

NYSIF DIRECT DEPOSIT USER GUIDE WORKERS' COMPENSATION CLAIMS SERVICE PROVIDERS JULY 14, 2017 V.1

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IME and INV Landing Pages; Enroll in Direct Deposit

Upon logging in, the user will be presented with all available online services.

To sign up for direct deposit, click the Enroll/Manage Direct Deposit link.

Independent Medical Exam Companies

IME
[Medical Evaluations \(Internet Explorer only\)](#)

Direct Deposit
[Enroll/Manage Direct Deposit](#)
[Direct Deposit User Guide](#)

Investigator firms

Investigators
[Investigations](#)

Direct Deposit
[Enroll/Manage Direct Deposit](#)
[Direct Deposit User Guide](#)

Vendors that utilize a bank outside of the US banking system are not eligible for NYSIF direct deposit.

Contact Information for Claims Service Providers

After clicking the Enroll/Manage Direct Deposit link, the **Direct Deposit Sign Up – Contact Information** screen will be displayed. On the Contact Information screen, the account holder's name and the payee number will be pre-populated from account creation. These fields will be read only. Information for all other required fields must be entered to proceed.

- **Title** refers to the position of the user completing enrollment within the organization.
- **Address Line 1** must be the **HOME address** of the user completing enrollment. This information will be used to verify your identity during the electronic signing process. The field will not accept PO boxes, including APO and FPO addresses.
- **Address Line 2** is optional and can be left blank.
- **City** is a required field.
- **State** is a drop-down menu built on accepted two-character acronyms. Typing a character will move the drop down to that letter in the menu.
- **Zip Code** will only accept a five-digit postal code.
- **Day Phone** is required. The field will accept 10 numeric characters (no dashes).
- **Night Phone** is optional.
- **Email Address** will be used to provide notifications of payments deposited. You may enter an email address of your choosing; if you do not provide an alternate address, notifications will be sent to the account holder email address.

NOTE: Only the email address entered here will receive payment notifications. (See [Page 9: Reconciling Payments](#))

Click Submit.

Direct Deposit Sign Up - Contact Information

To receive direct deposit of benefits, please fill out form below.

NYSIF is asking for your home address, which will be used to verify your identity when you are ready to submit your appli

*First Name

*Last Name

*Title

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*Day Phone

Night Phone

*Email Address - This email address will be used to provide notifications of payments deposited. You may enter an alternate address, notifications will be sent to the account holder email address.

Payee Number

A pop-up box with authorizations and understandings for the service provider will appear. Please review these carefully and choose “I Agree” to move forward with direct deposit.

Authorizations & Understandings ✕

CLAIMS SERVICE PROVIDER'S RIGHTS

- Direct deposit is optional. You have the right to receive your payment by paper check in the mail.
- You have the right to cancel direct deposit at any time by logging into your NYSIF customer account and selecting the “Unsubscribe” link for direct deposit. You may also write to:
New York State Insurance Fund
Claims Administration, Claims Service Provider Direct Deposit
199 Church Street
New York, NY 10007

AUTHORIZATIONS & UNDERSTANDINGS

- I authorize the New York State Insurance Fund to directly deposit my payments into the specified bank account.
- I understand this consent does not authorize the New York State Insurance Fund to recover alleged overpayments of established and awarded payments.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase payments may result in criminal prosecution, disqualification from work with NYSIF, and repayment of any funds deposited to my account.
- I understand that the failure to notify the New York State Insurance Fund of any change in financial institution or account may delay receipt of my payments.
- I understand that this agreement remains in effect until canceled by me, the New York State Insurance Fund, or by my financial institution. In such case, if a payment is due, I will receive a check in the mail.
- I understand that in order to change my direct deposit, I need to submit an updated direct deposit application to NYSIF.
- I understand that the New York State Insurance Fund may contact me periodically to make sure the right entity is receiving payments and to ascertain if that entity is still entitled to receive payments.

I Agree **Cancel**

Financial Institution Information for Claims Service Providers

After all information is successfully entered on the Direct Deposit Sign Up – Contact Information page, the **Direct Deposit Sign Up – Financial Institution Information** page will be displayed.

The Direct Deposit Sign Up page contains Account Type, Bank Name, Routing Number and Account Number. All fields are required.

- The **Account Type** is a drop down selectable menu with options of either Checking or Savings.
- **Name of Financial Institution** is the bank where the user has the related account.
- The **Routing Number** is a nine-digit number that will appear on the bottom of all checks. The Routing Number identifies the financial institution.
- The **Account Number** must be between 4 and 16 characters and must be all numeric.

