



The Hartford
New Case Submission Checklist
Groups with 10-49 Eligible Lives
Ohio

- Group Insurance Application
 - **Employer** signature required
 - **Broker** signature required

- [Enrolled Census](#)

- Client Information Sheet
 - **Employer** signature required

- W-2 and FICA Match Service Agreement (**when STD or LTD is sold**)
 - STD Tax Service Agreement (**Employer** signature required)
 - LTD Tax Service Agreement (**Employer** signature required)

- Proposal with the sold plan(s) clearly marked “SOLD”

NO BINDER CHECK IS NEEDED

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

GROUP INSURANCE APPLICATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") based on the information provided below, the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the group policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed group policy(ies):

\$ _____

COVERAGES BEING APPLIED FOR AND REQUESTED EFFECTIVE DATE:

<input type="checkbox"/> Life	<input type="checkbox"/> DisFlex	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> Critical Illness
<input type="checkbox"/> Accident		<input type="checkbox"/> Accidental Death and Dismemberment		
<input type="checkbox"/> Other: _____		Requested Effective Date: _____		

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by the applicant pursuant to this application will be sent to the applicant by mail. Such services will be performed in accordance with the above election and established standard procedures.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended?

Yes No If Yes, state the Plan Number: _____

Applicant: _____
Legal Name of Entity

Facsimile Counterparts: The applicant and HLA agree that this Group Insurance Application may be executed by the applicant and transmitted via facsimile or other form of electronic transmission such as a scanned PDF document, from the applicant to HLA. Any signature or information contained in such Facsimile Counterparts or other electronic document will be considered by HLA to be true, legal and will constitute one and the same instrument as the original paper Group Insurance Application.

State notices: I have read the State Notices beginning on page 2 of this application.

Signature: _____ Date Signed: _____ Contact Name: _____

Address: not applicable

Occupation/Industry (type): not applicable

Years in business: not applicable

Employer Tax ID Number: _____

Telephone number: not applicable

Florida Applicants only: I understand that replacement of existing life insurance is / is not involved in this transaction.

Sales Representative for HLA:	Regional Office:
Name of Agent/Broker:	
For Florida Agents only: I understand that replacement of existing life insurance <input type="checkbox"/> is / <input type="checkbox"/> is not involved in this transaction.	
Signature of Agent/Broker:	
Date Signed:	For Florida & California Agents Only License/ID Number :

STATE NOTICES- for applicants in:

All states EXCEPT Alabama, California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, New Mexico, Ohio, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder, participating employer or claimant for the purpose of defrauding or attempting to defraud the policyholder, participating employer or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be submit to civil fines and criminal penalties.

New York (Applicable to Health Insurance Only): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial in insurance benefits and may be subject to any civil penalties available.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

GROUP BENEFITS DISCLOSURE NOTICE

The Hartford compensates both internal and external producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for the various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from the Hartford. Please direct specific questions regarding your insurance producer's compensation directly to your insurance producer. For specific questions on The Hartford's internal producers, please contact our Customer Service 800 number (800-523-2233).



The Hartford - Client Information Sheet

1. SOLD PLANS - Check all that apply

Plan	Name of Prior Carrier	Plan	Name of Prior Carrier
<input type="checkbox"/> Basic Life		<input type="checkbox"/> STD - Fully Insured	
<input type="checkbox"/> Basic Dependent Life		<input type="checkbox"/> Disability FLEX SM	
<input type="checkbox"/> Basic AD&D		<input type="checkbox"/> LTD	
<input type="checkbox"/> Voluntary Life		<input type="checkbox"/> Critical Illness	
<input type="checkbox"/> Voluntary Dependent Life		<input type="checkbox"/> Accident	

Safe Haven Program*

Employer elects to offer Employees' Beneficiaries the option of receiving proceeds via:

- Safe Haven Program or Lump Sum check (**Safe Haven = Yes**), the beneficiary can choose which option they would like.
 Lump Sum Check only (**Safe Haven = No**), the beneficiary does not have the option to choose, they will receive a lump sum payment.

