PO Box 66699; Albany, NY 12206
(F) 518.437.5278 | **nysif.com**

REQUEST FOR INCLUSION OF AN ADDITIONAL INTEREST / ENTITY

DATE: _____

We, the undersigned, hereby request that the entity named below be included in the NYSIF Disability Benefits Insurance coverage of:

Policy Number: _____ to be effective, 12:01 A.M., Date: _____

Name of Entity to be included: _____

Mailing Address: _____

Federal Tax Identification Number (FEIN): _____

Number of Employees to be eligible for Disability Benefits:

Male/M _____ Payroll $_____ Female/F _____ Payroll $_____ Non-binary/X _____ Payroll $_____

(DB Payroll is to be reported as actual annual wages up to a maximum annual wage of $17,680 per employee)

Number of Employees eligible for Paid Family Leave:

Male/M _____ Payroll $_____ Female/F _____ Payroll $_____ Non-binary/X _____ Payroll $_____

(Limit the weekly wage to a maximum of $1,757.19 per employee - annual max is $91,373.88)

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

	PRESENT ENTITY	ADDITIONAL INTEREST / ENTITY
1. Name of Entity:		
2. Entity Business Type: (ex: Corporation, LLC, Sole Proprietor, etc.)		
3. Ownership (a) If not a Corporation or Partnership, list the names of the owners and their respective percentage of ownership. (b) If a Partnership, list the full name of each general partner and their participation (c) If a corporation, list the names of the owners of 5% or more of the voting Stock and the number of Shares owned by each.		
4. Total number of Shares of voting stock the Corporation issued:		

In consideration of the inclusion of the additional entity named above under the coverage of the Policy, we the undersigned, jointly and severally do hereby assume full liability and responsibility for any and all premiums that may become due the New York State Insurance Fund for coverage extended to either or both the entity now covered and the additional entity to be covered by the Policy from its inception to cancellation date.

(PRINT)_____
TRADE NAME OF PRESENT ENTITY

(PRINT) _____
TRADE NAME OF ADDITIONAL INTEREST / ENTITY

SIGNED BY_____
OWNER OR OFFICER

SIGNED BY_____
OWNER OR OFFICER

PHONE NUMBER: _____

PHONE NUMBER: _____