Direct Deposit Sign Up - Financial Institution Information

To receive direct deposit of benefits, please fill out form below.

*Direct Deposit Account Type
Checking

*Name Of Financial Institution
Test Bank

*Routing Number
456456444

*Re-enter Routing Number
456456444

*Account Number
123654

*Re-enter Account Number
123654

SAMPLE CHECK

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆0540072324⑆ ⑆000123456789⑆ ⑆123⑆

ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**

At the bottom of the Financial Institution Information page is Depositor/Payee Certification & Authorization language. The user is agreeing to this disclaimer by clicking the “Electronic Signing” button.

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

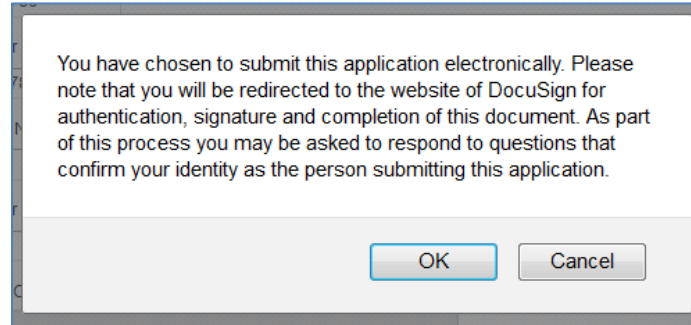
IN SIGNING THIS FORM, I CERTIFY THAT I HAVE THE LEGAL AUTHORITY TO (1) AUTHORIZE THE USE AND RECEIPT OF DIRECT DEPOSITS ON BEHALF OF THE MEDICAL PAYEE/SUPPLIER/CLAIMS SERVICE PROVIDER, AND (2) DESIGNATE THE ABOVE FINANCIAL ACCOUNT. IN SIGNING THIS FORM, I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DIRECT PAYMENTS TO THE FINANCIAL INSTITUTION NAMED ABOVE FOR DEPOSIT INTO THE DESIGNATED ACCOUNT. I CERTIFY THAT THE MEDICAL PAYEE/SUPPLIER/CLAIMS SERVICE PROVIDER IS ENTITLED TO RECEIVE THE PAYMENTS, AND CIRCUMSTANCES ENTITLING THE MEDICAL PAYEE/SUPPLIER/CLAIMS SERVICE PROVIDER TO RECEIVE PAYMENT FROM NYSIF HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES AFFECTING ENTITLEMENT TO RECEIVE PAYMENTS CHANGE, I MUST NOTIFY NYSIF.

*Clicking 'Electronic Signing' below will take you to DocuSign, our secure electronic signature agent.


[Electronic Signing](#)

DocuSign for Claims Service Providers

After choosing the Electronic Signing button, a pop-up message will notify the user that they are being redirected to DocuSign. **Click OK.**



Enter the requested information on the Personal Information page. **Click NEXT.**

 **Electronic Signature**
NYSIF

ID Check - Personal Information

Enter your home address. This information, along with your name will be used to generate a list of questions to verify your identity.

Required Information (Home Address)	Optional Information
Name: <input type="text"/>	Last 4 digits of SSN: <input type="text"/>
Street 1: <input type="text"/> *	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
Street 2: <input type="text"/>	mm / dd / yyyy
City: <input type="text"/> *	
State: <input type="text"/> *	
Zip: <input type="text"/> * - <input type="text"/>	

You must enter required and valid information before you can continue.

The **ID Check – Identification Questions** page will display. This page will present the user with a series of identifying questions based on the specific individual logged in and signing up for direct deposit.

ID Check - Identification Questions

These questions are being generated as a means of an identity check requested by the document sender. None of this information is provided to the document sender or to anyone except you.

In which of the following housing complexes or communities have you ever lived or owned property?

NYSIF Estates Sunny Hills Estates
 Fordville 123 Main Street
 Heron Bay I have never been associated with any of these communities

Which of the following addresses have you ever been associated with?

111 Nysif Street 39 Route 99
 1724 56th Street 611 Hosta
 23 Main Road I have never been associated with any of these addresses

Which of the following corporations have you ever been associated with?

Combined Business Service Ltd Lifeline Associates
 ACME Fence Co Testing, Incorporated
 Evisionboard Inc None of the above

In which of the following counties have you ever lived or owned property?

Bronx, New York Nysif, New York
 County, New York Tompkins, New York
 Nassau, New York I have never lived in any of these counties

Based on your background, in what county is '11813 Northwest 79th Court'?

