**COVID-19: Employee Social Security Deferral Opt-In Form:**

This elective deferral of the employee Social Security tax (6.2%) is effective for check dates from 9/1/2020 to 12/31/2020. If you opt-in to the deferral of your Social Security taxes you are agreeing to the following:

1. This is only a deferral of taxes which means you will still be required to pay these taxes at a later date. The total amount of taxes deferred from 9/1/2020 - 12/31/2020 will be split evenly and across the check dates from 1/1/2021-4/30/2021.You understand and agree that you will be responsible for paying the Social Security tax not only on your current check (in 2021) but also the additional amount that was deferred from 2020.
2. In the event of a separation of employment during either the deferral period (9/1/2020-12/31/2020) and the recollection of taxes period (1/1/2021-4/30/2021), we will collect any remaining outstanding balance of taxes owed from your final paycheck. If there is still a balance owed beyond that, you understand you will need to make arrangements to pay that back to the company.
3. Employees are only eligible to defer if they have Social Security taxable wages, per weekly pay period of less than $2,000, per bi-weekly pay period of less than $4,000, per semi-monthly pay period of less than $4,333 and per monthly pay period of less than $8,666. You understand that, if at any point during the deferral period your pay exceeds those limits, you will not be able to defer your Social Security tax on that particular check date.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize [**COMPANY NAME**] to defer my portion of Social Security tax from (starting check date)-12/31/2020. I understand that I will be paying back the deferred Social Security tax during the period of 1/1/2021-4/30/2021. I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount of Social Security tax deferred from (starting check date)-12/31/2020, the company may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. If there is any remaining balance owed after my final pay, I understand that I am responsible for making arrangements with [company name] to pay off the balance owed. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

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Employee Name Payroll Name HR Name

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Date Date Date

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****Employee Signature Payroll Signature HR Signature