Prudential

The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 877-367-7781 Fax: 877-889-4885
www.prudential.com/mybenefits

NY Paid Family Leave (PFL) Voluntary Tax Withholding Request

1 Employee Information

First Name | MI | Last Name

Social Security Number | Employee Phone Number | Claim Number

E-mail Address

Employer's Name | Control Number

***Notice to all parties completing this form: It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.**

2 Federal and NY State Withholding

Complete this form to request Federal and/or NY State income tax to be withheld from the NY Paid Family Leave compensation you receive. You may elect to have 10% Federal income tax and 2.5% NY State income tax withheld. No other percentage is allowed.

To request Federal and/or NY State income tax withholding:

1. Check the ☐ on line A to have Federal income tax withheld (10%) from each payment
2. Check the ☐ on line B to have NY State income tax withheld (2.5%) from each payment
3. Sign, date and return the form to Prudential using the information on the top of this form

A. ☐ I want Federal income tax withheld from my NY Paid Family Leave compensation at a rate of 10% of each payment.

B. ☐ I want NY State income tax withheld from my NY Paid Family Leave compensation at a rate of 2.5% of each payment.

3 Employee Signature

X _____
Employee Signature

Date Signed (MM DD YYYY)