

NYSIF Online Account User Guide

Workers' Compensation (WC) Claimants & Beneficiaries Aggregate Trust Fund (ATF) Claimants & Beneficiaries Disability Benefits/Paid Family Leave (DB/PFL) Claimants (Includes Direct Deposit Instructions + Mobile App Instructions)

April 29, 2025

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

Definitions

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)

PFL = Paid Family Leave (leave taken to care for a family member; considered part of a DB claim)

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}

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.



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: Skip to [next step](#).

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.

Claimant/Beneficiary

Claim Services

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

Numbers only, no dashes

MM/DD/YYYY

Contact Information

All fields are required unless otherwise stated.

Your Information

Numbers only - include area code

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)

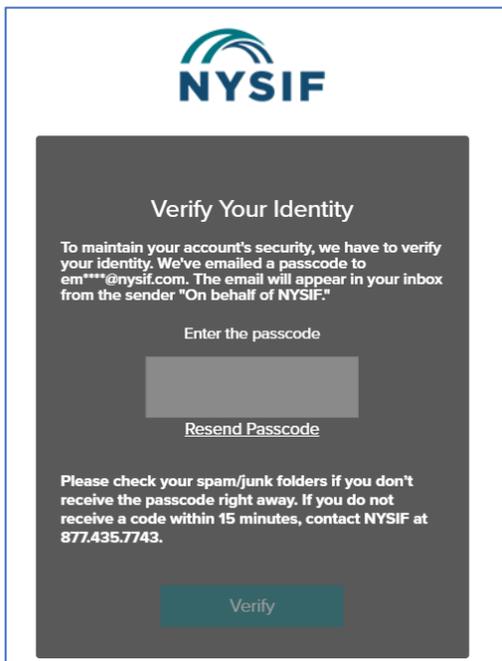
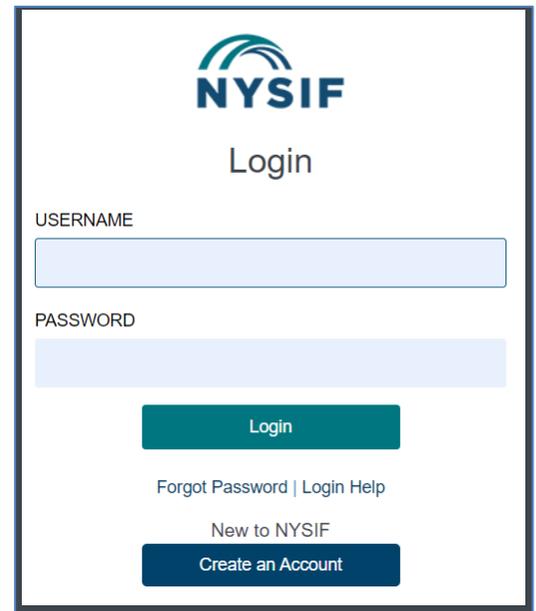
NYSIF takes your privacy seriously. To protect the personal information of its customers, including health records, NYSIF has implemented an enhanced security feature (also known as multi-factor authentication) for all NYSIF online account holders. Enhanced security allows NYSIF to identify you as the 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

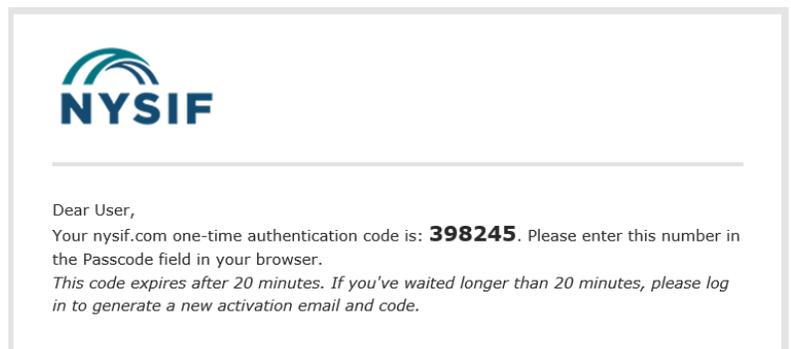
1. Visit **nysif.com**. Click Login in the upper right corner.
2. Enter your username and password.

Passcode

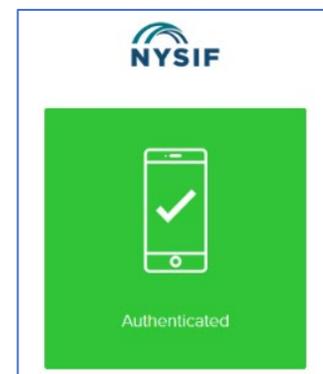


The first time you log into your NYSIF online account, you will be prompted to enter a passcode to verify your identity. The passcode will be sent to the email address associated with your NYSIF online account. At this time, you can only retrieve this passcode via email.

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



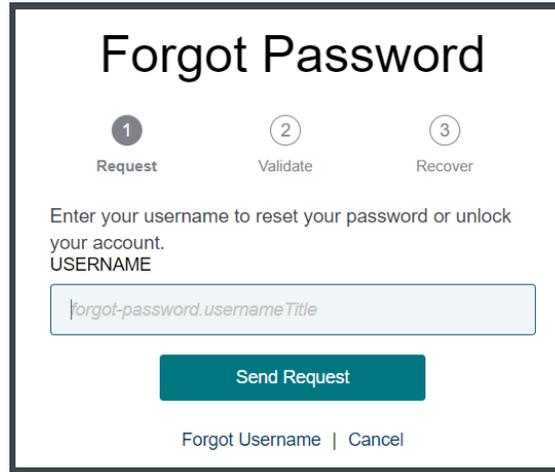
Enter the passcode in the field provided. Click "Verify." If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.