*The Hartford's Safe Haven Program description is outlined in your group proposal.

*The Safe Haven payment option is not available to beneficiaries residing in Alaska.

2. POLICYHOLDER INFORMATION

Legal Name					Effective Date	
Legal Street Address (Can't be PO Box)		City		State		Zip
Mailing Address (if different)		City		State		Zip
ERISA Plan Number		ERISA Plan Year	<input type="checkbox"/> Calendar Year (Jan 1) <input type="checkbox"/> Policy Year <input type="checkbox"/> Other			

Note- All groups are subject to the Employee Retirement Income Security Act of 1974 ("ERISA") with the exception of the following legal entities: Municipalities/Governments, Public Schools, Church or Government related Non Profit/Charitable organizations, Religious Groups, Sovereign Nations, State Universities. The Hartford is required to provide ERISA Plan information in the booklet. If the group does not have a plan number assigned or filed with the Department of Labor, ERISA Plan number 501 will be used.

What is your legal entity?
 Corporation
 S-Corporation
 LLC
 Partnership
 Sole Proprietor
 Municipality
 School District
 Proprietorship
 Limited Partnership
 Non-profit Organization

Are you an employer who is subject to the Family & Medical Leave Act (FMLA)?
 Yes
 No



The Hartford - Client Information Sheet

3. REQUIRED CONTACT INFORMATION

PLAN CONTACT: If this contact is a TPA, please provide TPA's name: _____

Name		Email	
Phone #		Address	
Fax #		City	State Zip

(If different than above)

BILL CONTACT: If this contact is a TPA, please provide TPA's name: _____

Name		Email	
Phone #		Address	
Fax #		City	State Zip

(If different than above)

CLAIM CONTACT: If this contact is a TPA, please provide TPA's name: _____

Name		Email	
Phone #		Address	
Fax #		City	State Zip

(If different than above)

AGENCY INFORMATION: Renewal/Ongoing Service Contact

First and Last Name	
Email Address	

4. BILLING INFORMATION

Prior to each premium due date, you will receive an electronic billing notification for your List Bill. This List Bill provides you with a detailed monthly invoice for your group plan based on the employee information you provide us. The List Bill reflects all benefit and premium calculation The Hartford has made for all employees listed. You must check it each month to verify that all of the information is correct.

You administer changes to your bill (new hires, terminations, salary changes, etc.) via our EmployerView.com website. You can make your payments via this website or send in a check. EmployerView.com provides immediate access to secure billing information on-line and allows you to view and print actual invoices and pay online (if desired). Save time with Autopay, you can setup automatic payments with your bank account and manage your payment preferences online.

Note: Critical Illness and Accident are billed separately. Refer to EmployerView.com.

For Billing purposes, when do you want age changes and salary changes to be reflected?

On the plan anniversary (Standard default) January 1st of each year First of the month following date of change

Note: Changes for DisabilityFLEXSM, Critical Illness and Accident coverage can only be made as of the plan anniversary date or on January 1st.

Do you require more than one bill sent to a centralized location? No Yes - Please provide contact information.

Additional Billing Locations

(List contact information and address below and indicate which employees belong to appropriate location on the census.)

Do claims need to be tracked by location or by specific group of employees? No Yes - Please specify on census.



The Hartford - Client Information Sheet

5. Booklet/Administration Manual Delivery Information

Your employee Booklets and Administration Manual will be available automatically on our on-line site EmployerView.com once your plan implementation has been completed.

Your Plan Administrator will be notified electronically once materials have been generated and are available online.

Note: Critical Illness and Accident booklets and Administration manual are available on a separate on-line site www.hartford.webtpa.com

Please contact us with any questions.

6. EMPLOYEE INFORMATION

Are there any employees LIVING in states other than the situs state of the Employer? No Yes

If Yes, please indicate the states, and the number of employees living in each state:

Do you have any employees WORKING in NY NJ RI CA HI Puerto Rico

If you checked any of the above states, are these employees currently covered through that state's mandated disability plan? _____

No Yes

Please note that coverage will not be provided for any Expatriates, Foreign (Local) Nationals, or Third Country Nationals.

