Contents

Create an Account ............................................................................................................... 3
  Workers' compensation policy reps.................................................................................. 3
  Disability benefits reps...................................................................................................... 3
Enhanced Security (Multi-Factor Authentication) ............................................................ 4
Workers' Comp Broker/Agent Online Account Management ........................................ 7
  User Management (add or delete an authorized user) ....................................................... 8
    Recertifying Authorized Users ....................................................................................... 9
  Notification Center ......................................................................................................... 11
    Notification Management ............................................................................................. 11
  Enrollments ..................................................................................................................... 12
  Consolidate Online Accounts ......................................................................................... 13
  Link New Policy ............................................................................................................. 13
Claim Search .................................................................................................................... 14
  By Policy .......................................................................................................................... 14
  By Claim Number ............................................................................................................ 15
    Master Claims Screen Tab ........................................................................................... 15
    Claims Summary Tab .................................................................................................... 17
    Diary Screen Tab .......................................................................................................... 17
    Notes Tab ....................................................................................................................... 18
    Hearings Tab ................................................................................................................. 18
    Reserve History Tab ....................................................................................................... 18
  By WCB Number (JCN) .................................................................................................. 18
  By Claimant Name .......................................................................................................... 19
Document Retrieval ........................................................................................................... 19
  Policy Document Retrieval ............................................................................................. 19
  Claims Document Retrieval ............................................................................................ 20
eCert Menu ....................................................................................................................... 22
  Browse Certificates ........................................................................................................ 22
  Create a New Certificate ................................................................................................. 24
  Renew a Certificate ........................................................................................................ 28
  Generate a Bulk PDF of Certificates ............................................................................... 30
  Validate a Certificate ...................................................................................................... 34
  Subscribe to a Certificate ............................................................................................... 35
NYSIF Online Quote Management ................................................................................. 36
  Managing Quotes as the Master Account Holder .......................................................... 36
    View a User’s Quote Requests ....................................................................................... 36
    Move/Assign Quotes to Authorized User Accounts ................................................... 37
Create an Account

Visit nysif.com, choose “Login” at the top and click “Create an Account” from the dropdown menu. You must register as a Broker/Representative and cannot register as a policyholder using a policy number from a client you represent.

Workers' compensation policy reps

To register, you will need your NYSIF representative number (rep ID) and the policy number for a NYSIF workers’ compensation policy you represent.

PIN Validation (WC Brokers Only)

Once your registration is complete, you will receive an email validating the address you provided. When you receive this email, click the link provided. The on-screen message will state that your email address has been validated and a PIN (personal identification number) will be sent to further verify your account.

NYSIF will mail to you (via U.S. mail) a letter containing your unique PIN. Please note that in order to meet information security standards, the PIN must be sent to the address associated with your rep ID, which may differ from the address you provided during signup. This is part of our verification procedure. Once you receive this PIN letter, please log in to your NYSIF online account and enter the PIN. Your PIN will expire after 30 days.

Disability benefits reps

To register, you will need your NYSIF representative number (rep ID), the policy number for a NYSIF disability benefits policy you represent and your zip code.
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 protected and verified.

LOGIN
1. Visit 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.”
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.
Workers’ Comp Broker/Agent Online Account Management

Online Customer Account Administration

If you have both workers’ compensation and disability benefits accounts with NYSIF, choose “DBL Links” to view your options (more about DB online services beginning here). To manage your online account, select “Account Management” from the drop-down menu under your username at the top right of the page.

Choosing “Account Management” will bring you to your “Administration Console Home” page, where you can update your profile or password, add authorized users, consolidate your workers’ comp and disability benefits customer accounts and manage email notifications.
User Management (add or delete an authorized user)

Select “Manage Users” under User Management to add, edit or delete an authorized user (or “child”) account. **Only the master account holder can add or delete authorized users.**

For edits to an existing user, choose Edit, make any changes and click Submit.

Choose “Add New User” to add a new user account. Complete all required fields.

When adding a new user, in addition to contact information, you will be asked to choose a username and password for this individual. This person will receive a notification email from NYSIF advising him/her to obtain the username and password from you. The user will be prompted to change the password upon first login. The user must also accept NYSIF’s Terms & Conditions before gaining access to the online account.
The master account holder will also receive a confirmation email:

Dear NYSIF Online Account Holder,

Thank you for using nysif.com. This email is to confirm that you have added an authorized user to your online account. Please share the temporary username and password you created with the intended user so that he/she can complete the account setup.

Please note that each new authorized user has the same access to information as you, the master account holder. This may include access to policy and claims information for both NYSIF workers’ compensation and disability benefits customers. Please ensure that all authorized users understand that they are being granted access to confidential information, which must be properly safeguarded.

If you did not initiate this activity, please notify the NYSIF Service Desk at 877-435-7743.

This is an automated message. Please do not reply to this e-mail message.

Sincerely,
New York State Insurance Fund

Please note that any authorized user added to this online customer account will inherit nearly all* permissions of the master manager account. This may include access to policy and claims information for both NYSIF workers’ compensation and disability benefits clients. Please ensure that all authorized users understand the legal obligation to handle this sensitive and confidential information appropriately.

Recertifying Authorized Users

NYSIF has established a recertification process for authorized user accounts. The master account holder is required to recertify each authorized user account annually.

Master Account Holder

If a master account holder has accounts that must be recertified, the user will encounter this pop-up window upon login. The link will take the user directly to the Account Management page.

The master account holder will receive an email notification of upcoming recertifications 30 days from expiration, 15 days from expiration and the day of expiration. To extend access, log in and:

1. At the top right of your landing page, select “Account Management” from the dropdown menu under your user name.
3. Click “Extend Access” on the authorized user whose access is scheduled to expire (or whose access has already expired) to recertify the user.
PLEASE NOTE: The master account holder can recertify any user at any time. For example, if the master account logs in to recertify Child1 because that user's access will be expiring first, the user can also recertify Child2 and Child3 at the same time. This is an added convenience for the user.

Once the user recertifies, the access expiration date will be updated to one year in the future. (There is no confirmation screen.) For example, the master account holder in the previous screen shot recertified Child1. The page now reflects:

If a user's access expires before recertification, the User Management page will reflect:

The master account holder can choose “Extend Access” to certify the expired user.

**Authorized User Account Holder**

The authorized user will receive an email notification of upcoming recertification 30 days from expiration, 15 days from expiration and one day from expiration.

If the authorized user's access expires, the user will be presented with the following message upon login.

Please note that only the master account holder can recertify an authorized user; NYSIF cannot provide this authorization.
Notification Center

Choose “Email Notifications” from your Administration Console to view your Notification Center. The Notification Center allows the master account holder to manage email notifications by group or user for bills, info pages or audits.

Notification Management

In the Notification Management tab, master account holders can enroll and manage notifications for authorized user accounts. Use the dropdown to choose a user and click “Go.” Make your choices and Choose “Save Changes” to finish.

Note: If you do not have any authorize user accounts, there will be no drop down and you will see only your own account displayed.

Note: Authorized users will not see the User Selection screen.
Enrollments

The Enrollments page allows the master account holder to manage email preferences for workers' comp bills, policy documents and audits by policy designated on the Notification Management tab.

To add or remove a notification to an authorized user account, go to the Notification Management page or click the “Edit” icon in the table.

![Notification Management Table](image)
Consolidate Online Accounts

Consolidating your NYSIF workers’ comp and disability benefits online accounts allows you to log in using only one username and password. If you have several representative IDs and need assistance consolidating or linking your accounts, please contact 888-875-5790 for assistance.

Link New Policy

If you manage disability benefits policies, you can link your access to those policies to your workers’ compensation online account. Please enter the zip code for the broker mailing address.
Claim Search

Workers' compensation policyholders can grant online access to claims for their brokers of record. Please note that only the master account holder for the policyholder can grant access to the broker of record. Authorized users do not have permission to grant access. Policyholders can revoke access at any time.

NYSIF cannot provide claims information to a broker or grant permissions to view this information.

When a policyholder approves access, the broker of record will be notified via email of the authorization, and the policyholder and policy number will be identified. Brokers will see a new link on their customer landing page with a link to claims information once they have been granted access.

Choose “Claim Search” from your landing page. Search by policy number, claim number, WCB number (JCN) or claimant name.

By Policy

Choose Claim Search. Choose Policy Number from the dropdown. Enter a policy number; add an accident date if needed. Choose to filter by Open, Retired or All claims. This will return an alphabetical list of all claims that fit the criteria. Click the Claim Number to view details for that specific claim. You can also choose to download this information to a spreadsheet.
Upon clicking a claim number, you will be taken to that claim’s “home page.” This landing page now includes payment history at the top of the page, under the claim number. Payment information is now prominently displayed, broken out by comp, medical and legal payments.

By Claim Number

Master Claims Screen Tab

Search by claim number. The search returns the Master Claims Screen tab, which contains information about the claimant, claim, payments, case manager and policyholder. Use the left-side menu to navigate.

