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

Statutory Paid Family Leave Voluntary Tax Withholding Request

1 Employee Information

First Name | MI | Last Name

Social Security Number | Employee Phone Number | Claim Number

Email 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 Income Tax Withholding

Complete this form to request Federal Income Tax (FIT) to be withheld from the Statutory Paid Family Leave compensation you receive. You may elect to have 10% Federal Income Tax withheld. No other percentage is allowed.

To request Federal Income Tax withholding, check the following:

☐ I want Federal Income Tax withheld from my Statutory Paid Family Leave compensation at a rate of 10% of each payment.

3 Employee Signature

X _____

Employee Signature

Date Signed (MM DD YYYY)