

NYSIF.com Online Account User Guide POLICYHOLDERS September 11, 2020

Contents

Create an Account	3
Workers' compensation policyholders	3
Disability benefits policyholders	4
Enhanced Security Enrollment	5
Online Account Management	8
Online Customer Account Administration	8
Change Password	9
User Management (add or delete an authorized user)	10
Recertifying Authorized Users	12
Consolidate Online Accounts or Link a DB Policy	13
Workers' Comp Policyholders	14
Notification Center	14
Paperless Enrollment	15
Notification Management	16
Enrollments	17
Messages	17
Granting Broker Claims Access	18
Claim Search	19
By Policy	19
By Claim Number	20
By WCB (or JCN*) Number	23
By Claimant Name	24
Document Retrieval	25
Policy Document Retrieval	25
Claims Document Retrieval	26
eCert Menu	28
Browse Certificates	28
Create a New Certificate	30
Renew a Certificate	34
Validate a Certificate	36
Subscribe to a Certificate	37
Request a Worker's Comp Standard Quote	38
Saving your quote	38
1. Enter the Effective Date	38
2. Enter Employer Information	38
3. Enter Owner/Officer Information	39
Add a second officer or owner	39
4. Enter Address & Work Locations	40
5. Other Entities	40

6. Workers' Compensation Carrier History	41
7. Business Description	41
8. Payroll Information	42
Payroll Verification	43
Subcontractor and Other Employer Information	43
Submitting your quote	43
Applying for Coverage Online	45
Broker-submitted quote	45
Employer-submitted quote	46
Application – Sign Online & Pay Online	47
DocuSign	47
Pay Your Deposit Online	49
Application – Mail Your Signed Application & Check Payment	53
Request a Domestic Household Workers' Comp Quote	54
Forms	56
Create a C-105 (Notice of Compliance)	56
Prescription Benefits	56
eSignature Forms	57
Billing Menu	60
Pay My Bill	60
Make a one-time payment	61
Enroll in AutoPay	62
Notifications	65
View Monthly Bills	66
Policy Menu	67
Account Summary	67
Earned Premium Audit (Audit Documents)	68
Endorsements	71
NYCIRB Rating Data	72
Payroll Reporting	73
Policy Information	78
Report Requests	79
Statement of Account	83
Unit Stat Inquiry System	84
Upload Audit Documents	85
Disability Benefits Policyholders	90
Request a DB/PFL Quote	91
Retrieve a Quote	93
Apply for a DB/PFL Policy	94
DocuSign	97
Pay Your Deposit Online	99
Policyholder Services	102
View Entities	102
Certificates	102
Pay My Bill	104
Document Retrieval	104
Report Payroll	106
Estimate Premium	108
Claims Services	109
Claims Payment Report	109

Create an Account

Visit nysif.com, choose "Login" at the top and click "[Create an Account](#)" from the dropdown menu. Choose the appropriate policy type (or both, if applicable).

Workers' compensation policyholders

To register, you will need your NYSIF policy number, document number from your most recent Information Page, the policy period end date, and Group Number.

THE STATE INSURANCE FUND			NYSIF INFO PAGE	
225 Oak St, Buffalo, NY, 14203-1685 (888) 875-5790				
Document Type: AUDIT	Group No: 090	Period Covered: * 03/01/2018 TO 03/01/2019	R.B. File No: 000999000R	
INSURED: B 987 654-3		REPRESENTATIVE: 012345		Policy No: B 987 654-3
ACME FENCE CO.		BROKER SERVICE INC		Date: 04/02/2019
123 MAIN STREET		100 DELAWARE AVE		Document Number: A10000123456
ANYTOWN, NY 10000		ANYTOWN NY 10000		

Business Relationship

All fields are required unless otherwise stated.

Account Type

Policyholder

You are creating an account for (select one or both):

☒ Workers' Compensation

☐ Disability Benefits

Workers' Compensation Policyholder Account Verification

Please provide the following information as shown on the [Information Page](#) of your policy.

Workers Compensation Policy Number

9876543

(For example: enter A123-4567-8 as 12345678)

Document Number

A10000123456

(Enter both letter (case-sensitive) and digits.)

Period Covered End Date

03/01/2019

Group Number

90

Next

Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Middle Initial (optional)

Last Name

Job Title

Select a Job Title

Company

Telephone Number

Numbers only - include area code

Email

Verify Email

Previous

Next

Choose Username and Password

All fields are required unless otherwise stated.

Username

Password

Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#\$%&?] characters

Confirm Password

Terms & Conditions

☐ By checking this box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

[Sign Up](#) [Previous](#)

Once you complete registration, you will be sent a confirmation email.

Disability benefits policyholders

To register, you will need your NYSIF policy number, your FEIN and the mailing zip code for the policy.

Disability Benefits Policyholder Account Verification

Disability Benefits Policy Number

FEIN

Mailing Zip Code

Contact Information

All fields are required unless otherwise stated.

Your Information

Email

Verify Email

[Previous](#) [Next](#)

Choose Username and Password

All fields are required unless otherwise stated.

Username

Password

Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#\$%&?] characters

Confirm Password

Terms & Conditions

☐ By checking this box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

[Sign Up](#) [Previous](#)

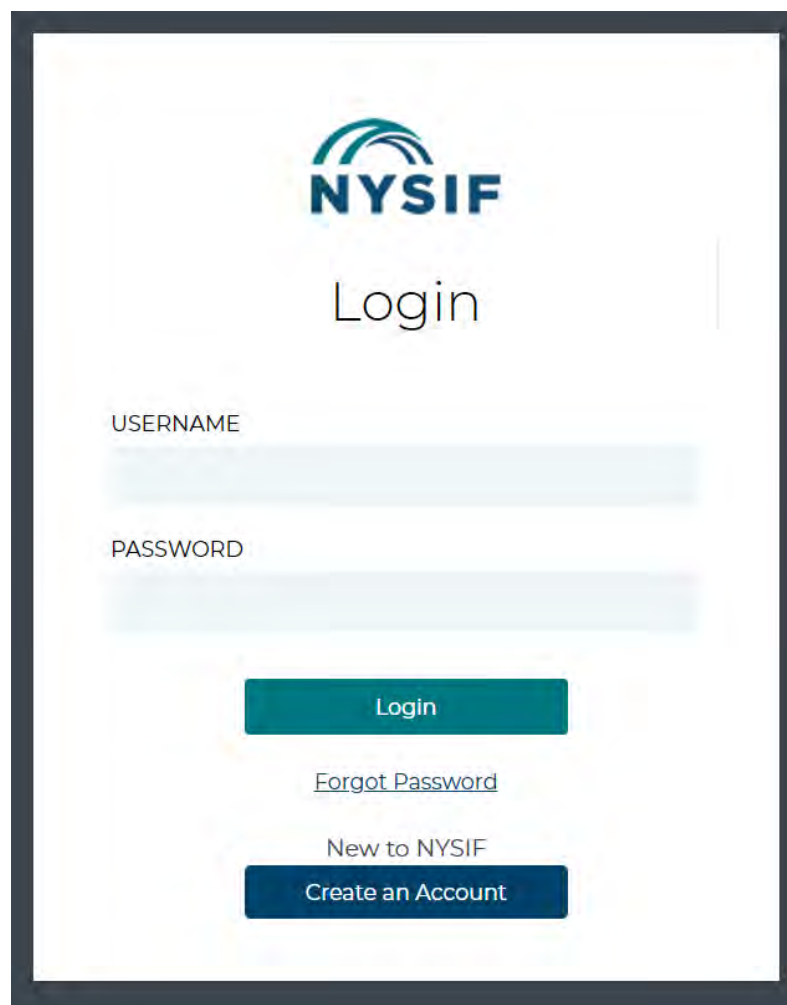
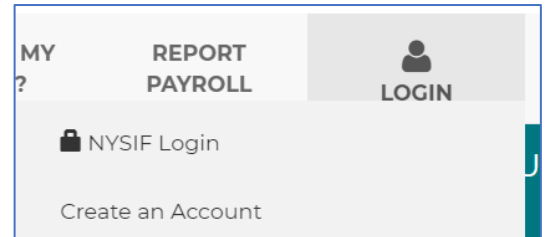
Enhanced Security Enrollment

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 enrolled in enhanced security.