![Master Claims Screen Tab Image]

---

**Claimant Information**

- **Claimant Name:** Smith, John
- **Claimant Address:** 987 Suffolk Lane, Anytown, NY 10101
- **D. O. B.:** 04/24/1965
- **SSN:** XXX-XX-4452
- **Gender:** Male
- **Phone Number:** (631) 555-1212
- **Occupation:** Clerical
- **Claimant Attorney:** Lawyers & Lawyers, Inc.
- **Claimant Attorney (Continued):** N/A
- **Address:** 210 Sesame Street
- **City/State/Zip:** Anytown, NY 10101
- **Attorney Phone:** (631) 000-1212

---

**Case Manager Information**

- **Case Manager Assigned:** John Nysif
- **Telephone:** (212) 555-1212
- **Fax:** (212) 555-1212
- **Email:** jnyssif@jnyssif.com
- **Office Name:** NYC Claims (Division 1)
### Claim Information:

- **Claim Number**: 1234567-000
- **Accident Date**: 01/18/1999
- **WCB/JCN Number**: 987564321
- **WCB/JCN Type**: Regular
- **Cause**: Fall, slip or trip on ice or snow
- **Injury Type**: NOC: All other specific injuries
- **Body Part**: Elbow, Left (12)
  - Hand, Right (21)
  - Back (7)
  - Neck (8)
  - Head (23)
- **Initiating Doc**: C2/C-2F
- **Claim Status**: Open
- **Date Disability Began**: N/A
- **Special Condition**: Section 15-8 (Non-Dust Related)
- **Jurisdiction**: New York Workers’ Compensation Law
- **Kind of Injury**: Permanent Partial Disability (PPD) & 15.8
- **Question of Coverage**: N/A
- **Controverted**: No
- **Pay Class**: N/A
- **Legal Status**: Yes
- **Last Hearing Date**: 04/03/2003
- **Concurrent Emp**: N/A
- **Wage Expectancy**: N/A
- **Employer Reimbursement**: Yes
- **25A**: N/A
- **Fraud**: N/A
- **15-8 Percentage**: Full 100%
- **3rd Party**: N/A
- **SLU Award**: N/A
- **Death**: N/A
- **Lump Sum**: No
- **Retired**: No
- **Additional Cases**: Yes
- **Disfigurement**: N/A
- **Classified (Y/N)**: Yes
- **Sec 32**: No

### Payment Information:

- **Compensation Paid to Date**: $0.00
- **Compensation Reserve**: $30,637.00
- **Compensation Incurred**: $30,637.00
- **Medical Paid to Date**: $17,763.41
- **Medical Reserve**: $2,264.59
- **Medical Incurred**: $20,028.00
- **Compensation Last Paid Date**: 02/05/2015
- **Medical Last Paid Date**: 02/04/2015
- **Last Incurred Date**: 12/01/2014
- **Special Estimate Date**: 12/01/2014
- **Special Compensation Incurred**: N/A
- **Special Medical Incurred**: N/A
- **Group Compensation**: N/A
- **Supplemental Benefits**: F
- **Initial Return To Work**: N/A
- **Apportionment**: No

### Policy Information:

- **Policy Number**: 123456-7
- **Policyholder Name**: ACME FENCE CO.
- **Status**: CANCELLED
- **Group**: 90
- **Principal’s Name**: Not Available
- **Policyholder Address**: 123 MAIN STREET, ALBANY, NY 12208
- **Policy Phone Number**: (518) 555-1212
- **Inception Date**: 07/02/1996
- **Policy Date for This Claim**: 07/01/2014
- **County**: Albany
- **Underwriting Office**: Albany
- **Number of Entities**: 1
- **Number of Locations**: 2
- **Entity Number**: 00001
- **Entity Name**: ACME FENCE COMPANIES, INC.
- **Entity Address**: 125 MAIN STREET, ALBANY, NY 12208
- **Catastrophe**: 0
- **Bargaining Unit**: N/A
- **Business Type**: (01) Corporation
Claims Summary Tab

The Claims Summary tab provides details on the following:

- Compensation Paid
- Medical Paid
- Biographical Info
- Strategy/Outstanding Issues
- Investigation
- Description of Accident
- Statement Summary
- Witnesses
- Official Reports
- Consultant Reports
- Attending Physician Diagnosis
- Attending Physician Prognosis
- Additional Attending Physicians
- Other Medical Providers
- Hospital Info
- Emergency Room Report
- Surgery
- Diagnosis Testing
- Treatment Authorization
- Case Management & Rehab Services
- WCB Decision & Hearing Reports
- Litigation
- Mitigation & Subrogation
- Case Summary & Other Factors

Diary Screen Tab

The Diary Screen tab will display diary entries, date, reason for entry and status (pending or completed).
**Notes Tab**

The Notes screen can be filtered by either Claims or Legal, and includes details from the case manager, hearings, decisions and a summary of any contact with the claimant.

---

**Hearings Tab**

---

**Reserve History Tab**

---

**By WCB Number (**J CN**)**

**You must include the WCB leading alpha character** when searching by WCB number. Clicking the claim number will bring you to the master claims tab with full details on the claim. *Please note: to be consistent with WCB eClaims submissions, NYSIF has begun replacing “WCB Number” with “J CN,” which stands for Jurisdiction Claim Number. “JCN” is the universal term for the claim number assigned to a claim by the adjudicating/regulatory body.*
By Claimant Name

You must enter the full first and last name, the date of birth and the date of accident. Clicking the claim number will bring you to the master claims tab with full details on the claim.

![Claimant Name Search](image)

Document Retrieval

Use this option to view policy info pages such as declarations, renewals, and bills. You can also view claims documents including forms, medical bills and WCB notices.

(If you have a consolidated online account, you will also see your disability benefits bills and info pages, as in the example shown.)

Policy Document Retrieval

For policy documents, choose the “Document Type” – Info Pages, DP517, Self-Audit or Payment Arrangement – and enter the policy number. Click the envelope or document ID to view the document.

If searching for a particular time frame, please be sure to include the transaction date in the search parameters. (Ex.: Policy renews July 1. Expand your search to include May, when the renewal would have been issued.)
The query will display the Policy Number, Assured Name, Address and Policy Period on the right side of the screen. Associated policy documents are displayed in grid format with the Envelope ID, Transaction Date, Category, Details and Description. The grid can be sorted by clicking on the column headings. Click on the Envelope ID number to view the policy document.

**Claims Document Retrieval**

If you have been granted access to claims, you can also view claims documents. For claim documents, choose Claim Information in the “Document Type” dropdown menu and enter the claim number.

Tabs will display documents for these categories: Medical Bills, Medical Exams, Claimant/Employer Forms, WCB, FROI/SROI, 15-8 and Investigations.

Click the envelope or document ID to view the document. Click “Date Received” to sort by date.
<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>Date Received</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>40517335</td>
<td>eC-2</td>
<td>20130110-eC-2</td>
<td>01/10/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42604313</td>
<td>Rept of Employee's Change in Status or RTW</td>
<td>C-11</td>
<td>04/04/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42604314</td>
<td>Employer Statement of Wage Earnings Prior D/A</td>
<td>C-240</td>
<td>04/04/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42954813</td>
<td>C-240 Tape Signed And Dated 03/25/13</td>
<td>C-240 Tape</td>
<td>04/18/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42992944</td>
<td>C-4 AUTH Dated 04/15/13 Dr. Nysif</td>
<td>C-4 AUTH G</td>
<td>04/19/2013</td>
<td>Claimant/Employer forms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>Date Received</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>40523649</td>
<td>LOSSSNAPSHOT</td>
<td>LOSSSNAPSHOT</td>
<td>01/10/2013</td>
<td>WCB</td>
</tr>
<tr>
<td>42644304</td>
<td>Decisions and Awards</td>
<td>EC-84</td>
<td>04/18/2013</td>
<td>WCB</td>
</tr>
<tr>
<td>42990477</td>
<td>CS-LOSSID-G34A</td>
<td>CS-LOSSID-G34A</td>
<td>04/19/2013</td>
<td>WCB</td>
</tr>
<tr>
<td>42990478</td>
<td>C-669</td>
<td>C-669</td>
<td>04/19/2013</td>
<td>WCB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>Date Received</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>60199958</td>
<td>CS-LOSSID_G34A_BD</td>
<td>CS-LOSSID_G34A_BD</td>
<td>09/13/2014</td>
<td>FROI/SROI</td>
</tr>
<tr>
<td>60199959</td>
<td>FROI-00</td>
<td>FROI-00</td>
<td>09/13/2014</td>
<td>FROI/SROI</td>
</tr>
<tr>
<td>60863166</td>
<td>CS-LOSSID_G34A_BD</td>
<td>CS-LOSSID_G34A_BD</td>
<td>10/02/2014</td>
<td>FROI/SROI</td>
</tr>
<tr>
<td>60863167</td>
<td>FROI-02</td>
<td>FROI-02</td>
<td>10/02/2014</td>
<td>FROI/SROI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>Date Received</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>404768</td>
<td>050720</td>
<td>C-250</td>
<td>07/25/2005</td>
<td>15-8</td>
</tr>
<tr>
<td>4061537</td>
<td>C-250 Signed And Dated 07/19/05</td>
<td>C-250 Signed And Dated 07/19/05 Stamped In @ WCB</td>
<td>07/27/2005</td>
<td>15-8</td>
</tr>
<tr>
<td>5457211</td>
<td>15-8 Questionare Signed And Dated 05/30/06</td>
<td>15-8 Questionare Signed And Dated 05/30/06</td>
<td>06/06/2006</td>
<td>15-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>Date Received</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>43012503</td>
<td>ISO MATCH</td>
<td>ISO MATCH</td>
<td>04/22/2013</td>
<td>Inv</td>
</tr>
<tr>
<td>01605053</td>
<td>Surveillance</td>
<td>Investigation</td>
<td>10/21/2014</td>
<td>Inv</td>
</tr>
<tr>
<td>61505855</td>
<td>Investigator bill</td>
<td>Investigation</td>
<td>10/21/2014</td>
<td>Inv</td>
</tr>
<tr>
<td>61741102</td>
<td>Affidavit of Service</td>
<td>C-88.1</td>
<td>10/28/2014</td>
<td>Inv</td>
</tr>
</tbody>
</table>
**eCert Menu**

Select Create/Renew Certificates under the eCert menu and you will be directed to the eCertificates Inquiry page.

**Browse Certificates**

Select a policy number. The Browse page allows you to search by:
- certificate number
- name
- address
- job ID
- email address

You can also elect to have your results sorted by date or alphabetically by Certificate Holder. You may also choose to include a specific type of certificate by identifying if it includes a wrecking provision.

A search by policy number returns a table of all active certificates, listing dates and certificate holder.
**TIP:** Click the Adobe icon in the View column to quickly view, download and save, or print a certificate.

