



## **NYSIF DIRECT DEPOSIT USER GUIDE**

**WORKERS' COMPENSATION CLAIMANTS  
WORKERS' COMPENSATION BENEFICIARIES  
AGGREGATE TRUST FUND (ATF) CLAIMANTS  
AGGREGATE TRUST FUND (ATF) BENEFICIARIES  
DISABILITY BENEFITS CLAIMANTS**

**FEBRUARY 21, 2017**

**V.1**

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

**ATF** = Aggregate Trust Fund

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

## Before Registering

**\*\*\*\*Claimants that live outside the US must submit a paper direct deposit application.**

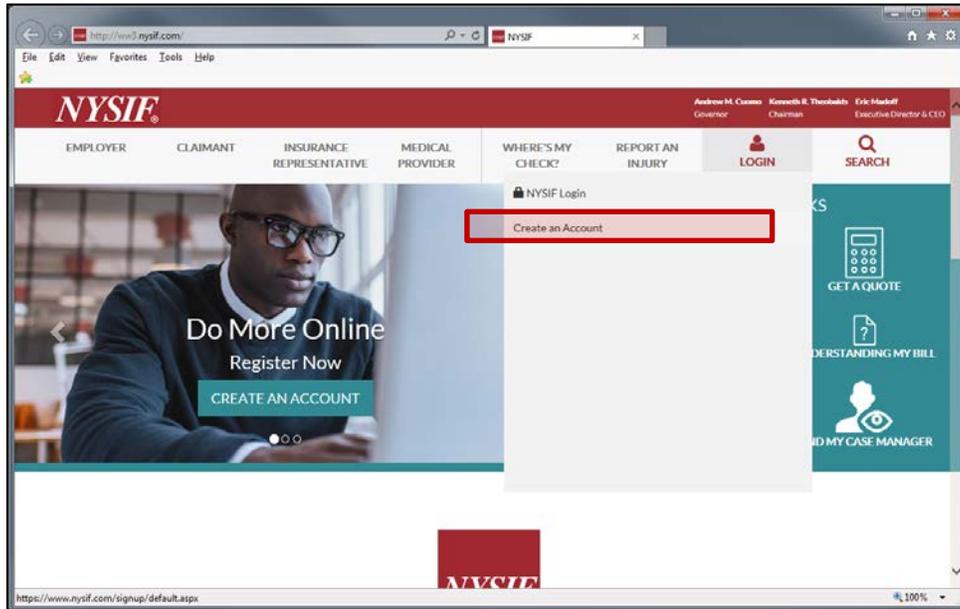
**\*\*\*\*Claimants without a Social Security Number cannot create a NYSIF online account, but they may contact their case managers to request a paper direct deposit application.**

**\*\*\*\*Claimants that utilize a bank outside of the US banking system are not eligible for direct deposit.**

# CREATE CLAIMANT ONLINE ACCOUNT AT NYSIF.COM

To enroll in NYSIF direct deposit, all claimants and beneficiaries are required to create a NYSIF online customer account.

Visit nysif.com, click “Login” and choose “Create an Account” from the dropdown menu.



All NYSIF claimants should choose “Claimant” for the Account Type. A NYSIF claimant is defined as one of the following:

- Workers’ Compensation & Aggregate Trust Fund (ATF) Claimants {individuals injured on the job}
- Workers’ Comp Beneficiaries & ATF Beneficiaries {dependents of a worker killed on the job}
- Disability Benefits Claimants {individuals injured off the job}

A screenshot of the 'Create Account' form on the NYSIF website. The form is titled 'Create Account' and has a 'Business Relationship' section. The 'Account Type' dropdown menu is open, showing options: 'Choose One', 'Policyholder', 'Broker/Representative', 'Claimant' (highlighted in blue), 'Medical Provider', 'Third Party Medical Biller', 'Independent Medical Examiner', and 'Investigator'. Below the dropdown are input fields for 'First Name', 'Middle Initial', and 'Last Name'. The form is enclosed in a blue border.

Once Claimant is selected, the page will dynamically change. All fields are required.

### **Workers' Comp/ATF/Disability Benefits CLAIMANTS:**

- A valid **Claim Number**. You can find your claim number on the determination letter or on a benefit check you've received from NYSIF.
  - Workers' compensation and ATF claim numbers are the first 8 digits before the hyphen. Example: Claim number 12345678-123 would be entered as 12345678.
  - Disability benefits claim numbers are the final 6 digits after the hyphen. Example: Claim number 6D-789876 would be entered as 789876.
- **The last 4 digits of the claimant's Social Security Number**. The number entered must match the SSN on file for the claim.
- The **Zip Code** must be the zip code on file for the claimant.
- The **First Name, Middle Initial** (if applicable), **Last Name** will not accept numbers or special characters except for a hyphen. If the claimant's middle initial is included on check payments, it must be included here.
- **Telephone Number**: Numbers only.
- **Date of Birth of the claimant**. This field must be entered as mm/dd/yyyy format. Please include zeroes if applicable (e.g., 03/06/1986).

