

NYSIF Online Account User Guide

Workers' Compensation Claimants & Beneficiaries Aggregate Trust Fund (ATF) Claimants & Beneficiaries Disability Benefits/Paid Family Leave Claimants (Includes Direct Deposit Instructions)

September 7, 2022

CONTENTS

Create an Online Account	2
WC, ATF and DB Claimants	2
WC and ATF Beneficiaries	3
All Claimants and Beneficiaries – Final Step	4
Enhanced Security (Multi-Factor Authentication)	5
Online Account Management	6
Forgot Password or Username.....	6
Log In to Your NYSIF Workers' Comp/ATF Claimant Account	7
Obtain a Compensation Payments Summary.....	7
WC/ATF Claimant & Beneficiary Direct Deposit Enrollment	8
Before Enrolling	8
Are You The Injured Worker? YES	9
Are You The Beneficiary? YES	10
Contact Information for WC/ATF Claimants & Beneficiaries	11
Financial Institution Info for WC/ATF Claimants & Beneficiaries.....	12
DocuSign Info for WC/ATF Claimants & Beneficiaries.....	13
Log In to Your NYSIF DB/PFL Claimant Account	15
View Details.....	15
Obtain a DC-5 Updated Medical Form	16
Disability Benefits/PFL Claimant Direct Deposit Enrollment	17
Before Enrolling	17
Contact Information for DB/PFL Claimants.....	18
Financial Institution Information for DB/PFL Claimants	19
DocuSign Info for DB/PFL Claimants	20
Managing Direct Deposit (All Claims)	22
Link Additional Claims.....	22
Enroll Multiple Claims in Direct Deposit	24
Unsubscribe Direct Deposit	26
Update Direct Deposit Information	27
Reinstate Direct Deposit	27

****Claimants without a Social Security Number cannot create a NYSIF online account.****

WC = Workers' Compensation (on-the-job injuries)

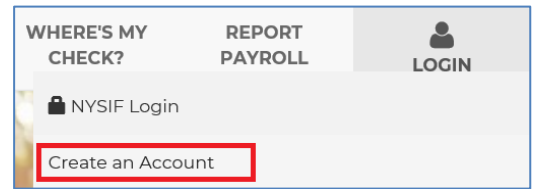
ATF = Aggregate Trust Fund (on-the-job injuries, paid from the ATF)

DB = Disability Benefits (off-the-job injuries)

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.

Create an Online Account

Go to nysif.com, click "Login" and choose "Create an Account" from the dropdown menu. All NYSIF recipients of claims benefits should **choose "Claimant/Beneficiary"** for the Account Type.



A NYSIF claimant is defined as one of the following:

- Workers' Compensation or Aggregate Trust Fund (ATF) Claimant {person injured on the job}
- Workers' Comp or ATF Beneficiary {dependent of a worker killed on the job}
- Disability Benefits Claimant {individual injured off the job}

WC, ATF and DB Claimants

You will need:

- Your NYSIF **claim number** (You can find your claim number on correspondence or benefit check you've received from NYSIF.)
- The **last four digits** of your social security number
- Your mailing **Zip Code**
- Your **Date of Birth** (This field must be entered as mm/dd/yyyy format – include zeroes if applicable.)
- **First Name, Middle Initial, Last Name** (If the claimant's middle initial is included on check payments, it must be included here.)
- **Mobile Telephone Number**
- A valid **email address**

Business Relationship

All fields are required unless otherwise stated.

Account Type
Claimant/Beneficiary

Claim Services

Claim Number

Enter only the string of numbers prior to or following the dash:
12345678-123 would be entered as 12345678
6D-789876 would be entered as 789876

Last 4 Digits of SSN

Numbers only, no dashes

Mailing Zip Code

Date Of Birth

MM/DD/YYYY

Next

Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Middle Initial (optional)

Last Name

Mobile Number

Numbers only - include area code

Email

Verify Email

DB Claimants: Go to [Page 4](#).

WC and ATF Beneficiaries

You will need:

- The **NYSIF claim number** of the deceased claimant (You can find the claim number on correspondence or benefit check you've received from NYSIF.)
- The last four digits of **your** (the beneficiary) social security number
- **Your mailing Zip Code**
- **Your Date of Birth** (This field must be entered as mm/dd/yyyy format – include zeroes if applicable.)
- **First Name, Middle Initial, Last Name** (If the claimant's middle initial is included on check payments, it must be included here.)
- **Telephone Number**
- A valid **email address**
- If you are an ATF claimant or beneficiary having an issue registering for an online account, please contact your ATF Case Manager.

Business Relationship

All fields are required unless otherwise stated.

Account Type
Claimant/Beneficiary

Claim Services

Claim Number

Enter only the string of numbers prior to or following the dash:
12345678-123 would be entered as 12345678
6D-789876 would be entered as 789876

Last 4 Digits of SSN

Numbers only, no dashes

Mailing Zip Code

Date Of Birth

MM/DD/YYYY

Next

Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Middle Initial (optional)

Last Name

Mobile Number

Numbers only - include area code

Email

Verify Email

All Claimants and Beneficiaries – Final Step

Once you have completed your claim and contact information, you will be asked to create a **Username and Password**.

The password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#@\$%+?] characters

The user must check the box for User Agreement and Privacy Policy. The Submit button will not be accessible until the box for the privacy agreement is checked. Upon "Submit," a confirmation screen will be displayed stating an email confirmation will be sent to the email address used to register.

Choose Username and Password

All fields are required unless otherwise stated.

Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#@\$%+?] characters

Terms & Conditions

By checking this box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

Upon receipt of the email, click the link within to verify the account creation and complete the process.

Thank you for visiting NYSIF's website.

To finish the registration process, please click the following link:
<https://www.nysif.com/signup/validateEmail.aspx?pgID=Act&t1=1451378&t2=53243000> If it does not work, please do a copy-and-paste of the above link into the URL Address area of your Web browser.

This is an automated message. Please do not reply to this e-mail message.