<table>
<thead>
<tr>
<th>Cert #</th>
<th>Create Date</th>
<th>Certificate Holder</th>
<th>Job ID</th>
<th>Entity #</th>
<th>Loc #</th>
<th>Start Date</th>
<th>End Date</th>
<th>Clause</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>922871</td>
<td>05/22/2019</td>
<td>TSIU TEST RENEW 15-16</td>
<td>0</td>
<td>0</td>
<td></td>
<td>06/09/2018</td>
<td>06/09/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click on the certificate number to view certificate details.

<table>
<thead>
<tr>
<th>Cert #</th>
<th>Create Date</th>
<th>Certificate Holder</th>
<th>Job ID</th>
<th>Entity #</th>
<th>Loc #</th>
<th>Start Date</th>
<th>End Date</th>
<th>Clause</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>922871</td>
<td>05/22/2019</td>
<td>TSIU TEST RENEW 15-16</td>
<td>0</td>
<td>0</td>
<td></td>
<td>06/09/2018</td>
<td>06/09/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You can also view the PDF of the certificate from this screen by choosing “View Certificate.”
Create a New Certificate

Enter a Policy Number and click **Get Policy Info**.

The **eCertificates Create** screen will now display the policy information and the fields needed to create the certificate.

Select the entity, location and policy period requested.

Enter the Certificate Holder information. If you have previously created a certificate for this business, the system will search to match it.
Choose your certificate options. Be sure to choose a certificate renewal plan appropriate for the project. If you anticipate a short-term project, choose “Do not renew,” and it will not be available for renewal.

If you wish to provide to the certificate holder any notice of cancellation, check the box and choose the number of desired days from the drop-down. Please note that NYSIF will not provide this notification, and the policyholder named will be responsible for notifying the certificate holder.

Choose “Preview Certificate.”
Click the “Create Certificate” button.
Choose the “View Certificate” button to generate the certificate PDF. Please note it will open in a new window.
Renew a Certificate

Choose the policy number. The Renew page allows you to search by:

- certificate number
- certificate holder

You can also elect to have your results sorted by date or alphabetically by Certificate Holder.

This example displays a result of search by certificate number.
If searching for all certificates for a policy, choose the policy and click Search. Choose the certificate(s) you’d like to renew by clicking the check box and then click “Renew Selected Certificates.”

<table>
<thead>
<tr>
<th>Renew</th>
<th>Cert #</th>
<th>Period</th>
<th>Certificate Holder</th>
<th>Job ID</th>
<th>Entity #</th>
<th>Loc #</th>
<th>Clause</th>
<th>Create Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>922871</td>
<td>06/09/2018 - 06/09/2019</td>
<td>TSIU TEST RENEW 15-16 TEST ALBANY NY 12211</td>
<td>0</td>
<td>0</td>
<td>.B...</td>
<td>05/22/2019</td>
<td></td>
</tr>
</tbody>
</table>

A renewed certificate is automatically emailed to the certificate holder if a certificate holder email is present on the detail screen.
Generate a Bulk PDF of Certificates

Select Create/Renew Certificates under the eCert menu and click on **Bulk Certificate Print**.

1. Enter a Policy Number. Click the arrow to render the start/end date fields active. (Note they are grayed-out in the image below. Clicking the arrow will make the field fillable.)

![Bulk Certificates](image)

2. You can choose to exclude certain certificates you may have already saved. Use the “Exclude Certificate Numbers Through” field to filter these prior certificates.

3. Set desired date range to narrow your search (optional) and click **Search**.
4. **Include all search requests:** If you’d like to include all certificates in your bulk print, choose “Include all search requests” and then “Process Request.” (This will print all certificates that match the search parameters.)

4. **Custom Selection:** If you’d like to select certain certificates, choose “Custom Selection” and follow the on-screen directions. (Be sure to click “Save Requests” before navigating to the next page.)
   - Once you have selected all certificates for this PDF document, choose “Process Request” at the bottom of the screen.
   - **Tip:** Use the “check all” checkbox in the header row – top left – to select all certificates on the page. You can then uncheck certain boxes to exclude certificates.
5. Select **Req Recap** in the top menu. (To limit your search results, enter a date or date range in the From Date and To Date fields. If you are seeking a previous request, enter the request number.) Click **Search**. A list of submitted requests will display.
6. Select the link for the **Req Num** in the search results for a processed request.

   - **TIP:** If the status column indicates “Queued,” the PDF has not yet been generated. Certificate PDFs are generated every 15-30 minutes during standard business hours. On weekends and holidays, bulk certs will process on the next business day. Click “Search” to refresh the page.
   - **TIP:** If you are processing a large number of certificates, it may be split across multiple PDFs, in which case the table above will list each file for download.

7. Choose “Ready for Download.” Follow the browser prompts to Open or Save the file. A Print Control Page will display as the first page of the PDF file.
Validate a Certificate

Visit nysif.com, choose Employer, and choose Validate a Workers’ Comp Certificate. You can also save this link as a bookmark for direct access: https://www.nysif.com/cert/certval.asp.

Enter the policy number and certificate number in the validation fields. Choose Validate Certificate.

If the policy is not valid, a message will be returned stating:
Subscribe to a Certificate

Once you validate a certificate, choose the blue Alert button or the “Manage Subscriptions” button to subscribe to email or mail notifications regarding changes in the policy. **Please note: You must subscribe to receive notifications on newly created or renewed certificates.**

To subscribe to email notifications, enter your email address in the “Email to” field and re-enter it to confirm. Click Subscribe.

You will receive a confirmation message of your subscription, as well as an email confirmation to the email address entered.

Certificate holders can subscribe to mail notifications. Select the radio button next to Mail to Certificate Holder and click Subscribe. Mail notifications will be sent to the address listed on the certificate. No further action is required.

To unsubscribe, follow the validation steps, choose Manage Subscriptions and click “Unsubscribe.” Please note that you cannot unsubscribe from Mail Subscriptions.
NYSIF Online Quote Management

Choose “Get a Quote or Apply for a Policy” from your landing page. To view a quote, click the Quote#.

Online Quote Request

Managing Quotes as the Master Account Holder

The master account holder will be able to view quotes for each of his or her authorized users. Please note that all quotes associated with the master account will not be viewable in the same table. You must choose a user’s account to view that person’s submitted quotes.

View a User’s Quote Requests

In the Option dropdown menu, choose “View requests from user.” In the User dropdown menu, choose the user. Click Go.
The screen will display all quotes assigned to that user.

**Move/ Assign Quotes to Authorized User Accounts**

**NYSIF now allows you to move specific quotes from user to another.**

1. Choose “View Requests from user” from the Option dropdown. Choose “User” to see the quote requests assigned to a person. Click Go. The screen will confirm “Currently displaying quotes for ...”

2. Now, change the Option drop down to “Move these quotes to user” and select a new user in the User drop down.
3. Scroll down to your table of quotes. A checkbox is now available next to the quote number. Select the quotes you’d like to reassign (in this example, to ElsaQueen). Click Go.

4. A pop-up message will ask you to confirm your action. Click OK. (Depending on how many quotes you are moving, this process may take several seconds.)

5. The system will confirm the move. Click OK.

6. To view these requests, choose “View requests from” and the second account.

Please note:
- The master account holder will have read-only access when viewing a user’s quote; only the current owner of the quote can modify it.
- Authorized users can see only their own quotes.
- If an authorized user account is deleted, any and all quotes will be automatically assigned to the master account.
Request a Worker’s Comp Standard Quote

Choose “Get a Quote or Apply for a Policy” from your landing page. Choose “Get a Standard Quote.”

What Will I Need?
To obtain a workers’ compensation quote, please have the following information available:

- Business name and type (e.g. LLC, Corporation, Partnership, etc.)
- Estimated annual payroll, including casual labor, 1099 forms and any payments to uninsured subcontractors
- Payroll verification (copies of NYS Form NYS-45-MN and/or federal Form 941 for the last four quarters)
- Prior workers’ comp insurance information, including loss experience (if applicable)

Saving your quote
If you are unable to complete and submit your quote at any point in the process, save your form and you will be able to return to it later by logging into your online account. We recommend saving your form periodically while you are entering information.

1. Enter the Effective Date

2. Enter Employer Information

When an incorporation date is entered for the company, the “Age of Business” is auto-populated.
3. Enter Owner/Officer Information

Add a second officer or owner

Choose “Add a second owner” or “Add a second officer” if necessary. You can also add a “second partner” or “second member” if applicable.

If you need to remove an officer or owner, click the red box where you added the additional owner/officer. The information will be removed.
4. Enter Address & Work Locations

**Premium Audit Contact Information**
If the main business address is not the location where NYSIF should conduct an audit, choose No and enter the audit contact info next.
Additional Locations
Add additional work locations as necessary. To remove, click the red box.

5. Other Entities

6. NYSIF History

Please note:
- If any current relationship exists, NYSIF is not required to issue a policy until all unpaid billed premium on the prior policy is paid.
- If the employer had a prior NYSIF policy that was cancelled, NYSIF is not permitted to issue another policy while any billed premium on that prior policy remains uncollected.
7. Other Workers’ Compensation Carrier History

Experience information
Enter loss experience information as described. If you would like to add an additional policy year, choose “Add a second policy year.”

Employer Rating History
If known, enter the business’ New York Compensation Insurance Rating Board number.
8. Business Description

Be as thorough as possible when entering your business description. Include all aspects/operations of your business.

9. Payroll Information

If you’d like, you can choose an Industry filter to help narrow down your class code options.

In the description field, start typing a key word that best identifies the class code you are seeking.
If you know the class code, you can also enter that directly.

Enter number of employees, annual payroll and additional payroll groups as needed.

Payroll Verification

Upon submission of this form, you will receive the contact information for your underwriter. When required, payroll verification should be directed to your underwriter.