#### 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.

#### Contact Information

-First Name

Middle Initial

-Last Name

-Telephone Number   
(numbers only - with area code)

-Date of Birth

### **Workers' Comp/ATF BENEFICIARIES:**

- The **Claim Number** of the deceased individual.
  - Workers' compensation and ATF claim numbers are the first 8 digits before the hyphen. Example: Claim number 12345678-123 would be entered as 12345678.
- The **last 4 digits of the beneficiary's Social Security Number**.
- The **Zip Code** must be the zip code on file for the beneficiary.
- The **First Name, Middle Initial** (if applicable), **Last Name of the beneficiary**. This field will not accept numbers or special characters except for a hyphen.
- **Telephone Number**: Numbers only.
- **Date of Birth of the beneficiary**. This field must be entered as mm/dd/yyyy format. Please include zeroes if applicable (e.g., 03/06/1986).
- The **Username** must be at least 8 characters; no spaces. Your username can contain special characters, but are not mandatory. The following special characters are allowed: ! \$ @ # & \_ - .
- The **Password** must be at least 8 characters in length and is case-sensitive. At least one character must not be a letter. Certain special characters cannot be used: & \* ^ ( ) { }

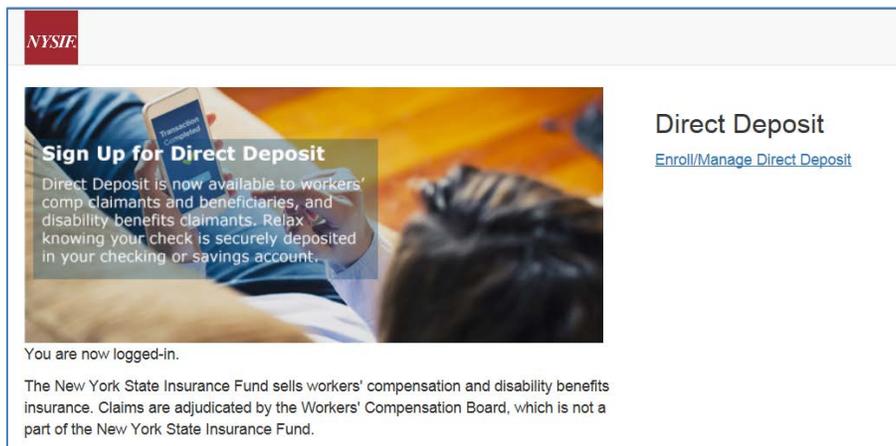
The user must check the box for User Agreement and Privacy Policy. The Submit button will not be accessible until the box for the privacy agreement is checked. Upon "Submit," a confirmation screen will be displayed stating an email confirmation will be sent to the email address used to register.

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

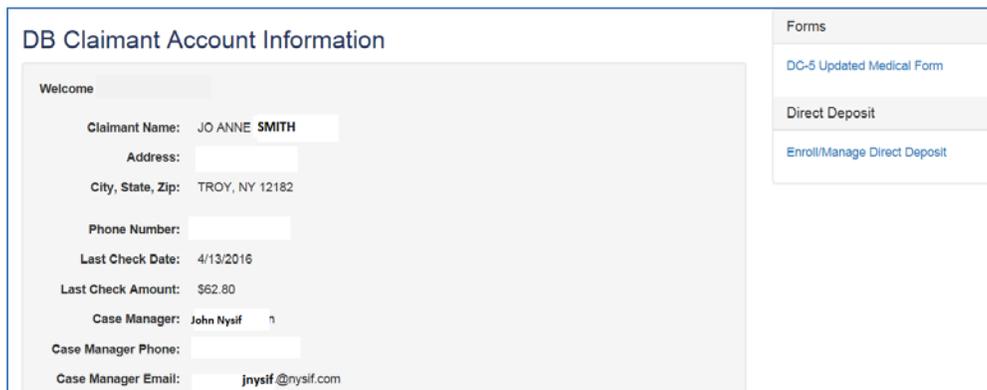


Log in to your account. Your account home page will display links of available services.

