



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200, Bellevue, WA 98004

Claims Department Mailing Address:
PO Box 1230 | Enfield, CT 06083

Phone 1-877-377-6773 | Fax 1-877-737-3650 | TTY/TDD 1-800-833-6388

Appendix A to Tax Services Agreement
Supplemental STD Services

W-2 SERVICES (select one)

- ☐ You **authorize** Us to, and We will, prepare Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies.
- We 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.
 - We will issue Forms W-2 using Our tax identification number.
 - If the Policy is terminated, We 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 Agreement.

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

If You decline W-2 services, STD FICA Match Service may not be selected below.

STD FICA MATCH SERVICE (select one)

- ☐ You **authorize** Us to, and We will, pay Your share of FICA taxes. You agree that adding STD FICA Match Service will require underwriter review. If selection of this service results in a change in monthly premium or fees, We will promptly notify You.

If You request a monthly invoice itemizing the FICA taxes paid on Your behalf, You agree to remit payment to Us upon receipt of the invoice. When invoicing is requested, You must remit payment to Us within three business days of receipt of Our monthly invoice.

W-2 Services must be selected above if You authorize STD FICA Match Services.

- ☐ You **decline** Our FICA Match Service and will report and deposit Your share of any FICA tax withheld from benefits paid, if applicable.

Signed for the Policyholder:

Signature of Authorized Representative

JAN A GATTON

Name and Title of Authorized Signer

08-14-2015

Date

Signed for Symetra Life Insurance Company:

Signature of Authorized Representative

HARRY MONTI VP OPERATIONS

Name and Title of Authorized Signer

7/28/15

Date

Symetra® is a registered service mark of Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Symetra Life Insurance Company, which does not solicit business in the state of New York and is not authorized to do so, is the parent company of First Symetra National Life Insurance Company of New York, 260 Madison Avenue 8th Floor, New York, NY 10016.

Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York are subsidiaries of Symetra Financial Corporation. Both subsidiaries are separately responsible for their own financial obligations.



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Appendix A to Tax Services Agreement

Supplemental LTD Services

W-2 SERVICES (select one)

- ☐ You **authorize** Us to, and We will, prepare Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies.
- We 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.
 - We will issue Forms W-2 using Our tax identification number.
 - If the Policy is terminated, We 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 Agreement.

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

If You decline W-2 services, LTD FICA Match Service may not be selected below.

LTD FICA MATCH SERVICE (select one)

- ☐ You **authorize** Us to, and We will, pay Your share of FICA taxes. You agree that adding LTD FICA Match Service will require underwriter review. If selection of this service results in a change in monthly premium or fees, We will promptly notify You.

If You request a monthly invoice itemizing the FICA taxes paid on Your behalf, You agree to remit payment to Us upon receipt of the invoice. When invoicing is requested, You must remit payment to Us within three business days of receipt of Our monthly invoice.

W-2 Services must be selected above if You authorize LTD FICA Match Services.

- ☐ You **decline** Our FICA Match Service and will report and deposit Your share of any FICA tax withheld from benefits paid, if applicable.

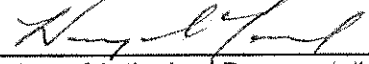
Signed for the Policyholder:


Signature of Authorized Representative

DAN A. GATTI
Name and Title of Authorized Signer

08-14-2015
Date

Signed for Symetra Life Insurance Company:


Signature of Authorized Representative

HARRY MONTI VP OPERATIONS
Name and Title of Authorized Signer

7/28/15
Date

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Appendix B to Tax Services Agreement

Listing of all Locations, Divisions and/or Classes that will have Different Tax Services

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