



Federal Income Tax Withholding Form

Not Applicable to Voluntary Plans

Please complete this form if you would like EPIC to withhold Federal Income Taxes from your benefit payments. EPIC recommends that you discuss this option with your tax advisor to ensure you are making the best decision based on your premium contribution. The minimum amount you may request to withhold is \$20 per week.

I am requesting The EPIC Life Insurance Company to withhold \$ _____ per week from my available disability benefit payments for my Federal Income Taxes. I understand that my request is valid for the duration of my claim or 7 days after EPIC receives my written request for a change or discontinuance.

Name of Claimant

Claimant's Date of Birth

Signature of Claimant or Personal Representative

Date Signed

MAIL OR FAX FORM TO:

EPIC Specialty Benefits
Attention: Life & Disability Claims
P.O. Box 8430
Madison, WI 53708-8430 claims@epiclifec.com
Fax: 608-977-9861