Enhanced Security (Multi-Factor Authentication)

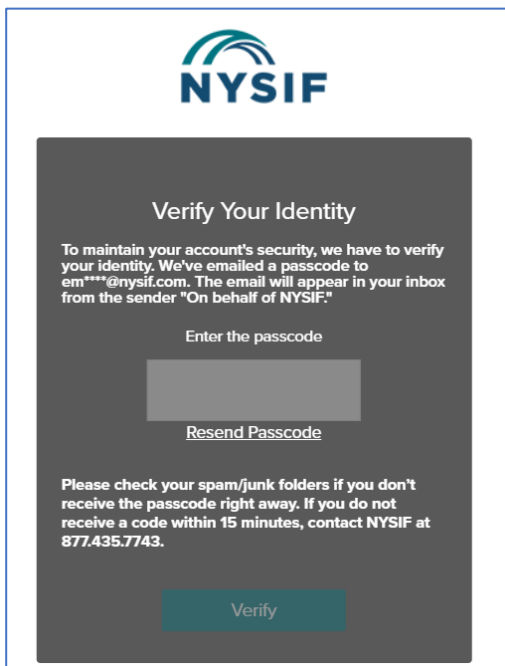
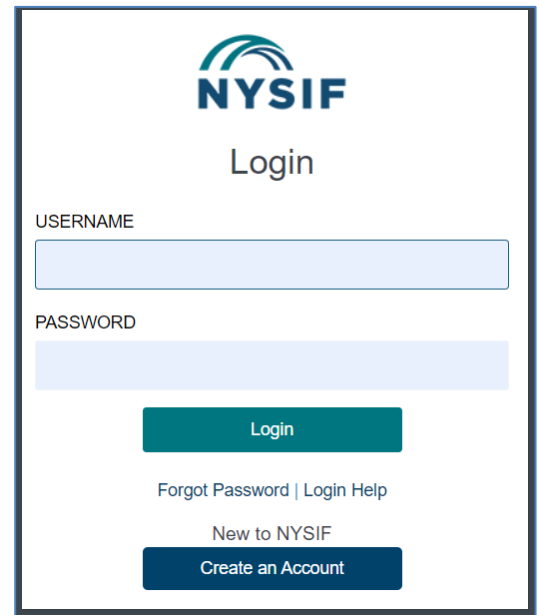
NYSIF takes your privacy seriously. To protect the personal information of its customers, including health records, NYSIF has implemented an enhanced security feature (also known as multi-factor authentication) for all NYSIF online account holders. Enhanced security allows NYSIF to identify you as the true owner of your online account by adding a layer of protection against unauthorized access. We do this by sending you a one-time passcode, in addition to requesting your username and password.

Please see the following screen shots for more information on how your account is enrolled in enhanced security.

LOGIN

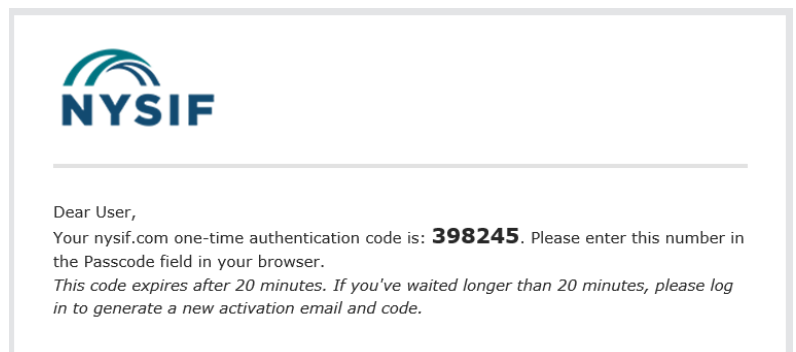
1. Visit **nysif.com**. Click Login in the upper right corner.
2. Enter your username and password.

Passcode

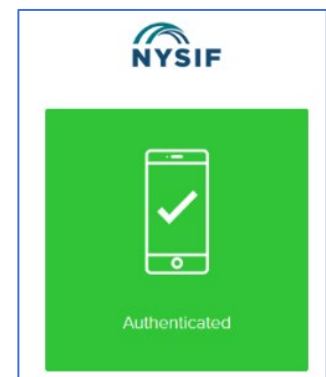


The first time you log into your NYSIF online account, you will be prompted to enter a passcode to verify your identity. The passcode will be sent to the email address associated with your NYSIF online account. At this time, you can only retrieve this passcode via email.

The passcode will expire after 20 minutes. The email will appear in your inbox from the sender **"On behalf of NYSIF."**



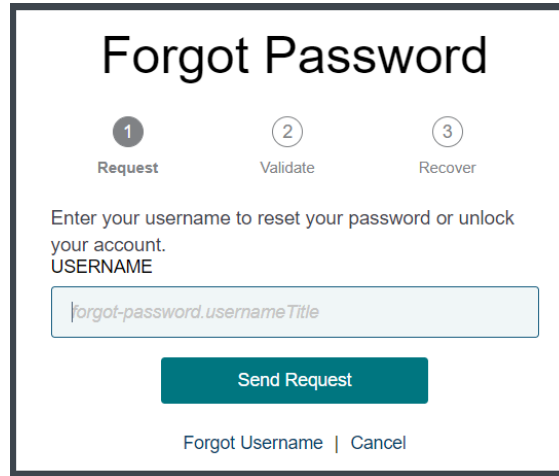
Enter the passcode in the field provided. Click "Verify." If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.



Online Account Management

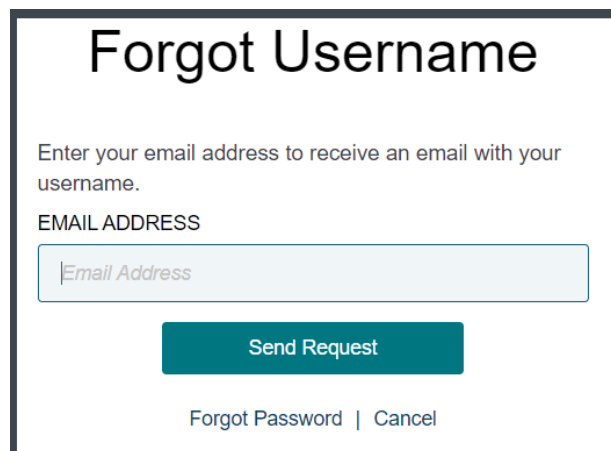
Forgot Password or Username

I forgot my Password: Click **LOGIN**. Click **NYSIF Login**. Click the **Forgot Password** hyperlink. Enter your username to reset your password or unlock your account. Click the **Send Request** button. A temporary password will be sent to the email address associated with the online account.



The screenshot shows a web form titled "Forgot Password". At the top, there are three numbered steps: 1. Request, 2. Validate, and 3. Recover. Below the steps, the text reads: "Enter your username to reset your password or unlock your account." followed by the label "USERNAME". There is a text input field containing the placeholder text "forgot-password.usernameTitle". Below the input field is a teal "Send Request" button. At the bottom, there are two links: "Forgot Username" and "Cancel".

I forgot my Username: Click **LOGIN**. Click **NYSIF Login**. Click the **Forgot Password** hyperlink. Next, select the **Forgot Username** hyperlink. Enter your email address to receive an email with your username. Click the **Send Request** button. Our system will send the username associated with that email address to the email address.




The screenshot shows a web form titled "Forgot Username". The text reads: "Enter your email address to receive an email with your username." followed by the label "EMAIL ADDRESS". There is a text input field containing the placeholder text "Email Address". Below the input field is a teal "Send Request" button. At the bottom, there are two links: "Forgot Password" and "Cancel".

Verification Code Errors: Once the NYSIF website generates a Verification Code, you **must not** leave the verification page/screen to access the email. Doing so will invalidate the code sent and a new code will need to be generated by clicking the Resend Code option. Please check your spam/junk folders if you don't receive the passcode right away. If you do not receive a code within 15 minutes, contact NYSIF at 888-875-5790 and select option "5", followed by option "1", and then option "1" again to reach the NYSIF Service Desk for assistance.