Subcontractor and Other Employer Information

If you hire or lease an employee who is not covered by a valid workers’ compensation policy, you will be liable for their coverage. Please let us know if there are any such workers, regardless of their coverage.

10. Representative/Broker Information
Please complete this section.

**Submitting your quote**

![Insurance Representative (Broker) Information form]

Once you have completed all fields, choose **Review**. You will be able to view your quote request in its entirety and print if needed.

If your application is incomplete, you will receive the error message below. Click Close, and the error/missing info will be identified.

![Invalid or incomplete information]

If you are ready to submit your request, check the box certifying the information is correct and choose **Get a Quote**.

![Confirmation of Submission of Quote]

**Confirmation of Submission of Quote**
Once submitted, a confirmation screen will display your quote ID and contact information for the underwriter assigned to your quote.

Once your quote is submitted, you will be able to view it via your online account. Visit nysif.com, log in, and choose “Get a Quote” from your landing page. The quote will appear there.

Please note you will not be able to edit the quote request once it has been submitted.

**Applying for Coverage Online**

Choose “Get a Quote or Apply for a Policy” from your landing page. Click “Continue to Online Application” to complete an application for your client.
1. Complete the application.

2. The box to electronically sign and pay online will be checked by default. If you uncheck this box, the employer must print the application and mail it with a check for the deposit.

3. Identify the signer.

4. Agree to NYSIF’s User Agreement. Click Submit.

A message will display verifying that the application has been submitted:

The client will receive an email with a link for eSignature completion via DocuSign.

**Request a Domestic Household Workers’ Comp Quote**

Choose “Get a Domestic Worker Policy Quote.”

The two classifications of domestic workers are inside and outside. They are further categorized by the number of hours they work a week.

Inside domestic workers are employees exclusively engaged in household or domestic work primarily performed inside the house. Examples: cook, housekeeper, home health aide, babysitter

- Code 0913 Inside domestic who works more than 20 hours per week.
- Code 0908 Inside domestic who works 20 hours or less per week.

Outside domestic workers are employees exclusively employed in household or domestic work primarily performed outside the house. Examples: private driver, gardener

- Code 0912 Outside domestic who works more than 20 hours per week.
- Code 0909 Outside domestic who works 20 hours or less per week.
Once you submit, you will receive an instant quote for domestic policy coverage. Follow the steps in the standard quote process to apply and pay online.
**Forms**

**Create a C-105 (Notice of Compliance)**

Workers’ comp law requires every covered employer to post a printed notice of compliance in each workplace notifying employees that the employer has workers’ compensation coverage. A broker can generate such a notice for a policy by entering the policy number.

![C-105 Notice of Compliance](image)

**Prescription Benefits**

Employers are required to provide an injured employee a Claimant Information Packet upon notification of a workplace injury. Included in that packet is a Prescription Services ID card the employee can use to obtain medication for the workplace injury. A broker can generate this card by entering the policy number.

![Prescription Benefits (PBM)](image)

**Billing**

**View Monthly Bills**

Select this option to view premium bills associated with a policy. Click on the bill number to view details.

![Monthly Bills](image)
**Policy Menu**

**Account Summary**

Choose “Account Summary” from the Policy menu. Enter a policy number.

View previous payments and monthly bills using the top tabs.
**Earned Premium Audit**

From your landing page, choose “Earned Premium Audit” from the Policy menu.

Enter the policy number to be reviewed and click submit.

The NYSIF Renewal Date may be selected as an additional filter.

For each audit, the query displays:

- **Audit Number**
- **Issue Date**
- **Status (of audit)**
- **Audit Period**
- **Group Number (of policy)**
- **Auditor**
- **Exit Interview Form (if available)**
- **Audit Worksheet (if available)**

For details about an audit, click the audit number. A page will open displaying details about the audit. Click close to go back to the previous screen.
Exit Interview Form
Click “View” under Exit Interview to view those documents.

PAD EXIT INTERVIEW FORM - AUDIT

Policyholder: ACME FENCE COMPANY
Policy Number: 23456788
Audit Number: 66666-6
District Office: 2
Group Number: 109
Audit Period: 07/01/2014 to 07/01/2015
Auditor: APADTEST1
Audit Date: 04/08/2017

1. Payrolls were classified in the following categories: (All entities included)

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Class Description</th>
<th>Audited Payroll</th>
<th>Declaration/ Renewal Payroll</th>
<th>Payroll Difference</th>
<th>Manual Rate</th>
<th>Premium Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4508</td>
<td>PAINT MFG-U</td>
<td>$104,090.00</td>
<td>$158,700.00</td>
<td>($54,000.00)</td>
<td>5.65%</td>
<td>($2,656.81)</td>
</tr>
<tr>
<td>8809</td>
<td>EXECUTIVE OFFICERS N.O.C. ETC-U</td>
<td>$45,000.00</td>
<td>$46,000.00</td>
<td>($1,000.00)</td>
<td>0.3%</td>
<td>($30.76)</td>
</tr>
<tr>
<td>8810</td>
<td>CLERICAL OFFICE EMPLOYEES MGC-U</td>
<td>$11,000.00</td>
<td>$12,000.00</td>
<td>($1,000.00)</td>
<td>0.3%</td>
<td>($31.10)</td>
</tr>
</tbody>
</table>

Premium Difference (Manual Rate): $ 4,889.87

Note:
A- The above numbers are subject to review and are only a comparison of the Manual Premium(s) on this policy's declaration renewal to that of this completed audit, and only for the above policy period. They do not represent the final premium. They are provided to give you a better understanding of the impact of this audit. Manual Premium does not include any adjustments to premium such as Experience Rating Credit or Charge, NYBIF Discount or Charge, Expense Constant, Terrorism Premium, Natural Disaster and Catastrophe Premium, Assessment Charge, Short Rate Premium, NY Construction Class Credit, WPS Premium Surcharge. In addition, the above numbers, do not include charges for Uninsured Subcontractors (if any), nor do they consider outstanding balances consisting of bills for prior, current and future periods. Your audit bill will include all applicable credits and charges and will show your actual premium for the policy period.
B- Any credits or charges generated on audit will be added or subtracted from your current outstanding balance. C- If audited payrolls are significantly different from the current renewal, your current policy premium may be subject to realignment adjustment.

2. Executive Officers, Owners, Partners, LLC Members (Principals) were classified in the following categories:

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Officer/Principal</th>
<th>Title</th>
<th>Duties</th>
<th>Amount Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>8808</td>
<td>JOHN ACME</td>
<td>President</td>
<td>Office Admin and Management</td>
<td>$45,000.00</td>
</tr>
</tbody>
</table>

3. You will be charged an additional $ 2 in manual premium for uninsured subcontractors. See list attached.

Note: Charges for uninsured subcontractors may be deleted by submitting a valid New York Workers' Compensation Certificate to NYBIF. (See "Send certificates to" on this form for address)

4. The following items were applied and/or explained:
A- Payroll separations and employees classification ☑Yes ☐N/A
B- Changes in operation/classification ☐Yes ☐N/A
C- Overtime Credit ☐Yes ☐N/A
D- Payroll Limitation Credit ☑Yes ☐N/A
E- Wrap-Up Work ☐Yes ☐N/A
F- Casual labor ☐Yes ☐N/A
Audit Worksheets
Click “View” under Audit Worksheet to view those documents.

### EXECUTIVE OFFICERS

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Gross Payroll</th>
<th>Amt. Included</th>
<th>Code</th>
<th>Description Of Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td>45,000</td>
<td>45,000</td>
<td>8808</td>
<td>Office Admin and Management</td>
</tr>
</tbody>
</table>

### PAYROLL DETAILS

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>(+/-) Total</td>
<td>(-)</td>
<td>(-)</td>
<td>(-)</td>
<td>(-)</td>
<td>(-)</td>
<td>(-)</td>
<td></td>
</tr>
<tr>
<td>Class Code</td>
<td>9501</td>
<td>9501</td>
<td>9501</td>
<td>9501</td>
<td>9501</td>
<td>9501</td>
<td></td>
</tr>
<tr>
<td>Territory</td>
<td>T9</td>
<td>T9</td>
<td>T9</td>
<td>T9</td>
<td>T9</td>
<td>T9</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name/Desc</td>
<td>JOHN ACME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>reclassified from managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>customer relation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>admin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul 2014</td>
<td>$512,399</td>
<td>$0</td>
<td>$19,320</td>
<td>$46,123</td>
<td>$21,244</td>
<td>$19,204</td>
<td></td>
</tr>
<tr>
<td>Aug 2014</td>
<td>$651,706</td>
<td>$0</td>
<td>$24,038</td>
<td>$39,000</td>
<td>$26,875</td>
<td>$21,430</td>
<td></td>
</tr>
<tr>
<td>Sept 2014</td>
<td>$645,462</td>
<td>$0</td>
<td>$41,665</td>
<td>$39,577</td>
<td>$34,576</td>
<td>$24,722</td>
<td></td>
</tr>
<tr>
<td>Oct 2014</td>
<td>$539,676</td>
<td>$0</td>
<td>$19,320</td>
<td>$22,367</td>
<td>$35,840</td>
<td>$18,196</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$2,253,638</td>
<td>$0</td>
<td>$104,343</td>
<td>$164,700</td>
<td>$95,062</td>
<td>$109,196</td>
<td></td>
</tr>
<tr>
<td>Officers Adjust</td>
<td>$34,240</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Adjust.</td>
<td>$32,940</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cons. F.L.</td>
<td>$32,940</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge</td>
<td>$32,940</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RECONCILIATION

<table>
<thead>
<tr>
<th>Terr.</th>
<th>Code</th>
<th>Fed</th>
<th>Rated As</th>
<th>Payroll</th>
<th>Description</th>
<th>Values</th>
<th>Description</th>
<th>Reports</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>9501</td>
<td>N</td>
<td></td>
<td>$933,452</td>
<td>Total summary payroll</td>
<td>$2,224,158</td>
<td>3q14</td>
<td>$1,818,707</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9809</td>
<td>N</td>
<td></td>
<td>$34,200</td>
<td>Prior period</td>
<td>$9</td>
<td>oct 2014</td>
<td>$539,676</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9810</td>
<td>N</td>
<td></td>
<td>$311,271</td>
<td>Subsequent period</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>8742</td>
<td>N</td>
<td></td>
<td>$93,843</td>
<td>Adjustment for Class [8501]</td>
<td>$7,696</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>4541</td>
<td>N</td>
<td></td>
<td>$154,708</td>
<td>John Acme. president</td>
<td>$70,143</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>3372</td>
<td>N</td>
<td></td>
<td>$116,968</td>
<td>Adjustment for Class [8810]</td>
<td>$32,968</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjustment for Class [8742]</td>
<td>$1,219</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjustment for Class [4541]</td>
<td>$4,125</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjustment for Class [3372]</td>
<td>$33,078</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Endorsements

Clicking on the Endorsement Name will display the endorsement text.