Online Account Management

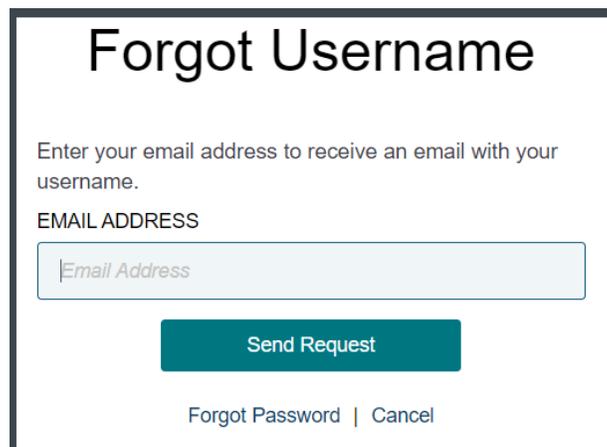
Forgot Password or Username

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 with a light blue border and a placeholder text "forgot-password.usernameTitle". Below the input field is a teal button labeled "Send Request". At the bottom of the form, 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 with a light blue border and a placeholder text "Email Address". Below the input field is a teal button labeled "Send Request". At the bottom of the form, 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.

Direct Deposit
-

- [Enroll/Manage Direct Deposit](#)

Payment Summary
-

- [Compensation Payment Summary](#)

Obtain a Compensation Payments Summary

Compensation Payment Summary

Please select a claim number:

Claim Number: 12345678 Date of Accident: 07/21/2022 ▾

Search

Please make sure any pop-up blockers are disabled for this page.

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.

Compensation Payments Summary

Date Generated: 06/08/2019

Claimant Name:	THOMAS SMITH	Date of Accident:	02/12/1982
Claimant Address:	4100 ROMERO AVE ALBANY NY 11111	Date of Most Recent Payment to Claimant:	06/22/2000
Employer:	THE FOUNDRY INC		
NYSIF Claim Number:	6666666-131		
WCB Claim Number (JCN):	1111111		

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	11/19/1986	10/13/1999	0	673.00	\$105.00	\$70,865.00
Temporary Total Disability	07/15/1982	11/19/1986	0	226.80	\$215.00	\$48,762.00
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	11/19/1986	10/13/1999	0	673.00	\$105.00	\$70,865.00
Temporary Total Disability	07/15/1982	11/19/1986	0	226.80	\$215.00	\$48,762.00
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 – Overview page will be displayed. Check the box of the claim you’d like to enroll. Choose **Begin Sign Up** to continue. (The example below displays a claimant who was previously on direct deposit, unsubscribed, and is now eligible to reinstate their direct deposit.)

Direct Deposit Account Information for: TEST CLAIMANT

Overview

This is an overview of the claims managed by your NYSIF online account. From here you can enroll in and/or manage direct deposit for your NYSIF claims and check the status of your registered claims. To enroll multiple claims at once in direct deposit, place a check next to the ones you want and click 'Begin Sign Up'.

WC Claim: 123456789

Current Status: Eligible for ACH

Reinstatement

Begin 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? If so, choose no and complete the fields. Read and acknowledge the Authorizations and Understandings and choose **NEXT**.

- **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)

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. 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.

WC Claim: 123456789

Are you the beneficiary?

Yes No

First Name

Middle Initial

Last Name

Last 4 of your SSN

Date of birth
mm/dd/yyyy

Authorizations & Understandings

Previous **Next**

Are you the beneficiary? (A beneficiary is a dependent receiving survivor's benefits following the death of an injured worker.) If yes, complete all the fields, read and acknowledge the Authorizations and Understandings and choose **NEXT**.

- **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)

WC Claim: 9966333

Are you the beneficiary?

Yes No

First Name

Middle Initial

Last Name

Last 4 of your SSN

Date of birth
mm/dd/yyyy

[Authorizations & Understandings](#)

Deceased Information

Deceased's First Name

Deceased's Middle Initial

Deceased's Last Name

Beneficiary Type
Choose An Option

Direct Deposit Sign Up

Unite
not
ase

No

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.

Contact Information for WC/ATF Claimants & Beneficiaries

On the this screen, the claimant/beneficiary's name, address, claim number and email address will be pre-populated from previous screens, and these fields will be designated as read only. Enter your phone number(s) to proceed. (Day Phone is required. The field will accept 10 numeric characters (no dashes). Night Phone is optional.)

WC Claim: 123456789

Address Information			Contact Information	
First Name	JOHN		Day Phone	
Middle Initial	A		Evening Phone	
Last Name	TESTER		Email Address	
Address			TESTERJ@NYSIF.COM	
Address 2				
City	State	Zip		
ANYTOWN	NY	14072		

Financial Institution Info for WC/ATF Claimants & Beneficiaries

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.

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:

- **Financial Institution** is the bank where the user has the related account.
- The **Account Type** is a drop down selectable menu with options of either Checking or Savings.
- 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.

The screenshot shows a 'Bank Information' form for Keybank. The 'Financial Institution' field is 'Keybank' and the 'Account type' is 'Checking'. The 'Distribution' field is '100' and the '% of check' bar is at 100%. Below the distribution field is a note: '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%.' The 'Routing Number' and 'Account Number' fields are empty, with re-entry fields below them. A green plus icon and 'Add a bank' text are on the right.

Choose "Add Bank" to add a second bank for distribution.

The image shows two side-by-side screenshots of the 'Bank Information' form. The left form is for Citi Bank with 'Checking' account type, a distribution of 65, and a 65% bar. The right form is for KeyBank with 'Savings' account type, a distribution of 35, and a 35% bar. A note between the forms reads: 'If you are splitting payments between two banks, please make sure the distribution fields for the two accounts equal 100% collectively.' Both forms have their respective routing and account numbers filled in.

At the bottom of the page is Depositor/Payee Certification & Authorization language. Please review. The user is agreeing to this disclaimer by clicking the "Electronic Signing" button.