Log In to Your NYSIF Workers' Comp/ATF Claimant Account

Log in to your account. Your account home page will display links of available services.



Sign Up for Direct Deposit

Direct Deposit is now available to workers' comp claimants and beneficiaries, and disability benefits claimants. Relax knowing your check is securely deposited in your checking or savings account.

Direct Deposit

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

Payment Summary

[Compensation Payment Summary](#)

You are now logged-in.

The New York State Insurance Fund sells workers' compensation and disability benefits insurance. Claims are adjudicated by the Workers' Compensation Board, which is not a part of the New York State Insurance Fund.

Obtain a Compensation Payments Summary

The summary includes: type of disability paid (temporary or permanent), dates paid, number of weeks paid, weekly benefit rate and total amount paid.

This feature is not available for death claims.

BENEFIT PAYMENTS						
Type of Disability	Period(s) of Payment		Less Days Worked	Number of Weeks	Weekly Rate	Amount
	From	To				
No Lost Time	12/08/1999	12/08/1999	0	0.00	\$0.00	\$0.00
Temporary Total Disability	10/13/1999	12/08/1999	0	8.00	\$215.00	\$1,720.00
Permanent Partial Disability	11/19/1998	10/13/1999	0	873.00	\$105.00	\$70,865.00
Temporary Total Disability	07/15/1982	11/19/1988	0	228.80	\$215.00	\$48,782.00
Temporary Total Disability	02/15/1982	07/15/1982	0	21.60	\$125.00	\$2,700.00
No Lost Time	02/12/1982	02/15/1982	0	0.00	\$0.00	\$0.00
Penalty	0	0	0	0.00	\$0.00	\$3,990.20
15-	0	0	0	0.00	\$0.00	\$-9,123.84
No Lost Time	12/08/1999	12/08/1999	0	0.00	\$0.00	\$0.00
Temporary Total Disability	10/13/1999	12/08/1999	0	8.00	\$215.00	\$1,720.00
Permanent Partial Disability	11/19/1998	10/13/1999	0	873.00	\$105.00	\$70,865.00
Temporary Total Disability	07/15/1982	11/19/1988	0	228.80	\$215.00	\$48,782.00
Temporary Total Disability	02/15/1982	07/15/1982	0	21.60	\$125.00	\$2,700.00
No Lost Time	02/12/1982	02/15/1982	0	0.00	\$0.00	\$0.00
15-	0	0	0	0.00	\$0.00	\$-9,123.84
Total:						\$233,436.52
DEDUCTIONS						
Payee						Amount
SMITH & SMITH						\$100.00
ATTORNEY						\$2,300.00
OTHER						\$2,700.00
Total:						\$5,100.00

WC/ATF Claimant & Beneficiary Direct Deposit Enrollment

Before Enrolling

- Claimants that live outside the US must submit a paper direct deposit application.
- Claimants without a Social Security Number cannot create a NYSIF online account, and therefore cannot apply online, but they may contact their case managers to request a paper direct deposit application.
- Claimants that utilize a bank outside of the US banking system are not eligible for direct deposit.

To sign up for direct deposit, click the "Enroll/Manage Direct Deposit" link. The Direct Deposit – Account Management page will be displayed. Choose **Sign Up** to enroll.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims.

Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process.

You will be asked later in the process if you would like to add another claim before finalizing sign up.

Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
9876543	Workers' Compensation	<input type="button" value="Sign Up"/>

After clicking the Sign Up button, NYSIF's Online Direct Deposit Sign Up page will be displayed.

The first question on this page is meant to determine whether the user is a claimant or a beneficiary.

Are you the injured worker? Yes No

Are you a Beneficiary? Yes No

Are you the injured worker?

- Is the individual a workers' compensation or aggregate trust fund claimant? If NO is answered to this question, the following question will display:

Are you the Beneficiary? (A beneficiary is a dependent receiving survivor's benefits following the death of an injured worker.)

- Is the individual a beneficiary of a workers' compensation or aggregate trust fund claimant? If YES is answered to this question, more information is required. See next page.

Are You The Injured Worker? YES

Please be sure to enter your first and last names exactly as they appear on the most recent check you received from NYSIF. This may mean that while your name has a hyphen or an apostrophe, it might not be represented as such in our systems.


- **Your First Name**
- **Your Middle Initial** is required when the name, as entered in the NYSIF claim system, also has the middle initial used. If a middle initial is not included but exists in NYSIF's records, an error message will be displayed
- **Your Last Name**
- **Claim Number** is a read-only field and can not be altered.
- **Your Last 4 of SSN** must be numeric values. These must match what was entered when the claim was registered for an online account.
- **Date of Birth** must be entered as mm/dd/yyyy format with leading zeroes for single digits. (ex. 06/03/1967)

NYSIF's Online Direct Deposit Sign Up


If your current residence is outside the United States, you must complete and mail the registration form to apply for direct deposit.

If your bank is outside the U.S., you are not eligible for direct deposit. To receive direct deposit of benefits, please fill out form below.

Are you the injured worker? Yes No

* Your First Name 


Your Middle Initial

* Your Last Name 

* Claim Number

* Your Last 4 Of SSN

Date of Birth

Click Submit. A pop-up box with authorizations and understandings for the workers' compensation claimant will appear. Please review these carefully and choose "I Agree" to move forward with direct deposit.

Direct Deposit Sign Up

Authorizations & Understandings

CLAIMANT'S RIGHTS

- This form is optional. You have the right to receive your workers' compensation benefits or settlement proceeds by paper check in the mail.
- You have the right to access all settlement proceeds at any time.
- You have the right to cancel the direct deposit at any time by logging into your NYSIF Customer account and selecting the "Unsubscribe" link for direct deposit, or by contacting your case manager. You can lookup your case manager contact information at www.nysif.com and click [Get Claims Help](#) located in the Quicklinks.

Are You The Injured Worker? NO Are You The Beneficiary? YES


Please be sure to enter your first and last names exactly as they appear on the most recent check you received from NYSIF. This may mean that while your name has a hyphen or an apostrophe, it might not be represented as such in our systems.

- **Your First Name** is the name of the beneficiary.
- **Your Middle Initial** is required when the name, as entered in the NYSIF claim system, also has the middle initial used.
- **Your Last Name** is the last name of the beneficiary.
- **Claim Number** is a read-only field and can not be altered.
- **Deceased's First Name, Middle Initial, and Last Name** refers to the individual for which the claim was opened. The name must be the same as what is already entered in the system and follows the same rules for the beneficiary's name as noted above.
- **Beneficiary Type** is a drop-down menu. This is the relationship of the deceased to the beneficiary. Options include Spouse, Child, Parent, Grandparent, Sibling.
- **Your Last 4 of SSN** must be numeric values. These must match what was entered when the claim was registered for an online account.
- **Your Date of Birth** is a required field. It must be entered as mm/dd/yyyy format with leading zeroes for single digits. (ex. 06/03/1967)


Click Submit. A pop-up box with authorizations and understandings for the workers' compensation claimant (beneficiary) will appear. Please review these carefully and choose "I Agree" to move forward with direct deposit.