Choose the “List of All Endorsements” button to display the full list.
NYCIRB Rating Data

Enter the policy number. Submit.

Click any of the entries in the Sheet# column to view the NYCIRB data for that entity and time period.
Pending Cancellations

Choose your NYSIF Rep Number. This will return a listing of all pending cancellations associated with your rep number.

Policies with upcoming cancellations will display the following information: Policy Number, Name of Assured, Cancellation Processing Date - when the policy will be cancelled if no action is taken, Cancellation Amount - the amount due to avoid cancellation, Bill Number, Premium, Name and Phone.

Policy Information

Search by Policy Number or Rating Board Number. Your search will return policyholder information, shown below, as well as additional tabs displaying policy period, pay class, entity and locations.
Renewals

Enter the policy number. Submit.

Policy Renewal System

- Policy Number: L 0123456-7
- Status: ACTIVE
- Renewal Periods: 03/31/2017
- Name: TESTING POLICY
- Group: 90
- Representative: TEST BROKERAGE, LLC

Policy Number: 0123456-7
Renewal Date: 03/31/2017
End Date: 03/31/2018
Rating Date: N/A
Pay Plan: Quarterly
Audit Plan: Annual
Base SIF Modification: N/A

EXP MOD: N/A
Group Number: 90
Messages: N/A
WPS Surcharge(9747): 0
Status: Billed

Renewal Process Date: 02/09/2017
Factor Compute Date: 12/28/2016
Bill Date: N/A
Review Code: N/A
Classes: 1
Exposure: $50,400.00
WPS Credit(9748): 0

Deduct Amount: 0
Hazard Code: 05
Retro Waiver: N/A
Equity: N/A
Longevity: N/A
Safety: 0

Classes & Payroll

<table>
<thead>
<tr>
<th>Line</th>
<th>Class Code</th>
<th>Class Description</th>
<th>Region</th>
<th>Payroll</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9023</td>
<td>BUILDING OPER DWELLING NOC ETC-U</td>
<td>F</td>
<td>$50,400.00</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Renewal Parameters

<table>
<thead>
<tr>
<th>Inception</th>
<th>03/15/2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry</td>
<td>Y</td>
</tr>
<tr>
<td>Group</td>
<td>90</td>
</tr>
<tr>
<td>Location</td>
<td>5</td>
</tr>
<tr>
<td>Entities</td>
<td>3</td>
</tr>
<tr>
<td>Certificates</td>
<td>0</td>
</tr>
<tr>
<td>Cancellation (Non-Payment)</td>
<td>0</td>
</tr>
<tr>
<td>Est Audits</td>
<td>0</td>
</tr>
<tr>
<td>Bad Checks</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renewal Date</th>
<th>03/31/2017</th>
<th>03/31/2015</th>
<th>03/31/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium(SF)</td>
<td>$3,331.20</td>
<td>$3,403.51</td>
<td>$3,493.51</td>
</tr>
<tr>
<td>Audit Plan</td>
<td>Annual</td>
<td>Annual</td>
<td>Annual</td>
</tr>
<tr>
<td>Bill Plan</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>SIF MOD, EXP1, EXP2</td>
<td>90, N/A, N/A</td>
<td>90, N/A, N/A</td>
<td>90, N/A, N/A</td>
</tr>
<tr>
<td>Rating Date</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Claims</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Exec 8099 Claims</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Comp</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Medical</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Losses</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Report Requests

Select a report from the Report Name list.

Enter the parameters, if applicable.

- Some reports will download and others will open in a new window.
- Once saved, the file can be re-opened in a browser or other application (Excel, for example) for printing or review.
- Some reports may take up to two hours to generate; you will be notified via email.

Policy list of a rep:

The Certificate List of a Rep/Policy was updated to display the renewal plan option by adding the fields “Renew into Future Period Flag,” which will be flagged “Y” if an automatic renewal has been selected, and “Renewal End Date” to display the end date of the automatic renewal.
## Accident Analysis Report

New York State Insurance Fund

**Assured:**
ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 11111

**Policy #:** 01234567
**Group:** 50
**County:** Suffolk
**Locations:** 2
**Entities:** 1

**Representative Brokers, Inc.**

**Process Date:** 02/05/2010

<table>
<thead>
<tr>
<th>Kind of Injury</th>
<th>Count</th>
<th>Kind of Injury</th>
<th>Count</th>
<th>Kind of Injury</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contusion</td>
<td>4</td>
<td>Swelling</td>
<td>1</td>
<td>Speech/Hea</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Count</th>
<th>Cause of Injury</th>
<th>Count</th>
<th>Cause of Injury</th>
<th>Count</th>
<th>Cause of Injury</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall/Slip/Trip</td>
<td>1</td>
<td>Struck/Caught</td>
<td>1</td>
<td>Struck/By</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech/Crime</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part of Body</th>
<th>Count</th>
<th>Part of Body</th>
<th>Count</th>
<th>Part of Body</th>
<th>Count</th>
<th>Part of Body</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back</td>
<td>5</td>
<td>Shoulder/Right</td>
<td>1</td>
<td>Thigh/Left</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Count</th>
<th>Occupation</th>
<th>Count</th>
<th>Occupation</th>
<th>Count</th>
<th>Occupation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electroplate</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gauze/Hand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drowning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNCLASSIFIED</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Month | Count | Month | Count | Month | Count | Month | Count | Month | Count | Month | Count | Month | Count | Month | Count | Month | Count | Month | Count |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| JAN   | 2     | FEB   |      | MAR   | 1     | APR   | 1     | MAY   | 0     | JUN   | 0     | JUL   | 1     | AUG   | 1     | SEP   | 9     | OCT   | 2     | NOV   | 9     | DEC   | 0     |
| TOTAL | 7     |       |      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

## Loss Run Report by Rep

New York State Insurance Fund

WCLAIM/180/01
REP INQUIRY 012345

**Policy No.:** 01234567
**Claim No.:** 01234567
**Unit Claimant:** ACME FENCE CO

<table>
<thead>
<tr>
<th>ACC Date</th>
<th>JCK</th>
<th>Comp Inc</th>
<th>Med Inc</th>
<th>$ Comp</th>
<th>Med Pd</th>
<th>Med Pd</th>
<th>POL Date</th>
<th>Pay Class</th>
<th>Inc</th>
<th>Pay T C Doc</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/10/2016</td>
<td>T</td>
<td>230.67</td>
<td>270.14</td>
<td>0</td>
<td>230.67</td>
<td>270.14</td>
<td>07/01/2016</td>
<td>9030</td>
<td>02/2010 0</td>
<td></td>
</tr>
<tr>
<td>10/07/2016</td>
<td>T</td>
<td>282.78</td>
<td>0</td>
<td>0</td>
<td>282.78</td>
<td>0</td>
<td>07/01/2016</td>
<td>3726</td>
<td>02/2017 0</td>
<td></td>
</tr>
<tr>
<td>10/21/2016</td>
<td>T</td>
<td>630.00</td>
<td>0</td>
<td>0</td>
<td>630.00</td>
<td>0</td>
<td>07/01/2016</td>
<td>9030</td>
<td>02/2017 0</td>
<td></td>
</tr>
<tr>
<td>07/26/2017</td>
<td>M</td>
<td>62,684.00</td>
<td>50,000.00</td>
<td>1</td>
<td>62,684.00</td>
<td>50,000.00</td>
<td>07/01/2017</td>
<td>4229</td>
<td>01/2016 0</td>
<td></td>
</tr>
<tr>
<td>08/21/2017</td>
<td>M</td>
<td>29,453.00</td>
<td>19,500.00</td>
<td>1</td>
<td>9,000.00</td>
<td>19,500.00</td>
<td>07/01/2017</td>
<td>9030</td>
<td>01/2018 0</td>
<td></td>
</tr>
<tr>
<td>10/16/2017</td>
<td>T</td>
<td>9030.00</td>
<td>9,050.00</td>
<td>1</td>
<td>9030.00</td>
<td>9,050.00</td>
<td>07/01/2017</td>
<td>9030</td>
<td>01/2018 0</td>
<td></td>
</tr>
<tr>
<td>10/15/2017</td>
<td>T</td>
<td>9030.00</td>
<td>9,050.00</td>
<td>1</td>
<td>9030.00</td>
<td>9,050.00</td>
<td>07/01/2017</td>
<td>9030</td>
<td>01/2018 0</td>
<td></td>
</tr>
<tr>
<td>11/16/2017</td>
<td>M</td>
<td>20,576.00</td>
<td>5,000.00</td>
<td>1</td>
<td>7,360.00</td>
<td>5,000.00</td>
<td>07/01/2017</td>
<td>9030</td>
<td>01/2018 0</td>
<td></td>
</tr>
<tr>
<td>11/27/2017</td>
<td>M</td>
<td>67,060.00</td>
<td>9,050.00</td>
<td>1</td>
<td>67,060.00</td>
<td>9,050.00</td>
<td>07/01/2017</td>
<td>4229</td>
<td>01/2018 0</td>
<td></td>
</tr>
</tbody>
</table>