Depositor/Payee Certification & Authorization [X]

In signing this form, I authorize the New York State Insurance Fund to direct payments to the financial institution(s) named above for deposit into the designated account(s). I certify that I am entitled to receive the underlying compensation payments or settlement proceeds, and circumstances entitling me to benefits from NYSIF have not changed. In the event that circumstances which would affect entitlement to receive payments have changed, I must notify NYSIF. I understand that to apply for direct deposit, I must provide an email address. By submitting this application, I consent to receiving electronic notifications at the provided email address.

[Close]

[Depositor/Payee Certification & Authorization](#)

[Previous] [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.

Message from webpage [X]

 You have chosen to submit this application electronically. Please note that you will be redirected to the website of DocuSign for authentication, signature and completion of this document. As part of this process you may be asked to respond to questions that confirm your identity as the person submitting this application. If you do not wish to provide this information, and you are a claimant or beneficiary, please print your application for signature and delivery by regular mail.

[OK] [Cancel]

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

DocuSign

Review and complete Finish

UNAVAILABLE, THE AMOUNT DUE TO BE PAID WILL BE SENT VIA PAPER CHECK.

DIRECT DEPOSIT ACCOUNT #1 TYPE (CHOOSE ONLY ONE): CHECKING SAVINGS 65 % OF CHECK

NAME OF FINANCIAL INSTITUTION: CITI BANK

ROUTING # 031176120 **ACCOUNT #** 60064

DIRECT DEPOSIT ACCOUNT #2 TYPE (CHOOSE ONLY ONE): CHECKING SAVINGS 35 % OF CHECK

NAME OF FINANCIAL INSTITUTION: KEYBANK

ROUTING # 123654987 **ACCOUNT #** 300521

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

IN SIGNING THIS FORM, I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DIRECT PAYMENTS TO THE FINANCIAL INSTITUTION(S) NAMED ABOVE FOR DEPOSIT INTO THE DESIGNATED ACCOUNT(S). I CERTIFY THAT I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS FROM NYSIF HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF. I UNDERSTAND THAT TO APPLY FOR DIRECT DEPOSITS I MUST PROVIDE AN EMAIL ADDRESS. BY SUBMITTING THIS APPLICATION, I CONSENT TO RECEIVING ELECTRONIC NOTIFICATIONS AT THE PROVIDED EMAIL ADDRESS.

SIGNATURE:  **DATE:** 04-25-2025

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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.

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
261FD7678297492

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

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 testdbCIm2015,

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.

Home DBL Links Account

Disability Benefits Online Services

Claim Services +

- Account Home
- Where's My Check?
- DC-5 Updated Medical Form
- Forms

Direct Deposit +

- Enroll/Manage Direct Deposit

Need Help? ?

- Claimant User Guide
- Get Claims Help
- Frequently Asked Questions

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 – Overview page will be displayed. Check the box of the claim you'd like to enroll. Choose **Begin Sign Up** to continue. (The example below displays a claimant who was previously on direct deposit, unsubscribed, and is now eligible to reinstate their direct deposit.)

Direct Deposit Account Information for: TEST CLAIMANT

Overview

This is an overview of the claims managed by your NYSIF online account. From here you can enroll in and/or manage direct deposit for your NYSIF claims and check the status of your registered claims. To enroll multiple claims at once in direct deposit, place a check next to the ones you want and click 'Begin Sign Up'.

WC Claim: 123456789

Current Status: Eligible for ACH

Reinstate

Begin Sign Up

This image displays a claimant who is already enrolled in direct deposit.

DBL Claim: 000001

Current Status: On ACH

Update Bank Unsubscribe

- **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)

Choose NEXT.

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. 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.

DB Claim: 000001

First Name

Middle Initial

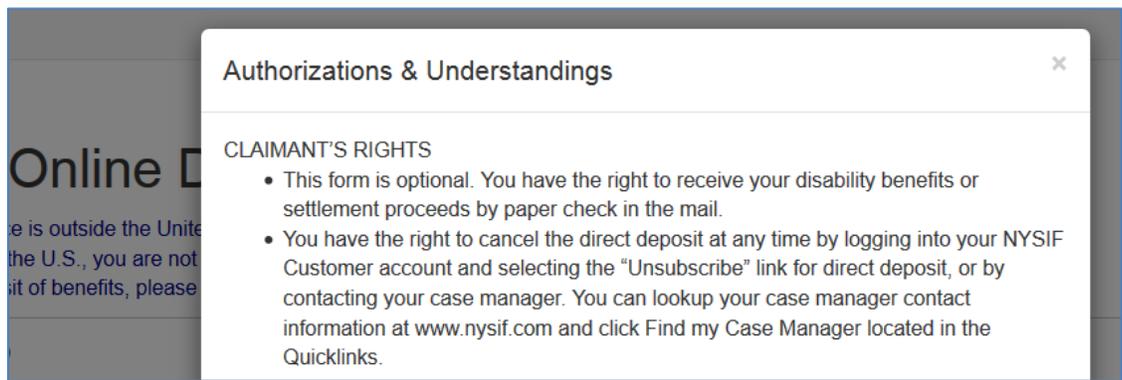
Last Name

Last 4 of your SSN

Date of birth mm/dd/yyyy

Authorizations & Understandings

Previous Next



Contact Information for DB/PFL Claimants

On the this screen, the claimant’s name, address, claim number and email address will be pre-populated from previous screens, and these fields will be designated as read only. Enter your phone number(s) to proceed. (Day Phone is required. The field will accept 10 numeric characters (no dashes). Night Phone is optional.)

DBL Claim: 999000		DD Applicant: MARY TYLER MOORE	
Address Information		Contact Information	
Address Please do not use a PO box		Day Phone	
Address 2 Please do not use a PO box		Evening Phone	
City	State NY	Zip 13069	Email Address TESTING123@TESTING.COM

Financial Institution Information for DB/PFL Claimants

All fields are required:

- **Financial Institution** is the bank where the user has the related account.
- The **Account Type** is a drop down selectable menu with options of either Checking or Savings.
- 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.