### Workers' Compensation/ATF Claimant & Beneficiary Account Home Page

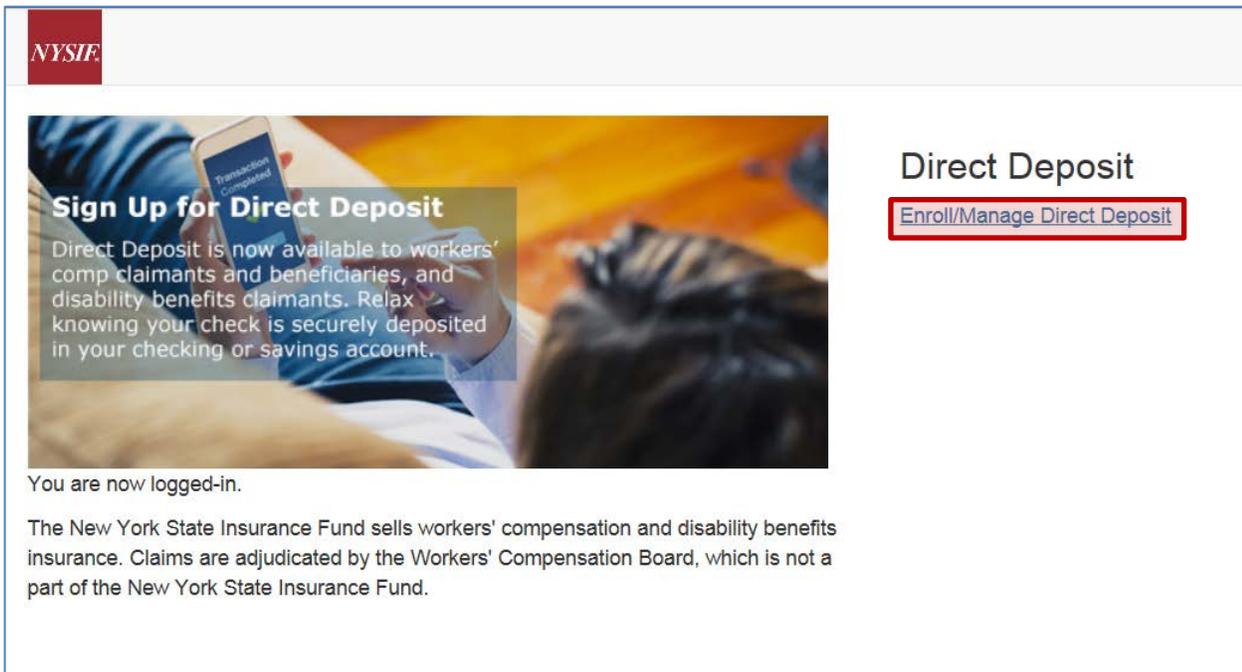


### Disability Benefits Claimant Account Home Page



# WC/ATF CLAIMANT & BENEFICIARY DIRECT DEPOSIT SIGN UP

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



**NYSIF**

**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.

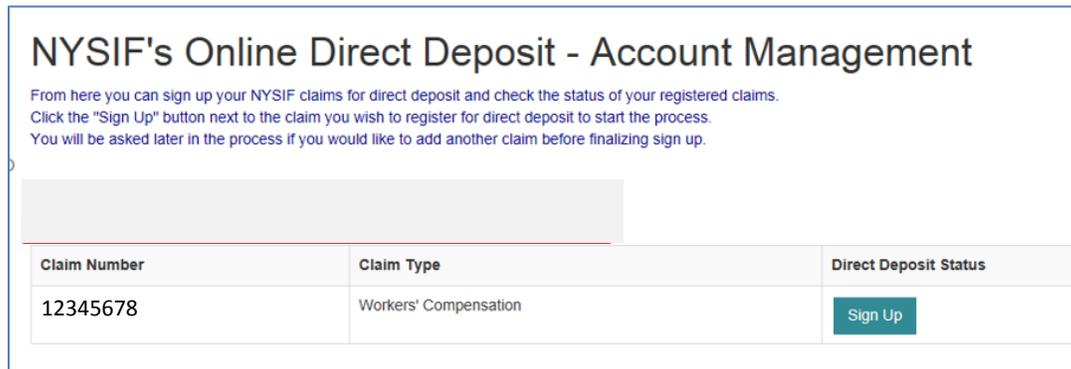
**Direct Deposit**

[Enroll/Manage Direct Deposit](#)

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.

Upon clicking the Enroll/Manage Direct Deposit link, the Direct Deposit – Account Management page will be displayed.



**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.

Claim Number	Claim Type	Direct Deposit Status
12345678	Workers' Compensation	<a href="#">Sign Up</a>

The user must click the Sign Up button to continue to enroll in direct deposit.

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

## 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

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

- **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?**
  - 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

- **Your First Name** is the name of the claimant. The name cannot contain any special characters or numbers.
- **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** is the last name of the claimant. The name cannot contain any special characters or numbers except for a hyphen.
- **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

If your current residence is outside the United States, you must complete and n  
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

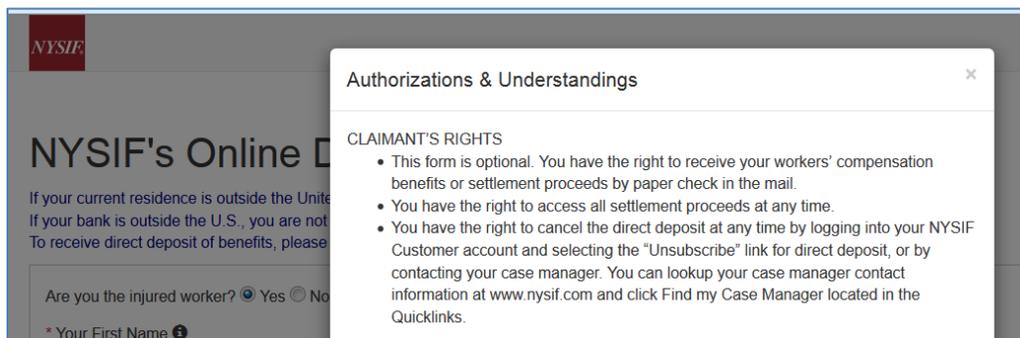
Click Submit. A pop-up box with authorizations and understandings for the workers' compensation claimant will appear. Please review these carefully and choose "I Agree" to move forward with direct deposit.

ARE YOU THE INJURED WORKER? **NO**  
ARE YOU THE BENEFICIARY? **YES**

- **Your First Name** is the name of the beneficiary. The name cannot contain any special characters or numbers.
- **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. The name cannot contain any special characters or numbers except for a hyphen.
- **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)

The screenshot shows a web form for NYSIF. At the top, there are two questions: "Are you the injured worker?" with radio buttons for "Yes" and "No" (where "No" is selected), and "Are you a Beneficiary?" with radio buttons for "Yes" and "No" (where "Yes" is selected). Below these are several input fields: "Your First Name" (containing "SARAH"), "Your Middle Initial" (containing "A"), "Your Last Name" (containing "Nysif"), "Claim Number" (a greyed-out field), "Deceased's First Name", "Deceased's Middle Initial", "Deceased's Last Name", "Beneficiary Type" (a dropdown menu showing "Choose An Option"), "Your Last 4 Of SSN", and "Date of Birth" (a date picker showing "mm/dd/yyyy").

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.



## Eligibility Determination for WC/ATF Claimants & Beneficiaries

After all information is successfully entered on the Direct Deposit Sign Up page, the **Direct Deposit – Eligibility Determination** page will be displayed.

### NYSIF's Online Direct Deposit - Eligibility Determination

Please answer the following questions in order to determine your eligibility for direct deposit.  
To receive direct deposit of benefits, please fill out form below.