Domestic Partner Coverage: Other than as required by law, include Life insurance coverage for Domestic Partners?

No Yes

Note: Domestic Partners will need to complete a Hartford affidavit if they do not reside in a state that has a Domestic Partner registration process. If your company's situs state (legal address) is in Louisiana, Kansas, or Virginia, Domestic Partner coverage is not available. Domestic Partner Coverage is also not available for residents of Louisiana.

Are there any subsidiary companies that are being covered on this plan? No Yes - Please provide subsidiary's name and address:

7. EMPLOYEE ELIGIBILITY INFORMATION

Please indicate the waiting period for each class:

	Class		Class
Date of hire - No Waiting Period		After _____ month(s) of employment	
1 st of month following date of hire*		1 st of the month after _____ month(s) of employment*	
After _____ days of employment			
1 st of the month after _____ days of employment*			

* If the end of the employee's waiting period lands on the first of a month, the employee's coverage should begin:

That Day The first of the next month

Are you waiving the waiting period for all employees who have not yet satisfied their Waiting Period as of this policy effective date? No Yes

If the answer is "no", please ensure the census you submit includes dates of hire.

Please indicate the minimum number of hours per week* an employee must work to be eligible for benefits: _____

*Must be at least 20 hours per week.

Do the class descriptions outlined in your Hartford proposal read exactly as you would like them to appear in your contracts?

Yes No - your Hartford Service Consultant will follow-up with you to discuss this.



The Hartford - Client Information Sheet

8. DISABILITY PAYMENTS, TAXATION & REPORTING

STD partial payments are based on: 5 day work week (Standard) 7 day work week N/A (no STD)

If an employee is unable to work a full week and is eligible for STD payments for the day(s) they were unable to work, we would calculate their benefit by dividing the number of days typically worked in a week (5 days or 7 days), by the weekly benefit amount to determine a daily benefit amount.

How often do you want to receive TAX Reports for employees who are on disability claim? Annually Quarterly N/A

If your tax reports should be sent to someone other than the Plan Contact listed on page 1, please indicate name and email address:

Name	Email Address
-------------	----------------------

Do you use a payroll vendor? No Yes

W2 services are available at no charge. FICA match service is included on LTD, free of charge. FICA match service may be available on STD for an additional charge. W2 & FICA Services need to be elected or declined on the Tax Service Agreement.

9. ENROLLMENT INFORMATION

Do you have voluntary coverage No Yes If yes, please provide details below. If no, move to section 10,

Did you hold an initial enrollment?

No Yes - please list dates From _____ To _____

The Initial enrollment period dates are the dates the employees are initially able to enroll in the Voluntary coverage. These dates are not related to ongoing enrollments.

Do you wish to hold an annual enrollment period? N/A - We do not have voluntary coverage

No Yes - please list dates From _____ To _____ **OR** Employer determines each year

If you hold an annual enrollment period, late enrollees will be allowed to join the plan ONLY during the elected enrollment period and will require evidence of insurability for the entire amount applied for. If you do not wish to hold an annual enrollment period, late enrollees will be able to apply at any time and will require evidence of insurability for the entire amount applied for.

Note: An annual enrollment period is required for DisabilityFlexSM, Critical Illness and Accident coverage. Evidence of Insurability is not required for Accident coverage. Critical Illness may require Evidence of Insurability; please reference your proposal for details.

10. EARNINGS DEFINITION

	Applies to Class		Applies to Class
<input type="checkbox"/> Base Salary Only (standard)		<input type="checkbox"/> Salary plus Commissions*	
<input type="checkbox"/> Salary plus Bonuses*		<input type="checkbox"/> K-1 earnings	
<input type="checkbox"/> Salary plus Commissions & Bonuses*		<input type="checkbox"/> Prior Year's W-2 (automatically includes commissions, bonuses & overtime)	

***If included, Commissions and/or Bonuses are averaged over previous:** 12 months 24 months **OR**

1 calendar year 2 calendar years 3 calendar years Please ensure census includes this information.