Bank Information	
Financial Institution	KeyBank
Account type	Checking
Routing Number	999000111
Re-enter Routing Number	
Account Number	010102020303
Re-enter Account Number	

At the bottom of the page is Depositor/Payee Certification & Authorization language. Please review. The user is agreeing to this disclaimer by clicking the "Electronic Signing" button.

Depositor/Payee Certification & Authorization [X]

In signing this form, I authorize the New York State Insurance Fund to direct payments to the financial institution(s) named above for deposit into the designated account(s). I certify that I am entitled to receive the underlying compensation payments or settlement proceeds, and circumstances entitling me to benefits from NYSIF have not changed. In the event that circumstances which would affect entitlement to receive payments have changed, I must notify NYSIF. I understand that to apply for direct deposit, I must provide an email address. By submitting this application, I consent to receiving electronic notifications at the provided email address.

[Close]

[Depositor/Payee Certification & Authorization](#)

[Previous] [Electronic Signing]

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.

Message from webpage [X]

 You have chosen to submit this application electronically. Please note that you will be redirected to the website of DocuSign for authentication, signature and completion of this document. As part of this process you may be asked to respond to questions that confirm your identity as the person submitting this application. If you do not wish to provide this information, and you are a claimant or beneficiary, please print your application for signature and delivery by regular mail.

[OK] [Cancel]

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

UNAVAILABLE, THE AMOUNT DUE TO BE PAID WILL BE SENT VIA PAPER CHECK.

Start

DIRECT DEPOSIT ACCOUNT (CHOOSE ONLY ONE): CHECKING SAVINGS

NAME OF FINANCIAL INSTITUTION: KEYBANK

ROUTING # 123654987 **ACCOUNT #** 300521

DEPOSITOR/PAYEE CERTIFICATION & AUTHORIZATION

IN SIGNING THIS FORM, I AUTHORIZE THE NEW YORK STATE INSURANCE FUND TO DIRECT PAYMENTS TO THE FINANCIAL INSTITUTION(S) NAMED ABOVE FOR DEPOSIT INTO THE DESIGNATED ACCOUNT(S). I CERTIFY THAT I AM ENTITLED TO RECEIVE THE UNDERLYING COMPENSATION PAYMENTS OR SETTLEMENT PROCEEDS, AND CIRCUMSTANCES ENTITLING ME TO BENEFITS FROM NYSIF HAVE NOT CHANGED. IN THE EVENT THAT CIRCUMSTANCES WHICH WOULD AFFECT ENTITLEMENT TO RECEIVE PAYMENTS HAVE CHANGED, I MUST NOTIFY NYSIF. I UNDERSTAND THAT TO APPLY FOR DIRECT DEPOSITS I MUST PROVIDE AN EMAIL ADDRESS. BY SUBMITTING THIS APPLICATION, I CONSENT TO RECEIVING ELECTRONIC NOTIFICATIONS AT THE PROVIDED EMAIL ADDRESS.

SIGNATURE:  **DATE:** 04-25-2025

Powered by  docuSign English (US) Copyright © 2025 DocuSign, Inc. All rights reserved.

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.

Adopt Your Signature

Confirm your name, initials, and signature.

Full Name Sarah A Ragnar **Initials** SR

Select Style Draw

PREVIEW  Change Style

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

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.

Please note if a DD 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.

Link Additional Claims

In the drop-down under your account name, choose **Account Management** screen. Then choose **Link Account**.

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

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. You can then enroll multiple workers' compensation, ATF, or DB claims in direct deposit.

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.

Link New Account

You are currently logged in as a Claimant under the username MTMOORE99 . 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.)

Disability Benefits Services

You will need your NYSIF claim number and a valid email address to begin. Beneficiaries will be prompted to enter the claim number of the deceased claimant. For all other required information (SSN, DOB, Zip), the beneficiary should enter his/her own information. If you are an ATF Claimant or beneficiary having an issue registering for an online account, please contact your ATF Case Manager

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

Numbers only, no dashes

mm/dd/yyyy

MM/DD/YYYY

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 (shown above).

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.

⑆044072324 ⑆000423456789 ⑆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 signup.

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.

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

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

DocuSign Envelope ID: 62E1FA76-50A7-45D8-B064-41D78981CE83

DEMONSTRATION DOCUMENT ONLY
 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
 800 392 2649 Suite 2000 - South - Westborough MA 01581 (508) 219-4000

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

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.

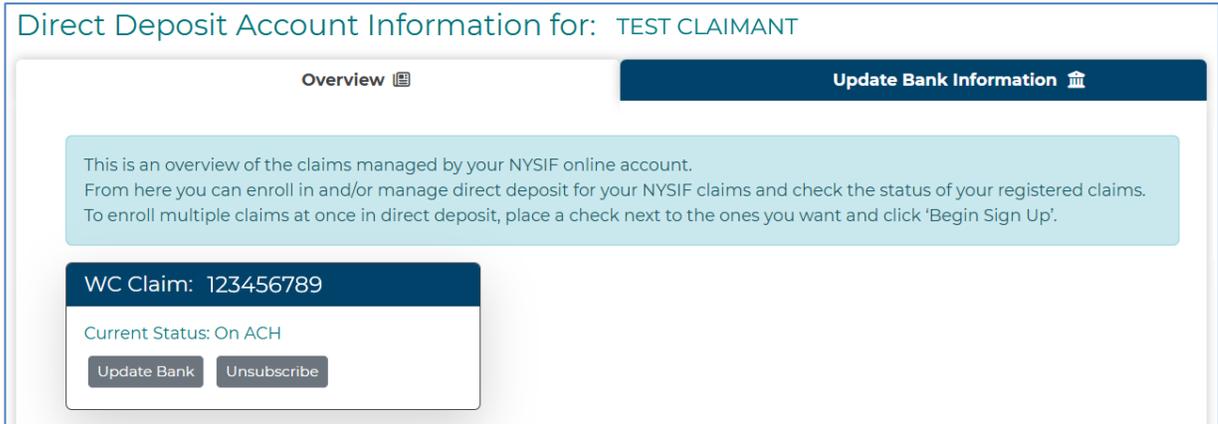
Your claims at a glance

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	<input type="button" value="Manage"/>	<input type="button" value="Unsubscribe"/>
99887766	Workers' Compensation	<input type="button" value="Manage"/>	<input type="button" value="Unsubscribe"/>
665544	Disability	<input type="button" value="Manage"/>	<input type="button" value="Unsubscribe"/>

