



The Standard[®]

Standard Insurance Company
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PO Box 3877 Portland OR 97208

Oregon Paid Family and Medical Leave (PFML) Voluntary Tax Withholding Request

The tax obligations for receipt of Oregon Paid Family and Medical Leave benefits has not yet been established by the state. However, we want to offer you the option to address any tax obligation by providing the ability to voluntarily request tax obligations withdrawn from your OR PFML benefit. You can have both Federal and Oregon State tax withheld from your Paid Family and Medical Leave Benefits. Taxes will be withheld after deductions are taken.

- Withholding Federal and/or Oregon State Tax is voluntary. 10% of your benefits would be withheld for Federal taxes and 8% would be withheld for Oregon State taxes.
- If you do not have Federal and/or Oregon State income tax withheld, you may need to make estimated quarterly tax payments.
- The Federal and Oregon State Tax withheld during the year will be reported on a W-2 Form that is mailed after the end of the year.

You can stop the tax withholding at any time during your benefit claim.

- If you do not want to have income tax withheld from your weekly benefits, you do not have to return this form.
- Any monies you have withheld cannot be returned to you except by the Federal or State government as part of your income tax refund.

To **start or stop** withholding 10% Federal and/or 8% Oregon State Income Tax, complete the form below and return it to The Standard at PO Box 3877, Portland OR 97208.

Type or print: SSN: _____

First Name M.I. Last Name

Home Address (Number and Street or Rural Route)

City or Town State Zip Code

Telephone Number: (_____) _____

Check All Boxes That Apply

| | |
|---|--|
| <input type="checkbox"/> Start withholding 10% Federal Income Tax. | <input type="checkbox"/> Start withholding 8% ORS Income Tax. |
| <input type="checkbox"/> Stop withholding 10% Federal Income Tax. | <input type="checkbox"/> Stop withholding 8% ORS Income Tax. |
| Signature: _____ | |
| Date: _____ | |

Declaration and signature: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.