Are you the injured worker? Yes No

Are you a Beneficiary? Yes No

* Your First Name 

Your Middle Initial

* Your Last Name 

* Claim Number

* Deceased's First Name

Deceased's Middle Initial

* Deceased's Last Name

* Beneficiary Type

Choose An Option ▾

Choose An Option

Spouse

Child

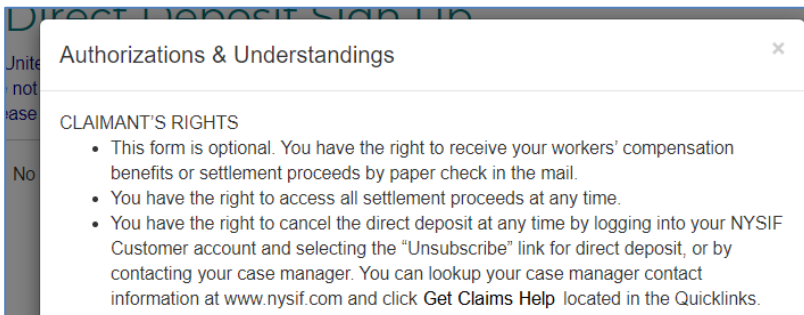

Parent

Grandparent

Sibling

* Your Last 4 Of SSN

Date of Birth

Contact Information for WC/ATF Claimants & Beneficiaries

After successfully answering the Eligibility Determination questions the **Contact Information** screen will be displayed. On the this screen, the claimant/beneficiary's name, claim number and email address will be pre-populated from previous screens, and these fields will be designated as read only. Information for all other required fields must be entered to proceed.

- **Address Line 1** will not accept PO boxes including APO and FPO addresses. The address will be stored; however, it will not update NYSIF's records.
- **City, State, Zip**
- **Day Phone** is required. The field will accept 10 numeric characters (no dashes).
- **Night Phone** is optional.

Claim Number:	9999999
Direct Deposit Applicant:	John Doe
*Address Line 1 (Do not use PO Box)	<input type="text"/>
Address Line 2	<input type="text"/>
*City	<input type="text"/>
*State	<input type="text" value="NY"/>
*Zip Code	<input type="text" value="11204"/>
*Day Phone	<input type="text" value="3545454545"/>
Night Phone	<input type="text"/>
*Email Address	<input type="text" value="john.doe@me.com"/>

Financial Institution Info for WC/ATF Claimants & Beneficiaries

Optional: If you wish to split your payments between two bank accounts, complete both sets of bank related fields. The distribution percentage must total 100% (for example, 75% in account #1 and 25% in account #2). If, at any time, your bank account(s) becomes unavailable, payment will be sent via paper check.

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 **Account Number** must be between 4 and 16 characters and must be all numeric.
- The **Routing Number** is a 9-digit number on the bottom of all checks or deposit slips. The Routing Number identifies the financial institution.

If you want to direct your payments to only one financial institution, enter "100" in the distribution box for the First Direct Deposit Account Type.

Click **Submit**.

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.

*First Direct Deposit Account Type

*Distribution
If you are looking to remove one account, please enter 0% in the distribution field for that account, and update the % for the other account to 100.
 % of check

*Name Of Financial Institution

*Routing Number

*Re-enter Routing Number

*Account Number

*Re-enter Account Number

Second Direct Deposit Account Type

Distribution
If you are splitting payments between two banks, please make sure the distribution fields for the two accounts equal 100% collectively.
 % of check

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DEBIT THE ACCOUNT IN ORDER TO RECOVER ANY CREDITS DEPOSITED IN ERROR BY ANY LAWFUL MEANS. I UNDERSTAND THAT THIS CONSENT DOES NOT AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO RECOVER ALLEGED OVERPAYMENTS OF ESTABLISHED AND AWARDED BENEFITS. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

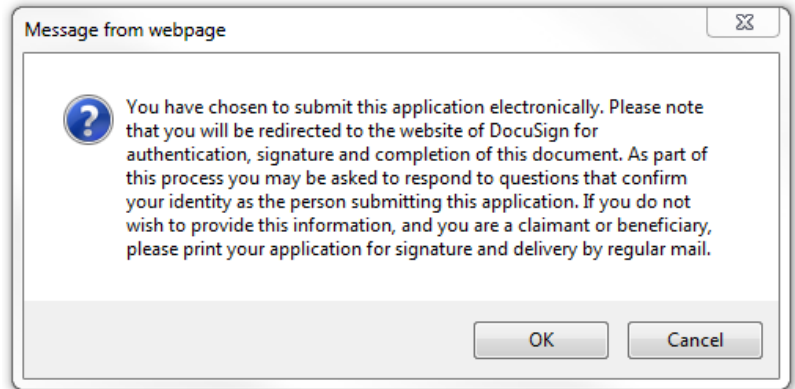
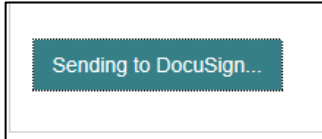
*Clicking 'Electronic Signing' below will take you to DocuSign, our secure electronic signature agent.

[Electronic Signing](#)

DocuSign Info for WC/ATF Claimants & Beneficiaries


After clicking the Electronic Signing button, you will be asked to confirm that you wish to proceed with eSignature.

Click **OK**.



Click **CONTINUE** to display the document.

Please Review & Act on These Documents

 **NYSIF Direct Deposit**
NYSIF

Please review the documents below. **CONTINUE**

HOME ADDRESS (DO NOT USE PO BOX) : 123 MAIN STREET
CITY: ANYTOWN **STATE:** NY **ZIP CODE:** 11204
E-MAIL ADDRESS: rabey99atu@nysif.com
PHONE: (354) 545-4545

ENTER ALL INFORMATION, INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED ASSISTANCE WITH COMPLETING THIS SECTION. OPTIONAL: IF YOU WISH TO SPLIT YOUR PAYMENTS.

Choose the **yellow arrow** to sign.

DocuSign Envelope ID: 105E26FC-93AE-4B14-834A-0078C27CB880

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.

