Employee Consent Form

NYMH1

Social Security Number: ___ — ___ — ____

BARCODE

First Name | M.I. | Last Name

Prior First Name | M.I. | Prior Last Name

If you changed your name because of marriage, divorce, etc., enter the name used when you were a medical resident.

Number and Street or P.O. Box Number

City, town or post office | State | Zip Code

Note: If foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

E-mail Address

___ — ___ — ____

Daytime Phone Number

For each year shown below, check "Yes" if you authorize New York Methodist Hospital to collect the refund on your behalf, or "No" if you do not authorize New York Methodist Hospital to collect the refund on your behalf, or you are not eligible for a refund.

1997	◯ Yes	◯ No	1998	◯ Yes	◯ No	1999	◯ Yes	◯ No
			2000	◯ Yes	◯ No			

For each year I checked "Yes" above:

- I have not claimed and will not claim a refund or credit from the IRS for any overcollected FICA taxes from wages paid for services performed as a medical resident, or if I have, the claim was rejected.
- I did not receive a FICA tax refund or credit because of earning in excess of the social security wage base on my Federal income tax return (e.g., Form 1040).
- I understand that my Social Security earnings record will be corrected to reflect zero wages earned as resident for tax periods for which I received a refund. I understand that removing these wages could affect my eligibility to or the amount of future Social Security benefits.
- I give my consent to New York Methodist Hospital to file a Medical Resident FICA Refund Claim on my behalf for refunds of FICA taxes that New York Methodist Hospital withheld from my wages for services I performed as a medical resident.

SIGN HERE _____ Date:_____

Return your signed consent form (postmarked no later than October 2, 2010) to:

New York Methodist Hospital Claims Administrator
c/o Gilardi & Co., LLC
P.O. Box 1110
Corte Madera, CA 94976-1110

Keep a signed copy of the consent form for your records.