\*1) Are you a guardian of a child and want to request Direct Deposit on their behalf?  
 Yes  No

\*2) Are you the executor of a living trust?  
 Yes  No

\*3) Do you have limited or unrestricted power of attorney?  
 Yes  No

\*4) Are you a conservator appointed by a court to make decisions for a claimant/beneficiary and want to request Direct Deposit on their behalf?  
 Yes  No

\*5) Are you an attorney on behalf of a claimant or beneficiary?  
 Yes  No

\*6) Are you an employer receiving employer reimbursements from NYSIF?  
 Yes  No

\*7) Are you a lien holder for a claimant or beneficiary?  
 Yes  No

\*8) Are you using a bank account which is listed as "account holder for the claimant" or "for benefit of"?  
 Yes  No

\*9) Are you using a foreign bank account which doesn't follow U.S. bank routing procedures?  
 Yes  No

[Continue](#)

When all questions are answered, click Continue.

## Contact Information for WC/ATF Claimants & Beneficiaries

After successfully answering the Eligibility Determination questions the **Direct Deposit Sign Up – Contact Information** screen will be displayed. On 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.
- **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.
- **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.

Once all information has been entered, please click Continue.

### Direct Deposit Sign Up - Contact Information

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

*First Name	SARAH
Middle Initial	A
*Last Name	RAGNAR
*Address Line 1	123 Main St.
Address Line 2	Apt. 1B
*City	Albany
*State	NY
*Zip Code	12203
*Day Phone	5185551234
Night Phone	
*Email Address	sfortune@mysif.com
Claim Number	56156166

[Continue](#)

## Financial Institution Info for WC/ATF Claimants & Beneficiaries

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.

### Direct Deposit Sign Up - Financial Institution Information

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

\*Direct Deposit Account Type

\*Name Of Financial Institution

\*Routing Number

\*Re-enter Routing Number

\*Account Number

\*Re-enter Account Number

SAMPLE CHECK

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE \_\_\_\_\_ 123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123

**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.

[Electronic Signing](#)

All fields are required: Account Type, Bank Name, Routing Number and Account Number.

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

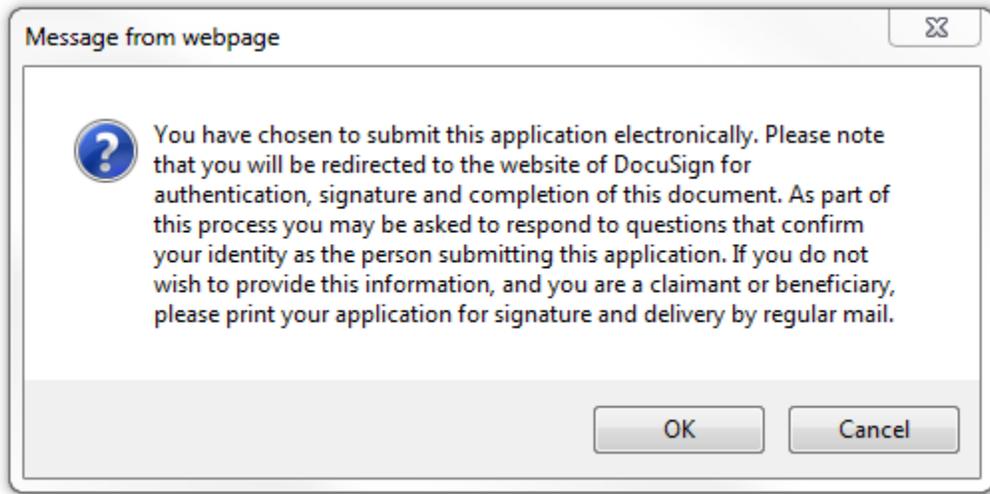
At the bottom of the Financial Institution Information page is Depositor/Payee Certification & Authorization language. The user is agreeing to this disclaimer by electronically signing the direct deposit application.

Once all information has been entered, click the Electronic Signing button.

## DocuSign Info for WC/ATF Claimants & Beneficiaries

Once all the required information has been entered, the user can electronically sign the document to complete the online enrollment process.

As explained above, click the Electronic Signing button.



Click OK.

**DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION**

IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. I CERTIFY THAT THIS CONSENT DOES NOT AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO RECOVER ANY CREDITS AWARDED BENEFITS. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO BENEFITS, I CERTIFY THAT THIS CONSENT DOES NOT AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DEBIT THE ACCOUNT IN ORDER TO RECOVER ANY CREDITS AWARDED BENEFITS.

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

Sending to DocuSign...

Once the user is in DocuSign 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.

**Electronic Signature**  
New York State Insurance Fund

**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.

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

1011 Central Avenue     12 Devonshire Terrace  
 .....     542 Robinson Terrace  
 ...../e     I have never been associated with any of these addresses

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

Hudson, New Jersey     Rensselaer, New York  
 Morris, New Jersey     Sussex, New Jersey  
 Orange, California     I have never lived in any of these counties

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

10 Peacock Place     .....  
 106 Oneida Avenue     6 Strawberry Hill Court  
 14 Canterbury Drive     None of the above or I am not familiar with this property

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

10 East Union Street     29 William Street  
 106 Oneida Avenue     5 Mercer Street  
 21 Farragut Square     I have never been associated with any of these addresses

**Which of the following vehicles have you ever owned or leased?**

2000 Ford Explorer XLS     2006 Buick Rendezvous  
 2002 Toyota Corolla     2008 Chevrolet Silverado  
 2003 Chrysler Town & Country LX     I have never been associated with any of these vehicles

**Based on your background, in what county is '1205 Virginia Avenue'?**

Franklin     Schuyler  
 Monroe     Suffolk  
 Saratoga     I have never been associated with this address

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

Please read the [Electronic Records and Signature Disclosure](#).