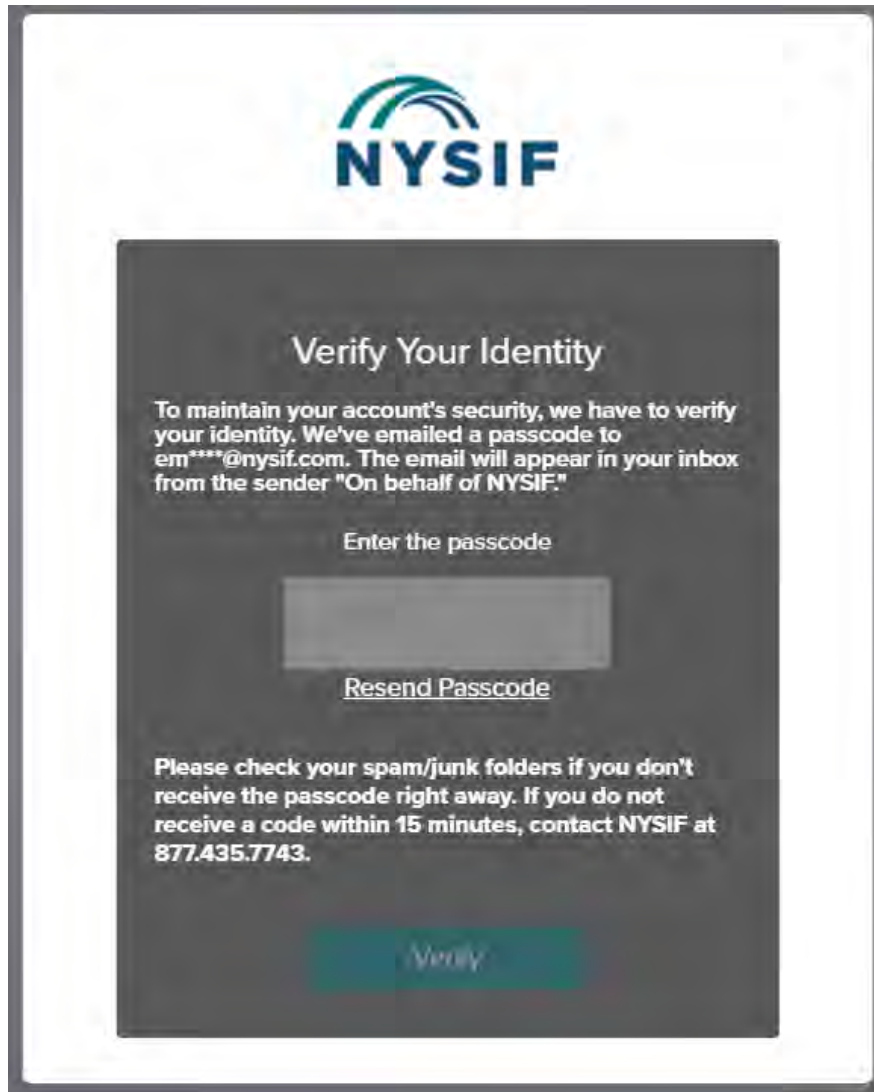
LOGIN

1. Visit **nysif.com**. Click Login in the upper right corner.
2. Enter your username and password.

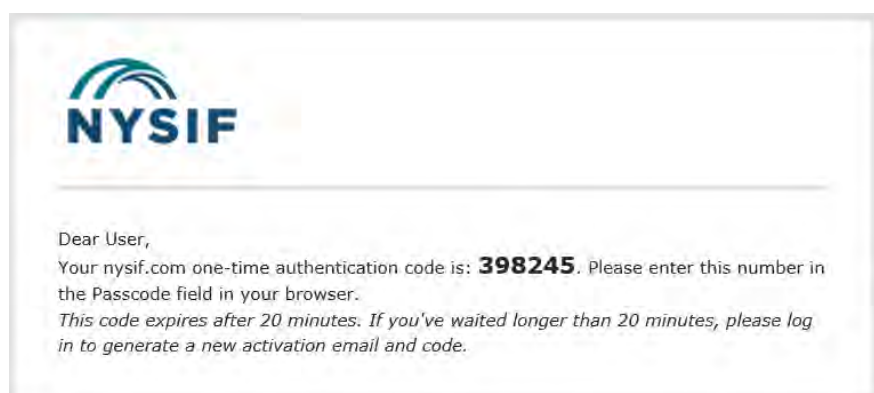


Passcode

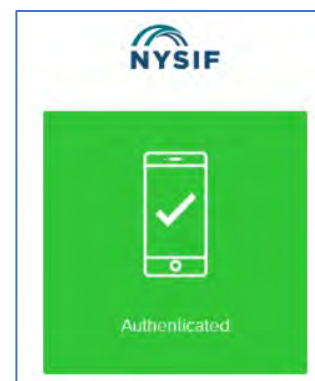
The first time you log into your NYSIF online account following implementation of enhanced security, you will be prompted to enter a passcode to verify your identity. The passcode will be sent to the email address associated with your NYSIF online account. At this time, you can only retrieve this passcode via email.

A screenshot of a web page for NYSIF. At the top is the NYSIF logo, which consists of a stylized blue and green arch above the word "NYSIF" in blue. Below the logo is a dark gray rectangular box containing white text. The text reads: "Verify Your Identity", "To maintain your account's security, we have to verify your identity. We've emailed a passcode to em****@nysif.com. The email will appear in your inbox from the sender 'On behalf of NYSIF.'", "Enter the passcode" followed by a gray input field, and a link that says "Resend Passcode". At the bottom of the box, it says "Please check your spam/junk folders if you don't receive the passcode right away. If you do not receive a code within 15 minutes, contact NYSIF at 877.435.7743." and a green button with the word "Verify" in white.

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.

A screenshot of the "Forgot Password" screen. At the top, the title "Forgot Password" is centered. Below it are three steps: 1. Request, 2. Validate, and 3. Recover. Under step 1, there is a text prompt: "Enter your username to reset your password or unlock your account." Below this is a text input field labeled "USERNAME" with a placeholder "username". At the bottom is a teal button labeled "Send Request" and a link "Forgot Username | Cancel".

Choose “Forgot Username.” Enter your email address. Our system will send the username associated with that email address to the email address.

A screenshot of the "Forgot Username" screen. At the top, the title "Forgot Username" is centered. Below it is a text prompt: "Enter your email address to receive an email with your username." Below this is a text input field labeled "EMAIL ADDRESS" with a placeholder "Email Address". At the bottom is a teal button labeled "Send Request" and a link "Forgot Password | Cancel".A screenshot of the "Username Recovery" screen. At the top, the title "Username Recovery" is centered. Below it is a text prompt: "Thanks for your request. If your email address is verified, you'll receive an email with your username." At the bottom is a teal button labeled "Continue".

Online Account Management

If you have both workers' compensation and disability benefits policies with NYSIF, you can toggle between accounts by choosing the appropriate tab at the top.

The screenshot shows the NYSIF Customer Account interface. At the top, there's a navigation bar with the NYSIF logo, a 'Messages' link, a user profile icon labeled 'nysiftest', and a 'Logout' link. Below this is a dark header with 'Customer Account' on the left and 'WC Links' and 'DBL Links' on the right. The main content area has two tabs: 'Workers' Compensation Online Services' (active) and 'Disability Benefits Online Services'. Under the active tab, there's a section titled 'Workers' Compensation Policy Summary' with a link 'View Another Policy' and a dropdown menu showing '01234567'. Below this are three columns of information: 'Policy Info', 'Billing', and 'Broker of Record'. The 'Policy Info' column contains a table with policy details. The 'Billing' column contains a table with current balance and payment history, along with buttons for 'Pay Your Bill' and 'View Monthly Bills'. The 'Broker of Record' column contains a table with broker details and a 'Revoke Access' button. A warning message is also present regarding claims data access.

Policy Info	
Policy Number	01234567
Current Policy Period	November 1, 2018 - October 31, 2019
Policy Status	Active
Information as of	10/10/2019

Billing	
Current Balance	\$-1,184.27
Last Payment Posted	\$-363.60
Last Payment Posted on	09/13/2019
Minimum Amount Due Now	\$0.00
Next Statement Due	11/01/2019

Broker of Record	
Broker of Record	GENERAL INSURANCE
Telephone Number	5185551212
Email Address	testing@nysif.com

Pay Your Bill [View Monthly Bills](#)

Revoke Access

⚠ Your Broker of Record has access to claims data. Claims data will be available for one year or until you decide to revoke access. You may revoke access at any time.

Online Customer Account Administration

To manage your online account, select Account Management from the dropdown menu under your username at the top right of the page.

This screenshot shows the top right corner of the NYSIF Customer Account page. It features the 'Messages' link, the user profile icon 'nysiftest', and the 'Logout' link. A dropdown menu is open, showing two options: 'Online Services' with a link icon and 'Account Management' with a gear icon. To the right of the dropdown is the 'DBL Links' link.

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.

Administration Console

Manage your NYSIF account using the links below.



Profile Management

Review and update your account information at any time.

[Update Your Profile](#)



Consolidate Accounts

To achieve single sign on please consolidate your accounts.

[Consolidate](#)



User Management

Add new authorized users and manage existing users.

[Manage Users](#)



Link Account

Here you can add a new Disability Benefits Policyholder account to the current account.

[Link Account](#)



Help

Need technical help? Please contact the NYSIF Service Desk.
1-877-435-7743



Email Notifications

Set email addresses for audit/infopage notifications.

[Notifications](#)

(Please note that Disability Benefits policyholders do not have access to Email Notifications at this time.)

Change Password

Username
nysifttest

New Password

(Your new password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#\$%+<>?] character.)

Confirm New Password

(Password and Confirm Password must match.)

Save Changes

Discard Changes

Change Password

From your Administration Console under Profile Management, choose "Update Profile." Change your password and submit.

User Management (add or delete an authorized user)

Choose Account Management from the drop-down under your username. Select "Manage Users" under "User Management" to add, edit or delete an authorized user account.

Please note: The master account holder chooses the level of access when creating the user account.

- Full access – grants the same level of access as the master account holder, which includes **all policy and claims information**.
- Certificates-only access – allows authorized users to create, download, validate and subscribe to insurance certificates **only**.

User Management

This screen displays all of the users that currently have access to your account's applications. You can change access level, contact and password information for a user by clicking the user's login name. If you wish to delete the user, simply click the "Delete" link.