The Hartford - Client Information Sheet

11. EARNINGS DEFINITION (Continued)

Do you have any employees that earn income on a basis other than hourly or salaried? If so, please explain.

Education Sector cases ONLY: Is extracurricular pay (tutoring, coaching, etc.) included in Earnings for purposes of benefit calculation?

No Yes

Overtime pay, fringe benefits and any other type of extra compensation will not be included unless you have selected prior year's W-2 as the basis for benefit calculations. If you did not select Prior Year W2 and you do include any of these types of compensation for benefit calculation purposes, please explain.

All coverage plans must have the same earnings basis.

Do you offer any of the following to your employees? (Disability benefits may be reduced by items below.)

Salary Continuation Pension Plan with Disability Provision

12. COVERAGE CONTINUATION

Hartford's standard Coverage Continuation provisions are outlined below.

FMLA - Coverage will be continued for up to 12 weeks for those employers that are subject to the Family & Medical Leave Act.

Military Leave - Coverage will be continued for up 12 weeks.

Non-FMLA (Personal Leave) - Coverage can be continued for 1 month.

Temporary layoff - Coverage can be continued for 1 month.

Employment status changes from full time to part time - Life insurance coverage can be continued for 3 months. Disability coverage is not continued.

Coverage does not continue during a labor dispute, work stoppage, sabbatical or severance period.

13. ADDITIONAL NOTES

Aspire Benefits, LLC Tax ID 27-1853669 will be GA on this case.

Form completed by:		Title:	
Date:			



Tax Service Agreement Long Term Disability (LTD)

POLICYHOLDER/EMPLOYER NAME:

EFFECTIVE DATE OF REQUEST (current or future date only):

By completing the following agreement, you authorize The Hartford to report, withhold and deposit the taxes described below.

A. STANDARD TAX SERVICES

- The Hartford will withhold and deposit applicable and properly elected additional United States federal income taxes (FIT) and state income tax (SIT) as well as applicable Employee FICA taxes from disability benefits/sick pay. The Hartford will make timely filings with the appropriate United States federal and state agencies.
- The Hartford will deposit the taxes using The Hartford's tax identification number and will timely notify Policyholder/Employer of these payments. This notification is provided to you on the EOB (Explanation of Benefits).
- The Hartford assumes no responsibility for the Policyholder/Employer's share of FICA (unless elected below).
- The Hartford assumes no responsibility for any other payroll or employment related tax, fee, premium or the like including Federal Unemployment Insurance (FUTA) and State Unemployment Insurance (SUTA), State Disability Insurance, State or Local Occupational Taxes, other jurisdictional taxes such as municipal, city or county taxes, or any Workers' Compensation Tax which may be applicable to the disability benefits The Hartford is paying.
- The Hartford will prepare and deliver to Policyholder/Employer the annual summary reports of benefits paid.

B. W-2 SERVICES (select one)

Policyholder/Employer **authorizes** The Hartford to prepare Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies.

- The Hartford will postmark by January 31st of each year, or such other date required by law, Forms W-2 containing sick pay information to payees and make information return filings in accordance with Federal and State requirements regarding income tax, Social Security, and Medicare tax.
- The Hartford will issue Forms W-2 using The Hartford's tax identification number.
- If the Policy is terminated, The Hartford will continue to provide Forms W-2 and make information return filings for disability benefits/sick pay payments on all claims incurred prior to termination of the Policy.

Policyholder/Employer **declines** The Hartford service to prepare Forms W-2 for payees or file Federal and State information returns reporting disability benefits/sick pay. The Hartford will provide Policyholder/Employer by January 15th of each year the information required by Federal law to enable Policyholder/Employer to prepare Forms W-2 for its active and terminated employees.

If Policyholder/Employer declines W-2 services, FICA Match Service may not be selected below.

