

Re: Temple University Medical Resident FICA Refund Claims

Dear Sir or Madam,

As you may know, Temple (including Temple University, Temple University Hospital, Temple University Hospital, Inc., Episcopal Hospital and the Pennsylvania College of Podiatric Medicine; hereinafter collectively referred to as "Temple") filed claims for refund of social security and Medicare taxes paid on wages earned for services performed by medical residents for tax periods beginning January 1, 1995 through March 31, 2005. These taxes are Federal Insurance Contributions Act (FICA) taxes and the claims are referred to as Medical Resident FICA Refund Claims (or MR claims).

On March 2, 2010, the IRS announced it would honor the MR claims. After we perfect our MR claim(s), the IRS will verify the amount of the MR claim(s) and begin issuing refunds plus statutory interest. We cannot receive a refund of the FICA taxes that were withheld and paid on your behalf unless we have your written consent. If you do not consent to have Temple obtain your refund, you may be precluded from receiving any refund of the FICA taxes withheld and paid on your behalf because the time period for filing an individual claim for refund with the IRS may have expired.

If you consent, Temple will pay you your FICA tax refund, plus statutory interest, after we receive the refund from the IRS. The FICA tax refund is not taxable; however, the interest on the refund is taxable to you whether or not you receive a Form 1099-INT, *Interest Income*. Temple is required to file Form 1099-INT with the IRS and furnish a copy to you if we pay you interest of \$600 or more in a calendar year.

In addition, Temple will file Form W-2c, *Corrected Wage and Tax Statement*, with Social Security Administration (SSA), and furnish a copy to you for each tax year for which you receive a refund of FICA taxes. In most cases, Form W-2c will show a reduction in your earnings for social security coverage purposes in an amount equal to all the wages you were paid for services performed as a medical resident. Social security benefits are based on your earnings over your working lifetime. Accordingly, based on your personal circumstances, a refund could have a detrimental effect upon disability, survivors, or retirement benefits that you, or your family, are receiving or may seek to receive in the future. If you want information about the effect on your social security benefits, you should contact SSA directly at 1-800-772-1213 (toll free). If you call or visit a Social Security office, please have this letter with you. It will help SSA answer your questions. You might want to review your social security record before and after your refund has been processed. You can use your current Social Security Statement or you can request a copy of your Social Security Statement at the following link: <http://www.ssa.gov/mystatement> .

To consent to receive your share of the refund from Temple, you must complete the enclosed Temple University Medical Resident Consent Form and send it to Temple by mail, facsimile or e-mail, as shown at the bottom of the consent form. Your signed consent form must be postmarked no later than **September 15, 2010**.

If you have already claimed and received a refund or credit for FICA taxes that were withheld from medical resident wages, or if you filed an individual refund claim for such FICA taxes and that claim is still pending with the IRS, then we will not be able to file your MR claim for the year(s) that you received a refund or credit or have a pending refund claim. This restriction does not apply if you filed a refund claim and it was rejected by the IRS. If we can file your MR claims for some years, but not others, check "Yes" for the years you are eligible or "No" for the years you are not eligible.

If you consent to be part of Temple's MR claim and the IRS determines that you are ineligible for a refund because you already received a refund based on an individual claim you filed, the IRS will not refund your share to us and this information may be disclosed to us.

If you have any questions about this letter, please visit the Medical Resident FICA link on the Temple website at <http://tuh.templehealth.org/content/residency.htm> where you can find frequently asked questions and additional information. You may also email Temple_MRFICA@us.pwc.com. Include your name, Temple ID (if available) and years of residency or fellowship in your email message.

Attachment: Temple University Medical Resident Consent Form

Temple University Medical Resident Consent Form

Social Security Number: _____

Employee Name: _____
Last, first and middle initial

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

Address: _____ | _____
Number and street or P.O. box number Apt. No

_____ | _____ | _____
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.

For each year shown below, check "Yes" if you authorize Temple University (including Temple University Hospital, Temple University Hospital Inc., Episcopal Hospital of TUHS and Pennsylvania College of Podiatric Medicine; hereinafter collectively referred to as "Temple"), to collect the refund on your behalf, or "No" if you do not authorize Temple to collect the refund on your behalf, or you are not eligible for a refund.

1995 Yes No

1999 Yes No

2003 Yes No

1996 Yes No

2000 Yes No

2004 Yes No

1997 Yes No

2001 Yes No

1st Quarter of 2005: Yes No

1998 Yes No

2002 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 earnings 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 a 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 Temple to file a Medical Resident FICA Refund Claim on my behalf for refunds of FICA taxes that Temple withheld from my wages for services I performed as a medical resident.

SIGN HERE ►

| Date: _____

Return your signed consent form (postmarked no later than **September 15, 2010**) to:

Mail: PricewaterhouseCoopers LLP, Attn: Temple MR FICA Refund, Two Commerce Square, Suite 1700, 2001 Market Street, Philadelphia, PA 19103-7091. (An addressed, stamped envelope is enclosed for your convenience.), or

Fax: "Temple MR FICA Refund" at (813) 990-6880, or **E-mail:** Temple_MRFICA@us.pwc.com

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