**Policy Total:** 9

## Loss Run Report by Policy

New York State Insurance Fund

WCLAIM/180/01
POLICY INQUIRY 012345

**Claim No.:** 01234567
**Unit Claimant:** ACME FENCE CO

<table>
<thead>
<tr>
<th>ACC Date</th>
<th>JCK</th>
<th>Comp Inc</th>
<th>Med Inc</th>
<th>$ Comp</th>
<th>Med Pd</th>
<th>Med Pd</th>
<th>POL Date</th>
<th>Pay Class</th>
<th>Inc</th>
<th>Pay T C Doc</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/26/2016</td>
<td>T</td>
<td>1,360.00</td>
<td>1,752.78</td>
<td>0</td>
<td>1,850.00</td>
<td>1,752.78</td>
<td>07/01/2016</td>
<td>4229</td>
<td>01/2016 0</td>
<td></td>
</tr>
<tr>
<td>08/03/2016</td>
<td>X</td>
<td>1,737.15</td>
<td>0</td>
<td>0</td>
<td>1,737.15</td>
<td>0</td>
<td>07/01/2016</td>
<td>4229</td>
<td>01/2016 0</td>
<td></td>
</tr>
<tr>
<td>11/30/2016</td>
<td>M</td>
<td>19,029.00</td>
<td>8,000.00</td>
<td>3</td>
<td>7,167.53</td>
<td>8,000.00</td>
<td>07/01/2016</td>
<td>4229</td>
<td>01/2016 0</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** 1

<table>
<thead>
<tr>
<th>Claim No.</th>
<th>Unit</th>
<th>Claimant</th>
<th>Acc Date</th>
<th>JCK</th>
<th>Comp Inc</th>
<th>Med Inc</th>
<th>Status</th>
<th>Comp Pd</th>
<th>Med Pd</th>
<th>POL Date</th>
<th>GRP</th>
<th>Pay Class</th>
<th>Inc</th>
<th>Pay T C Doc</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111111111</td>
<td>Z</td>
<td>07/19/2015</td>
<td>0.00</td>
<td>216.00</td>
<td>0</td>
<td>0</td>
<td>210.00</td>
<td>0</td>
<td>07/01/2015</td>
<td>7380</td>
<td>01/2016 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0000000000</td>
<td>X</td>
<td>06/24/2016</td>
<td>0.00</td>
<td>216.00</td>
<td>0</td>
<td>0</td>
<td>210.00</td>
<td>0</td>
<td>07/01/2016</td>
<td>4558</td>
<td>01/2016 0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No of Claims for this Policy: 2
The recap sheet will provide information in the following categories for the period you choose:

- Summary of policy information
- Reported payroll for the period
- Endorsements
- Claims
- Included locations
- Excluded locations
- Entities
- Certificates sent

### SUMMARY OF POLICY INFORMATION

<table>
<thead>
<tr>
<th>Issued: 02/08/2018</th>
<th>Policy Period: 02/04/2014 to 02/06/2018</th>
<th>Policy No: 01234567</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assured: ACME FENCE CO</td>
<td>Audit at NYSIF TESTING &amp; CPAs</td>
<td>Group: 90</td>
</tr>
<tr>
<td>Address: 123 MAIN STREET ANYTOWN, NY 12345</td>
<td></td>
<td>Industry Code: A</td>
</tr>
<tr>
<td>Principal: JOHN BROWN</td>
<td>Representative: NYSIF / PHS / STATEWIDE SVCS</td>
<td>Governing Code: 8810</td>
</tr>
<tr>
<td>FEIN: 999999999</td>
<td>SIF District: L</td>
<td>RIB Mod: N/A</td>
</tr>
<tr>
<td>PAD Unit: L</td>
<td>SIF Mod: 95</td>
<td>Est. Premium: $ 9,108.23</td>
</tr>
<tr>
<td>Rating Date: N/A</td>
<td>Construction Mod: N/A</td>
<td>Billing Plan: Monthly</td>
</tr>
<tr>
<td></td>
<td>Policy is Not Rated</td>
<td>Inception: 11/30/1999</td>
</tr>
<tr>
<td></td>
<td>Bill to: 11/30/2016</td>
<td>Next Ann: 11/30/2019</td>
</tr>
</tbody>
</table>

### PERIODS

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Rate</th>
<th>Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>0810</td>
<td>CLERICAL OFFICE EMPLOYEES NOC-US0.20</td>
<td>$3,072,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**PRESENT BILL:**

**PRIOR FULLY BILLED PERIOD WAS REPORTED:** 11/30/2015 to 11/30/2016

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Rate</th>
<th>Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>0810</td>
<td>CLERICAL OFFICE EMPLOYEES NOC-US0.25</td>
<td>$2,048,000.00</td>
<td></td>
</tr>
</tbody>
</table>

### ENDORSEMENTS

<table>
<thead>
<tr>
<th>Number</th>
<th>Start Date</th>
<th>End Date</th>
<th>Endorsement Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>12/07/1999</td>
<td></td>
<td>SPECIAL ENDORSEMENT (EXCLUDING COVERAGE) COVERAGE UNDER THIS POLICY IS EXCLUDED FOR ANY AND ALL ENTITIES. THE DOCUMENTS ISSUED UNDER THIS POLICY NUMBER ARE FOR TEST PURPOSES ONLY AND PROVIDE NO INSURANCE COVERAGE WHATSOEVER.</td>
</tr>
<tr>
<td>90</td>
<td>07/15/2010</td>
<td></td>
<td>INDIVIDUAL / CO-PARTNER INCLUSION NEW YORK SOLE PROPRIETORS, PARTNERS AND MEMBERS OF LIMITED LIABILITY COMPANIES COVERAGE ENDORSEMENT YOU HAVE ELECTED TO MAKE EACH PERSON NAMED IN THE SCHEDULE SUBJECT TO THE NEW YORK WORKERS' COMPENSATION LAW. THIS POLICY COVERS YOU WITH RESPECT TO BODILY INJURY SUSTAINED BY SUCH PERSONS UNDER &quot;PART ONE - WORKERS' COMPENSATION INSURANCE&quot; BUT NOT UNDER &quot;PART TWO - EMPLOYERS' LIABILITY INSURANCE&quot;. THE PREMIUM BASES OF THE</td>
</tr>
</tbody>
</table>
DP-203 Report for a Policy

Assured: ACM Fence Company
123 Main Street
Anytown, NY 10000
Tel: 516-555-1111

Policy #: 12345678
Gov: 0022
Group: 10
County: Nassau
Location: 1

Estimated Annual Premium: 66,466.19

Actual Losses

<table>
<thead>
<tr>
<th>Date</th>
<th>Claim No</th>
<th>Actual Incurred Losses</th>
<th>Primary Actual Losses</th>
<th>Minor Loss Totals</th>
<th>Policy Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/11</td>
<td>64727296</td>
<td>50,591</td>
<td>10,000</td>
<td>0</td>
<td>516 143-2</td>
</tr>
</tbody>
</table>

Expected Losses

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Policy Year</th>
<th>Payroll</th>
<th>Expected Loss Rate</th>
<th>Expected Losses</th>
<th>D Ratio</th>
<th>Primary Exp. Losses</th>
<th>Policy Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>553B</td>
<td>01/01/2012</td>
<td>46,637</td>
<td>5.26</td>
<td>5,875</td>
<td>0.20</td>
<td>1,704</td>
<td>519 143-2</td>
</tr>
<tr>
<td>553B</td>
<td>01/01/2011</td>
<td>62,073</td>
<td>11.43</td>
<td>27,005</td>
<td>0.15</td>
<td>4,051</td>
<td>519 143-2</td>
</tr>
<tr>
<td>554B</td>
<td>01/01/2012</td>
<td>130,259</td>
<td>9.20</td>
<td>1,200</td>
<td>0.14</td>
<td>108</td>
<td>519 143-2</td>
</tr>
<tr>
<td>554B</td>
<td>01/01/2011</td>
<td>106,014</td>
<td>11.43</td>
<td>11,535</td>
<td>0.35</td>
<td>3,073</td>
<td>519 143-2</td>
</tr>
</tbody>
</table>

Expected Excess: 28,576
35,193
8,174

New York State Insurance Fund
DP-203 Report for Policy #: 12345678

Assured: ACM Fence Company
123 Main Street
Anytown, NY 10000
Tel: 516-555-1111

Policy #: 12345678
Gov: 0022
Group: 10
County: Nassau
Location: 1
Entity: 1

Claim: 967643
Claim #: 127
Claim #: 522
Name: SMITH, MICHAEL
Date: 09/07/2013
\(29\)\(2\)\(14\)
Accident: 009
Cause: 009
Inj: 00
Payment: 00
Incurred Costs: 00
Status: 0

Period: From 04/01/2010 To 04/01/2010

- Earned Premium: 96,271
- Exp.: 74,968
- S.F.: 121
- No. of Claims: 0
- Incurred Losses: 0
- Total Loss: 0

*For this period and all prior periods, the assessment charge is included in the SIF Level Earned Premium. All future periods will not include the assessment charge.

Start Date: 04/01/2010
End Date: 04/01/2010

Payroll Information:
- MASONRY N.O.C.: 499,142
- EXECUTIVE OFFICERS N.O.C.: 160,000
- DRIVERS CHAUFF: 151,007

This Policy includes the following active locations:
- 123 Main Street

This Policy includes the following active entities:
- ACM Fence Company

The above policy is combined with the following active policies:
- ACM Fence Company
- Farm Fencing, Inc.
Enhanced Loss Run Report

Enter your parameters. You must choose either “Loss Run” or “Percentage Analysis” for the report output.

Loss Run, No Totals Example:

Percentage Analysis Example:
Statement of Account

Your statement of account displays billing transactions, including the latest renewal bill and deposit premium of a period.