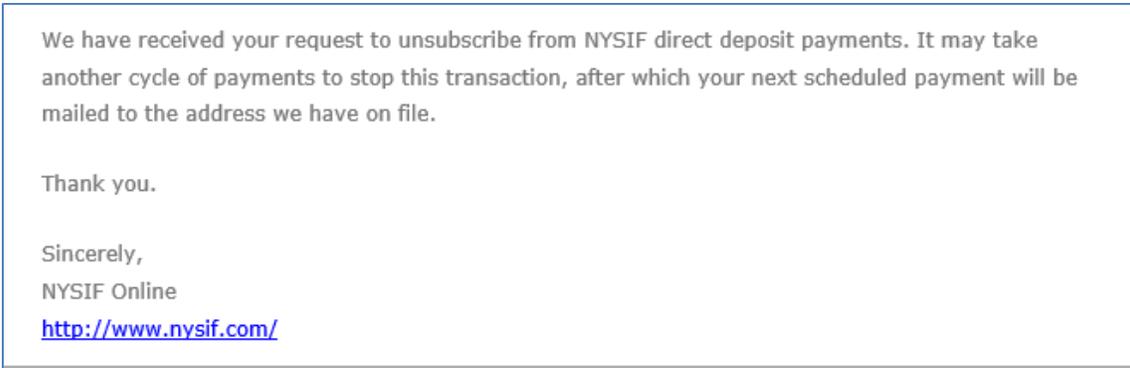
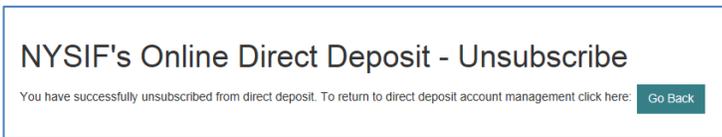
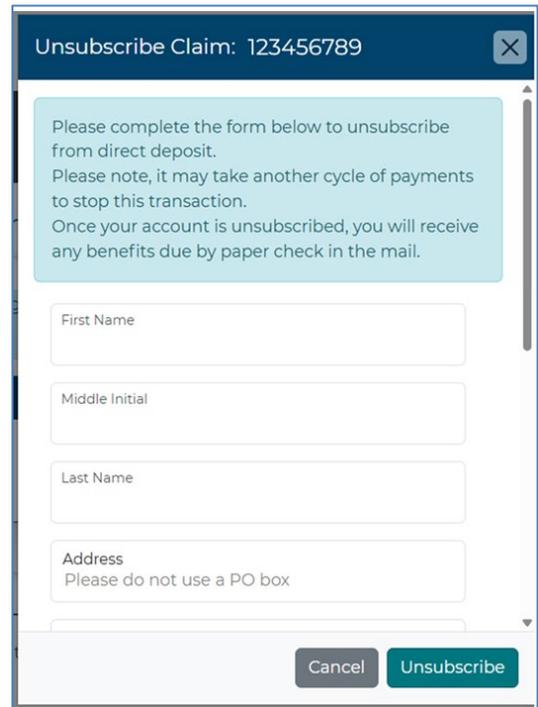
Unsubscribe Direct Deposit

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



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.

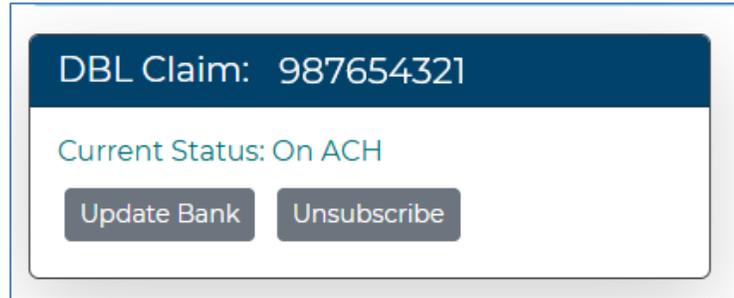
Click the UNSUBSCRIBE button after all information is entered. After the unsubscribe process has been completed, a confirmation message will display and an email will be sent to the address on file.



Update Direct Deposit Information

To update the bank account information for a claim enrolled in direct deposit, click UPDATE BANK from your management page.

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.