Alachua Florida
 Nysif County
 Broward I have never been associated with this address

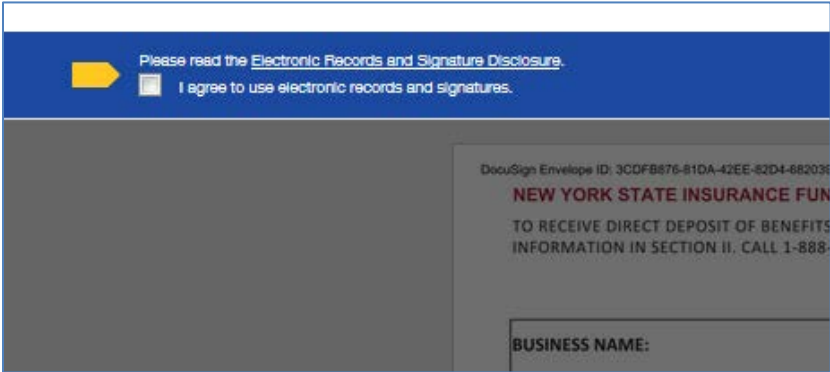
Which of the following street addresses in 'Tarrytown' have you ever lived at or been associated with?

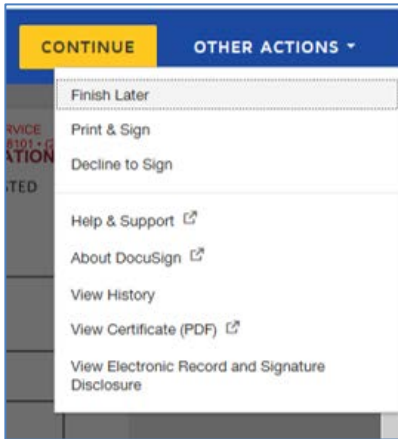
0000 123rd Street 493 Kimball Avenue
 102 South Broadway 1 Tarrytown Street
 Route 1 None of the above or I am not familiar with this property

If your answers do not meet DocuSign's criteria, your e-signature will be cancelled, and you must mail your application.

NYSIF's Online Direct Deposit Messaging
 Your electronic signature verification has failed. You may print the form from DocuSign and mail it in.

After successfully answering the questions on the ID Check, the user will advance through DocuSign.





To the right of the CONTINUE button is an OTHER ACTIONS menu which includes options to Help & Support, Finish Later, Print & Sign, or Decline to Sign.

Select CONTINUE. After selecting CONTINUE, the document will be clearly visible. Click on the Sign box.

DocuSign Envelope ID: 09245262-C790-4E9F-A11B-364A8C5AEFFC

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200

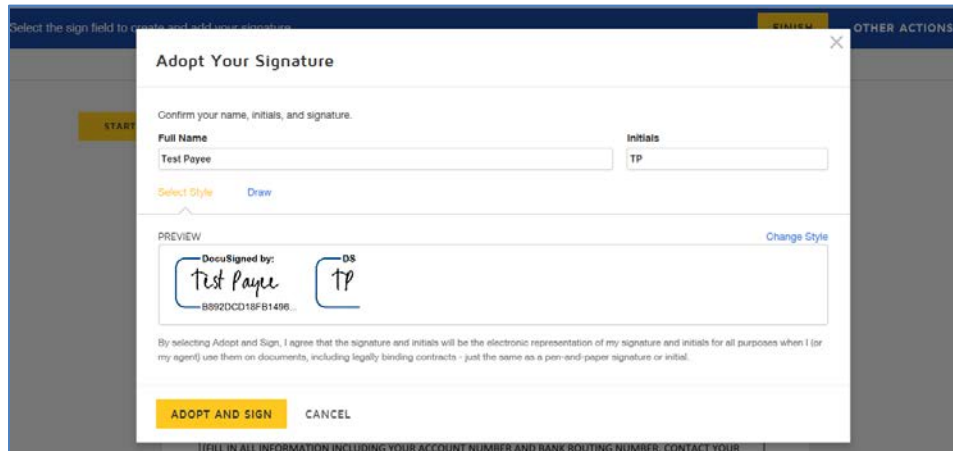
NEW YORK STATE INSURANCE FUND DIRECT DEPOSIT AUTHORIZATION APPLICATION

TO RECEIVE DIRECT DEPOSIT OF BENEFITS, READ SECTION I OF THIS FORM, THEN PROVIDE THE REQUESTED INFORMATION IN SECTION II. CALL 1-888-875-5790 FOR QUESTIONS ABOUT THIS FORM.