[Add New User +](#)

Login	First Name	Last Name	Last Login	Access Level	Access Expires	Edit	Delete
dbtestpolicy2015			8/21/2020 2:58:57 PM		Master Account Holder		
BetsyTester1234	Betsy	Testing		<input type="radio"/> Full Access <input checked="" type="radio"/> Certificates Access	08/21/2021		
dblpol_child2	Ying	Shi	4/23/2020 12:14:36 PM	<input checked="" type="radio"/> Full Access <input type="radio"/> Certificates Access	11/26/2020		

Add New User

To help you manage your NYSIF account, you can choose to provide them with full access, which grants access to all policy and claims information, or certificates-only access, which enables them to create and download insurance certificates.

Please provide account details:

Contact Information

First Name

Middle Initial (optional)

Last Name

Company

Title

Accountant

Telephone Number

(numbers only - with area code)

Fax Number (optional)

(numbers only - with area code)

Email Address

Access Level

☒ Full Access
☐ Certificates Access

Choose "Add New User+" to add a new user account. Complete all required fields.

Please note that a master account is limited to 30 authorized user accounts.

Choose "Add New User+" to add a new user account. Complete all required fields.

Please note that a master account is limited to 30 authorized user accounts.

Username

New Password

.....|

(Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#\$%+<>?] character.)

Confirm New Password

(Password and Confirm Password must match.)

Save Changes

Discard Changes

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, and must enroll in our enhanced security protocol and accept NYSIF's Terms & Conditions before gaining access to the online account.

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

The master account holder will also receive a confirmation email.

Please note that any authorized user added to this online customer account with FULL ACCESS will inherit nearly all* permissions of the master 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.

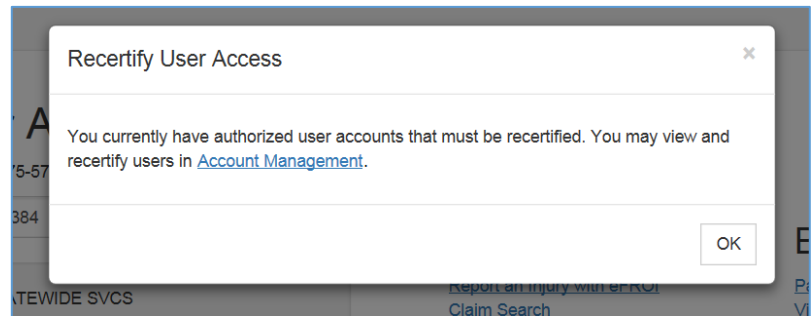
***Authorized users cannot create other authorized user accounts, edit/delete user accounts or grant claims access to brokers.**

Recertifying Authorized Users

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

Master Account Holder

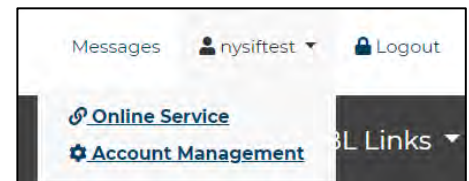
If a master account holder has accounts that must be recertified, the user will encounter this pop-up window upon login. The link will take the user directly to the Account Management page.



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.

Following the directions from the email, the master account holder will:

1. Go to nysif.com and log in to the online master account.
2. At the top right of your landing page, select "Account Management" from the drop-down menu under your user name.
3. Under "User Management," select "Manage Users." (See Page 9)
4. 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.) If a user's access expires before recertification, the User Management page will reflect that it is expired. 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.

Unexpected Error

Your online account has been suspended, due to not having been recertified by the master account holder. To reestablish access, please contact the master account holder for account recertification.

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

Consolidate Online Accounts or Link Other Policy

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

Consolidate Your Account

In order to better serve our customers, NYSIF is asking that you consolidate your username and password. This will let you use a Single Sign On process for both Workers' Compensation and Disability Benefits. You are currently logged in as a Disability Benefits Policyholder under the username dbtestpolicy2015. If you have an online Workers' Compensation account with NYSIF, you can enter your login credentials below to merge the accounts.

Please note that the username and password for your Workers' Compensation account will change to that of your current Disability Benefits account under the username dbtestpolicy2015.

Please note that if you enrolled your disability benefits policy in AutoPay, consolidating your online accounts removes your policy from that feature. Please choose Pay My Bill to re-enroll your disability account in recurring payments.

To consolidate your account, please provide the following information. All fields are required unless otherwise stated.

Username:

Password:

Consolidate

Reset

Link A Policy

If you have a workers' comp online account, you can link your DB policy, and vice versa. Please enter the information requested.

Link New Account

You are currently logged in as a Workers' Comp Policyholder under the username testpolicy2015. If you have a disability benefits policy with NYSIF, you can add that to this online account.

Disability Benefits Policy Services

Disability Benefits Policy Number

Enter numbers only (no dashes).

FEIN

Enter numbers only (no dashes).

Zip Code

(Zip for Disability Benefits Account)

Link New Account

You are currently logged in as a Disability Benefits Policyholder under the username dbtestpolicy2015. If you have a workers' compensation policy with NYSIF, you can add that to this online account.

Policyholder Identity Verification

Please provide the following information as shown on the information page of your policy.

Policy Number

(for example: enter A123-4567-8 as 12345678)

Document Number

Enter both letter (case-sensitive) and digits.

Period covered end date

mm/dd/yyyy

(mm/dd/yyyy)

Group Number

Enter digits only

Contact Information

First Name

Middle Initial

Last Name

Company

Title Choose one

Telephone Number

(numbers only - with area code)

Email Address

AMANDA@NYSIF.COM

Workers' Comp Policyholders

Workers' Compensation Links

<div>Claims</div> <ul style="list-style-type: none"> - Claim Search - Report an Injury with eFROI 	<div>Forms</div> <ul style="list-style-type: none"> - C-105 Notice of Compliance - Pharmacy Benefits for Claimants
<div>Documents</div> <ul style="list-style-type: none"> - Document Retrieval 	<div>Policy</div> <ul style="list-style-type: none"> - Account Summary - Earned Premium Audit - Endorsements - NYCIRB Rating Data - Policy Information - Report Request - Statement of Account - Unit Stat Inquiry - Upload Audit Documents
<div>eCert</div> <ul style="list-style-type: none"> - WC Certificate Validation/Subscription - Create/Renew Certificates 	
<div>eQuote</div> <ul style="list-style-type: none"> - Get A Quote OR Apply for a Policy 	<div>Billing</div> <ul style="list-style-type: none"> - Pay Your Bill - View Monthly Bills - Report WC Payroll
	<div>Online Account User Guide</div> <ul style="list-style-type: none"> - Policyholder User Guide

Notification Center

Choose “**Email Notifications**” from your Administration Console to view your Notification Center and enroll in paperless for bills and Info Pages. The Notification Center also allows you to manage email notifications by policy or user for bills, Info Pages or Audits.

Authorized User accounts will have access to **only** the Notification Management and Messages tabs.

Administration Console

Manage your NYSIF account using the links below.

<div>Profile Management</div> <p>Review and update your account information at any time. Update Your Profile</p>	<div>Consolidate Accounts</div> <p>To achieve single sign on please consolidate your accounts. Consolidate</p>
<div>User Management</div> <p>Add new authorized users and manage existing users. Manage Users</p>	<div>Link Account</div> <p>Here you can add a new Disability Benefits Policyholder account to the current account. Link Account</p>
<div>Help</div> <p>Need technical help? Please contact the NYSIF Service Desk. 1-877-435-7743</p>	<div>Email Notifications</div> <p>Set email addresses for audit/infopage notifications. Notifications</p>

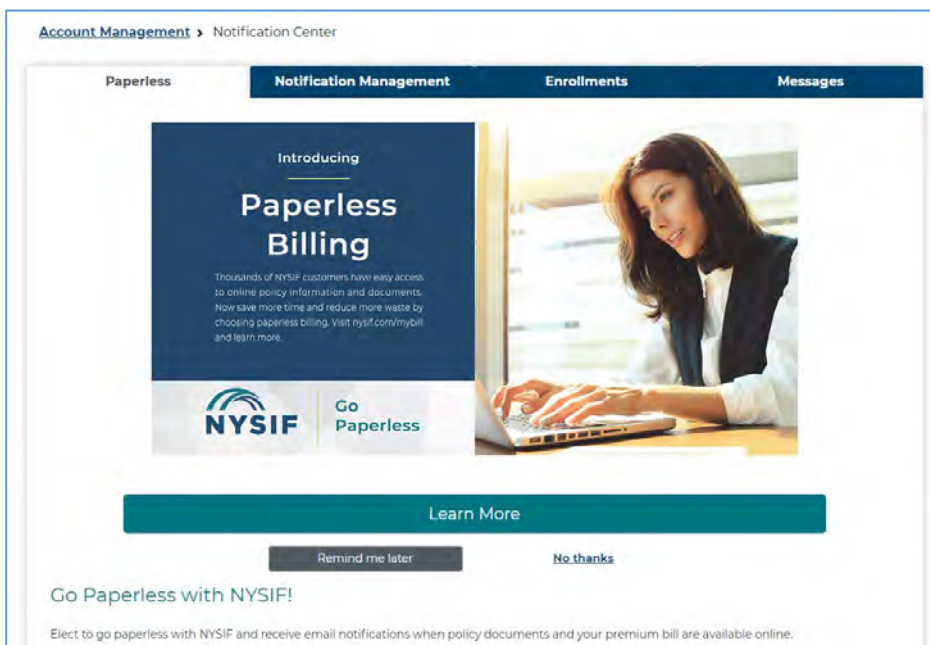
Only the master account holder can enroll in paperless for the policy.

Paperless Enrollment

To enroll in paperless billing, choose the Paperless tab.

(To unenroll, uncheck the box in Step 2 and save.)

Step 1: Verify your email address if needed.



Step 1: Verify your email address.

