



Mailing Address:  
USIS Finance & Accounting  
750-7A24  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

Agency Agreement for Federal  
Insurance Contributions Act  
Employer Contributions and  
Form W-2 Reporting

This Agency Agreement for Federal Insurance Contributions Act Employer Contributions and Form W-2 Reporting ("Agreement") which applies to short-term disability reporting and remittance requirements is made by and between

Lakeview Academy  
("Employer") and Principal Life Insurance Company ("Principal"), an Iowa corporation.

WHEREAS, Employer has certain reporting and remittance requirements under the Federal Insurance Contributions Act ("FICA") related to disability income insurance benefits paid by Principal under Policy No. 1056397  
(the "Policy"), and corresponding reporting requirements for Form W-2, Wage and Tax Statement,

WHEREAS, Employer requests and Principal agrees to perform Employer's reporting and remittance requirements under FICA related to those disability income insurance benefits paid by Principal under the Policy, and Employer's reporting obligation with respect to Form W-2;

NOW, THEREFORE, Principal and Employer agree as follows:

1. With respect to FICA Contributions:
  - a. Principal will perform the requirements of FICA for employee tax withholding, remittance and reporting for payments of disability income insurance benefits paid by Principal to an employee of Employer; and
  - b. Principal will calculate, report and remit monthly the amount of tax due under FICA ("FICA employer contribution") for payments of disability income insurance benefits paid by Principal to an employee of Employer; and
  - c. Principal will incorporate the amount of such Employer contribution and the costs hereof in the premium for the disability income insurance, and therefore, the amount of Employer tax due under FICA will be the obligation of Principal and no reimbursement will be made to Principal by Employer.
2. With respect to Form W-2 Reporting:
  - a. Employer hereby designates and appoints Principal to act as an agent for Employer for fulfilling the requirements under IRC Sec. 6051 for employees receiving disability income insurance benefits under the Policy; and
  - b. Principal agrees to provide Form W-2 to each such employee of Employer, by mail, on or before January 31<sup>st</sup> of each year, while this Agreement is in effect. Such Form W-2 will include name, address, and the employer identification number from Principal if "Sick Pay Statement Furnished under an Agency Agreement with your Employer" appears on the information sent with Form W-2. Copies of Form W-2's, or information included therein, will be submitted to the appropriate government entities; and
  - c. Principal agrees to provide to Employer Daily Disability Payment Summary, a Quarterly Disability Summary, and an Annual Disability Pay & Withholding Report; and
  - d. In the event of any incorrect reporting, Principal agrees to submit a corrected Form W-2 to the appropriate government entities, provide a copy of such correction to the employee, and provide any updated reports necessary to Employer.

This Agreement becomes effective on the later of the dates it is executed by the Parties.

This Agreement shall terminate upon the expiration of sixty (60) days following the receipt of written notice given by either party; and, notwithstanding any other provision of this Agreement, with or without cause.

<u>Lakeview Academy</u> Company name	Principal
Signature: _____	By: _____
Printed Name: <u>Alan Daniels</u>	Title: _____
Title: <u>Board Chair</u>	Date: _____
Date: _____	