SECTION II

BUSINESS NAME:		FEIN:	
ABC Claims, Inc		1234567890	
BUSINESS ADDRESS (DO NOT USE PO BOX) : 9240 ROOT RD			
CITY: Anytown		STATE: ST	ZIP CODE: 00000
E-MAIL ADDRESS: email@email.com			
PHONE (DAY) : (000) 000-1234		PHONE (NIGHT) :	
DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE) : <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
<small>(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)</small>			
NAME OF FINANCIAL INSTITUTION: abc			
ROUTING # 987654321		ACCOUNT # 1236	
DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION			
<small>IN SIGNING THIS FORM, I CERTIFY THAT I HAVE THE LEGAL AUTHORITY TO (1) AUTHORIZE THE USE AND RECEIPT OF DIRECT DEPOSITS ON BEHALF OF THE MEDICAL PAYEE/SUPPLIER, AND (2) DESIGNATE THE ABOVE FINANCIAL ACCOUNT. IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE SENT TO THE FINANCIAL INSTITUTION NAMED ABOVE TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. I CERTIFY THAT THE MEDICAL PAYEE/SUPPLIER IS ENTITLED TO RECEIVE THE PAYMENTS, AND CIRCUMSTANCES ENTITLING ME TO RECEIVE PAYMENT FROM NYSIF HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES REQUIRED - Sign Here AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAS CHANGED, I MUST NOTIFY NYSIF.</small>			
SIGNATURE:		DATE: 06-21-2017	
PRINT NAME: Test Payee		TITLE: Mr.	

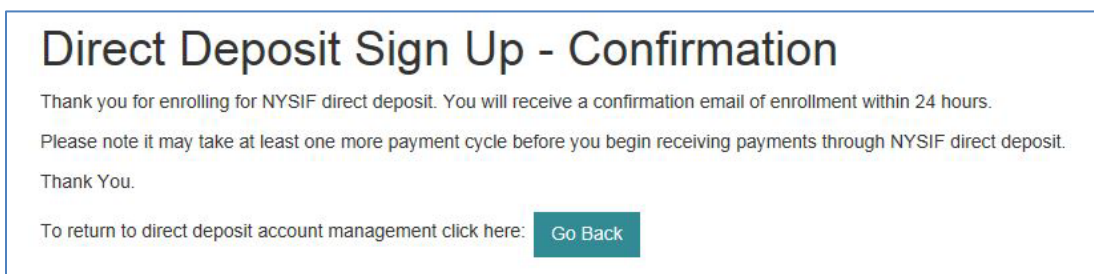
The screen will again gray out the document, and a pop-up box will open. The user must enter the full name in the corresponding field. DocuSign will convert the name into a signature. There is also an option to create a free-hand signature by selecting 'Draw.' Once a signature has been created, the user must click **ADOPT AND SIGN** to electronically sign the document.



DocuSign will insert the signature into the application document.



After the electronic signature appears on the image of the application, and all other information appears to be correct, the user must click the yellow FINISH button at the top.



Once DocuSign is completed and accepted a confirmation message will be displayed. No further action is required from the user at this time. The user may click the Go Back button to return to Direct Deposit Account Management.

Reconciling Payments

Once direct deposit begins, you will receive an email every time NYSIF deposits a payment to your account. This email will include a draft (transaction) number and total amount deposited. The email will also contain the information below for each claim so you may reconcile with your records. Please note that each deposit can contain payment for up to 25 separate bills; in that case, the email would contain 25 sets of payment details.

Independent Medical Examiner Companies:

IME File number
Assignment Number
Appointment Number
IME Dr. Name
Claim Number
Bill Number
Date of Service
Amount (for this particular claim)

Investigator Firms:

Claim Number
Bill Number
Reference Number (This field will display the investigation number.)
Amount (for this particular investigation)

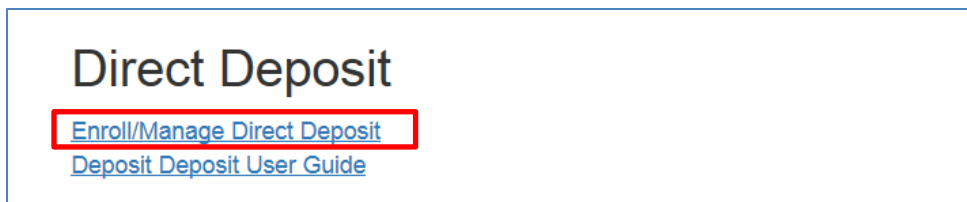
Managing Your Direct Deposit Account

You can manage your direct deposit information by logging into your online account. You can update bank account information, unsubscribe or reinstate your direct deposit.