We will send email notifications to the email address associated with your policyholder account. Please note your email address must be verified to receive communications from NYSIF.

Your email address (**testing@nysif.com**) has been verified. Please continue to step 2.

In Step 2, check the box(es) to go paperless and receive email notifications for your workers' compensation policy. Be sure to click "Save Changes."

Step 2: Update your paperless options.

Check the box(es) below to go paperless and receive email notifications for your workers' compensation policy. Once you have enrolled, if you would like to revert to receiving paper copies, uncheck the boxes and click Save Changes.

If you are also a disability benefits policyholder, look for more information on DB email notifications coming soon.

A screenshot of the Step 2 enrollment form. It has two checkboxes: 'WC Bills' (checked) and 'WC Policy Documents' (unchecked). Below the checkboxes is a link to 'Terms and Conditions'. At the bottom is a 'Save Changes' button. To the right of the form is a help box with a question mark icon and text explaining that the category consists of workers' compensation policy documents such as Information Pages, and that audit notifications are not included in WC Policy Documents paperless enrollment. A note at the bottom of the help box states: 'Please note: any documents NYSIF is required to send via U.S. mail will continue to be mailed in hard copy.'

Step 3: You're all set!

Please note:

- ✓ Once you've enrolled to go paperless, you can designate authorized users to receive email notifications via the [Notification Management](#) tab.
- ✓ You can create additional authorized user accounts via the [User Management](#) screen on your Admin Console. Once those users have verified their email addresses, you can manage their email notifications as described above.
- ✓ To view all notification enrollments associated with your account, visit the [Enrollments](#) tab.

NOTE: If a policy chooses to go paperless, the master account holder will automatically receive all paperless email notifications. The master account holder cannot opt-out of email notifications without unsubscribing from paperless.

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.

The screenshot shows the 'Notification Management' tab in a web application. At the top, there are four tabs: 'Paperless', 'Notification Management' (selected), 'Enrollments', and 'Messages'. Below the tabs, the 'Notification Management' section is titled. Under 'User selection', there is a dropdown menu for 'User' with options: 'nysiftest_chld', 'nysiftest (self)', 'nysiftest_chld' (highlighted), and 'chld_nysiftest3'. To the right of the dropdown is a 'Go' button. Below this, there are three rows of notification settings for 'Accounts': 'Audit Notifications' with a dropdown showing '01234567, 12345678, 23456789', 'Workers' Comp Bills' with a dropdown showing '01234567, 12345678', and 'WC Policy Documents' with the text 'None (go paperless to enable)' and a question mark icon. At the bottom is a 'Save Changes' button.

NOTE: If a policy chooses to go paperless, the master account holder will automatically receive all paperless email notifications. The master account holder cannot opt-out of email notifications without unsubscribing from paperless. This means that on the Notification Management tab, the master account holder will not see an option to choose a policy number for Workers' Comp Bills or WC Policy Documents. (Shown below.)

This screenshot shows the 'Notification Management' section with the 'User' dropdown set to 'nysiftest (self)'. The 'Go' button is visible. Below this, the 'Email Notification Settings (nysiftest)' section is shown. It has a 'For Accounts' dropdown set to '0123457' and a 'Save Changes' button. The 'Audit Notifications' label is visible but not followed by a dropdown in this view.

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. If a policy has chosen to go paperless, the master account holder will receive all paperless notifications.

If a master account holder chooses to unsubscribe to paperless notifications, NYSIF will preserve the notification choices made for authorized users should the policyholder choose to re-enroll. These choices will still appear in Enrollments, but authorized users will not receive email notifications while the policy is unsubscribed.

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.

Paperless **Notification Management** **Enrollments** **Messages**

Enrollments

This page allows you to manage email preferences for workers' compensation bills, policy documents and audits by policy designated on the Notification Management tab only. If an email address is not specified for a particular entity, no notifications will be made.

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 below.

Show 10 entries Search:

Notification Type	Account	Username	Email Address	Edit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Audit Notification	01234567	chld_nysiftest3	TESTING@NYSIF.COM	
Audit Notification	01234567	nysiftest_chld	WTEST@NYSIF.COM	
Workers' Comp Bills	01234567	chld_nysiftest3	TESTING@NYSIF.COM	
Workers' Comp Bills	01234567	nysiftest_chld	WTEST@NYSIF.COM	

Messages

When bills or policy documents are issued and you receive an email notification, you are also notified in your Message Center. You can access these by choosing "Messages" at the top of your landing page or in the Notification Center.

Messages nysiftest Logout

[Online Services](#)
[Account Management](#) **BL Links**

[Account Management](#) > Notification Center

Paperless **Notification Management** **Enrollments** **Messages**

Messages

The following notifications have been sent to your NYSIF online account. Messages will remain available for six months. The most recent messages will appear at the top.

Message	Date
Your newest workers' compensation bill is now available.	10/01/2019
New "information Pages" documents are ready to be viewed in Document Retrieval.	09/21/2019

Granting Broker Claims Access

Workers' compensation policyholders have been given the ability to grant online access to claims for their brokers of record. NYSIF cannot provide claims information to a broker or grant permissions to view this information.

Please note that only the master account holder for the policyholder can grant access to the broker of record. If the policyholder has created authorized user accounts, those authorized users do not have permission to grant access.

If you have a broker of record, your landing page will display the broker's name, phone number and email address in the right column. In this box, you have the option to grant, revoke or recertify your broker's access to claims information. Your permission to this claims data will continue unless or until you decide to revoke access.

Broker of Record

Broker of Record	ABC INSURANCE CO
Telephone Number	5185551212
Email Address	TESTING@NYSIF.COM

⚠ You may grant your Broker of Record access to claims data until you decide to revoke access.

Grant Access

****If you are a member of a Safety Group, your Group Manager already has access to these features and the button will not be visible to you.****

Choose "Grant Access" and you will be asked to confirm your authorization. Click "Submit."

You can revoke access at any time. Simply choose the "Revoke Access" button.

Broker Access Terms and Conditions

By selecting this option, you as the Policyholder are affirming that the Broker of Record ("Broker") named above is authorized to access your employer information and claimants' personal, private and protected health information ("Policyholder Data") through NYSIF's Web Portal ("Portal"); that you, the Policyholder, are authorizing this Broker access in your capacity as employer to individually identifiable information of claimants where Broker is acting within the scope of its duties in evaluating, processing or settling a claim where the employer is a party of record; and that Policyholder is responsible for Broker's compliance with the Terms and Conditions of the NYSIF website and Portal concerning access to your Policyholder Data. It is solely your responsibility as Policyholder to promptly remove Broker access to Policyholder Data when the Broker is no longer authorized to access your Policyholder Data.

☐ By checking the box, I agree to the New York State Insurance Fund's Broker Access Terms and Conditions.

Submit

Broker of Record

Broker of Record	ABC INSURANCE CO
Telephone Number	5185551212
Email Address	TESTING@NYSIF.COM

⚠ Your Broker of Record has access to claims data. Claims data will be available until you revoke access. You may revoke access at any time.

Revoke Access

Claim Search

Choose "Claim Search" from your landing page on nysif.com. You can search by policy number, claim number, WCB number (JCN) and claimant name.

Because these searches are web-based, it may take a moment for the page to load with your results.

Claim Search System

Search by:

Claim Number

Policy Number

Claim Number

WCB# (JCN)

Claimant Name

Submit

Clear

*Claim Number:

By Policy

Choose Claim Search. 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.

Download Claims to Excel Spreadsheet														
Download Claims to Tab Delimited Text File														
Download Claims to Text File														
Claimant Name	Claim Number	Unit	Status	Accident Date	WCB# (JCN)	Medical Paid	Medical Reserve	Medical Incurred	Comp Paid	Comp Reserve	Comp Incurred	Legal Paid	Legal Reserve	Legal Incurred
Smith, John	12345678	262	Closed	03-JUN-2008	00000000	\$961.32	\$0.00	\$961.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Nysif, Mary	98765432	262	Closed	25-JUL-2007	11111111	\$1,477.64	\$0.00	\$1,477.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim, B. Test	01234567	242	Closed	01-SEP-2006	99999999	\$25,452.43	\$0.00	\$25,452.43	\$160,585.00	\$0.00	\$160,585.00	\$0.00	\$0.00	\$0.00
Thomas, William	09876543	262	Open	03-JUL-1998	#####	\$14,330.37	\$2,684.63	\$17,015.00	\$200,874.66	\$114,148.34	\$315,023.00	\$0.00	\$0.00	\$0.00

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.

