New York State Insurance Fund

REQUEST FOR INCLUSION OF ADDITIONAL INTEREST

Complete this form and send to: NYSIF, Disability Benefits Division
15 Computer Drive West
Albany, NY 12205
Tel.: 1-866-697-4332 Fax: 518-437-5201

DATE: ________________________

We, the undersigned, hereby request that the entity named below be included in the *NYSIF* Disability Benefits Insurance coverage of:

Policy Number: ____________________________ **to be effective, 12:01 A.M., Date:** ___________________________________

Name of Entity to be included: ____

Mailing Address: ____

Unemployment Insurance Registration Number (UI#): __________________________**Fed#**____________________________

Number of Employees to be added: Male(s) __________ **Payroll $**__________, **Female(s)** __________ **Payroll $**___________

(Payroll is to be reported as actual annual wages up to a maximum annual wage of $17,680 per employee)

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

	PRESENT	ADDITIONAL INTEREST
1. Name of Entity:		
2. Sole Proprietor, Partnership, Corporation, Unincorporated Association or Fiduciary:		
3. Ownership: (a) If not a Corporation or Partnership, list the names of the owners and their respective percentage of ownership. (b) If a Partnership, list the full name of each general partner and their participation in the profit of the partnership. (c) If a corporation, list the names of the owners of 5% or more of the voting Stock and the number of Shares owned by each.		
4. Total number of Shares of voting Stock the Corporation issued:		

In consideration of the inclusion of the additional entity named above under the coverage of the Policy, we the undersigned, jointly and severally do hereby assume full liability and responsibility for any and all premiums that may become due the New York State Insurance Fund for coverage extended to either or both the entity now covered and the additional entity to be covered by the Policy from its inception to cancellation date.

(PRINT)_____________________________________
TRADE NAME OF PRESENT ASSURED

SIGNED BY___________________________________
OWNER OR OFFICER (IF A CORPORATION)

PHONE NUMBER: _______________________________

(PRINT)_____________________________________
TRADE NAME OF ADDITIONAL INTEREST

SIGNED BY___________________________________
OWNER OR OFFICER (IF A CORPORATION)

PHONE NUMBER: _______________________________