SECTION II


NAME (FIRST, MIDDLE, LAST) : SARAH A RAGNAR **NYSIF CLAIM NUMBER:** 9876543

HOME ADDRESS (DO NOT USE PO BOX) : 123 Main St. Apt. 1B
CITY: Albany **STATE:** NY **ZIP CODE:** 12203
E-MAIL ADDRESS: nysif@nysif.com
PHONE (DAY) : (518) 555-1234 **PHONE (NIGHT) :**

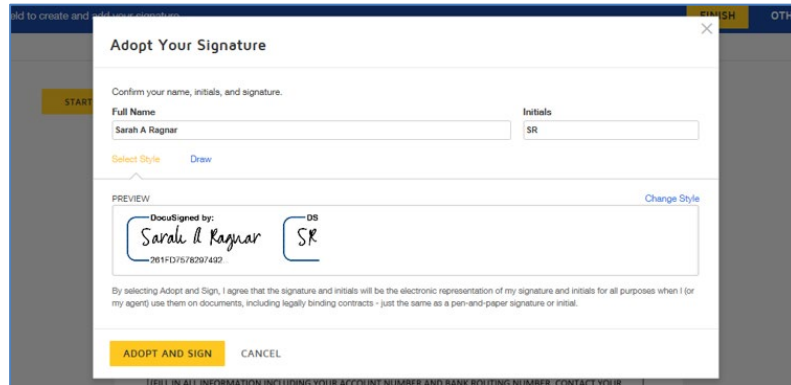
DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE) : CHECKING SAVINGS
(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)

NAME OF FINANCIAL INSTITUTION: Bank of Banks
ROUTING # 123456789 **ACCOUNT #** 1234

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION
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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

SIGNATURE:  **DATE:** 01-25-2017

The screen will again gray out the document, and a pop-up box will open. The user must enter their full name in the corresponding field. DocuSign will convert the name into a signature. Once a signature has been created, click **ADOPT AND SIGN** to electronically sign the document.



DocuSign will insert the signature into the application document.

HOME ADDRESS (DO NOT USE PO BOX) :		123 Main St. Apt. 1B	
CITY: Albany	STATE: NY	ZIP CODE: 12203	
E-MAIL ADDRESS: nysif@nysif.com			
PHONE (DAY) : (518) 555-1234	PHONE (NIGHT) :		
DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE) : <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)			
NAME OF FINANCIAL INSTITUTION: Bank of Banks			
ROUTING # 123456789	ACCOUNT # 1234		
DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION			
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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.			
DocuSigned by:			
SIGNATURE	Sarah A Ragnar		DATE: 01-25-2017
261FD7578297492			

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.**

Direct Deposit Sign Up - Confirmation

Thank you for enrolling for NYSIF direct deposit. You will receive a confirmation email of enrollment within 24 hours.

Please note it may take at least one more payment cycle before you begin receiving payments through NYSIF direct deposit.

Thank You.

To return to direct deposit account management click here: [Go Back](#)

Once DocuSign is completed and accepted, a confirmation message will be displayed, and 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.

Log In to Your NYSIF DB/PFL Claimant Account

Log in to your account. Your account home page will display information about your claim.

DB Claimant Account Information

Welcome testdbIClm2015,

Claimant Name: MARY JONES
Address: 38 MAYER DRIVE
City, State, Zip: ANYTOWN, NY 00001
Phone Number: (111) 234-5678

Last Check Date: 11/5/2019
Last Check Amount: \$94.20

Case Manager: Susan Tester
Case Manager Phone: (111) 987-6543
Case Manager Email: testing@nysif.com

Open Claims

Claim Number	Disability Date	
9876543	10/10/2019	View Details

Choose **"DBL Links"** to view other menu options.

testdbIClm2015 ▾ [Logout](#)

DBL Links ▾

- Forms
 - [DC-5 Updated Medical Form](#)
- Direct Deposit
 - [Enroll/Manage Direct Deposit](#)
 - [Direct Deposit User Guide](#)

View Details

Click "View Details" from your home page to see a summary of your benefit payments and a list of payments made.

Claim Detail

Claimant: Mary Jones
Benefit Rate: \$170.00
SSN: ***-**-6683
Weeks Paid: 3.75
Phone: (111) 234-5678
Paid to Date: \$637.50
Assured: ACME FENCE CO
Last Check Date: 11/5/2019
Disability Date: 10/10/2019
Next Pay Date:

Payee	Begin Date	End Date	Gross	FICA	Liens	Net Amt	Check Date	Check#
MARY JONES	10/31/19	11/7/19	\$297.50	\$7.80	\$0.00	\$289.70	11/5/19	712106
MARY JONES	10/17/19	10/31/19	\$340.00	\$26.01	\$0.00	\$313.99	10/29/19	711795

Obtain a DC-5 Updated Medical Form

If you need to download a new medical form to provide to your doctor, you can obtain one by logging in to your online account.

DC5-Updated Medical Form

To qualify for continued benefits, this form is required every 45 days.


Claimant Statement is to be completed by the claimant. Please be sure to answer all questions completely and sign and date the form.

Physician Statement is to be completed by the health care provider. Be sure your medical provider indicates an estimated return to work date. They should not indicate "unknown" or "undetermined", as this can delay your disability payments pending receipt of a defined date.

[Download DC-5 Updated Medical Form](#)

Once completed, the DC5 can be faxed to 518-437-5201 or mailed to:

Document Control Center
 NYSIF-Disability Claims
 1 Watervliet Avenue Ext.
 Albany, NY 12206



NYSIF
New York State Insurance Fund

MAGGIE NYSIF
 1234 NYSIF LANE
 MONTGOMERY AL 99999

Claim Number: 7D-#####
 Claimant: MAGGIE NYSIF
 Disability Date: 2/13/2017

CLAIMANT STATEMENT

1. Have you recovered from your disability: **YES or NO** If yes, enter the date of recovery ____/____/____
CIRCLE ONE MO / DAY / YR

2. Have you worked since your disability: **YES or NO** If yes, enter the return-to-work date ____/____/____
CIRCLE ONE MO / DAY / YR

I, **MAGGIE NYSIF** certify that the above statements are true and authorize my Physician to give to the New York State Insurance Fund all the information necessary to complete this form.

CLAIMANT SIGNATURE

DATE

PHYSICIAN STATEMENT

1. Date of current treatment: ____/____/____
MO / DAY / YR

2. Present diagnosis and/or complications: _____

3. If pregnancy, delivery date: ____/____/____ **ESTIMATED OR ACTUAL** **NATURAL OR C-SECTION**
MO / DAY / YR CIRCLE ONE CIRCLE ONE

4. Date of OPERATION or BIOPSY: ____/____/____
MO / DAY / YR

5. DATE CLAIMANT MAY RETURN TO WORK: ____/____/____
MO / DAY / YR

IMPORTANT: Even if considerable question exists, please make a reasonable estimate of the date you believe this patient will be able to perform their usual work. Terms like "indefinite", "undetermined" or "unknown" will delay the processing of this claim pending the receipt of a defined date. It is understood that the date indicated by the physician may be modified upon re-evaluation.

