Quick Reference Guide – How to Request a Disability Quote

Overview

As part of the same insurance policy, NYSIF provides short-term disability benefits for off-the-job injuries and paid family leave coverage that provides employees with paid time off from work to care for their families. Use **nysif.com** to easily request a quote.

What will I need?

If you are seeking coverage for your business....



Business Name, FEIN, Business Type, and Additional Entities / Subsidiaries (if any)



Ownership and Requested Policy Start Date



Mailing Address, Physical Location, and Additional NY Locations (If any)



Payroll, by gender, for both disability benefits and paid family leave coverage (subject to a cap)

Key Steps:



Navigate to the NYSIF website & click on "Get a Disability/PFL Quote."



Create an account – Enter contact info; choose a Username & Password; accept terms. Click "Signup."

Contact Information
All fields are required unless otherwise stated.
Your Information
First Name
Last Name
Job Title
Select a Job Title 🔹
Mobile Number
Numbers only - include area code
Email
Verify Email



Choose Get a Quote

G	t your NYSIF Disability Benefits and Paid Family Leave insurance quote in minutes
New York State law, emp SIF offers employers comt ile NYSIF PFL coverage pr	gers are required to provide short-term Disability Benefits (DB) and Paid Family Leave (PFL) insurance for their employees ned DB and PFL coverage to meet this requirement. NTSIF DB insurance covers employees off-the-job injuries and illness vides employees with paid time off from work to care for their families.
hin moments of completi ase note that receiving th ine application bind cover	g your quote request, you will receive a reference number and an annual premium estimate for NYSIF DB and PFL insura quote does not guarantee coverage for NYSIF Disability and Paid Pamily Lave benefits insurance, nor does submitting a ge You must submit a completed application and provide a premium deposit to bind coverage.
policies require underwrit	ng approval. Please allow 10-14 days for your DB/PFL policy to become effective.
ase note that the Debalth	end of provide services sets the set. Deemourn rate annually Outles deperated today reflect currentivear per intermiting to
online Quote l Get a Qu	lat the new annual rate for all days of coverage after January 1 of the upcoming year.
Wever, policies will be bille Online Quote I Get a Quote Reques Click on a Quote II to ret	La the new annual rate for all days of coverage after January 1 of the upcoming year.



Business (Employer) Identification Number Please provide your Federal Tax ID. All fields are required unless otherwise stated

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Complete all required fields in each section, including business description; select DB benefit level & add payroll. Click "Review" to move on.

Males	Females
Number of Covered Employees	Number of Covered Employees
2	1
Total Wages for All Covered Employees	Total Wages for All Covered Employees
17680	17680
Subject to an annual cap of \$17680 per employee)	(Subject to an annual cap of \$17680 per employee)
Annual Gross Wages for Covered Employees	Annual Gross Wages for Covered Employees
17680	10500
17000	17680
aid Family Leave (PFL)	Females
aid Family Leave (PFL) Males	Females Number of Covered Employees
aid Family Leave (PFL) Ales Number of Covered Employees 2	Females Number of Covered Employees 1
aid Family Leave (PFL) Males Number of Covered Employees 2 Total Wages for All Covered Employees	Females Inumber of Covered Employees Total Wages for All Covered Employees

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Review your responses carefully and make any edits.

Business Description		Edit
JANE'S APPLE BAKERY WILL PROVIDE THE RESIDENTS WIT Standard Industrial Classification (SIC) Code	TH FRESH-BAKED ARTISAN APPLE FILLED TREATS 5461 - Retail Bakeries	5.
Other Businesses (Entitles) There are no other businesses (entitles) to be covered under this p	olicy.	Edit
Coverage Information We have not been business for more than 26 weeks. We wish to provide coverage for any employees that are aut Leave Law	tomatically excluded under NY Disability Benefits .	Edit and Paid Family
Save Changes	Review	

Click "Get a Quote" to submit your

We will need a <u>FEIN</u> to process your Quote. Don't have one? You can get an FEIN from **IRS.GOV**

You will see the premium calculation screen.

quote request.

Request a DB & PFL Quote

ederal Tax ID

Confirm Federal Tax ID

I certify the above information	n is correct and true to the best of m	/ knowledge.
Make changes	Get a Quote	Print

Details of Premium Calculation

Please Note: This quote calculation is not an offer of insurance. You must continue with online process to submit the application. An email has been sent to the address provided showing the quote.

STATUTORY DISABILITY BENEFIT QUOTATION

	Payroll	Rate	Total
Estimated annual male capped wages	\$17,680.00	\$.14 per \$100	\$24.75
Estimated annual female capped wages	\$17,680.00	\$.14 per \$100	\$24.75
Disability Premium Subtotal			\$49.50
	Adjustment for m	ninimum disability premium	\$10.50
	Total I	Disability Benefits Premium	\$60.00
PAID FAMILY LEAVE			
	Payroll	Rate	Total
Estimated annual male conned wages	¢07705.00	¢ (EE por \$100	
Estimated annual male capped wages	\$87,785.88	\$.455 per \$100	\$399.43
Estimated annual female capped wages	\$87,785.88	\$.455 per \$100	\$399.43 \$399.43
Estimated annual female capped wages	\$87,785.88 \$87,785.88 Total	\$.455 per \$100 \$.455 per \$100 Paid Family Leave Premium	\$399.43 \$399.43 \$798.86

Minimum annual premium charge is \$60.00. Quote estimate based upon standard premium rate for the information provided. Additional information required to complete NYSIF's application for Disability Benefits and Paid Family Leave Insurance may affect this quote.

