

EMPLOYER-PROVIDED LIFE INSURANCE

If your company pays for a life insurance policy with a death benefit of more than \$50,000 for any one individual and the beneficiary is someone other than the company, provide the information requested below. Complete a separate worksheet for each policy.

Company name: _____

Employee's name: _____

Employee's age on December 31, 2023: _____

Type of coverage (e.g. term, whole life): _____

Face amount of policy: _____

Beneficiary: _____

Cash value: _____ As of: _____

Amount of premiums paid by the company: \$ _____

Amount of premiums paid by employee (if any): \$ _____

If your company does not provide life insurance, please mark the box below, and sign the statement at the bottom of this letter and return it to our office.

At this time our company does not provide life insurance for its employees or owners.

Authorized signature: _____

Date: _____

Information contained in this form will be used in the preparation of your annual W-2