6. DATE OF NEXT SCHEDULED APPOINTMENT (RE-EVALUATION): ____/____/____
MO / DAY / YR

PHYSICIAN SIGNATURE

DATE

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

PHYSICIAN LICENSE # OR STAMP

For the claimant to qualify for continued benefits, the Physician must complete all entries on this form and fax to: 518.437.5201 or mail to: NYSIF DCC - Disability Claims • 1 Watervliet Ave Ext • Albany, NY 12206

Disability Benefits/PFL Claimant Direct Deposit Enrollment

Before Enrolling

- Claimants that live outside the US must submit a paper direct deposit application.
- Claimants without a Social Security Number cannot create a NYSIF online account, and therefore cannot apply online, but they may contact their case managers to request a paper direct deposit application.
- Claimants that utilize a bank outside of the US banking system are not eligible for direct deposit.

To sign up for direct deposit, click the "Enroll/Manage Direct Deposit" link. The Direct Deposit – Account Management page will be displayed. Choose **Sign Up** to enroll.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims.

Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process.

You will be asked later in the process if you would like to add another claim before finalizing sign up.

Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
9876543	Disability Benefits	Sign Up

After clicking the Sign Up button, NYSIF's **Online Direct Deposit Sign Up** page will be displayed.


- **Your First Name**
- **Your Middle Initial** is required when the name, as entered in the NYSIF claim system, also has the middle initial used. If a middle initial is not included but exists in NYSIF's records, an error message will be displayed
- **Your Last Name**
- **Claim Number** is a read-only field and can not be altered.
- **Your Last 4 of SSN** must be numeric values. These must match what was entered when the claim was registered for an online account.
- **Date of Birth** must be entered as mm/dd/yyyy format with leading zeroes for single digits. (ex. 06/03/1967)

NYSIF's Online Direct Deposit Sign Up


If your current residence is outside the United States, you must complete and mail the registration form to apply for direct deposit.

If your bank is outside the U.S., you are not eligible for direct deposit.
To receive direct deposit of benefits, please fill out form below.


Are you the injured worker? Yes No

* Your First Name 

Your Middle Initial

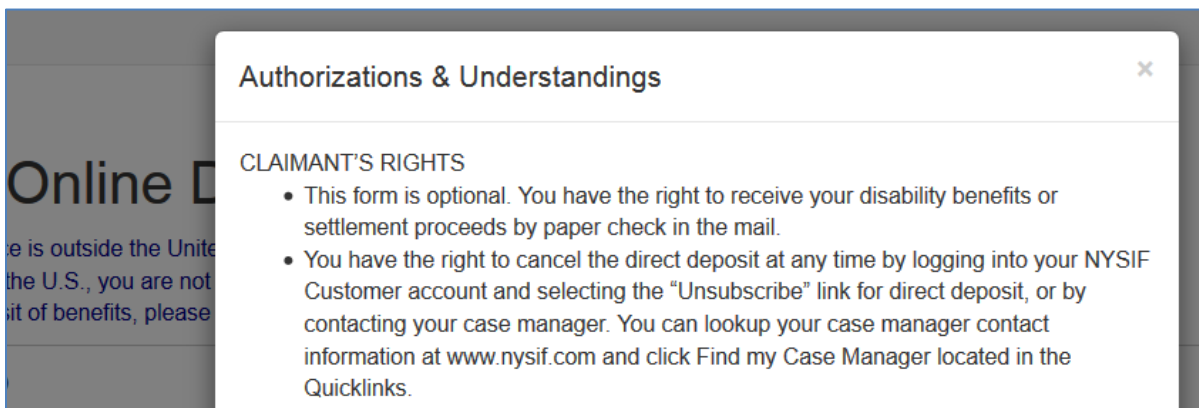
* Your Last Name 
* Claim Number

* Your Last 4 Of SSN

Date of Birth
 

[Submit](#)

Click Submit. A pop-up box with authorizations and understandings for the disability benefits claimant will appear. Please review these carefully and choose "I Agree" to move forward with direct deposit.



Contact Information for DB/PFL Claimants

Next the **Direct Deposit Sign Up – Contact Information** screen will be displayed. On the Contact Information screen the claimant's name, claim number and email address will be pre-populated from previous screens, and these fields will be designated as read-only. Information for all other required fields must be entered to proceed.

- **Address Line 1** will not accept PO boxes including APO and FPO addresses. The address will be stored; however, it will not update NYSIF's records.
- **City, State, Zip**
- **Day Phone** is required. The field will accept 10 numeric characters (no dashes).
- **Night Phone** is optional.

A screenshot of the "Direct Deposit Sign Up - Contact Information" form. The form title is "Direct Deposit Sign Up - Contact Information". Below the title, it says "To receive direct deposit of benefits, please complete the form below." and "To complete a paper version of this application, [click here.](#)". The form fields are as follows:

- *First Name: John
- Middle Initial: [empty]
- *Last Name: Nysif
- *Address Line 1: [empty]
- Address Line 2: [empty]
- *City: [empty]
- *State: [dropdown menu]
- *Zip Code: [empty]
- *Day Phone: [empty]
- Night Phone: [empty]
- *Email Address: nysif@testing.com
- Claim Number: 9876543
- Submit button

Financial Institution Information for DB/PFL Claimants

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 **Account Number** must be between 4 and 16 characters and must be all numeric.
- The **Routing Number** is a 9-digit number on the bottom of all checks or deposit slips. The Routing Number identifies the financial institution.

Direct Deposit - Financial Institution Information

*Direct Deposit Account Type

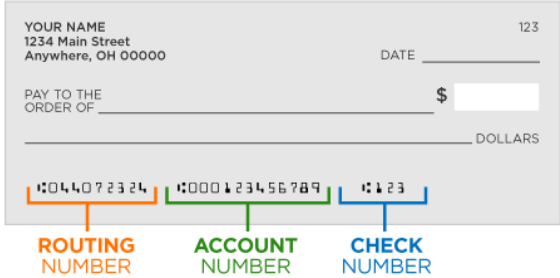
*Name Of Financial Institution

*Account Number

*Re-enter Account Number

*Routing Number

*Re-enter Routing Number



The diagram shows a check with the following information: YOUR NAME, 1234 Main Street, Anywhere, OH 00000, DATE, 123, PAY TO THE ORDER OF, \$, and DOLLARS. The routing number 044072324 is highlighted in orange and labeled 'ROUTING NUMBER'. The account number 000123456789 is highlighted in green and labeled 'ACCOUNT NUMBER'. The check number 123 is highlighted in blue and labeled '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