C. FICA MATCH SERVICES (W-2 Services must be selected above if Policyholder/Employer authorizes FICA Match Services.)

- Employer **authorizes** The Hartford to prepare W-2 statements as selected in section B, and to pay Employer's share of FICA taxes (FICA Match Service).
- Employer **declines** The Hartford's FICA Match Service and will report and deposit Employer's share of any FICA tax withheld from LTD benefits paid.

D. HOW TAX SERVICES APPLY TO POLICYHOLDER'S LOCATIONS, DIVISIONS, OR EMPLOYEE CLASSES

Tax Services selected above apply to all locations, divisions and/or classes of the Policyholder.

- Yes No

If no, the Policyholder must provide The Hartford with a listing of all locations, divisions and/or classes that will have Tax Services that differ from the selection under Section B of this agreement.

E. GENERAL PROVISIONS

1. Changing Selected Tax Services

Policyholder/Employer agrees that any service change regarding Forms W-2 must be requested in writing on or before November 15th of the current tax year. Any change in W-2 Services after November 15th may result in Employees receiving Forms W-2 after January 31st or possible duplicate forms issued from both The Hartford and Policyholder/Employer.

Policyholder/Employer agrees that any service change regarding Employer FICA Match service will be effective on January 1st following the date on which a new Tax Service Agreement has been signed and submitted to The Hartford.

2. Accurate and Timely Information

Policyholder/Employer agrees to provide The Hartford with accurate and timely information to provide selected tax services, including information to determine the taxable portion of the benefits. Submission of incorrect taxable portion of benefits by the Policyholder/Employer which later requires The Hartford to retroactively correct claimant net benefits may result in fees payable to The Hartford to cover reasonable processing.

3. Hold Harmless

Policyholder/Employer agrees to indemnify and hold The Hartford harmless from any and all liability, including but not limited to fines or penalties that may result from erroneous, incomplete, or untimely information provided by Policyholder/Employer to The Hartford in connection with the selected tax service and The Hartford's performance of its duties under this Agreement.

Legal Name of Entity

Signature

Date

Name and Title of Authorized Signer



Tax Service Agreement Short Term Disability (STD)

POLICYHOLDER/EMPLOYER NAME:

EFFECTIVE DATE OF REQUEST (current or future date only):

By completing the following agreement, you authorize The Hartford* to report, withhold and deposit the taxes described below.

A. STANDARD TAX SERVICES

- The Hartford will withhold and deposit applicable and properly elected additional United States federal income taxes (FIT) and state income tax (SIT) as well as applicable Employee FICA taxes from disability benefits/sick pay. The Hartford will make timely filings with the appropriate United States federal and state agencies.
- The Hartford will deposit the taxes using The Hartford's tax identification number and will timely notify Policyholder/Employer of these payments. This notification is provided to you on the EOB (Explanation of Benefits).
- The Hartford assumes no responsibility for the Policyholder/Employer's share of FICA (unless elected below).
- The Hartford assumes no responsibility for any other payroll or employment related tax, fee, premium or the like including Federal Unemployment Insurance (FUTA) and State Unemployment Insurance (SUTA), State Disability Insurance, State or Local Occupational Taxes, other jurisdictional taxes such as municipal, city or county taxes, or any Workers' Compensation Tax which may be applicable to the disability benefits The Hartford is paying.
- The Hartford will prepare and deliver to Policyholder/Employer the annual summary reports of benefits paid.

B. W-2 SERVICES (select one)

Policyholder/Employer **authorizes** The Hartford to prepare Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies.

- The Hartford will postmark by January 31st of each year, or such other date required by law, Forms W-2 containing sick pay information to payees and make information return filings in accordance with Federal and State requirements regarding income tax, Social Security, and Medicare tax.
- The Hartford will issue Forms W-2 using The Hartford's tax identification number.
- If the Policy is terminated, The Hartford will continue to provide Forms W-2 and make information return filings for disability benefits/sick pay payments on all claims incurred prior to termination of the Policy.

Policyholder/Employer **declines** The Hartford service to prepare Forms W-2 for payees or file Federal and State information returns reporting disability benefits/sick pay. The Hartford will provide Policyholder/Employer by January 15th of each year the information required by Federal law to enable Policyholder/Employer to prepare Forms W-2 for its active and terminated employees.

