

The **Standard**®

Standard Insurance Company

San Bernardino County STD FICA & W2 Tax Reporting Service Agreement

Short Term Disability (STD) – Group Policy No.: <u>762889-A</u>	
\square Option 1: Policyholder is responsible for Employer FICA	and Medicare Taxes and for W2 Tax Reporting of STD benefits.
Insurance Company (The Standard) WILL NOT pay or re or perform W2 tax reporting services with respect to the	(Policyholder) understands that Standard emit Employer FICA/Medicare Taxes (for taxable benefits only) STD benefits through the Policy identified above.
✓ Option 2: Standard Insurance Company (The Standard) and remittance (for taxable benefits only) and for W2 tax	agrees to be responsible for Employer FICA and Medicare Tax x reporting services.
San Bernardino County	(Policyholder) requests that Standard
Insurance Company (The Standard) provide certain tagidentified above and The Standard will receive certain fe	x services with respect to the STD benefits through the Policy
Policyholder understands and agrees to the following:	
and distribute Form W-2 tax statements reporting S	s matching share of the STD benefit Medicare Taxes and prepare TD benefit information as required. As a fee for this service, sed for this service. This fee will be included in Policyholder's
information as required. As a fee for this service, the Po This fee will be included in Policyholder's STD prem Policy is amended and if premium contributions chan tax dollars, employer paid premiums, etc.), the Service	d distribute Form W-2 tax statements reporting STD benefit blicyholder's STD premium rate will be increased for this service. In the rate. Note changes in taxation and tax service fee: If the tage and STD benefits become taxable (premiums paid with prece Agreement fee automatically increases to reflect the taxable er as of the date the premium payment arrangement changes.
b) The Standard does not assume responsibility for pa Unemployment (SUTA) Tax, or any other payroll taxe	ying or reporting Federal Unemployment (FUTA) Tax, State es associated with the STD benefits under the Policy.
	iewing and immediately notifying The Standard of errors on the complete social security number, employer contribution %, etc.) mation will be correct.
	e end of the calendar year. The service will renew automatically Either party may terminate this Service Agreement at the end of lowing calendar year.
Effective Date of this Agreement	
New STD Policyholders: The completed Service Agreemen coverage application process, and prior to incurring any clain effective on the effective date of the new STD Policy. The ef	at must be received by The Standard as part of the new group/ns under the Policyholder's STD Policy. This Agreement becomes fective date of the Policy is <u>07/26/2025</u> .
Existing STD Policyholders: The completed Service Agreemer receives the Agreement. The effective date of the Agreement	ent becomes effective January 1 following the date The Standard nt is
In executing this Service Agreement I acknowledge and rewith authority to execute this Service Agreement.	present that I am an authorized representative of Policyholder
Dawn Rowe	Chair, Board of Supervisors
Policyholder's Representative's Name	Policyholder's Representative's Title
Policyholder's Representative's Signature	Date

Copies to: Contract File, Shared Services Financial Services, and Policyholder