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## FICA Withholding Worksheet NY Disability Benefits Law (DBL) Insurance

**Please note:** The **PERCENT OF BENEFIT SUBJECT TO FICA TAX** shown on the Policy Schedule has been estimated. Please complete this form to calculate the proper withholding and return to AmTrust North America via mail or fax within 10 days. **Incorrect FICA withholding may reduce the DBL benefit your employee receives as well as overstate your firm's tax liability.**

Employers may require their employees to contribute to the cost of DBL premiums by withholding ½ of 1% of weekly wages up to \$.60 per week for statutory coverage. For policies providing enhanced benefits, employers are permitted to increase the employee contribution to help pay for the cost. However, the maximum contribution may not exceed the premium. If you take a contribution from your employees, only the ratio of the employer contribution to the total premium paid is the portion of benefit that is subject to FICA tax withholding. If you take different contributions from different classes of employees, you must do a calculation for each class.

To assure proper withholding, please complete this form and return it to Wesco Insurance Company. We urge you to consult with your accountant, tax advisor or the IRS with any questions regarding your tax liability.

**Do you take a contribution from your employees? Please check one:**

- ☐ **No**, sign form and return to AmTrust North America. The **PERCENT OF BENEFIT SUBJECT TO FICA TAX** IS 100%.
- ☐ **Yes**, continue with Steps 1, 2 and 3 below. Sign form and return to AmTrust North America.

**Step 1:** Determine the premium paid to your DBL carrier(s) for each of the past three calendar years. Enter these amounts in **(A) PREMIUM PAID**. If your DBL coverage was in effect fewer than 3 years, use the cost for the policy years in effect or, if in effect less than 1 year, a reasonable estimate of the cost for the first policy year.

**Step 2:** Determine contributions withheld from your employees for the same period. Enter these amounts in **(B) EMPLOYEE CONTRIBUTIONS**.

**Step 3:** **TOTAL across rows (A) and (B). Divide (B) into (A) to determine (C). Subtract (C) from 100 for (D).**

Indicate the years for which this report is being completed	Policy Year Ending 20____	Policy Year Ending 20____	Policy Year Ending 20____	
(A) Premium Paid	\$	+\$	+\$	
(B) Employee Contributions	\$	+\$	+\$	
(A) divided by (B) – Employee Contribution (Non Taxable Percent) 100% minus (C) – Employer Contribution (PERCENT OF BENEFIT SUBJECT TO FICA TAX)				= \$  (C)

Policy Holder Name \_\_\_\_\_ Policy # WDL \_\_\_\_\_

TAX ID# \_\_\_\_\_ NY Registration ER# \_\_\_\_\_

Signature \_\_\_\_\_

Telephone/Fax \_\_\_\_\_