

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



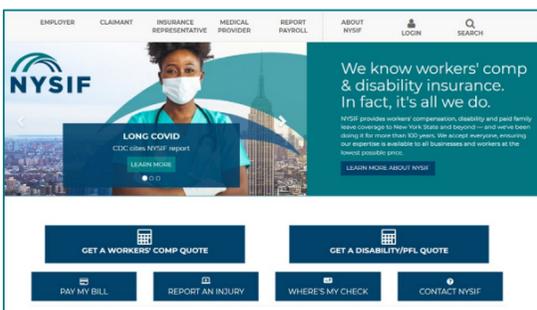
Mailing Address, Physical Location, and Additional NY Locations (If any)



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

Key Steps:

1 Navigate to the NYSIF website & click on “Get a Disability/PFL Quote.”



2 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

3 Choose Get a Quote

NYSIF Disability and Paid Family Leave Benefits Insurance Quote System

Get your NYSIF Disability Benefits and Paid Family Leave insurance quote in minutes

Per New York State law, employers are required to provide short-term Disability Benefits (DB) and Paid Family Leave (PFL) insurance for their employees. NYSIF offers employers combined DB and PFL coverage to meet this requirement. NYSIF DB insurance covers employees off-the-job injuries and illnesses, while NYSIF PFL coverage provides employees with paid time off from work to care for their families.

Within moments of completing your quote request, you will receive a reference number and an annual premium estimate for NYSIF DB and PFL insurance. Please note that receiving this quote does not guarantee coverage for NYSIF Disability and Paid Family Leave benefits insurance, nor does submitting an online application bind coverage. You must submit a completed application and provide a premium deposit to bind coverage.

All policies require underwriting approval. Please allow 10-14 days for your DB/PFL policy to become effective.

Please note that the Department of Financial Services sets the PFL premium rate annually. Quotes generated today reflect current year PFL premium rates. However, policies will be billed at the new annual rate for all days of coverage after January 1 of the upcoming year.

Online Quote Request

Quote Requests

Click on a Quote # to return to the form for that request. Additional actions may be offered in the right column.

Quote #	Employer Name	
		--

4 Enter your FEIN and click “Next.”

Request a DB & PFL Quote

Business (Employer) Identification Number

Please provide your Federal Tax ID. All fields are required unless otherwise stated.

Federal Tax ID

We will need a FEIN to process your Quote. Don't have one? You can get an FEIN from [IRS.GOV](https://irs.gov)

Confirm Federal Tax ID

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

Disability Benefits (DB)

Males	Females
Number of Covered Employees 2	Number of Covered Employees 1
Total Wages for All Covered Employees \$7680 (Subject to an annual cap of \$7680 per employee)	Total Wages for All Covered Employees \$7680 (Subject to an annual cap of \$7680 per employee)
Annual Gross Wages for Covered Employees \$7680	Annual Gross Wages for Covered Employees \$7680

Paid Family Leave (PFL)

Males	Females
Number of Covered Employees 2	Number of Covered Employees 1
Total Wages for All Covered Employees \$87785.88 (Subject to an annual cap of PFL \$87785.88, per employee)	Total Wages for All Covered Employees \$87785.88 (Subject to an annual cap of PFL \$87785.88, per employee)

6 Review your responses carefully and make any edits.

Business Description

JANE'S APPLE BAKERY WILL PROVIDE THE RESIDENTS WITH FRESH-BAKED ARTISAN APPLE FILLED TREATS.

Standard Industrial Classification (SIC) Code 5461 - Retail Bakeries

Other Businesses (Entities)

There are no other businesses (entities) to be covered under this policy.

Coverage Information

We have not been in business for more than 26 weeks.

We wish to provide coverage for any employees that are automatically excluded under NY Disability Benefits and Paid Family Leave Law

7 Click “Get a Quote” to submit your quote request.

I certify the above information is correct and true to the best of my knowledge.

8 You will see the premium calculation screen.

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 minimum disability premium			\$10.50
Total Disability Benefits Premium			\$60.00
PAID FAMILY LEAVE			
	Payroll	Rate	Total
Estimated annual male capped wages	\$87,785.88	\$4.55 per \$100	\$399.43
Estimated annual female capped wages	\$87,785.88	\$4.55 per \$100	\$399.43
Total Paid Family Leave Premium			\$798.86
Total NYSIF Premium			\$858.86

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.

Have a Question?



Email

customerservice@nysif.com



Call

888.875.5790



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:

1 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.)

2 You will receive a confirmation message that an email was sent to the signer. The signer will need the zip code for the primary business location to e-sign.

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

4 Complete all details and choose "Submit ePayment."

5 Provide and review all payment details to complete payment.

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

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

OR You will see the pending NYSIF review screen.

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.

Have a Question?



Email

customerservice@nysif.com



Call

888.875.5790