*Claim Number: 98765432

Back

Claim Number and Unit: 98765432-000

Claimant Name: Smith, John

Accident Date: 01/01/1950

Assured Name: ACME FENCE

	Comp	Medical	Legal
Paid to Date	\$146,811.02	\$124,395.22	\$1000.00
(+) Reserve	\$91,139.98	\$45,604.78	\$0.00
(=) Incurred	\$237,951.00	\$170,000.00	\$1000.00

[Master Claims Screen](#)[Claims Summary](#)[Diary Screen](#)[Notes](#)[Hearing Dates](#)[Reserve History](#)

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	Claims Summary	Diary Screen	Notes	Hearing Dates	Reserve History
--------------------------------------	--------------------------------	------------------------------	-----------------------	-------------------------------	---------------------------------

Claimant Information

Claim Information

Payment Information

Case Manager Information

Policy Information

Claimant Information:

Claimant Name	Smith, John
Claimant Address	987 SUFFOLK LANE, ANYTOWN, NY 10101
D. O. B.	04/24/1965
SSN	XXX-XX-4462
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

Master Claims Screen	Claims Summary	Diary Screen	Notes	Hearing Reports
--------------------------------------	--------------------------------	------------------------------	-----------------------	---------------------------------

Claimant Information

Claim Information

Payment Information

Case Manager Information

Policy Information

Case Manager Information:

Case Manager Assigned	John Nysif
Telephone	(212) 555-1212
Fax	(212) 555-1212
Email	JNYSIF@NYSIF.COM
Office Name	NYC Claims (Division 1)

Claim Information:

Claim Number	22222222-000
Accident Date	12/10/2012
WCB/JCN Number	G22222222
WCB/JCN Type	Closed
Cause	Fall/Slip/Trip
Patient Handling	N/A
Injury Type	Swelling
Body Part	Elbow (Rt)
Initiating Doc	C2/C-2F
Claim Status	Open
Date Disability Began	N/A
Special Condition	No Special Condition Established
Jurisdiction	New York Workers' Compensation Law
Kind of Injury	Permanent Partial Disability (PPD) & 15.8
Question of Coverage	No
Controverted	No
Pay Class	CLERICAL OFFICE EMPLOYEES NOC-U
Legal Status	No
Last Hearing Date	11/03/2014
Concurrent Emp	No
Wage Expectancy	No
Employer Reimbursement	No
25A	N/A
Fraud	N/A
15-8 Percentage	N/A
3rd Party	N/A
SLU Award	No
Death	N/A
Lump Sum	No
Retired	No
Additional Cases	No
Disfigurement	No
Classified (Y/N)	No
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
Average Weekly Wage	\$736.45

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	07/02/1968
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

Claims Summary			
ClaimNumber 22222222	Claimant Name Claimant 2	Accident Date 12/10/2012	WCB Number G222222222
Compensation			
Paid \$60,000.00	(+)Reserve \$0.00	(=)Incurred \$60,000.00	
Medical			
Paid \$20,457.94	(+)Reserve \$0.00	(=)Incurred \$20,457.94	
Additional Information			
Biographical Info	47 Year Old Female Clerical Worker D/O/H:10/15/07 Job Duties:Types Certifications For Customers AWW:\$700.00 Full Time Worker Mon-Fri		
Strategy/Outstanding Issues	*** \$60K GLOBAL SECTION 32 - HEARING 2/29/17* ANCR right elbow, right knee, chin, RSD/CRPS. AWW \$736.45.		
Investigation	** ISO SEARCH july 29 2016 ONLY SHOWS OUR ACCD ** Contact At Employer Is Mary Smith, Office Mgr		
Description of Accident	Employee Walking In Office When She Tripped Over A Power Cord And Hit Her Chin On The Door Knob. Accident Report Filled Out Had No Mention Of Elbow		
Statement Summary	No information found		
Witnesses	Unknown		
Official Reports	C-240 dtd 3/25/13 Annual Gross \$38,290.05 divided by 52 = AWW of \$736.35 C-2.0 Signed And Dated 01/10/13		
Consultant Reports	IME 11/10/16 - SLU 7.5% Right Hand and 15% Right Arm. Dx: Lateral epicondylitis right elbow status post repair.		
Attending Physician Diagnosis	Inflammation Right Elbow Chin		
Attending Physician Prognosis	No information found		
Additional Attending Physicians	Orthopedic Associates D/S 04/01/13 Dx of Right Elbow Pain 5/22/13 Dr Jones Dx Rt elbow lateral epicondylitis. No % DB given. Not working.		
Other Medical Providers	Orthos, Inc. 6/30/15 - Dx: Same as last visit. 0% DB. "Working since February" 4/28/15 - Dx: Tenderness to Rt hand, Wrist, Elbow & Shoulder. 49% DB. Not working. 3/17/15 - Dx: Same as last visit. 100% DB. Not working.		
Hospital Info	No information found		
Emergency Room Report	No information found		
Surgery	6/20/14 RT elbow lateral nirthle (surgery) procedure performed. 5/22/13-RT elbow injection 4/1/13-RT elbow injection		
Diagnosis Testing	MRI C Spine10/12/14 Extensive post op change incl fusion from 2012 sx & mild degen changes See Rpt MRI		

Diary Screen Tab

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

Diary Screen						
ClaimNo: 1234567	Claimant: JOHN W. NYSIF	Employer: STATE OF NEW YORK	DOA: 01/18/1999	SSN: XXX-XX-8898	DOB: 01/01/1955	Policy#: 240960 Group#: 21 WCB: G987654321
Pending Entries						
ReviewDate	Requested By	Reviewer	Reason		Status	
12/01/2017	Case Manager	Supervisor	COMP 12/8/17 w/15-8 credit		P	
Diary History						
ReviewDate	Requested By	Reviewer	Access Date	Access By	Reason	Status
10/20/2017	Case Manager	Supervisor	10/20/2017	Test Team	Please pay Inject B#44001357 & 43713614	C
11/24/2017	Case Manager	Supervisor	10/18/2017	Test Team	PDFR Results?	C
10/13/2017	Case Manager	SIF Investigations	10/18/2017	Test Team	Invest/Surv Report received	C
10/15/2017	Case Manager	System H.	10/18/2017	Test Team	Reserves - 180 day reserve update message	C
10/13/2017	Case Manager	SIF Investigations	10/13/2017	Test Team	Invest/Surv Report received	C

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

Notes

[Claims](#)[Legal](#)[Show All Notes](#)

NoteType	Date	Added By	Note
Claims	09/27/2017	A. ECLAIMS	FROI-02 accepted by WCB
Claims	08/02/2017	A. ECLAIMS	SROI-PY accepted by WCB
Claims	07/25/2017	O. ECLAIMS	Industry Code: NCS(1-Others) eClaims(541380-Testing Laboratories)

Hearings for Claim

Hearing ID	Hearing Date/Time	Completion Status
2685762	11/13/2013 2:00:00 PM	Report Completed

Reserve History

[Master Claims Screen](#)[Claims Summary](#)[Diary Screen](#)[Notes](#)[Hearing Dates](#)[Reserve History](#)

History

Date	Added By	Note
6/12/2012 1:05:42 PM	Case Manager	Med CHG 100000 to 170000; update to paid medical
1/8/2007 10:39:40 AM	Supervisor	Med CHG 75000 to 100000; Clt had new surgery and is continuing tx.
8/24/2006 2:17:31 PM	Case Manager	Med CHG 60000 to 75000; OUTSTANDING BILLS
7/17/2006 9:59:42 AM	Med Case Mgr	Med CHG 30000 to 60000; paying drg bill.
2/16/2005 11:11:31 AM	Nurse	Comp CHG 221970 to 49105; Up dated estimate.

By WCB (or JCN*) Number

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 "JCN," which stands for Jurisdiction Claim Number. "JCN" is the universal term for the claim number assigned to a claim by the adjudicating/regulatory body.*

Search by:	WCB# (JCN) ▼	Policy Number: 012345678
*WCB# (JCN):	G987654	Policyholder Name: ACME FENCE CO
		Policyholder Address: 123 MAIN ST, ANYTOWN, NY 12345
	Submit	Clear

Claimant Name	Claim Number	Unit	Status	Accident Date	WCB# (JCN)	Medical Paid	Medical Reserve	Medical Incurred	Comp Paid	Comp Reserve	Comp Incurred	Legal Paid	Legal Reserve	Legal Incurred
Smith, John	98765432	242	Open	02-SEP-2014	G987654	\$263.76	\$1,736.24	\$2,000.00	\$0.00	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$0.00

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.

Search by: Claimant Name

First Name:

*Last Name:

*Date of Birth:

*Accident Date:

Policy Number: 0123456-7

Policyholder Name: ABC COMPANY

Policyholder Address: 123 MAIN STREET, ANYTOWN, NY 12345

Claimant Name	Claim Number	Unit	Status	Accident Date	WCB# (JCN)	Medical Paid	Medical Reserve	Medical Incurred	Comp Paid	Comp Reserve	Comp Incurred	Legal Paid	Legal Reserve	Legal Incurred
Nysif, John	98765432	248	Open	23-MAR-1993	0000003	\$17,524.22	-\$527.22	\$16,997.00	\$43,258.00	-\$10,500.00	\$32,758.00	\$0.00	\$0.00	\$0.00

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 agreed to payment terms with NYSIF, that payment arrangement can also be found here.

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

Document Retrieval

Search documents

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

Document Type

Select a Document Type

Select a Document Type

Info Pages

DP517

SELF AUDIT

Claim Information

Payment Arrangement

DBL Info Pages

DBL Monthly Bills

Policy Document Retrieval

For policy documents, choose the "Document Type" – Info Pages, DP517 or Self-Audit – 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.)

Click on the Envelope ID number to view the policy document.