If Policyholder/Employer declines W-2 services, FICA Match Service may not be selected below.

C. FICA MATCH SERVICE (W-2 Services must be selected above if Policyholder/Employer authorizes FICA Match Services.)

Policyholder/Employer **authorizes** The Hartford to prepare Forms W-2 as selected in section B, and to pay Policyholder/Employer's share of FICA taxes (FICA Match Service). Policyholder agrees that adding STD FICA Match Service will require underwriter review. If selection of this service results in a change in monthly premium or fees, Hartford will promptly notify Policyholder/Employer. This authorization applies to the following plan(s):

Fully Insured STD (Not available to some case sizes)

New York Statutory (DBL)

New Jersey Statutory (TDB)

Hawaii (TDI)

Administrative Services Only (ASO) STD

- Employer agrees to fund an imprest account by remitting to The Hartford an amount equal to one month of existing FICA Tax Liability to cover outlays of funds for the deposit of the Employer's portion of the FICA deposit prior to reimbursement.

Amount submitted with this Agreement \$

- The Hartford will prepare a monthly invoice itemizing the FICA taxes paid on Employer's behalf and that Employer will remit payment to The Hartford upon receipt of the invoice.

California Statutory (CASDI)
(Note PFL is not subject to state or FICA tax)

Policyholder/Employer **declines** The Hartford's FICA Match Service and will report and deposit its share of any FICA tax withheld from benefits paid, if applicable. This declination applies to the following plan(s):

Fully Insured STD

New York Statutory (DBL)

New Jersey Statutory (TDB)

Hawaii (TDI)

ASO STD

California Statutory (CASDI)
(Note PFL is not subject to state or FICA tax)

D. HOW TAX SERVICES APPLY TO POLICYHOLDER/EMPLOYER'S LOCATIONS, DIVISIONS, OR EMPLOYEE CLASSES

Tax Services selected above apply to all locations, divisions and/or classes of the Policyholder/Employer.

Yes No

If no, the Policyholder/Employer must provide The Hartford with a listing of all locations, divisions and/or classes that will have Tax Services that differ from the selections under Sections B and C of this agreement.

E. GENERAL PROVISIONS

GR-12155-1

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Rev 10/2013

1. Changing Selected Tax Services

Policyholder/Employer agrees that any service change regarding Forms W-2 must be requested in writing on or before November 15th of the current tax year. Any change in W-2 Services after November 15th may result in Employees receiving Forms W-2 after January 31st or possible duplicate forms issued from both The Hartford and Policyholder/Employer.

Policyholder/Employer agrees that any service change regarding Employer FICA Match service will be effective on January 1st following the date on which a new Tax Service Agreement has been signed and submitted to The Hartford.

2. Accurate and Timely Information

Policyholder/Employer agrees to provide The Hartford with accurate and timely information to provide selected tax services, including information to determine the taxable portion of the benefits. Submission of incorrect taxable portion of benefits by the Policyholder/Employer which later requires The Hartford to retroactively correct claimant net benefits may result in fees payable to The Hartford to cover reasonable processing.

3. Hold Harmless

Policyholder/Employer agrees to indemnify and hold The Hartford harmless from any and all liability, including but not limited to fines or penalties that may result from erroneous, incomplete, or untimely information provided by Policyholder/Employer to The Hartford in connection with the selected tax services and The Hartford's performance of its duties under this Agreement.

4. Pricing for selected Tax Services

Policyholder agrees that the Fully Insured FICA Match Service will require underwriter review. If selection of this service results in a change in premium, Hartford will promptly notify Policyholder.

Employer agrees that the ASO W-2 AND FICA Match Services will require underwriter review. If selection of this service results in a change in fees, Hartford will promptly notify Employer.

[Empty rectangular box for Legal Name of Entity]

Legal Name of Entity

Signature

Date

[Empty rectangular box for Name and Title of Authorized Signer]

Name and Title of Authorized Signer