I agree to use electronic records and signatures.

DocuSign Envelope ID: 3CDFB676-81DA-42EE-82D4-68203E

**NEW YORK STATE INSURANCE FUND**

TO RECEIVE DIRECT DEPOSIT OF BENEFITS INFORMATION IN SECTION II, CALL 1-888-...

BUSINESS NAME:

**CONTINUE**    **OTHER ACTIONS** ▾

- Finish Later
- Print & Sign
- Decline to Sign
- Help & Support
- About DocuSign
- View History
- View Certificate (PDF)
- View Electronic Record and Signature Disclosure

The user must check the box to agree to use electronic records and signature, and then click the yellow CONTINUE button to proceed.

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. The user has the option to print the application, hand sign the printed document and mail the signed application to NYSIF for completion of processing.

After selecting Continue, the document will be clearly visible. Click on START or the Sign box.

DocuSign Envelope ID: 105E26FC-93AE-4B14-834A-0078C27CBB80

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
1301 2nd Ave, Suite 2000 • Seattle • Washington 98101 • (206) 219-0200

**START**

**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**

<b>NAME (FIRST, MIDDLE, LAST) :</b>	<b>NYSIF CLAIM NUMBER:</b>
SARAH A RAGNAR	56156166
<b>HOME ADDRESS (DO NOT USE PO BOX) :</b> 123 Main St. Apt. 1B	
<b>CITY:</b> Albany	<b>STATE:</b> NY <b>ZIP CODE:</b> 12203
<b>E-MAIL ADDRESS:</b> sfortune@nysif.com	
<b>PHONE (DAY) :</b> (518) 555-1234	<b>PHONE (NIGHT) :</b>
<b>DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE) :</b> <input checked="" type="checkbox"/> <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b> (FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR FINANCIAL INSTITUTION IF YOU NEED HELP WITH COMPLETING THIS SECTION.)	
<b>NAME OF FINANCIAL INSTITUTION:</b> Iron Bank of Braavos	
<b>ROUTING #</b> 123456789	<b>ACCOUNT #</b> 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

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

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. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created the user must click on ADOPT AND SIGN to electronically sign the document.

Select the sign field to create and add your signature.

**ADOPT YOUR SIGNATURE**

Confirm your name, initials, and signature.

**Full Name**  
Sarah A Ragnar

**Initials**  
SR

Select Style Draw

**PREVIEW** [Change Style](#)

DocuSigned by:  
Sarah A Ragnar SR  
261FD7578297492

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN** CANCEL

(FILL IN ALL INFORMATION INCLUDING YOUR ACCOUNT NUMBER AND BANK ROUTING NUMBER. CONTACT YOUR

DocuSign will insert the signature into the application document.

DocuSign Envelope ID: 105E28FC-93AE-4B14-83AA-0078C27CB880

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
1201 First Ave. Suite 2020 - Seattle - Washington 98101 - (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**

<b>NAME (FIRST, MIDDLE, LAST):</b> SARAH A RAGNAR	<b>NYSIF CLAIM NUMBER:</b> 56156166	
<b>HOME ADDRESS (DO NOT USE PO BOX):</b> 123 Main St. Apt. 1B		
<b>CITY:</b> Albany	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12203
<b>E-MAIL ADDRESS:</b> sfortune@nysif.com		
<b>PHONE (DAY):</b> (518) 555-1234	<b>PHONE (NIGHT):</b>	
<b>DIRECT DEPOSIT ACCOUNT SET UP (YOU MUST CHOOSE ONE):</b> <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>		
<b>NAME OF FINANCIAL INSTITUTION:</b> Iron Bank of Braavos		
<b>ROUTING #</b> 123456789	<b>ACCOUNT #</b> 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

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

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.

## 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.

# DISABILITY BENEFIT CLAIMANT DIRECT DEPOSIT SIGN UP

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

**DB Claimant Account Information**

Welcome karhard,

**Claimant Name:** KARL HARDY

**Address:** [Redacted]

**City, State, Zip:** [Redacted]

**Phone Number:** (347) 555-0909

**Last Check Date:**

**Last Check Amount:** \$0.00

**Case Manager:** Jessica Moon

**Case Manager Phone:** (518) 437-5555

**Case Manager Email:** TEST-EMAIL@nysif.com

**Forms**

- DC-5 Updated Medical Form

**Direct Deposit**

- Enroll/Manage Direct Deposit**

**Open Claims**

Claim Number	Disability Date	
[Redacted]	10/26/2014	<a href="#">View Details</a>
[Redacted]	1/6/2017	<a href="#">View Details</a>

Upon clicking the Enroll/Manage Direct Deposit link, the Direct Deposit – Account Management page will be displayed.

## 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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
To fill out a paper version of the Disability application [click here](#).

