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

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

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

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

*Please note if an application is mailed to NYSIF, the changes will not become effective until the application is both received and processed by NYSIF staff. Payments will continue to be sent to the bank account on file in the interim.*
Create an Online Account

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

A NYSIF claimant is defined as one of the following:

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

WC, ATF and DB Claimants

You will need:

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

DB Claimants: Go to Page 4.
WC and ATF Beneficiaries

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

![Business Relationship Form](business_relationship_form.png)

![Contact Information Form](contact_information_form.png)
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.

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=5324300 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 will be enrolled in enhanced security.

**LOGIN**

1. Visit [nysif.com](http://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 following implementation of enhanced security, 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.”

Dear User,

Your nysif.com one-time authentication code is: **398245**. Please enter this number in the Passcode field in your browser. This code expires after 20 minutes. If you’ve waited longer than 20 minutes, please log in to generate a new activation email and code.
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.

Authentication

Each time you log into nysif.com, NYSIF’s systems will perform a risk assessment of your login details. If the assessment identifies a probability of fraud, you will be asked to authenticate via passcode as shown above, sent to the email address associated with your online account.

Examples of information that might trigger an enhanced security login include:
- Frequent password changes
- Different user location or time zone
- Different user IP address
- Different browser or version
- Different or new device/computer
- New mobile login

Forgot Password or Username:

Choose “Forgot Password” from the login page. Enter your Username in the field provided. A temporary password will be sent to the email address associated with the online account.

Choose “Forgot Username.” Enter your email address. Our system will send the username associated with that email address to the email address.
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.

You are now logged in.

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

Obtain a Compensation Payments Summary

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

This feature is not available for death claims.
WC/ATF Claimant & Beneficiary Direct Deposit Enrollment

Before Enrolling

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

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

![NYSIF's Online Direct Deposit - Account Management](image)

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?](image)

**Are you the injured worker?**
- Is the individual a workers’ compensation or aggregate trust fund claimant? If NO is answered to this question, the following question will display:

**Are you the Beneficiary?** (A beneficiary is a dependent receiving survivor's benefits following the death of an injured worker.)
- Is the individual a beneficiary of a workers’ compensation or aggregate trust fund claimant? If YES is answered to this question, more information is required. See next page.
Are You The Injured Worker? YES

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

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

![NYSIF's Online Direct Deposit Sign Up](image)

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

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

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

Click Submit. A pop-up box with authorizations and understandings for the workers’ compensation claimant (beneficiary) will appear. Please review these carefully and choose “I Agree” to move forward with direct deposit.
Eligibility Determination for WC/ATF Claimants & Beneficiaries

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

When all questions are answered, click Continue.
Contact Information for WC/ATF Claimants & Beneficiaries

After successfully answering the Eligibility Determination questions the 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.
- **City, State, Zip**
- **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 Submit.
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.

All fields are required:
- The **Account Type** is a drop down selectable menu with options of either Checking or Savings.
- **Name of Financial Institution** is the bank where the user has the related account.
- The **Account Number** must be between 4 and 16 characters and must be all numeric.
- The **Routing Number** is a 9-digit number on the bottom of all checks or deposit slips. The Routing Number identifies the financial institution.

At the bottom of the Financial Institution Information page is Depositor/Payee Certification & Authorization language. The user is agreeing to this disclaimer by clicking the “Electronic Signing” button.
**DocuSign Info for WC/ATF Claimants & Beneficiaries**

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

Click **OK**.

You will be asked by DocuSign to answer questions about yourself. The answers to these questions will allow DocuSign to present you with questions that only you should know the answer to.

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

Click **Next**.
The **Identification Questions** page will display, presenting you with a series of identifying questions. Examples of ID Check questions are shown below.

![ID Check - Identification Questions](image)

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

![Please read the Electronic Records and Signature Disclosure](image)

You 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. You have the option to print the application, 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.
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.

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

**Direct Deposit Sign Up - Confirmation**

Thank you for enrolling for NY/SIF 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 NY/SIF direct deposit. Thank you.

To return to direct deposit account management click here: Go Back

Once DocuSign is completed and accepted, a confirmation message will be displayed, and no further action is required from the user at this time. The user may click the Go Back button to return to Direct Deposit Account Management.
Log In to Your NYSIF DB/PFL Claimant Account

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

Choose “DBL Links” to view other menu options.

DB Claimant Account Information

Welcome testdbiClm2015,

Claimant Name: MARY JONES
Address: 38 MAYER DRIVE
City, State, Zip: ANYTOWN, NY 00001
Phone Number: (111) 234-5678
Last Check Date: 11/5/2019
Last Check Amount: $94.20
Case Manager: Susan Tester
Case Manager Phone: (111) 987-8543
Case Manager Email: testing@nysif.com

Open Claims

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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Payee</th>
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<th>End Date</th>
<th>Gross</th>
<th>FICA</th>
<th>Liens</th>
<th>Net Amt</th>
<th>Check Date</th>
<th>Check#</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$7.80</td>
<td>$0.00</td>
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<tr>
<td>MARY JONES</td>
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<td>10/31/19</td>
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<td>$26.01</td>
<td>$0.00</td>
<td>$313.99</td>
<td>10/29/19</td>
<td>711795</td>
</tr>
</tbody>
</table>
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.
Disability Benefits/PFL Claimant Direct Deposit Enrollment

Before Enrolling

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

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

![NYSIF's Online Direct Deposit - Account Management](image)

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

- **Your First Name**
- **Your Middle Initial** is required when the name, as entered in the NYSIF claim system, also has the middle initial used. If a middle initial is not included but exists in NYSIF’s records, an error message will be displayed
- **Your Last Name**
- **Claim Number** is a read-only field and can not be altered.
- **Your Last 4 of SSN** must be numeric values. These must match what was entered when the claim was registered for an online account.
- **Date of Birth** must be entered as mm/dd/yyyy format with leading zeroes for single digits. (ex. 06/03/1967)
Click Submit. A pop-up box with authorizations and understandings for the disability benefits claimant will appear. Please review these carefully and choose "I Agree" to move forward with direct deposit.

Contact Information for DB/PFL Claimants

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

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

All fields are required:

- The **Account Type** is a drop down selectable menu with options of either Checking or Savings.
- **Name of Financial Institution** is the bank where the user has the related account.
- The **Account Number** must be between 4 and 16 characters and must be all numeric.
- The **Routing Number** is a 9-digit number on the bottom of all checks or deposit slips. The Routing Number identifies the financial institution.

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

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

Click OK.

You will be asked by DocuSign to answer questions about yourself. The answers to these questions will allow DocuSign to present you with questions that only you should know the answer to.

Click Next.
The **Identification Questions** page will display, presenting you with a series of identifying questions. Examples of ID Check questions are shown below.

![ID Check - Identification Questions](image)

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

You 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. You have the option to print the application, 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.
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.

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

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

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

Link Additional Claims

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

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

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.

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.
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.

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.

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.

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

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.
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 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.

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.

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