321.

(If you do not have email encryption, send an email to pehp.ltd@pehp.org requesting a secure email, then attach the form to that secure email.)