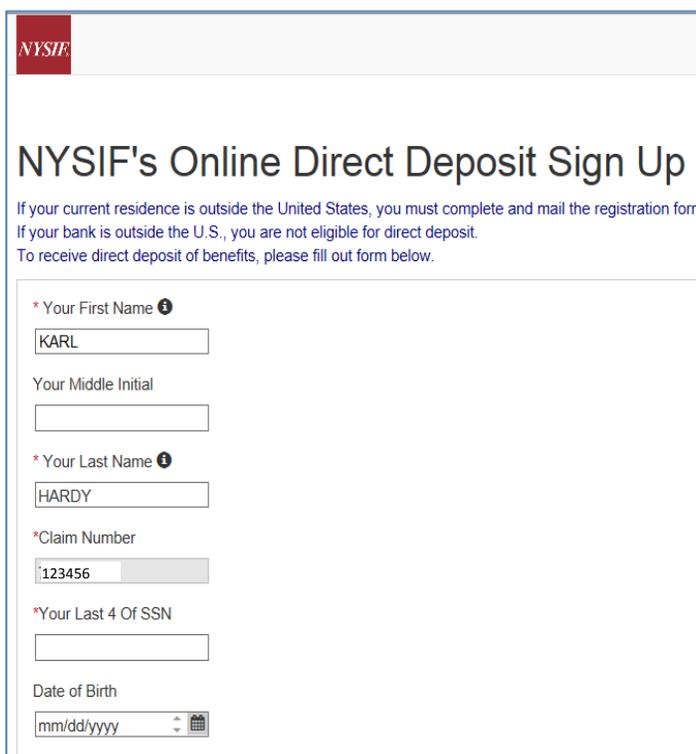
Your claims at a glance  
If you would like to link additional claims to your nysif.com account, please [click here](#)

Claim Number	Claim Type	Direct Deposit Status
123456	Disability	<a href="#">Sign Up</a>

The user must click the Sign Up button to continue to enroll in direct deposit

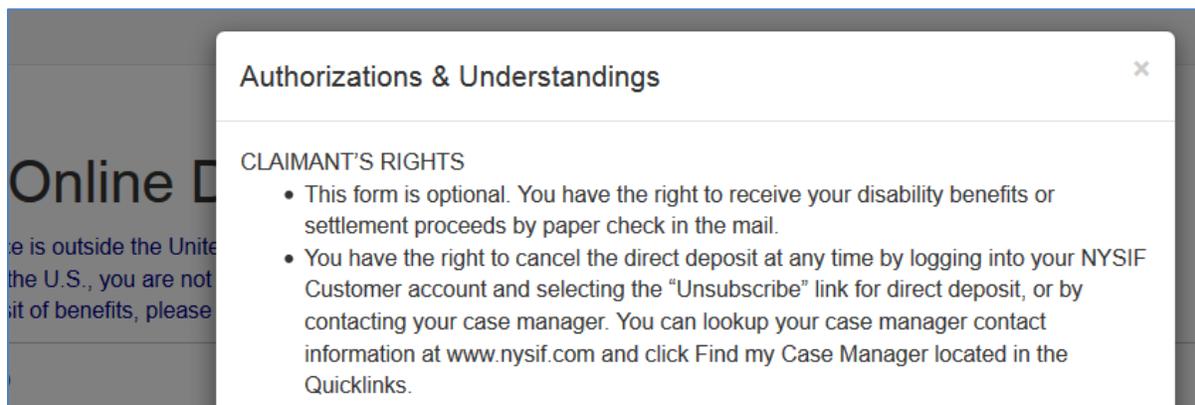
After clicking the Sign Up button, NYSIF's **Online Direct Deposit Sign Up** page will be displayed.

- **Your First Name** is the name of the claimant. The name cannot contain any special characters or numbers.
- **Your Middle Initial** is required when the claim, 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** is the last name of the claimant. The name cannot contain any special characters or numbers except for a hyphen.
- **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)



The screenshot shows the NYSIF's Online Direct Deposit Sign Up page. At the top left is the NYSIF logo. The main heading is "NYSIF's Online Direct Deposit Sign Up". Below the heading, there is a notice: "If your current residence is outside the United States, you must complete and mail the registration form. 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." The form fields are as follows: "Your First Name" (required, with an info icon) containing "KARL"; "Your Middle Initial" (empty); "Your Last Name" (required, with an info icon) containing "HARDY"; "Claim Number" (read-only, containing "123456"); "Your Last 4 Of SSN" (empty); and "Date of Birth" (with a calendar icon, containing "mm/dd/yyyy").

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.



## Contact Information for Disability Benefit 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.
- **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.
- **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.

Once all information has been entered, please click Continue.

### Direct Deposit Sign Up - Contact Information

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

\*First Name  
KARL

Middle Initial  
[ ]

\*Last Name  
HARDY

\*Address Line 1  
789 Main Street

Address Line 2  
[ ]

\*City  
Albany

\*State  
NY

\*Zip Code  
12203

\*Day Phone  
3475554444

Night Phone  
[ ]

\*Email Address  
[ ]

Claim Number  
[ ]

Continue

## Financial Institution Information for Disability Benefit Claimants

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.

### 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  
Iron Bank of Braavos

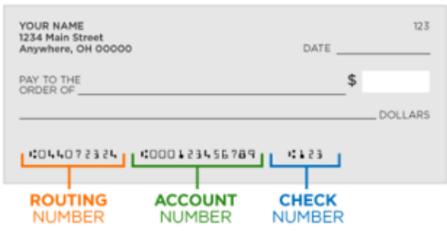
\*Routing Number  
123456789

\*Re-enter Routing Number  
123456789

\*Account Number  
1234

\*Re-enter Account Number  
1234

SAMPLE 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

All fields are required: Account Type, Bank Name, Routing Number and Account Number.