Choose **Other Options** to search and view by transaction code. Common transaction codes include:

- 312: Payment
- 464: Service Charge
- 532: Rebill
- 542: Experience Modification Endorsement
- 560: Audit
- 562: Installment billed
- EP: Earned premium transactions
- AP: Advanced premium transactions
- Factor: Experience modification transaction
**Unit Stat Inquiry System**

For each of the queries available, enter your policy number, the policy period start date you are seeking and filter as needed.

**UNIT STAT INQUIRY SYSTEM**

*Inquiry Type*

- **PREMIUMS OF POLICY PERIOD**
- **CLASS EXPOSURES OF POLICY PERIOD**
- **ALL CLAIMS IN POLICY PERIOD**
- **ALL REPORTS OF A CLAIM NUMBER**

**Unit Stat Report For ACME FENCE CO**

- **Policy Number**: 0123456-7
- **Period Start Date**: 07/01/2014
- **Rating Board**: 000000
- **Name**: ACME FENCE CO, INC
- **Address**: 123 MAIN STREET, ANYTOWN, NY 00000
- **Governing Class**: 9501

**Last Bill**

- **Date**: 03/31/2016
- **Rating Date**: 07/01/2014
- **Termination Date**: N/A

**Fully Billed**

- **Manual First Half**: $72,426
- **Manual Second Half**: $109,551
- **Rating Board**: 000000
- **State Fund**: 90
- **Loss & Expense**: 55

**Unit Stat Report For ACME FENCE CO**

<table>
<thead>
<tr>
<th>Class</th>
<th>Rate</th>
<th>Payroll</th>
<th>Premium</th>
<th>Report</th>
<th>Report Date</th>
<th>Sequence Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>900</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$250.00</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
<tr>
<td>3372</td>
<td>$5.42</td>
<td>$1,147,153.00</td>
<td>$62,175.69</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
<tr>
<td>4511</td>
<td>$1.03</td>
<td>$1,083,424.00</td>
<td>$11,159.27</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
<tr>
<td>6910</td>
<td>$0.26</td>
<td>$860,690.00</td>
<td>$2,289.79</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
<tr>
<td>9501</td>
<td>$2.66</td>
<td>$2,923,761.00</td>
<td>$77,772.04</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
<tr>
<td>9740</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$3,432.76</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
<tr>
<td>9741</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$599.27</td>
<td>1</td>
<td>10/01/2015</td>
<td>1</td>
<td>Class/Prem Trans Generated</td>
</tr>
</tbody>
</table>
Upload Audit Documents

Representatives and policyholders can securely upload financial records to nysif.com in lieu of an on-premise audit. All you need is a policy number and the audit number or appointment ID to get started.

Policies you represent have been linked to your online account, allowing the Policy Number field to auto-populate the policies for which you serve as manager.

Choose Upload Audit Documents from your landing page.

On the Audit Upload screen, enter the first one or two numbers of the policy for which you plan to upload audit documents. The Policy Number field will display a dropdown menu of all of your policies beginning with that number(s), allowing you to quickly and easily choose the one you need.

You can find your appointment ID or audit number on your audit correspondence from NYSIF.
You must complete the captcha test before progressing to the next screen.
All fields on this page are required. Click “Next.”

Complete the fields on this page. If additional officers/owners need to be added, please choose “Add another.” Click “Next,” and you will be directed to the upload screen.
Choose the document type you’d like to upload. Browse to the appropriate file location on your computer. Click “Add File.”

Please note:
- You may upload a maximum of 30 files.
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx
Repeat for additional documents.

Once you are ready to submit your documents, choose “Yes” and then “Upload Files.”

Please do not close your browser until the upload is complete.
Once the upload is complete, the user will see a confirmation screen.

The user will also receive a confirmation email with the list of documents that were uploaded. The new application securely delivers your audit documents to the appropriate NYSIF auditor.
Disability Benefits & PFL Broker/Agent Account

DB representatives should visit nysif.com to create an account.

Once successfully logged in, you will view information about your online account and a listing of policies you represent.

To see menu options, click the “DBL Links” drop-down in the upper right corner.

To view details of a particular policy, click View Details.

From this policy home page, you can access information about that particular policy, including a claims payment summary and a certificate of insurance.
Get a DB/ PFL Quote

Choose Obtain a Quote. (While NYSIF offers a gender-neutral price for disability benefits coverage, statutory reporting mandates require NYSIF collect this information.)
2. Payroll Information

Your reference number is 012345

Please save this reference number, you will need it should you wish to revisit your quote.

Premium is determined based upon the level of coverage chosen. NYSIF allows policyholders to choose the level of claim benefit for their employees.

- Statutory Benefit Coverage
  50% of average weekly wage up to $170 per week. (Minimum required New York State disability benefits insurance)
- Enriched Benefit Coverage
  Provides greater disability claim benefits to qualified employees while satisfying the New York statutory requirement.

Disability Benefits (DB)

**Males**

Number of Covered Employees

\[3\]

Total Wages for All Employees

\[53040\]

Subject to an annual cap of $17680, per employee

Total Gross Annual Payroll

\[500000\]

**Females**

Number of Covered Employees

\[8\]

Total Wages for All Employees

\[133760\]

Subject to an annual cap of $17680, per employee

Total Gross Annual Payroll

\[710000\]

Paid Family Leave (PFL)

**Males**

Number of Covered Male Employees

\[0\]

Total Wages for All Covered Male Employees

\[0\]

(Subject to an annual cap of PFL $70569.72, per employee)

**Females**

Number of Covered Female Employees

\[0\]

Total Wages for All Covered Female Employees

\[0\]

(Subject to an annual cap of PFL $70569.72, per employee)

3. View Quote

Here is your Quote for NYSIF Disability and Paid Family Leave Benefits Insurance

Your reference number is 012345. Please use this number when referencing your quote.

The annual premium for a policy is based on the total estimated annual gross capped wages for all employees.

The estimated premium in this quote is based upon the information entered in your quote request and may change based upon the actual payroll. A premium differential may be applied to the Disability portion of your policy when annual disability claims history is greater than the estimated annual premium.
Retrieve a Quote

Visit [https://www.nysif.com/DBL/Quote/Default.aspx](https://www.nysif.com/DBL/Quote/Default.aspx). Enter the reference number you were given when you began the quote process, along with your email.

You will be taken to Step 3, shown above, to complete your quote or application.
Apply for a DB/ PFL Policy

New York State Disability and Paid Family Leave Benefits Application

1. Employer Information

Your reference number is 012345.

Legal Business Name*
NYSIF TESTING, INC.

Federal Tax ID. If you do not have one, enter your SSN*.

Trade Name or Doing Business As Name

Business Address must use New York State address, no P.O. boxes.*
15 COMPUTER DRIVE WEST

City, State, Zip, Country*
Albany NY 12206 USA

Contact Information*
MARY TESTER 1234567890 TESTING@NYSIF.COM

Mailing Address (if different than above)

Select Country
Select A Country

Address

City, State, Zip, Country

Policy Inception Date

Future Inception Date*
12/06/2017

Note: Policy Inception Date will be 12:01 A.M. Eastern Standard Time following the postmark date or online submission date, unless a future date is indicated.

Legal Entity Type

Business Type*
☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Partnership ☐ LLP ☐ Union ☐ Other

Are you a Not For Profit Corporation?*
☐ Yes ☐ No

Nature Of Business
Testing software

Standard Industrial Classification (SIC) Code

Do you have additional entities to add to this policy?
☐ Yes ☐ No
3. Coverage Information

Your reference number is 012345.

Does your organization desire all employees and corporate officers (officers applicable only to Corporations) working in New York State, as defined in and subject to New York State Disability Benefits Law, to be covered under this NYSIF Disability Benefits Insurance Policy?

☐ Yes  ☐ No

Current Insurance Provider Information (if applicable)

Name of current Workers' Compensation insurance provider

Name of current Disability Benefits insurance provider

Dollar amount of Disability claims in the last 3 years

4. Payroll Information

Your reference number is 012345.

Coverage Options For Disability Claim Benefit Levels

Premium is determined based upon the level of coverage chosen. NYSIF allows policyholders to choose the level of claim benefit for their employees.  

☐ Statutory Benefit Coverage-50% of average weekly wages up to $170 per week (minimum required New York State disability benefits insurance)  

☐ Enriched Benefit Coverage-Indicate desired multiple of the statutory benefit: 1.5x, 2x, 2.5x, 3x, 4x, 5x (provides greater disability claim benefits to qualified employees while satisfying the New York statutory requirement)

Employee Contributions for Disability Benefits only

Indicate whether employees contribute to disability benefits (DB) Insurance premium (do not include contributions toward Paid Family Leave):

☐ No, they do not contribute to DB Insurance premium  

☐ Yes, they contribute to DB Insurance premium

Employers providing disability benefits insurance are entitled to withhold at a rate limited to 1/2 of 1 percent of the weekly wage of the employee (not to exceed $0.60 per week for statutory benefits). Employers providing enriched benefits coverage are entitled to an employee contribution reasonably related to the value of benefits.

Disability Benefits (DB)

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Covered Employees</td>
<td>8</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Wages for All Employees</td>
<td>53040</td>
</tr>
<tr>
<td>Subject to an annual cap of $7680 per employee</td>
<td></td>
</tr>
<tr>
<td>Total Gross Annual Payroll</td>
<td>500000</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Wages for All Employees</td>
<td>133760</td>
</tr>
<tr>
<td>Subject to an annual cap of $7680 per employee</td>
<td></td>
</tr>
<tr>
<td>Total Gross Annual Payroll</td>
<td>710000</td>
</tr>
</tbody>
</table>
Paid Family Leave (PFL)

Males

Number of Covered Male Employees
0

Total Wages for All Covered Male Employees
$ 0

(Figure to an annual cap of PFL $70569.72, per employee)

Females

Number of Covered Female Employees
0

Total Wages for All Covered Female Employees
$ 0

(Figure to an annual cap of PFL $70569.72, per employee)

Do you wish to list a broker?