Please Note: The Department of Financial Services sets the Paid Family Leave (PFL) premium rate annually. Quotes generated today reflect the current year PFL premium rates. However, policies will be billed at the new rate for all days of coverage after January 1st.

We may be able to pre-populate some information based on your responses. Use the "Yes" or "No" button to confirm and/or edit any applicable pre-populated data.

Click "Save" to save your quote request progress if you get interrupted. You can continue when you log in next.



Quick Reference Guide – How to Apply for Coverage

Overview

Once you have submitted your quote request and your pricing details have been calculated, you can continue to the application process immediately. Otherwise, you will receive an email with a unique link to access your quote information. To apply for coverage, log into your account to complete your application.

What will I need?



NYSIF user account login credentials used when submitting the quote request



Authority to e-sign the application and a valid bank account or credit card to pay the deposit

Key Steps:



Scroll to the bottom of the premium calculation screen to continue from your quote request.

Select the designated business personnel to e-sign application. This will generate an email to the signer with a DocuSign link. (If you are the signer, you will be sent directly to DocuSign.)





Ready for eSignature
Thank you for submitting the disability benefits coverage application for disability insurance on behalf of JANE'S APPLE BAKERY.
NYSIF has sent an email to JANE DOE at JDOE @NYSIF.COM containing instructions and a link to apply a signature to the application and complete the application process.
Please advise your client to check junk mail or spam folders if the email is not received.
Return to Quote List

Sign, and save a copy for your files. You will be directed to our payment vendor for your deposit payment.

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CALO CONT O TH O TH	ULATE MY WORKEI INUING OBLIGATIO E KINDS OF WORK 1 E SIZE OF OUR WOI E SIZE OF OUR PAY	RS COMPENSATION IN N TO NOTIFY THE NE WHICH THE BUSINESS IS RKFORCE ROLL	SURANCE I EW YORK I DOING	REMUM. I A	LSO UNDERSTAND THAT	I HAVE A
O TH Print or Testin	E BUSINESS OWNER Type Name of Owner, ng Nysif	RSHIP OR BUSINESS STR		Testing N 6/26/	w, Partner or Officer yuf 2019	
Applican The authority Sector York, The coverage information	II, please note: INFORMATION Y only to obtain the person e 450.1, 450.3 and 450.0 e principal purpose for with the New York. Stat on will be maintained by t	TOU PROVIDE IS PROTECT al information requested herein of Chapter VI of Title 12(c) of visich the information is scough a lissurance Fund and its rek he Director of Underwriting, N	TED BY THE is found in Se the Official Co is to assist the obse is govern ave York. State	PERSONAL Ph tion 83 of the 1 mew York State d by the limitatio Insurance Fund,	RIVACY PROTECTION LAW Workers' Compensation Law as a Rules and Regulations of the Insurance Fund in precessing is of the Present Printer Protect 199 Church Street, New York, NY	supplemented State of New your insurance tion Law. This r stoot7.



Complete all details and choose "Submit ePayment."





OR

Provide and review all payment details to complete payment.

(i) Review	Your Payment Details			
Total Payment \$747.20	Payment Date Jun 30, 2020			
Application Number	Рау Ву	Service Fee	Deposit Due	Total
000999888777	👥 (9130)	\$16.44	\$730.76	\$747.20
A receipt will be sent testing@nys Text - "Please noce the full amour	to if.com nof the \$16.43 fee to passed to XUDRA as the provider of the service.	Total Payment		\$747.20
By clicking Pay, Lagree to th Back	e fee and the Terms & Conditions.	1	Pay \$747	7.20





You will see a "Success" message as confirmation of your payment





If the applicant meets all the requirements for a Straight Through Processed (STP) application, the following screen appears:

You will see the pending NYSIF review screen.

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	tion op	100	C.F.	n 00a	-		Welcor
p	ayment was s	successful					Your ne
s74	7.20 has been processe is been emailed to testin	d. ng®nysř.com.			Done	>	Veur pelleu
RECO	EPT						view certific
	Confirmation #	Details	Status	Amount	Send Your Feedback	*	If you have
7	123456789	Processed successfully	2 PAID	\$747.20			GREGORY 1
			Total Payment	\$747.20			Thank you f

'elcome to	NYSIF!
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w disability benefits policy number is **7786735**, and is tentatively effective **09/15/2023 00:00:00**

r packet is on its way and will contain information on how to access your nysif.com online account allowing you to cates, claims information, audit records, monthly bills, and more.

any questions, or require certificates of insurance immediately, please contact your NYSIF Policy Representativ TURGEON at GTURGEON@NYSIF.COM or (800) 720-9818.

for choosing NYSIF!

Thank you	Reference #: 7786354
Thank you for submitting your online application. Your application	# is 7786354.
You will be contacted by your policy representative shortly. If you have	ave any questions, please feel free to contac
MEGAN MURPHY	
NYSIF Policy Representative	
Phone: (800) 720-9818	
Email: MMURPHY@NYSIE.COM	

To apply for coverage, your quote must be issued within the last 60 days.

To retrieve an existing quote, log in to your NYSIF online account and Quote Requests will be listed on the first page you see.



