



Learn About NYSIF's Redesigned Bill

NYSIF is pleased to present our simplified bill, which is redesigned to include the details you wanted most. Use this sample guide to help you understand your NYSIF bill.

SAMPLE DISABILITY BENEFITS BILL

How to Read Your New Bill

A This box displays a billing summary for the current billing period. Your **Total Policy Balance** reflects the balance from your last bill and payments, adjustments and fees that occurred during the current billing cycle. Itemized transactions for the current period can be found on the reverse side of your bill under **New Transactions and Payments**. You must pay the **Minimum Payment Due** by the date shown to avoid a late fee.

B **Policy Alerts** provide important information affecting *your* policy. On disability benefit new policy and renewal bills, the Policy Alert box will display your annual Disability Benefits and Paid Family Leave premium separately.

C The **Message Center** offers details on NYSIF services and latest news.

D NYSIF offers you several **Payment Options**. Go to nysif.com/billpay to pay online by electronic funds transfer, credit or debit card, or by phone. You can also pay by check using the remittance slip (right).



DISABILITY BENEFITS STATEMENT

SMITH AND COMPANY
123 MAIN STREET
ANYTOWN, NY 12345

Policy Number: DB 1234 56-7
Bill Number: 987654
Statement Date: September 04, 2019

Representative:
ABC BROKERAGE
890 ELM STREET
ANYTOWN, NY 12345
(518) 555-1212

Previous Policy Balance	\$954.18
Premium & Adjustments	\$12.00
Payments	- \$68.92
Miscellaneous Fees	\$20.00
<hr/>	
Total Policy Balance:	\$917.26
Minimum Payment Due:	\$380.74
Payment Due Date:	September 17, 2019

See reverse side for details

A

B

Policy Alerts
Your payment is past due. Payment of \$380.74 must be received by 09/17/2019 to avoid cancellation.
Payments not received by the due date are subject to a \$10.00 late fee.

C

Message Center
Visit nysif.com to create an online account or log in to print certificates, view information pages and more.

D

To pay your bill electronically:

- Have your policy number available
- Visit nysif.com/billpay OR
- Call 1-833-844-4704
- Allow up to 2 business days for payment to post

To pay your bill by check:

- Make check payable to: **NYSIF Disability Benefits**
- Write your policy number on your check
- Mail payment and remittance slip 7 days prior to due date

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Total Policy Balance: \$917.26
Minimum Payment Due: \$380.74
Payment Due Date: **September 17, 2019**

Policy Number: DB 1234 56-7

SMITH AND COMPANY
123 MAIN STREET
ANYTOWN, NY 12345

AMOUNT ENCLOSED: \$

Check box for name or address changes; enter changes on reverse.

|||||
NYSIF DISABILITY BENEFITS
PO BOX 5239
NEW YORK, NY 10008-5239

123456780308185487239200000022562000000411242

THIS IS NOT AN ACTUAL BILL.
Sample for illustrative purposes only.

Visit nysif.com/billpay for online payment options.

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E Deposit is the premium deposit required based on initial information in your application.

F Revised Billed Premium reflects any premium deposit adjustment based on new information. This amount must be paid in full.

G Installments (for policies with payment plans) show remaining installments and current installment due. There is a \$10 installment fee per installment, which is reflected in the Miscellaneous (Misc.) Fees & Credits total.

H An Audit Balance or credit may result from a premium audit. Audit balances of more than \$500 may be paid in installments.

I Adjustments reflect changes made to your total policy balance. Adjustments are itemized under **New Transactions and Payments**. This amount must be paid in full.

J Miscellaneous (Misc.) Fees & Credits reflect the sum of installment fees, late payment fees and other charges and credits.

K Past Due amounts reflect unpaid charges from your previous bill including prior installments.

L Total Policy Balance reflects the remaining premium balance, including remaining installments.

M Minimum Payment Due is the sum of items (E) through (J). This amount must be paid by the due date to avoid late fees and/or nonpayment cancellation.

N New Transactions and Payments show all activity for the dates listed.

SAMPLE DISABILITY BENEFITS BILL

SMITH AND COMPANY

Policy Number: DB 1234 56-7

Statement Period: 08/04/19 - 09/04/19

TOTAL POLICY BALANCE

DESCRIPTION	BALANCE DETAILS	REMAINING INSTALLMENTS	MINIMUM PAYMENT DUE
Deposit			
Revised Billed Premium	\$12.00		\$12.00
Installments	\$692.20	5	\$107.30
Audit Balance	\$193.06		
Adjustments			
Misc. Fees & Credits	\$20.00		\$20.00
Past Due			\$241.44
TOTAL POLICY BALANCE	\$917.26		

M MINIMUM PAYMENT DUE **\$380.74**

Pay your minimum amount due of \$380.74 by 09/17/2019.

N NEW TRANSACTIONS AND PAYMENTS

DATE	REF #	DESCRIPTION	AMOUNT
08/16/19	000012	Payment Received - Thank You	-\$68.92
08/31/19	987654	Late Fee	\$10.00
09/01/19	987655	Revised Deposit Premium 08/04/19 - 09/04/19	\$12.00
09/04/19	876543	Installment Fee	\$10.00

Credits are applied to your account.

Visit nysif.com/mybill for more information or call Customer Service at 1-888-875-5790.

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If you have checked the box on the reverse side, please enter new information below.

Thank you!



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