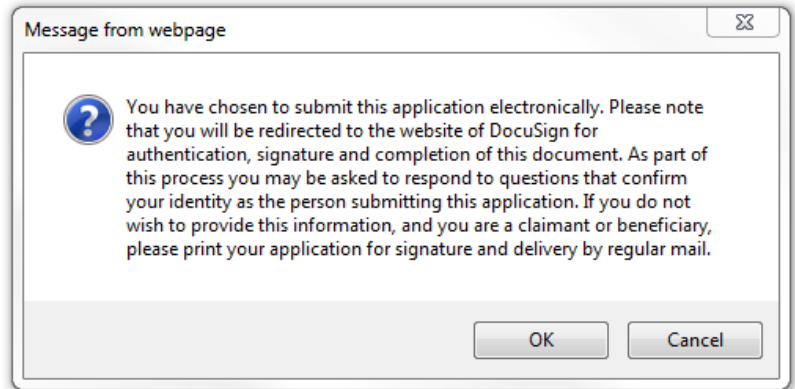
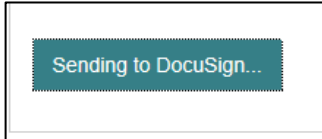
IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE SENT TO THE FINANCIAL INSTITUTION NAMED ABOVE TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. I CERTIFY THAT I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DEBIT THE ACCOUNT IN ORDER TO RECOVER ANY CREDITS DEPOSITED IN ERROR BY ANY LAWFUL MEANS. I UNDERSTAND THAT THIS CONSENT DOES NOT AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO RECOVER ALLEGED OVERPAYMENTS OF ESTABLISHED AND AWARDED BENEFITS. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

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

DocuSign Info for DB/PFL Claimants


After clicking the Electronic Signing button, you will be asked to confirm that you wish to proceed with eSignature.

Click **OK**.



Click **CONTINUE** to display the document.

Please Review & Act on These Documents

 **NYSIF Direct Deposit**
NYSIF

Please review the documents below. **CONTINUE**

HOME ADDRESS (DO NOT USE PO BOX) : 123 MAIN STREET
CITY: ANYTOWN **STATE:** NY **ZIP CODE:** 11204
E-MAIL ADDRESS: rabey99atu@nysif.com
PHONE: (354) 545-4545

ENTER ALL INFORMATION, INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED ASSISTANCE WITH COMPLETING THIS SECTION. OPTIONAL: IF YOU WISH TO SPLIT YOUR PAYMENTS.

Choose the **yellow arrow** to sign.

DocuSign Envelope ID: 105E26FC-93AE-4B14-834A-0078C27CB880

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.

SECTION II


NAME (FIRST, MIDDLE, LAST) : SARAH A RAGNAR **NYSIF CLAIM NUMBER:** 9876543

HOME ADDRESS (DO NOT USE PO BOX) : 123 Main St. Apt. 1B
CITY: Albany **STATE:** NY **ZIP CODE:** 12203
E-MAIL ADDRESS: nysif@nysif.com
PHONE (DAY) : (518) 555-1234 **PHONE (NIGHT) :**

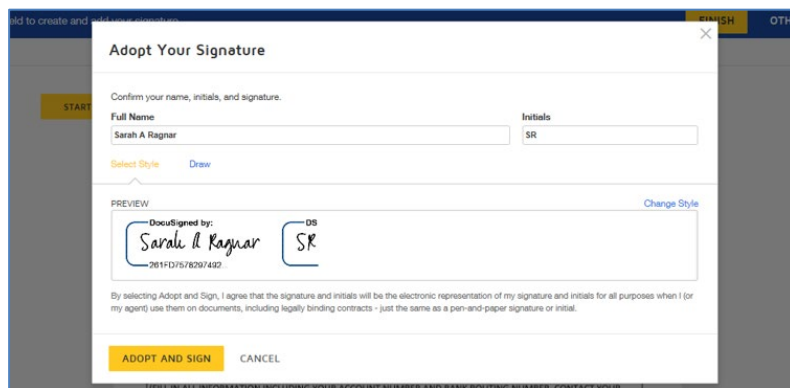
DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE) : CHECKING SAVINGS
(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)

NAME OF FINANCIAL INSTITUTION: Bank of Banks
ROUTING # 123456789 **ACCOUNT #** 1234

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION
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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

SIGNATURE:  **DATE:** 01-25-2017

The screen will again gray out the document, and a pop-up box will open. The user must enter their full name in the corresponding field. DocuSign will convert the name into a signature. Once a signature has been created, click **ADOPT AND SIGN** to electronically sign the document.



DocuSign will insert the signature into the application document.

HOME ADDRESS (DO NOT USE PO BOX) :		123 Main St. Apt. 1B	
CITY: Albany	STATE: NY	ZIP CODE: 12203	
E-MAIL ADDRESS: nysif@nysif.com			
PHONE (DAY) : (518) 555-1234	PHONE (NIGHT) :		
DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE) : <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)			
NAME OF FINANCIAL INSTITUTION: Bank of Banks			
ROUTING # 123456789	ACCOUNT # 1234		
DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION			
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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.			
DocuSigned by:			
SIGNATURE	Sarah A Ragnar		DATE: 01-25-2017
261FD7578297492			

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.**

Direct Deposit Sign Up - Confirmation

Thank you for enrolling for NYSIF direct deposit. You will receive a confirmation email of enrollment within 24 hours.

Please note it may take at least one more payment cycle before you begin receiving payments through NYSIF direct deposit.

Thank You.

To return to direct deposit account management click here: [Go Back](#)

Once DocuSign is completed and accepted, a confirmation message will be displayed, and 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.

Managing Direct Deposit (All Claims)

Whether a user signed up for direct deposit electronically or by paper, they will have the ability to manage their direct deposit information by logging into their online account. Online, users will be able to update bank account information, unsubscribe or reinstate their direct deposit.

Link Additional Claims


Choose "Enroll/Manage Direct Deposit" to reach the **Account Management** screen. Initially only the claim number used to register for an online account will be displayed. Here, claimants can link additional claims to their online account. They can then enroll multiple workers' compensation, ATF, or DB claims in direct deposit. Click the link at the top of the table to add additional claims.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims. Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process. You will be asked later in the process if you would like to add another claim before finalizing sign up. Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
00112233	Workers' Compensation	Reinstate

You will be taken to your Administration Console. Choose "Link Account."

 **Link Account**
Here you can add a new Disability Benefits Claimant account to the current account.
[Link Account](#)

Link New Account


You are currently logged in as a Claimant under the username TestingXX. If you have DBL/WC/ATF Claim account with NYSIF you can add that to this online account. (If it does not already exist and is ready to be consolidated.)

Claim Services

Claim Number
Enter numbers only (no dashes).

Last 4 digits of SSN
Enter numbers only (no dashes).

Zip Code
Enter mailing zip code.

Date of Birth 

Terms and Conditions

By checking the box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

[Submit](#)

On the Link New Account page, you can link any other workers' compensation, aggregate trust fund, or disability benefit claims to your Claimant online account.

This step will validate that each claim is eligible to enroll in direct deposit. This is the same validation process that occurs when creating an online account.

- A valid **Claim Number**.
- **The last 4 digits of the claimant's Social Security Number**.
- The **Zip Code** must be the zip code on file for the claimant.
- **Date of Birth** must be entered as mm/dd/yyyy format with leading zeroes for single digits.
- The claimant must check the box for User Agreement and Privacy Policy and then click Submit.
-

Once submitted, the system will verify the entered information is acceptable, valid and correct.

New Account Added

New claim has been added to your current Workers Compensation Claimant account. Now you may access Claim information for each of your NYSIF Claims with the common username - TesterXX

Return to the [Admin Console](#).

Clicking the link to return to the Admin Console will allow the user to continue linking additional claims to the online account. This process may be repeated until all desired claims have been added. Additional open claims can be linked to the online account at any time.

Each time an additional claim is linked to the account, a confirmation email will be sent to the address of the online account.

Once multiple claims are linked to the account, the Account Management page should display all linked claims. The Direct Deposit Status column will display the available options to enroll (or manage) direct deposit for each claim.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims. Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process. You will be asked later in the process if you would like to add another claim before finalizing sign up.

Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
00112233	Workers' Compensation	Manage Unsubscribe
99887766	Workers' Compensation	Sign Up
665544	Disability	Reinstate

Enroll Multiple Claims in Direct Deposit

Once any additional claims are linked to the online account they can be enrolled in direct deposit. Any claims already enrolled in direct deposit will display "Manage" and "Unsubscribe" buttons. Any linked claims not yet enrolled in direct deposit will display a "Sign Up" button.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims. Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process. You will be asked later in the process if you would like to add another claim before finalizing sign up. Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
00112233	Workers' Compensation	Manage Unsubscribe
99887766	Workers' Compensation	Sign Up
665544	Disability	Reinstate

Click the [Sign Up](#) button next to the claim you'd like to enroll in direct deposit. This will follow the same procedure as your first claim. **Each claim enrolled in direct deposit may use a different bank account if desired.**

If multiple claims have already been linked to the online account, the Direct Deposit Sign Up – Financial Institution Information page will also display a button to Enroll Another Claim.

0044072324 000023456789 0123

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

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DEBIT THE ACCOUNT IN ORDER TO RECOVER ANY CREDITS DEPOSITED IN ERROR BY ANY LAWFUL MEANS. I UNDERSTAND THAT THIS CONSENT DOES NOT AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO RECOVER ALLEGED OVERPAYMENTS OF ESTABLISHED AND AWARDED BENEFITS. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

*Clicking 'Electronic Signing' below will take you to DocuSign, our secure electronic signature agent.
*If you have additional claims under your online account that you would like signed up for direct deposit, you may click 'Enroll Another Claim' now. By doing so, you will be sent back to the direct deposit account management page where you can select an additional claim for signup.

[Electronic Signing](#) [Enroll Another Claim](#)

Clicking the [Enroll Another Claim](#) button will bring the user back to the Account Management page so that the user may select the next claim they would like to enroll. If multiple claims were enrolled at the same time, the user will enter an electronic signature on each separate Direct Deposit Authorization Application when completing the DocuSign process.

Done! Select Finish to send the completed document.


FINISH OTHER ACTIONS ▾

DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE): CHECKING SAVINGS
 (FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)

NAME OF FINANCIAL INSTITUTION: Iron Bank of Braavos

ROUTING # 123456789 **ACCOUNT #** 1234

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION
 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 I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF.

SIGNATURE:  **DATE:** 01-27-2017

MAIL COMPLETED APPLICATION TO:
 DOCUMENT CONTROL CENTER
 NEW YORK STATE INSURANCE FUND
 1 WATERVLIET AVE EXT
 ALBANY NY 12206-1649

Form ID: AFP-NYS Form 2 (02/2016) (449324)

1451519_WCDBL.pdf 1 of 1

DocuSign Envelope ID: 62E1FA76-50A7-45DB-B864-41D78981CE83 **DEMONSTRATION DOCUMENT ONLY**
 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
 5301 2nd Ave, Suite 2000 • Seattle • Washington 98115 • (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.

SECTION II

NAME (FIRST, MIDDLE, LAST): SARAH A RAGNAR	NYSIF CLAIM NUMBER: 53556667
HOME ADDRESS (DO NOT USE PO BOX): 123 Main St Apt 1B	

Click the yellow FINISH button to submit your application and complete enrollment.

Your Account Management page will now display Manage and Unsubscribe buttons in the Direct Deposit Status column.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims. Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process. You will be asked later in the process if you would like to add another claim before finalizing sign up. Your claims at a glance
 If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
00112233	Workers' Compensation	Manage Unsubscribe
99887766	Workers' Compensation	Manage Unsubscribe
665544	Disability	Manage Unsubscribe

Unsubscribe Direct Deposit

To remove a claim from direct deposit, choose "Unsubscribe" from your Account Management page.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims.
Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process.
You will be asked later in the process if you would like to add another claim before finalizing sign up.
Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
00112233	Workers' Compensation	Manage Unsubscribe

This will bring the user to NYSIF's Online Direct Deposit – Unsubscribe page. In order to remove the selected claim from direct deposit, the user must verify their name, the last 4 digits of their SSN, and their date of birth.

Click the Submit button after all information is entered. After the unsubscribe process has been completed, a confirmation message will display and an email will be sent to the address on file.

NYSIF 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.

*First Name

*Last Name

*Address Line 1

Address Line 2

*City

*State

*Zip Code

*Claim Number

*Your Last 4 Of SSN

Date of Birth

NYSIF's Online Direct Deposit - Unsubscribe

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

We have received your request to unsubscribe from NYSIF direct deposit payments. It may take another cycle of payments to stop this transaction, after which your next scheduled payment will be mailed to the address we have on file.

Thank you.

Sincerely,
NYSIF Online
<http://www.nysif.com/>

Update Direct Deposit Information

To update the bank account information for a claim enrolled in direct deposit, click the **Manage** link on your Account Management page.

Claim Number	Claim Type	Direct Deposit Status	
00112233	Workers' Compensation	Manage	Unsubscribe
99887766	Workers' Compensation	Manage	Unsubscribe
665544	Disability	Manage	Unsubscribe

This will bring the user to NYSIF's Online Direct Deposit – **Update Account Information** page where the user can update their address 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 - 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.

Claim Number: 00112233	*Email Address testing@nysif.com
Direct Deposit Applicant: John Nysif	*Direct Deposit Account Type Checking
*Address Line 1 <input type="text"/>	*Name Of Financial Institution abc
Address Line 2 <input type="text"/>	*Account Number 1236
*City <input type="text"/>	*Re-enter Account Number 1236
*State <input type="text"/>	*Routing Number 123456789
*Zip Code <input type="text"/>	*Re-enter Routing Number 123456789
*Day Phone <input type="text"/>	Submit
Night Phone <input type="text"/>	

Reinstate Direct Deposit

To re-enroll one of your claims in direct deposit, click the Reinstate button from your Account Management page.

NYSIF's Online Direct Deposit - Account Management

From here you can sign up your NYSIF claims for direct deposit and check the status of your registered claims.
Click the "Sign Up" button next to the claim you wish to register for direct deposit to start the process.
You will be asked later in the process if you would like to add another claim before finalizing sign up.
Your claims at a glance
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
9876543	Workers' Compensation	Reinstate

From here reinstating direct deposit will follow the same path as the initial Direct Deposit Sign Up process.