☐ Yes
☐ No

6. Corporate Officers, Owners, Partners, or Members of the Organization

List all Corporate Officers, Owners, Sole Proprietors, Partners, Members or Authorized Representatives of the Organization. This information is also required if the individuals reside Out-of-State. Your reference number is 012345.

Officer 1

Country
USA

Home Address (P.O. Box is not acceptable)
123 MAIN STREET

City, State, Zip, Country*
ALBANY NEW YORK 12208 USA

Contact Information*
MARY TESTER CEO TESTING@NYSIF.COM

Covered In Policy?

☐ Yes ☐ No

NOTE: To submit this document online, instead of by mail, you must respond to identity affirming questions posed on the Docusign website. If you do not wish to respond to these questions, please submit this form by mail. All applications must be submitted by an officer or owner of the business.

I agree to the New York State Insurance Fund User Agreement and Privacy Policy

Print Application For Mailing  Submit Application Online
Policyholder Services

Use the DBL Links menu at the top to choose “Create a certificate.”

Certificates (Create & Validate)

Create a certificate:
Select “Entity Name” from the drop down. If a DBA is listed on the policy and you would like it listed on the certificate, please select DBA from the DBA dropdown. Enter name and address of the certificate holder. Click “Preview Certificate.” If all information is correct, save or print.

(If you do not see the certificate after choosing “Preview,” please minimize the current window as it may have displayed behind your open browser.)
Validate a Certificate

Visit nysif.com, choose Employer, and choose Validate a Disability Benefits Certificate. You can also save this link as a bookmark for direct access: https://nysif.com/DBL/Tools/Validate/Certificate.aspx.

If the policy is not valid, a message will be returned stating:

Document Retrieval

Expand the Documents box to view the Document Retrieval link. Choosing this link will direct you to a drop-down that will display your DB Info Pages and DB monthly bills. (If you have a consolidated online account, you will also see your workers’ compensation documents, as in the example shown.)
## Info Pages:

To search documents, select document type, group number and/or NYSIF policy number, and date range, then click Search Documents.

<table>
<thead>
<tr>
<th>Envelope ID</th>
<th>Transaction Date</th>
<th>Category</th>
<th>Details Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>67674966</td>
<td>01/08/2019</td>
<td>DB Payroll Reports</td>
<td>DB Online Payroll Report Reminder v.2 DB Payroll Reports</td>
</tr>
<tr>
<td>66836365</td>
<td>10/22/2019</td>
<td>DB Endorsement</td>
<td>DB Standalone Endorsement v.2 DB Endorsements ASD</td>
</tr>
<tr>
<td>66322080</td>
<td>09/18/2019</td>
<td>DB Renewals</td>
<td>DB Info - Renewals ASD</td>
</tr>
<tr>
<td>66322080</td>
<td>09/18/2019</td>
<td>DB New Policy</td>
<td>DB Info - Renewals ASD</td>
</tr>
</tbody>
</table>

## DB Bills

To search documents, select document type, group number and/or NYSIF policy number, and date range, then click Search Documents.

<table>
<thead>
<tr>
<th>Envelope ID</th>
<th>Transaction Date</th>
<th>Category</th>
<th>Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71276729</td>
<td>06/02/2020</td>
<td>Other</td>
<td>DBL Monthly Bill v3</td>
<td>DBL Bills Sample Monthly</td>
</tr>
<tr>
<td>66540376</td>
<td>10/02/2019</td>
<td>Other</td>
<td>DBL Monthly Bill v3</td>
<td>DBL Bills Sample Monthly</td>
</tr>
<tr>
<td>61574960</td>
<td>02/02/2019</td>
<td>Other</td>
<td>DBL Monthly Bill v1</td>
<td>DBL Monthly Bill</td>
</tr>
<tr>
<td>69554558</td>
<td>01/02/2019</td>
<td>Other</td>
<td>New Bills &quot;To Hero&quot; Flyer DBL Monthly Bill v1</td>
<td>DBL Monthly Bill</td>
</tr>
<tr>
<td>59681720</td>
<td>10/02/2018</td>
<td>Other</td>
<td>DBL Monthly Bill v1</td>
<td>DBL Monthly Bill</td>
</tr>
</tbody>
</table>
Report Payroll

Choose Report Payroll from your menu. Choose the policy period and click “View Report.”

Calculating Wages: The capped wage* for an employee is limited to a maximum of $17,680 per year. If an employee's annual wage is less than $17,680, please use the employee's actual wages.

**Example:** A business has three (3) male employees during the year: Two (2) of them earn more than $17,680 per year and one (1) earns $13,000 per year. Total capped wages would be $48,360 ($17,680 + $17,680 + $13,000 = $48,360).

*If your policy has enriched benefit coverage, multiply $17,680 by the enrichment factor (1.5, 2, 2.5, 3, 4 or 5) for the limited capped wage amount.

(b) Limited Wages
- Enter the total number of male employees covered for the period indicated
- Enter the total capped wages for male employees covered for the period indicated
- Enter the total number of female employees covered for the period indicated
- Enter the total capped wages for female employees covered for the period indicated

Section II – Paid Family Leave
Calculating Wages:

- For periods in 2019, the capped wages are limited to a maximum of $1,357.11 per week per employee.
- For periods in 2020, the capped wages are limited to a maximum of $1,401.17 per week per employee.
- If an employee's weekly wage is less than either cap, please use the employee's actual wages. Multiply capped weekly wages by the number of weeks in the indicated period.

**Example A:** A business has three (3) female employees during a 48-week period: Two (2) of them earn more than $1,357.11 per week and one (1) earns $1,000 per week. Total capped wages would be $178,282.56 ($1,357.11 + $1,357.11 + $1,000 = $3,714.22 x 48 weeks = $178,282.56).

**Example B:** A business has three (3) male employees during a 4-week period: Two (2) of them earn more than $1,401.17 per week and one (1) earns $1,000 per week. Total capped wages would be $15,209.36 ($1,401.17 + $1,401.17 + $1,000 = $3,802.34 x 4 weeks = $15,209.36).

(b) Payroll Deductions
Choose the appropriate box.

III. Certification
Choose accept or decline, complete the fields and submit your payroll report.
Estimate Premium

Use our premium calculator to estimate a policy’s premium.

Premium Calculator

Disability Payroll

STATUTORY
Disability insurance claim benefits equal ½ the average weekly wage of the employee, up to a maximum of $170 per week for 26 weeks (if required) within a 52 week period.

ENRICHED
Disability insurance claim benefits equal ½ the average weekly wage of the employee, for the “Selection of Coverage” at the “Maximum Weekly Claim Benefit”, for 26 weeks (if required) within a 52 week period.

Choose One

- Statutory Benefit Coverage (minimum required New York State disability benefits insurance)
- Enriched Benefit Coverage

Male

Enter number of covered employees

Enter limited* employee wages

Female

Enter number of covered employees

Enter limited* employee wages

*Annual premium for Disability Benefits Insurance is calculated based on an employee’s estimated annual wages. Wages are limited to the first $17,680 each employee earns during a policy period. If an employee is expected to earn less than $17,680 during the policy period, then the lower amount should be provided. If an employee is expected to earn more than $17,680, then only the first $17,680 of their wages should be provided.

Paid Family Leave (PFL) Payroll

Male

Enter number of covered employees

Enter limited** annual wages

Female

Enter number of covered employees

Enter limited** annual wages

**Annual premium for Paid Family Leave coverage is calculated based on an employee’s estimated annual wages. For 2019, annual wages are limited to the first $17,680 each employee earns. If an employee is expected to earn less than $17,680 annually, then the lower amount should be provided. If an employee is expected to earn more than $17,680 annually, then only the first $17,680 of their wages should be provided.
Claims Services

Claims Payment Report

DB representatives can access a claims summary for a policy by choosing "Claims Payment Report" from your menu. Enter the beginning and end dates for the period needed and run the report with a single click. A spreadsheet will be generated containing claimant and payment data, including start and end dates.

Claims payment information is provided to DB policyholders so that the employer can report the appropriate FICA information in its quarterly and annual tax filings as required by the IRS.

| Claim Number | Claimant Name | SSN      | Payment to | Paid date | Draft Number | Start Date | End Date | Gross Amount | Net Amount | FICA Amount | SSFICA Amount | MedFI Amount | Taxable Amount |
|--------------|---------------|----------|------------|-----------|--------------|------------|----------|--------------|------------|-------------|---------------|--------------|---------------|---------------|
| XD3/2/05     | John Nysif    | XXX-XX-4XX4 | Claimant   | 11/13/14  | X311X8       | 6/10/14    | 9/2/14   | $2,040.00    | $1,773.94  | $156.06     | $126.48       | $29.58       | $2,040.00     |
| XD3/603      | Mary Nysif    | XXX-XX-4XX4 | Claimant   | 11/12/14  | X31025       | 10/21/14   | 10/28/14 | $170.00     | $156.99    | $13.01      | $10.54        | $2.47         | $170.00       |
| XD3/603      | Mary Nysif    | XXX-XX-4XX4 | Claimant   | 11/3/14   | X29998       | 10/28/14   | 11/4/14  | $170.00     | $156.99    | $13.01      | $10.54        | $2.47         | $170.00       |
| XD3/603      | Mary Nysif    | XXX-XX-4XX4 | Claimant   | 11/12/14  | X31026       | 11/4/14    | 11/18/14 | $340.00     | $313.99    | $26.01      | $21.08        | $4.93         | $340.00       |
| XD3/603      | Mary Nysif    | XXX-XX-4XX4 | Claimant   | 11/21/14  | X3218X       | 11/18/14   | 11/24/14 | $136.00     | $125.60    | $10.40      | $8.43         | $1.97         | $136.00       |