* Document Type: Info Pages

NYSIF Policy Number: 01234567

Date Range

From mm / dd / yyyy To mm / dd / yyyy

Search Reset

Policy Number: 01234567

Assured Name: ACME PAINT CO

Address: 987 MAIN STREET
ANYTOWN, NY 01010

Policy Period: 07/01/2017 - 07/01/2018

Envelope ID	Transaction Date	Category	Details	Description
51414096	10/12/2017	Info Pages	Notice-to-Post Notice Of Right To Appeal Domestic Terrorism Endorsement Terrorism Endorsement Notice of Rate Change(WC) Interest and Service Charge Endorsement V.3 Location, entity, endorsement, premium calc info	Print Info Pages_SMPL
42333341	12/05/2016	Info Pages	Info Pg (non-AP, notice pmnt plan opt)	
42280139	12/02/2016	Info Pages	Info Pg (non-AP, notice pmnt plan opt)	
39602455	10/12/2016	Info Pages	Notice-to-Post Notice Of Right To Appeal Domestic Terrorism Endorsement Terrorism Endorsement Notice of Rate Change(WC) Interest and Service Charge Endmt	

***The Date Range is limited to 3 years for DP517 documents and displays up to the current day if no date range is specified.**

* Document Type:

NYSIF Policy Number:

Date Range

From To

Policy Number: 01234567
Assured Name: ACME PAINT CO
Address: 987 MAIN STREET
ANYTOWN, NY 01010
Policy Period: 07/01/2017 - 07/01/2018

Envelope ID	Transaction Date	Category	Details	Description
49101663	07/05/2017	Audits	Underwriting Payroll Report	PHS-PAYROLL STATEMENT
36485373	07/15/2016	Audits	Underwriting Payroll Report	
36090716	07/05/2016	Audits	Underwriting Payroll Report	
23479101	07/02/2015	Audits	Underwriting Payroll Report	

Envelope ID	Transaction Date	Category	Details	Description
49400301	07/19/2017	Audits	Self Audit Payroll Report	
49095136	07/05/2017	Audits	Self Audit Payroll Report	PHS-PAYROLL SELF AUDIT
36656327	07/18/2016	Audits	Self Audit Payroll Report	
36086558	07/05/2016	Audits	Self Audit Payroll Report	

Claims Document Retrieval

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.

Document Retrieval

* Document Type:

* Claim Number:

Document ID	Document Name	Document Type	Date Received	Document Category
40976648	130110 ORTHO INC.	HCFA	01/28/2013	Medical Bills
41199646	130110 ORTHO INC.	Objection Letter	02/08/2013	Medical Bills
41782313	130205 PHYSICAL THERAPY LLC	HCFA	02/27/2013	Medical Bills
41962473	130212 NYS TESTERS	HCFA	03/06/2013	Medical Bills
42017976	130131 PHYSICAL THERAPY LLC	Objection Letter	03/12/2013	Medical Bills

Click "Date Received" to sort by date.

Medical Bills	ME	Claimant/Employer forms	WCB	FROI/SROI	15-8	Investigations
Document ID	Document Name	Document Type	Date Received	Document Category		
42229041	MRI To Right Elbow W/O Contrast 03/08/13	MRI To Right Elbow W/O Contrast 03/08/13	03/20/2013	ME		
59067894	MRI Of The Right Elbow D/S 05/09/2014	MRI Of The Right Elbow D/S 05/09/2014	08/12/2014	ME		
61893324	Consultant Report	1	10/31/2014	ME		
62424223	MRI CSpine 12345	MRI C-spine	11/17/2014	ME		

Medical Bills	ME	Claimant/Employer forms	WCB	FROI/SROI	15-8	Investigations
Document ID	Document Name	Document Type	Date Received	Document Category		
40517335	eC-2	20130110-eC-2	01/10/2013	Claimant/Employer forms		
42604313	Rept of Employee's Change in Status or RTW	C-11	04/04/2013	Claimant/Employer forms		
42604314	Employer Statement of Wage Earnings Prior D/A	C-240	04/04/2013	Claimant/Employer forms		
42954813	C-240 Tape Signed And Dated 03/25/13	C-240 Tape	04/18/2013	Claimant/Employer forms		
42992044	C-4 AUTH Dated 04/15/13 Dr. Nysif	C-4 AUTH G	04/19/2013	Claimant/Employer forms		

Medical Bills	ME	Claimant/Employer forms	WCB	FROI/SROI	15-8	Investigations
Document ID	Document Name	Document Type	Date Received	Document Category		
40523649	LOSSSNAPSHOT	LOSSSNAPSHOT	01/10/2013	WCB		
42944084	Decisions and Awards	EC-84	04/18/2013	WCB		
42990477	CS-LOSSID-G34A	CS-LOSSID-G34A	04/19/2013	WCB		
42990478	C-669	C-669	04/19/2013	WCB		

Medical Bills	ME	Claimant/Employer forms	WCB	FROI/SROI	15-8	Investigations
Document ID	Document Name	Document Type	Date Received	Document Category		
60199958	CS-LOSSID_G34A_BD	CS-LOSSID_G34A_BD	09/13/2014	FROI/SROI		
60199959	FROI-00	FROI-00	09/13/2014	FROI/SROI		
60863166	CS-LOSSID_G34A_BD	CS-LOSSID_G34A_BD	10/02/2014	FROI/SROI		
60863167	FROI-02	FROI-02	10/02/2014	FROI/SROI		

Medical Bills	ME	Claimant/Employer forms	WCB	FROI/SROI	15-8	Investigations
Document ID	Document Name	Document Type	Date Received	Document Category		
4047668	050720	C-250	07/25/2005	15-8		
4061537	C-250 Signed And Dated 07/19/05	C-250 Signed And Dated 07/19/05 Stamped In @ WCB	07/27/2005	15-8		
5457211	15-8 Questionare Signed And Dated 05/30/06	15-8 Questionare Signed And Dated 05/30/06	06/06/2006	15-8		

Medical Bills	ME	Claimant/Employer forms	WCB	FROI/SROI	15-8	Investigations
Document ID	Document Name	Document Type	Date Received	Document Category		
43012503	ISO MATCH	ISO MATCH	04/22/2013	Inv		
61505653	Surveillance	Investigation	10/21/2014	Inv		
61505655	Investigator bill	Investigation	10/21/2014	Inv		
61741102	Affidavit of Service	C-68.1	10/28/2014	Inv		

eCert Menu

Select Create/Renew Certificates under the eCert menu, and you will be directed to the Browse Certificates 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.

Workers' Compensation Online Services > eCertificate Search

Browse Certificates [Create New Certificate](#) [Renew Certificates](#)

Browse Certificates

To browse certificates, enter the information below and click "Search." All fields are required unless otherwise stated.

Policy Number

Certificate Number (optional)

Name, Address, Job Id, or Email (optional)





Sort by
Newest issued

[Advanced Search Options](#)


Certificate Type:
☒ All ☐ General ☐ Wrecking

Date Search Type:
☒ None ☐ Created ☐ Updated


A search by policy number returns a table of all active certificates, listing dates and certificate holder.

Certificates									
Click on a Cert # to view the details for that certificate. To view more certificates, click "Next."									
Showing 25 Certificates									
Cert #	Create Date	Certificate Holder	Job ID	Entity #	Loc #	Start Date	End Date	Clause	View
922890	05/23/2019	CERT_NAME	04324394-32	0	0	06/09/2018	06/09/2019	.EB...	
922871	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	
922889	05/22/2019	CERT_NAME	4564565	0	0	06/09/2019	06/09/2020	.EB...	
922887	05/22/2019	STEVE SMITH	987654	0	0	06/09/2019	06/09/2020	REB...	

TIP: Click the Adobe icon in the View column to quickly view, download and save, or print a certificate.

Cert #	Create Date	Certificate Holder	Job ID	Entity #	Loc #	Start Date	End Date	Clause	View
922871	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	

Click on the certificate number to view certificate details.

922871	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	
------------------------	------------	-----------------------	--	---	---	------------	------------	--------	---

Certificate Detail

Certificate Summary

Policy Number	98765432
Certificate Number	922871
Policy Status	Active
Certificate Type	General
Show on Renew List	Visible

Certificate Contact

Policyholder	ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 00001
Certificate Holder	TSIU TEST RENEW 15-16 TEST ALBANY, NY 12211

Certificate Status

Create Date	05/22/2019 11:00:05 A.M.
Update Date	05/22/2019 11:00:05 A.M.
User Name (Created/Updated)	JOHN TESTER

 View Certificate

Certificate Information

Start Date	06/09/2018
End Date	06/09/2019
Entity Number	0
Entity Name	
Entity Term Date	
Location Number	0
Location Address	
Location Term Date	
Certificate Emailed To	
✉ Certificate Holder	
✉ Policyholder	tester@nysif.com
Certificate Emailed On	
Certificate Mail-To	Policyholder
Extra-Territorial Phrase Added	No
Liability Phrase Eliminated	No
Waiver of Subrogation Added	No
Building Demolition Restricted	Yes

You can also view the PDF of the certificate from this screen by choosing "View Certificate."

Create a New Certificate

Select 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.

Create New Certificate

To create a certificate, select a policy number, click "Get Policy Info," and then enter the certificate details below.
All fields are required unless otherwise stated.

Policy Number

12345678

Get Policy Info

New Certificate

Policy Number

12345678

Policyholder Name

ACME FENCE CO.

Change Entity

Policyholder's Address

123 MAIN STREET
ANYTOWN, NY 00001

Change Location

Policy Period

Select	Start		End
<input type="radio"/>	06/09/2017	-	06/09/2018
<input type="radio"/>	06/09/2018	-	06/09/2019
<input checked="" type="radio"/>	06/09/2019	-	06/09/2020

Enter the Certificate Holder information. If you have previously created a certificate for this business, the system will search to match it.

Certificate Holder Information

Please note that out-of-country certificates cannot be issued via this online system.
If the Certificate Holder's address is outside the United States, please email certificates@nysif.com with your request.

Certificate Holder Name

CERT HOLDERS COMPANY, LLC

Matching Certificates (by name)
No certificates were found with a matching name.

Address Line 1

789 ELM STREET

Address Line 2 (optional)

SUITE 100

City

ANYTOWN

State

NY

ZIP Code

00001

+4 (optional)

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.