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

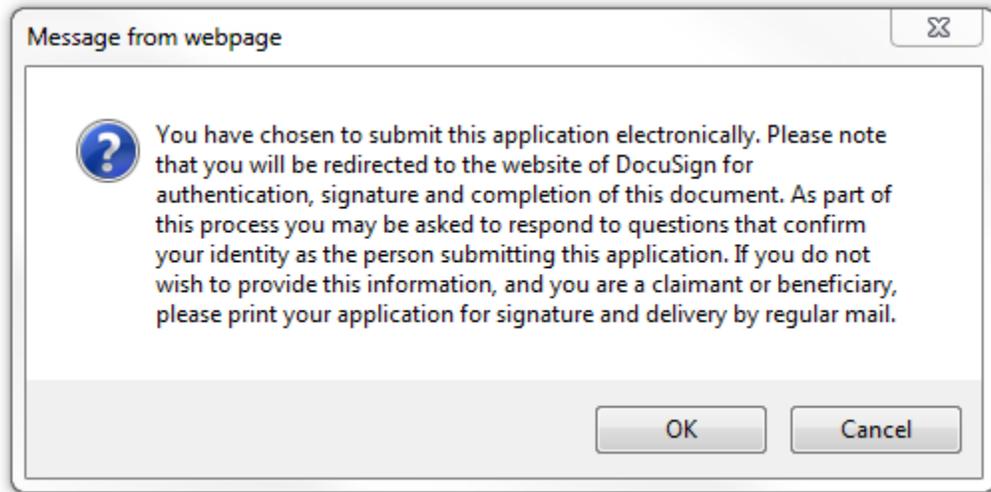
At the bottom of the Financial Institution Information page is Depositor/Payee Certification & Authorization language. The user is agreeing to this disclaimer by electronically signing the direct deposit application.

Once all information has been entered, click the Electronic Signing button.

## DocuSign Info for Disability Benefits Claimants

Once all the required information has been entered, the user can electronically sign the document to complete the online enrollment process.

As explained above, click the Electronic Signing button.



Click OK.

**DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION**

IN SIGNING THIS FORM, I AUTHORIZE MY NEW YORK STATE INSURANCE FUND PAYMENTS TO BE DEPOSITED INTO THE DESIGNATED ACCOUNT AT THE FINANCIAL INSTITUTION NAMED. I CERTIFY COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS AND CIRCUMSTANCES ENTITLING ME TO NEW YORK STATE INSURANCE FUND TO DEBIT THE ACCOUNT IN ORDER TO RECOVER ANY CREDITS AWARDED BENEFITS. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO BENEFITS.

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

Sending to DocuSign...

Once the user is in DocuSign 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.

**Electronic Signature**  
New York State Insurance Fund

**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.

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

1011 Central Avenue     12 Devonshire Terrace  
 C     542 Robinson Terrace  
 C     I have never been associated with any of these addresses

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

Hudson, New Jersey     Rensselaer, New York  
 Morris, New Jersey     Sussex, New Jersey  
 Orange, California     I have never lived in any of these counties

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

10 Peacock Place     [Redacted]  
 106 Oneida Avenue     6 Strawberry Hill Court  
 14 Canterbury Drive     None of the above or I am not familiar with this property

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

10 East Union Street     29 William Street  
 106 Oneida Avenue     5 Mercer Street  
 21 Farragut Square     I have never been associated with any of these addresses

**Which of the following vehicles have you ever owned or leased?**

2000 Ford Explorer XLS     2006 Buick Rendezvous  
 2002 Toyota Corolla     2008 Chevrolet Silverado  
 2003 Chrysler Town & Country LX     I have never been associated with any of these vehicles

**Based on your background, in what county is '1205 Virginia Avenue'?**

Franklin     Schuyler  
 Monroe     Suffolk  
 Saratoga     I have never been associated with this address

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

Please read the [Electronic Records and Signature Disclosure](#).

I agree to use electronic records and signatures.

DocuSign Envelope ID: 3CDFB676-81DA-42EE-82D4-68203E

**NEW YORK STATE INSURANCE FUND**  
TO RECEIVE DIRECT DEPOSIT OF BENEFITS  
INFORMATION IN SECTION II, CALL 1-888-...

**BUSINESS NAME:**

**CONTINUE**    **OTHER ACTIONS**

- Finish Later
- Print & Sign
- Decline to Sign
- Help & Support
- About DocuSign
- View History
- View Certificate (PDF)
- View Electronic Record and Signature Disclosure

The user must check the box to agree to use electronic records and signature, and then click the yellow CONTINUE button to proceed.

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. The user has the option to print the application, hand sign the printed document and mail the signed application to NYSIF for completion of processing.

After selecting Continue, the document will be clearly visible. Click on START or the Sign box.

DocuSign Envelope ID: DC306141-E234-4718-A989-156194F49740

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
1301 2nd Ave, Suite 2000 - Seattle - Washington 98101 - (206) 219-0200

**NEW YORK STATE INSURANCE FUND DIRECT DEPOSIT AUTHORIZATION APPLICATION**

TO RECEIVE DIRECT DEPOSIT OF DISABILITY BENEFITS, READ SECTION I OF THIS FORM, THEN PROVIDE THE REQUESTED INFORMATION IN SECTION II.

**SECTION II**

**NAME (FIRST, MIDDLE, LAST) :** KARL HARDY **NYSIF DBL CLAIM Number:**

**HOME ADDRESS (DO NOT USE PO BOX) :** 789 Main Street

**CITY:** Albany **STATE:** NY **ZIP CODE:** 12203

**E-MAIL ADDRESS:**

**PHONE (DAY) :** (347) 555-4444 **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:** Gringotts Wizarding Bank

**ROUTING #** 987654321 **ACCOUNT #** 12345678901234567

**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:** 02-02-2017

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

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. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created the user must click on ADOPT AND SIGN to electronically sign the document.

Select the sign field to create and add your signature

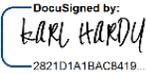
**Adopt Your Signature**

Confirm your name, initials, and signature.