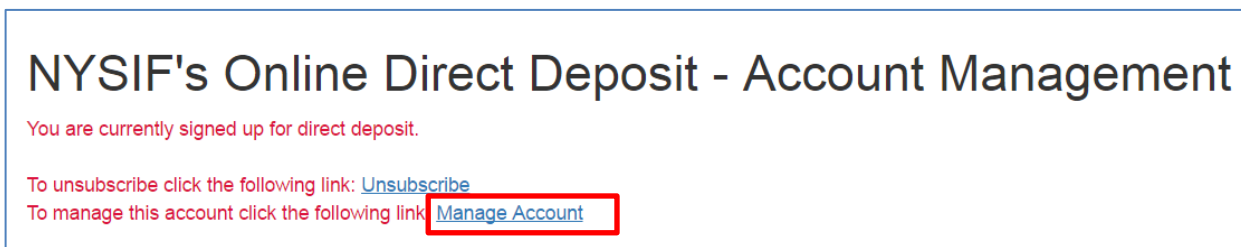
Please note if an application is mailed to NYSIF, the changes will not become effective until the application is both received and processed by NYSIF staff. Payments will continue to be sent to the bank account on file in the interim. To stop payments from being sent to the previous bank account on file, users should complete the Unsubscribe process.

Update Direct Deposit Information

To update the mailing address, notification email address or bank account information for a service provider enrolled in direct deposit, choose “Enroll/Manage Direct Deposit” from the Medical Provider landing page.



Click **Manage Account** on NYSIF’s Online Direct Deposit – Account Management page.



This will bring you to **NYSIF’s Online Direct Deposit – Update Account Information** page.

NYSIF's Online Direct Deposit - Update Account Information

Please make the necessary changes below and click the submit button.

If you are making a change to banking information you will be redirected to the website of DocuSign for authentication, signature and completion of this document.

Direct Deposit Applicant:

JOHN

Company Name:

IND MED SUPPLY

*Title

*Address Line 1

1234 Main Street

Address Line 2

*City

N RIDGEVILLE

*State

OH ▾

*Zip Code

44039

*Day Phone

5185551111

Night Phone

*Email Address

jnysif@nysif.com

*Direct Deposit Account Type

Checking ▾

*Name Of Financial Institution

abc

*Account Number

123654

*Re-enter Account Number

123654

*Routing Number

123456789

*Re-enter Routing Number

123456789

Submit

You can update your mailing address, email address for payment notifications or bank account information.

Please note any changes to bank account information will require another signed application. Changes will not be saved until an electronic signature is provided or a paper application is mailed to NYSIF. Clicking Submit will bring the user to DocuSign. After the submitted updates have been electronically signed in DocuSign, the user will see a confirmation message and receive a confirmation email.

NYSIF's Online Direct Deposit Messaging

Your Direct Deposit account information has been updated. [Go Back To Account Management](#)

Unsubscribe Direct Deposit

To unsubscribe from direct deposit, click the Unsubscribe button from **NYSIF's Online Direct Deposit – Account Management page**.

NYSIF's Online Direct Deposit - Account Management

You are currently signed up for direct deposit.

To unsubscribe click the following link: [Unsubscribe](#)
To manage this account click the following link: [Manage Account](#)

This will bring the user to NYSIF's Online Direct Deposit – Unsubscribe page. Verify the user information. Click Submit.

NYSIF's Online Direct Deposit - Unsubscribe

Please complete the form below to unsubscribe from direct deposit. Please note, it may take another cycle of payments to stop this transaction.

* Your First Name	<input type="text" value="John"/>
Your Middle Initial	<input type="text"/>
* Your Last Name	<input type="text" value="Tester"/>
Payee Number	<input type="text" value="1"/>
*Address Line 1	<input type="text" value="PO BOX 28687"/>
Address Line 2	<input type="text"/>
*City	<input type="text" value="NEW YORK"/>
*State	<input type="text" value="NY"/>
*Zip Code	<input type="text" value="10087"/>

After the unsubscribe process has been completed, a confirmation message will display and an email will be sent to the account holder.

NYSIF's Online Direct Deposit - Unsubscribe

You have successfully unsubscribed from direct deposit. To return to direct deposit account management click here: