



Third-Party Disability W2 Instructions

Company Name:

Authorized Contact Name:

Do Not Submit Third-Party Sick-Benefit W-2s for Any Employees of This Business

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Do Not Submit Third-Party Sick-Benefit W-2s for the Following Employees

Employee Number

Employee Name

#### How to Use This Form

1. Save the form to your computer's hard drive and include your company name in the file name
2. Open the newly saved file
3. Fill in your company name and your company's authorized contact name
4. Select the appropriate check-box
5. If you select the Green box, provide the employee number and name of the appropriate employees
6. Email the completed form to [data@primepoint.com](mailto:data@primepoint.com) or fax it to 609-298-6742