Certificate Options

Certificate Renewal Plan

Select an option

Select an option

Do not renew

Automatically renew for 1 year

Automatically renew for 2 years

Job ID (optional)

111 SOUTH ST PROJECT

Email Certificate To

Certificate Holder's Email (optional)

testing@nysif.com

Automatically renewed certificates will become available when the next policy period is established.

Job ID will display on the certificate in the Certificate Holder section and can be used for searches on the Browse Certificates screen.

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 you, as the policyholder, will be responsible for notifying the certificate holder.

Advance Notice of Cancellation (optional)

☒ Add following to the certificate:

"By causing this Certificate to be issued to the Certificate Holder, the Policyholder undertakes to provide the Certificate Holder XX calendar days' notice of any cancellation of the policy."

Note: By checking this box, I am causing this sentence to be placed on the Certificate and I agree to provide the Certificate Holder with advance notice of any cancellation of the policy by the number of calendar days I have selected.

Days' Notice

15

Select Days' Notice

5

10

15

20

25

30

Preview Certificate

Create Certificate

Choose "Preview Certificate."

[Preview Certificate](#)

[Create Certificate](#)

Preview Certificate

This is a preview of your certificate.
If it is correct, scroll down and click "Create Certificate".
Once the certificate is created you can view, print and/or save the certificate.

12345678
ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 00001

POLICYHOLDER
ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 00001

CERTIFICATE HOLDER 111 SOUTH ST PROJECT
CERT HOLDERS COMPANY, LLC
789 ELM STREET
SUITE 100
ANYTOWN, NY 00001

POLICY NUMBER 12345678	CERTIFICATE NUMBER *****	POLICY PERIOD 06/09/2019 TO 06/09/2020	DATE 6/19/2019
---------------------------	-----------------------------	---	-------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2077 080-6 , COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 15 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

Close

Create Certificate

Click the "Create Certificate" button.

September 11, 2020

32

Choose the "View Certificate" button to generate the certificate PDF. Please note it will open in a new window.

Certificate Issued

×

Your Certificate Number 922946 has been successfully created.

To view, print, or save the certificate, click "View Certificate."

Close

View Certificate


New York State Insurance Fund

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 01234567
ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 12345


SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 12345		CERTIFICATE HOLDER COUNTY DEPARTMENT 987 ELM STREET ANYTOWN, NY 12345	
--	--	---	--

POLICY NUMBER N 01234567	CERTIFICATE NUMBER 00000	POLICY PERIOD 07/01/2019 TO 07/01/2020	DATE 10/31/2019
------------------------------------	------------------------------------	--	---------------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 01234567, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND


DIRECTOR, INSURANCE FUND UNDERWRITING

U-26.3 VALIDATION NUMBER: 99999999

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.

Renew Certificates

For a full list of available certificates, select a policy number and click "Search." All fields are required unless otherwise stated.

Policy Number
98765432

Certificate Number (optional)
922871

Certificate Holder Name (optional)

Sort by
Newest Issued

☐ Continue to include advance notice of cancellation on certificates where the certificate being renewed included such language? (optional)

Note that by issuing renewed certificates containing advance notice of cancellation language you agree to provide the certificate holder with advance notice of cancellation of the policy by the number of calendar days indicated on the certificate.

[Advanced Search Options](#)

Search

This example displays a result of search by certificate number.

Certificates

Select the certificates to renew and click the Renew Selected Certificates button at the bottom of the page.

Showing 1 Certificates

Renew	Cert #	Period	Certificate Holder	Job ID	Entity #	Loc #	Clause	Create Date	View
<input type="checkbox"/>	922871	06/09/2018 - 06/09/2019	TSIU TEST RENEW 15-16 TEST ALBANY NY 12211		0	0	..B...	05/22/2019	

Renew Selected Certificates

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."

Certificates									
Select the certificates to renew and click the Renew Selected Certificates button at the bottom of the page.									
Showing 6 Certificates									
Renew	Cert #	Period	Certificate Holder	Job ID	Entity #	Loc #	Clause	Create Date	View
<input type="checkbox"/>	922920	06/09/2018 - 06/09/2019	KPK RENEWAL PLAN TEST 18-20 15 COMPUTER DR ALBANY NY 12205	AUTO RENEW 1 YR	0	0	.EB...	06/05/2019	
<input checked="" type="checkbox"/>	922871	06/09/2018 - 06/09/2019	TSIU TEST RENEW 15-16 TEST ALBANY NY 12211		0	0	.B...	05/22/2019	
<input type="checkbox"/>	922856	06/09/2018 - 06/09/2019	TEST DBOWEN 199 CHURCH STREET NEW YORK NY 10007		0	0	.EB...	05/14/2019	
Renewed	922849	06/09/2018 - 06/09/2019	STEVE SMITH 123 2ND AVE TROY NY 12180	TEST	0	0	.EB...	05/07/2019	
Renewed	922796	06/09/2018 - 06/09/2019	TEST TWO YEAR RENEW TEST ADDRESS TESTCITY NY 12345	z-74	0	0	.EB...	04/03/2019	
Renewed	922795	06/09/2018 - 06/09/2019	TEST 1554314497851 TEST ADDRESS TESTCITY NY 12345	z-74	0	0	.EB...	04/03/2019	
Renew Selected Certificates									

To renew all certificates displayed (15 per page), select the top check box in the Renew column and click the Renew Selected Certificates button.

A renewed certificate is automatically emailed to the certificate holder if a certificate holder email is present on the detail screen.

Validate a Certificate

EMPLOYER	CLAIMANT	INSURAN REPRESENT
Review My Account		
Validate/Subscribe to a Workers' Comp Certificate		
Validate a Disability Benefits Certificate		

Visit [nysif.com](https://www.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.

Workers' Compensation Online Services > Certificate Validation

Validate Certificate

To validate a Certificate of Insurance, enter the Policy Number and Certificate Number shown on the certificate and click "Validate Certificate." After validating the certificate, you may subscribe or unsubscribe from notifications for that certificate.

Policy Number
98765432

Certificate Number
922871

Validate Certificate



Alert me if this policy cancels

Certificate Validated

✓ This confirms that a Certificate of Insurance was issued with the following information:

Policy Info

Policy Number	98765432
Policyholder	ACME FENCE CO
Policy Period	06/09/2018 - 06/09/2019

Certificate Info

Certificate Number	922871
Certificate Holder	TSIU TEST RENEW 15-16

Notice of cancellation is only sent to subscribed Certificate Holders. Click "Manage Subscriptions" to subscribe to or unsubscribe from notifications for this certificate.

Manage Subscriptions

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

Invalid Certificate



No valid certificate found for Certificate 988765 Policy 98765432.

Please recheck the information and try again.

[I suspect my certificate is fraudulent.](#)

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.

Manage Subscriptions

To subscribe to or unsubscribe from notifications for this certificate, fill out and submit the Subscription options below.

Policy Number
98765432

Cert Number
922871

Subscription Options

Subscribe to or unsubscribe from certificate?

☒ Subscribe ☐ Unsubscribe

Select certificate notification delivery method

☒ Send to email address ☐ Mail to Certificate Holder

Email Address to Subscribe

Re-enter Address to Confirm

Subscribe

[Go to Certificate Validation](#)

✓ Thank you for subscribing to electronic notifications for Certificates of Insurance from the New York State Insurance Fund. Please be sure to add `certificate_notifications@nysif.com` to your approved sender list in your email to avoid notifications going to your Spam folder.

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.

Subscription Options

Subscribe to or unsubscribe from certificate?

☒ Subscribe ☐ Unsubscribe

Select certificate notification delivery method

☐ Send to email address ☒ Mail to Certificate Holder

Subscribe

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

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."



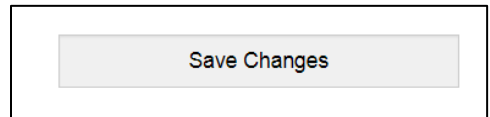
What Will I Need?

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)

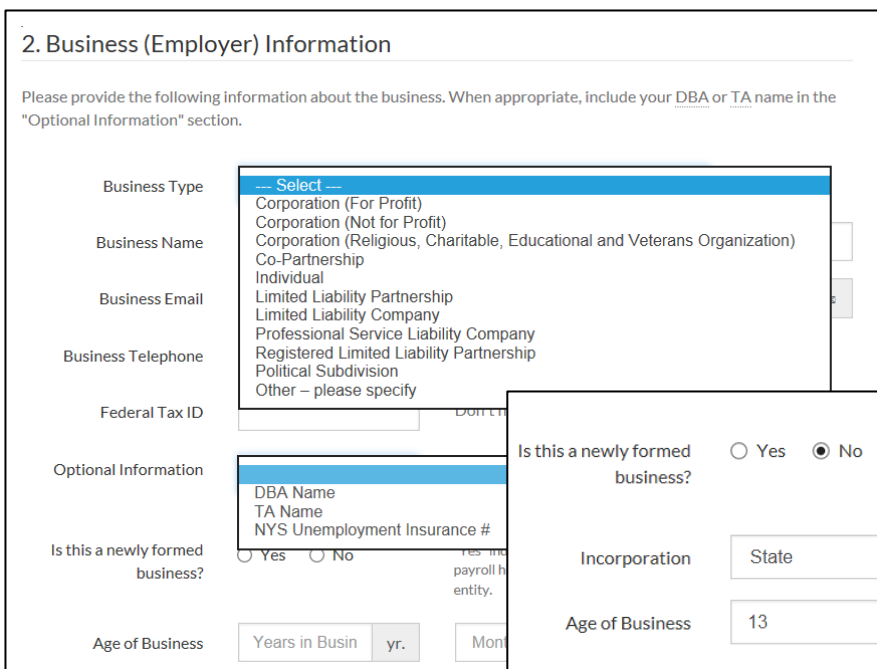

Saving your quote

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. Be sure to log in to your online account before beginning the quote process.