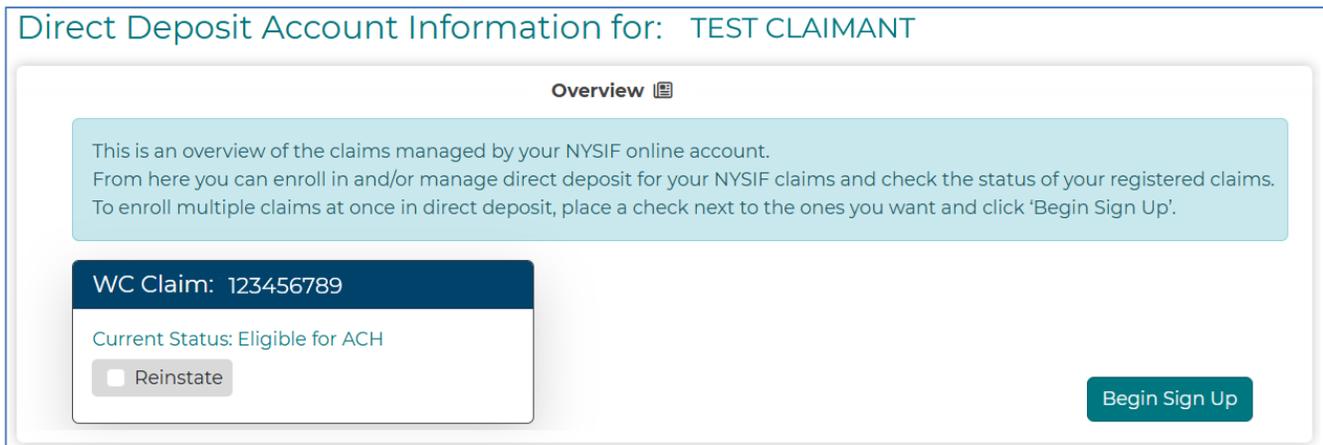


Please note any changes to bank account information will require another signed application. Changes will not be saved until an electronic signature is provided or a paper application is mailed to NYSIF.

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.

Reinstate Direct Deposit

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



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

Download the NYSIF Claim App

The NYSIF Claim App can be found by searching **NYSIF Claim** in your phone's app store.

Get all the information you need about your workers' compensation or disability benefits/paid family leave claim right at your fingertips. Download our new **NYSIF Claim** mobile app for quick and easy access to real-time information about your claim(s), including:

- Check/Payment Status
- NYSIF Claim Number
- Case Manager Contact Information
- Claim Status
- Expanded Payment History
- Direct Deposit Set-up Link
- Notification Enrollment - get alerts when a payment is issued



Workers' compensation claimants can also access their temporary prescription card and WCB Claim Number and enroll in notifications for upcoming hearing dates or independent medical exams.

If you already have a **nysif.com** online account, use your username and password to log in.

The mobile app is not yet available for Aggregate Trust Fund (ATF) claimants.

Create an Online Account via the NYSIF Claim App

You will need your NYSIF claim number and a valid email address to begin. Beneficiaries will be prompted to enter the claim number of the deceased claimant. For all other required information (SSN, DOB, Zip), the beneficiary should enter their own information.

- Open the app; click the Create Account button.
- Over the next two pages enter required information: Claim Number, Last 4 of SSN, Mailing Zip Code, Date of Birth, First Name, Last Name, Middle Initial, Mobile Number & Email. Enter only the string of numbers prior to or following the dash: 12345678-123 would be entered as 12345678.
- The last page will ask you to create a username and password. The username has a minimum length of 8 characters and a max of 64. Password requirements: min 10 characters, max 32, at least one upper case, one lower case, one number, and one special character.
- The **checkbox must be checked** to agree to NYSIF's User Agreement and Privacy Policy prior to clicking Submit. A verification email will be sent within a few minutes. The link in the email must be clicked for the mobile app to become active.
- Enter the newly created username and password on the Login screen and click Login.

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 MFA via the App

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.**

NYSIF
New York State Insurance Fund

Verify Your Identity

A passcode has been sent to the email linked to your account. Please check your spam/junk folders if you don't receive the passcode right away.

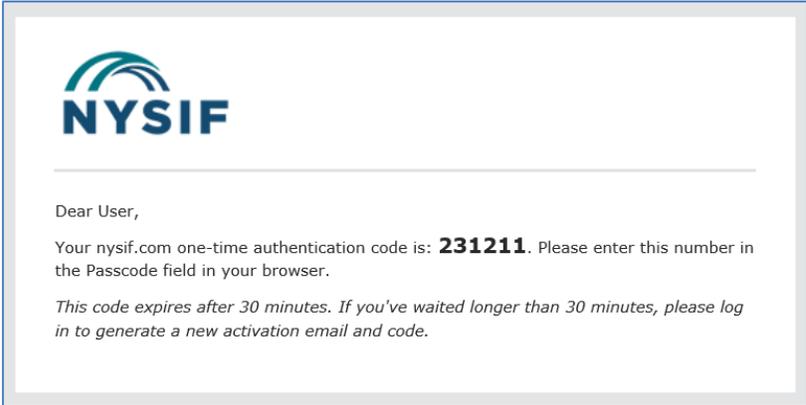
Enter the passcode

[Resend Passcode](#)

Verify

The first time you log into the **NYSIF Claim** app, 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 30 minutes. The email will appear in your inbox from the sender **"PingOne."**

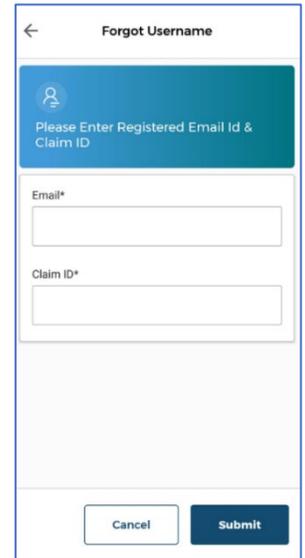
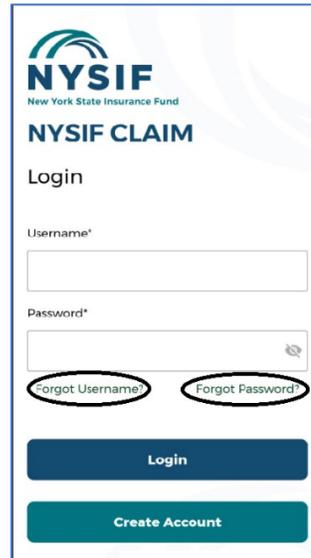


Enter the passcode in the field provided. Click "Verify." If authenticated, you will be directed to the app home page.

