Disability Compensation Disclosure for 2012

Please return this completed form to:

Kristina Dahabura Fax: 301-680-6190

Deadline: February 11, 2013

Employee Name: _____

Employee SSN: XXX-XX-_____

I hereby certify that the above-named employee received $_____ of disability compensation from a third party for 2012 which was not included in the Federal Taxable Wages as reported to ARP in our payroll files.

_____
Local Employer Name PRINTED

_____ _____ Local
Employer Signature Date