**Full Name** KARL HARDY **Initials** KH

Select Style Draw

**PREVIEW**  Change Style

DocuSigned by:  DS   
2821D1A1BAC8419...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN** CANCEL

DocuSign will insert the signature into the application document.

Done! Select Finish to send the completed document. **FINISH** OTHER ACTIONS ▾

HOME ADDRESS (DO NOT USE PO BOX): 789 Main Street  
CITY: Albany STATE: NY ZIP CODE: 12203  
E-MAIL ADDRESS: sfortune@nysif.com  
PHONE (DAY): (347) 555-4444 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: Gringotts Wizarding Bank  
ROUTING # 987654321 ACCOUNT # 12345678901234567

**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: 02-02-2017

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

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.

**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.

## ENROLLING MULTIPLE CLAIMS

Once logged into a Claimant account, the user can click Enroll/Manage Direct Deposit to reach the **Direct Deposit – 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 disability benefit 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.

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
12345678	Disability	<input type="button" value="Sign Up"/>

## Link Additional Claims

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

### Link New Account

You are currently logged in as a Claimant under the username sginyard. 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](#).

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**. Workers' compensation and ATF claim numbers are the first 8 digits before the hyphen. Disability benefits claim numbers are the final 6 digits after the hyphen.
- **The last 4 digits of the claimant's Social Security Number.**
- The **Zip Code** must be the zip code on file for the claimant.
- 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 - sragnar

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.

sragnar ▾

### 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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
To fill out a paper version of the Disability application [click here](#).

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
12345678	Workers' Compensation	<span style="background-color: #00728f; color: white; padding: 2px 5px; border-radius: 3px;">Sign Up</span>
98765432	Workers' Compensation	<span style="background-color: #00728f; color: white; padding: 2px 5px; border-radius: 3px;">Sign Up</span>
53556667	Workers' Compensation	<span style="background-color: #00728f; color: white; padding: 2px 5px; border-radius: 3px;">Sign Up</span>

## Direct Deposit Sign Up For Multiple Claims

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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
To fill out a paper version of the Disability application [click here](#).

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
56156166	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>
69248264	Workers' Compensation	<a href="#">Sign Up</a>
53556667	Workers' Compensation	<a href="#">Sign Up</a>

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.

Re-enter Account Number

SAMPLE CHECK

YOUR NAME  
1234 Main Street  
Anywhere, OH 00000

DATE 12/3

PAY TO THE ORDER OF \$

DOLLARS

⑆0000 23456789⑆ 123

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 sign up.

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

Clicking the [Enroll Another Claim](#) button will bring the user back to NYSIF's Online Direct Deposit – Account Management page so that the user may select the next claim they would like to enroll.

If multiple claims are enrolled in the same session, several fields will retain the previously entered information. If the user clicked the Electronic Signing button instead, they can still enroll the additional claims, but will have to provide all information again and complete the DocuSign process each time.

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.

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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
 To fill out a paper version of the Disability application [click here](#).

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
56156166	Workers' Compensation	<div style="display: flex; gap: 10px;"> <span style="background-color: #00728f; color: white; padding: 5px 10px; border-radius: 3px;">Manage</span> <span style="background-color: #00728f; color: white; padding: 5px 10px; border-radius: 3px;">Unsubscribe</span> </div>
69248264	Workers' Compensation	<div style="display: flex; gap: 10px;"> <span style="background-color: #00728f; color: white; padding: 5px 10px; border-radius: 3px;">Manage</span> <span style="background-color: #00728f; color: white; padding: 5px 10px; border-radius: 3px;">Unsubscribe</span> </div>
53556667	Workers' Compensation	<div style="display: flex; gap: 10px;"> <span style="background-color: #00728f; color: white; padding: 5px 10px; border-radius: 3px;">Manage</span> <span style="background-color: #00728f; color: white; padding: 5px 10px; border-radius: 3px;">Unsubscribe</span> </div>

# MANAGING DIRECT DEPOSIT

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.

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.

## 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.

### 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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
To fill out a paper version of the Disability application [click here](#).

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
56156166	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>
69248264	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>

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.  
If you would like to change your email address, please [click here](#)

Claim Number:  
56156166

Direct Deposit Applicant:  
SARAH RAGINAR

\*Address Line 1

Address Line 2

\*City

\*State

\*Zip Code

\*Day Phone

Night Phone

\*Email Address

\*Direct Deposit Account Type

\*Name Of Financial Institution

\*Account Number

\*Re-enter Account Number

\*Routing Number

\*Re-enter Routing Number

# Unsubscribe Direct Deposit

To remove a claim from direct deposit, click the Unsubscribe 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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
To fill out a paper version of the Disability application [click here](#).

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
56156166	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>
69248264	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>
53556667	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>

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.

### 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.

Are you the Beneficiary?  Yes  No

\* Your First Name

Your Middle Initial

\* Your Last Name

\* Claim Number

\* Address Line 1

Address Line 2

\* City

\* State

\* Zip Code

\* Your Last 4 Of SSN

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's Online Direct Deposit - Unsubscribe

You have successfully unsubscribed from direct deposit. To return to direct deposit account management click here: [Go Back](#)



### **New York State Insurance Fund**

*Workers' Compensation & Disability Benefits Specialist since 1914*

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/>

## 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.

To fill out a paper version of the Workers' Compensation application [click here](#).  
To fill out a paper version of the Disability application [click here](#).

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
56156166	Workers' Compensation	<a href="#">Manage</a> <a href="#">Unsubscribe</a>
69248264	Workers' Compensation	<a href="#">Reinstate</a>
53556667	Workers' Compensation	<a href="#">Reinstate</a>

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