Account Management

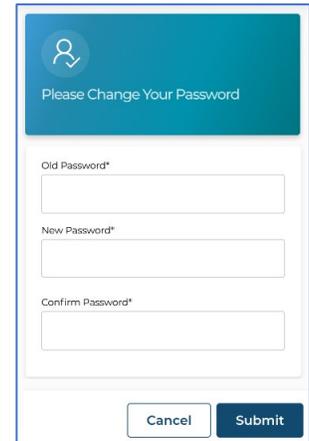
Forgot Username and/or Password

- Open the App and the Login screen will appear.
- Click either Forgot Username or Forgot Password.
- The Forgot Username screen will require the Claim number and the email associated with the account.
- The Forgot Password screen will require the Username and the email associated with the account.
- You will receive an email in a few minutes with either the username or temporary password.
- When resetting a password, the user will be prompted to enter a new password that meets NYSIF's password requirements.



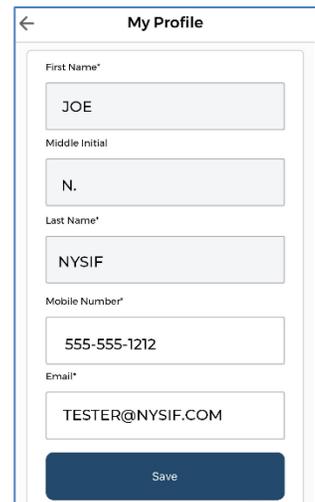
Change Password

- On the home screen, choose More.
- From the More Menu page click Manage Profile.
- From the Manage Profile page click Change Password.
- Enter the old password in the first box and the new password in the two lower boxes and click submit. The new password must meet NYSIF's password requirements.



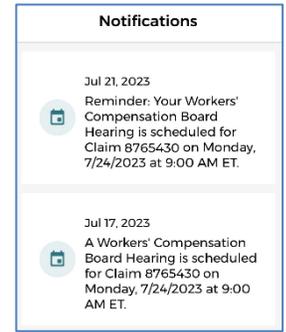
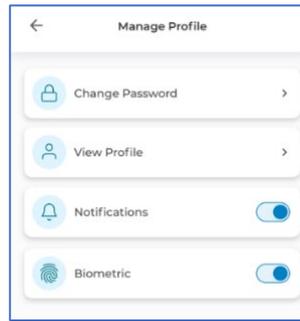
Change Email/Phone

- On the home screen, choose More.
- From the More Menu page, click Manage Profile.
- From the Manage Profile page click View Profile.
- From the Profile page click on the box containing your Name/Email/Phone.
- Your name cannot be changed here. You may update your mobile number and email address. Click **Save**. You will receive a confirmation email.



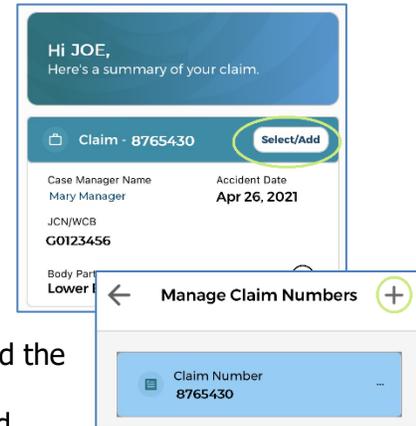
Biometrics/Notifications Settings

- On the home screen, choose More.
- From the More Menu, click Manage Profile.
- Choose your options for biometrics and notifications.



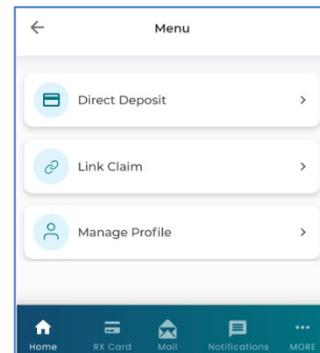
Link or Remove Other Claims

- On the home screen, choose **Select/Add** next to the claim number.
- On the Manage Claim Numbers page, click the + in the top right corner.
- On the Link Claim page, enter the NYSIF Claim Number, last 4 of SSN, zip code and Date of Birth. Click **Link Claim**. When linking, remember to **enter only the string of numbers prior to or following the dash**: 12345678-123 would be entered as 12345678.
- If you have both NYSIF workers' comp claims and disability benefits/paid family leave claims, enter the claim number as instructed above, and the app will automatically identify the type of claim.
- Choose the "... " on the Manage Claim Numbers page to remove a linked claim.
- You can also manage your claim numbers from View Profile.



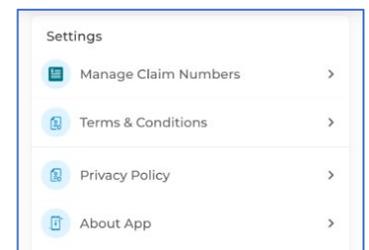
Direct Deposit

- On the home screen, choose More.
- Click on Direct Deposit. This will open a web browser to log in to your **nysif.com** online account.
- Login with the same Username and Password as the Claim Mobile App.
- Click the Direct Deposit Link and [follow the prompts](#).



Terms & Conditions, Privacy Policy, About App

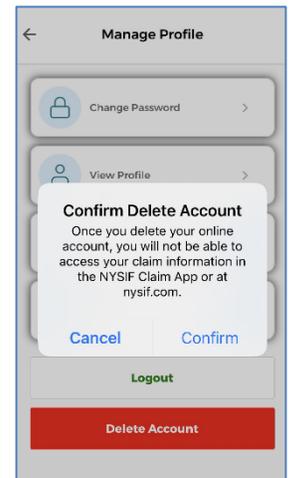
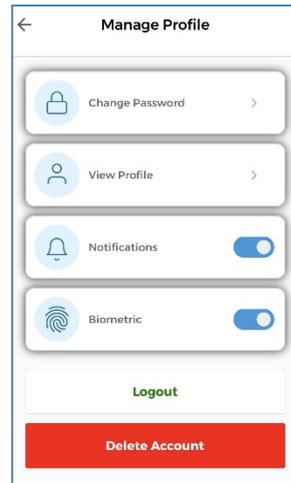
- On the home screen, choose More.
- From the Manage Profile page, click View Profile.
- The Profile screen provides links to the Terms & Conditions, Privacy Policy and About App.



Delete Your NYSIF Claim App Account

- On the home screen, choose More.
- From the More Menu, click Manage Profile.
- Click Delete Account.
- Click Confirm on the delete confirmation pop-up.

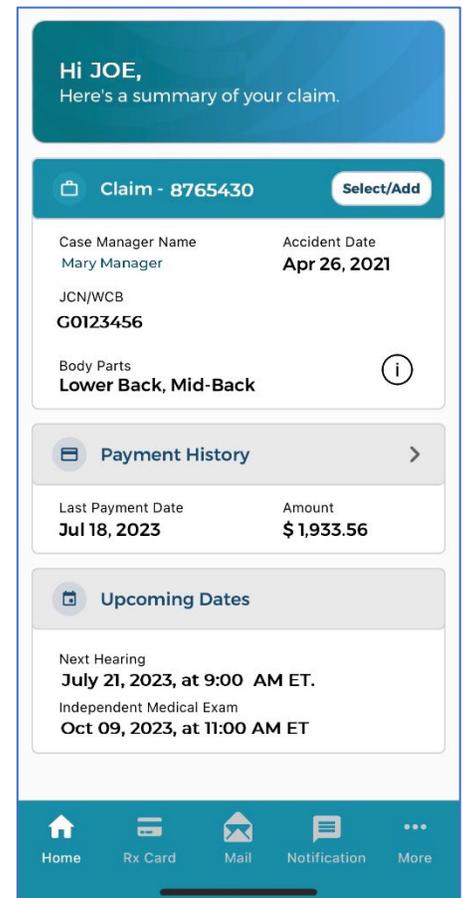
Please note: **uninstalling the app will not delete the encrypted data stored on the app.** If your intention is to completely delete your **nysif.com** profile, you must first delete your account via the app, then uninstall the app.



Claim App Features (WC claimants)

Home Page Features

- View Accepted and Established Body Parts, Accident Date, WCB Number, Claim Number, Payment History, Upcoming IME and Hearing Dates
- Case Manager Contact Information
 - Click either the Case Manager Name or Mail icon on the bottom toolbar. This will open a pop-up.
 - Within the pop-up clicking on the email will start an email in the default mail app and clicking on the phone number will populate the phone number in the default phone app.
- Prescription Card
 - Clicking on Rx Card on the bottom toolbar will populate the prescription card for this claim if the claim is eligible for prescriptions.
- Switch Claims (If other claims are Linked)
 - Click on Select/Add next to the claim number.
 - Click on the desired claim number to review.
- Notifications
 - Clicking Notifications on the bottom toolbar will open the notifications page. Notifications will be visible for 60 days unless manually deleted. Notifications may be deleted from the notification page by sliding them to the left.



Expanded Payment History

- Clicking on the caret symbol next to payment history opens an expanded history of the last 6 payments.
 - Clicking the caret on each payment will show the period covered in the check as well as whether the check was cashed or if the payment was made via direct deposit.
- Clicking on Download Payment Summary will download a PDF with all payments made on the claim. The user will need a PDF reader on the phone to view this file.

← **Payment History**

 Claim Number
8675430

Next Payment

 Your next payment is scheduled to go out on **\$1,933.56**
July 27, 2023

Completed Payments

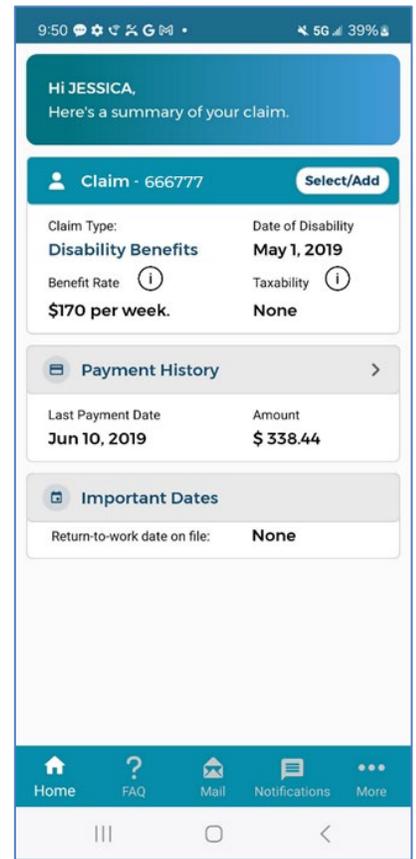
Comp Payment Jul 18, 2023	\$1,933.56 ▾ Check
Comp Payment Jul 14, 2023	\$1,933.56 ▾ Check
Comp Payment Aug 24, 2022	\$ 600.00 ▾ Check
Comp Payment Aug 16, 2021	\$ 300.00 ▾ Check

[Download Payment Summary](#)

Claim App Features (DB/PFL claimants)

Home Page Features

- View Claim Type, Date of Disability, Claim Number, Payment History, Important Dates
- Case Manager Contact Information
 - Click the Case Manager Mail icon on the bottom toolbar. This will open a pop-up.
 - Within the pop-up clicking on the email will start an email in the default mail app and clicking on the phone number will populate the phone number in the default phone app.
- Switch Claims (If other claims are linked)
 - Click on Select/Add next to the claim number.
 - Click on the desired claim number to review.
- Notifications
 - Clicking Notifications on the bottom toolbar will open the notifications page. Notifications will be visible for 60 days unless manually deleted. Notifications may be deleted from the notification page by sliding them to the left.



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