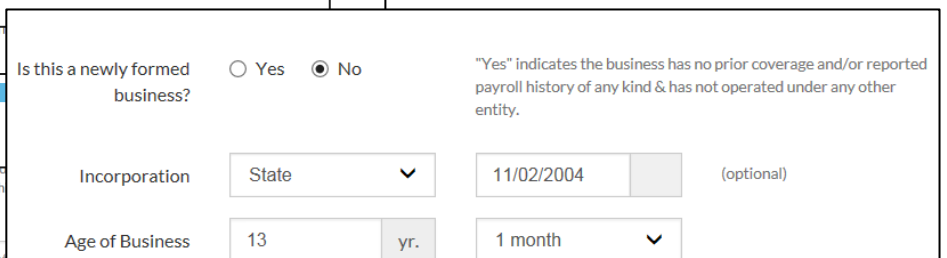


1. Enter the Effective Date

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

3. Owner/Officer Information

Please provide information on the sole proprietor, all executive officers, partners, elected or appointed officials, or members of governing boards, if applicable. List all such persons, regardless of whether they will be covered.

Owner Information

Name

First name

MI

Last name

You must choose a Title

Title

-- Select --

President

Vice-President

Secretary

Treasurer

Chairperson

Owner

Partner

Other

Duties

Home Address

Address Line 2

optional

City/State/Zip

City

NY

ZIP

Primary Telephone

Email

Annual Salary

\$

.00

Cover this individual?

☐ Yes

☐ No

Add a second officer or owner

Cover this individual?

☐ Yes

☐ No

Add a second 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.

Name

First name

MI

Last name

Officer information removed

Undo

4. Enter Address & Work Locations

4. Addresses & Work Locations

Contact Information

Please provide the mailing address of the employer.

Address Line 1

Street / PO Box

Address Line 2

optional

City/State/Zip

City

NY

ZIP

Business Locations

List all New York business locations to be covered.

A post office box (P.O. Box) is not acceptable as a location. Only New York State locations can be covered.

Main Work Location

Copy from Mailing Address

Street Address

City/State/Zip

City

NY

ZIP

Number of Employees

Is this the location where NYSIF should conduct an audit?

☒ Yes

☐ No

Payroll, tax and ownership documents must be present at the time of the audit.

Add a second work location

Additional Locations

Add additional work locations as necessary. To remove, click the red box.

Additional Work Location

Street Address

5. Other Entities

5. Other Businesses (Entities)

List all other businesses (employers) that you are seeking to cover under this policy. This means any business requiring coverage under this policy that operates under a different FEIN (Federal Employer Identification Number) and/or a separate set of payroll records. For each additional business listed, required forms must be submitted to determine whether it meets the requirements to be written under a single policy.

Are there additional entities to be covered? ☒ Yes ☐ No

Business information

Business Type

— Select —

Business Name

Business Telephone

Federal Tax ID

Don't have one? You can get an FEIN from [IRS.GOV](https://www.irs.gov)

Optional Information

DBA Name, TA Name, NY Unempl. Ins #

More

Add a second business

6. Workers' Compensation Carrier History

Workers' Comp History

Have the employer(s) seeking coverage or their executive officers, partners, elected or appointed officials, or members of governing boards been insured for workers' compensation? If yes, please provide the employer's workers' compensation experience for the latest five years.

☐ Yes ☐ No

If you answer **YES**, please complete the additional questions.

Prior Coverage Information

Policy Year

Annual Premium \$.00

Optional Information

Total Incurred Cost or Number of Claims

More

[Add a second policy year](#)

These amounts can be found on your loss runs from your current workers' compensation carrier.

A copy of loss runs and audit bills from prior insurers will be required.

Employer Rating History

If known, please enter employer's NYCIRB number, latest experience modification factor and the effective rating date.

NYCIRB #

Experience Modification Factor

Effective Rating Date 

7. Business Description

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

8. Business Description

Describe business operations

ex. "Tavern (150 seat) open 11 am to 4 am daily - no prepared food - no entertainment"

0/512

If the employer is a manufacturer include the raw materials, process, products and equipment used or produced. If the employer is a contractor or engaged in construction then describe the type of work performed including the work performed by subcontractors. If engaged in merchandise, wholesale or retail trade, describe the merchandise sold, types of customers and deliveries. If engaged in a service business describe the type of service performed and location(s) of such service. If engaged in farming include acreage, types and numbers of animals, machinery used and subcontracts.

8. Payroll Information

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

9. Payroll Information

Please list your estimated annual payroll by the type of work and duties for all your employees. If the official(s) has elected to be excluded from coverage, **do not** include their annual payroll.

Industry Filter	Professional and Office Services
Payroll information	Select a Description
Description	GOODS
Duties	Agriculture/Natural Resources/Mining (Crop, Animal, Fishing & Forestry)
Number of Employees	Construction/Contracting
Annual Payroll	Manufacturing
	SERVICES
	Trade, Transportation & Utilities (Stores & Dealers)
	Information Services
	Professional and Office Services
	Education and Health Services
	Leisure and Hospitality (Food Services)
	Miscellaneous/Other Services (except Public Admin)

In the description field, start typing a key word that best identifies the class code you are seeking.

Payroll information

Description	Payroll Description
Duties	Select a Description
Number of Employees	lawy
Annual Payroll	Professional and Office Services
	8820 - Attorney (Includes All Employees)
	Other - please specify

Add a second payroll group

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 Description

Select a Description

88

Professional and Office Services

8820 - Attorney (Includes All Employees)

8810 - Clerical Office Employees (Not Otherwise Classified)

8803 - Clerical Service Contractors: Traveling

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.

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. Acceptable verification consists of one of the following:

- Copies of Federal Tax Form 941 for the last four quarters
- Copies of New York State Tax Form NYS-45-MN for the last 4 quarters

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.

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.

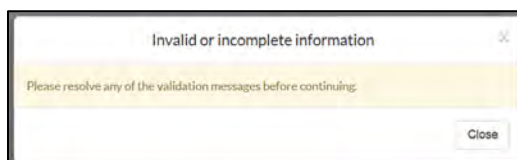
- ☐ We use subcontractors, independent contractors or 1099 employees.
- ☐ We lease employees to or from other employers.

Submitting your quote

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

Save Changes

Review



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

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

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

Make changes

Get a 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.

[eQuote](#) Request a Quote Submitted

Thank you for sending your quote request to NYSIF.

Your Quote ID is 5227859.
You should expect the Underwriter to contact you within two full business days via phone or email.

Please email or fax your loss runs, payroll verification, and any other pertinent documentation to the designated Underwriter.

Please note that you must include the Quote ID on the cover sheet of a fax or the subject/body of the email.

Underwriter

John Nysif
Underwriter - New York State Insurance Fund
E-Mail: jnysif@nysif.com
Phone: (518) 123-4567
Fax: (518) 123-4568

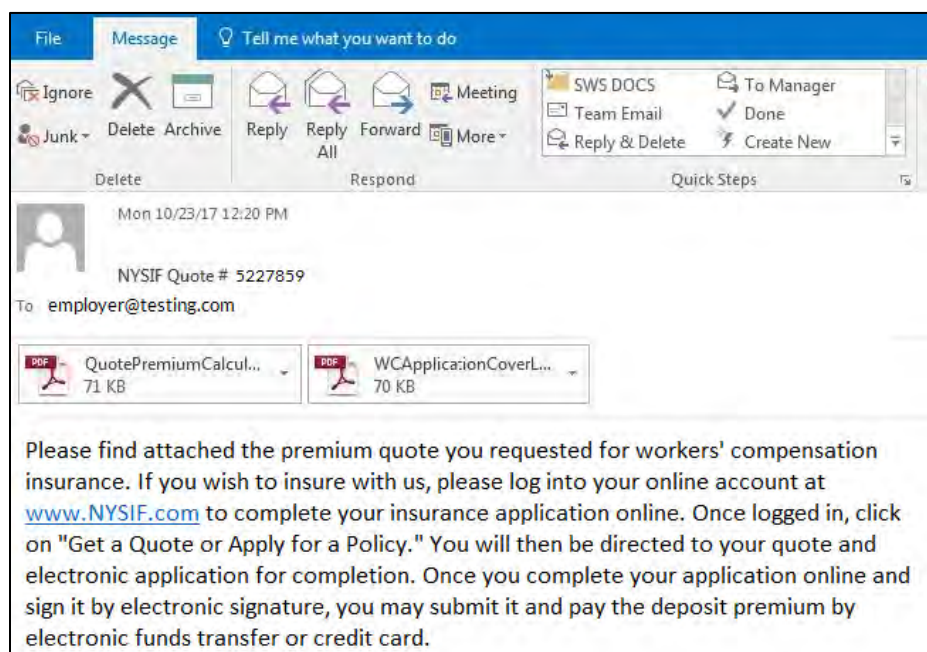
Once your quote is submitted, you will be able to view it via your online account. Visit nysif.com, log in, and choose "Get a Quote" from your landing page. The quote will appear there.

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

Request a Workers' Compensation Quote Ref #5227859

This quote request has been submitted. No further changes may be made.

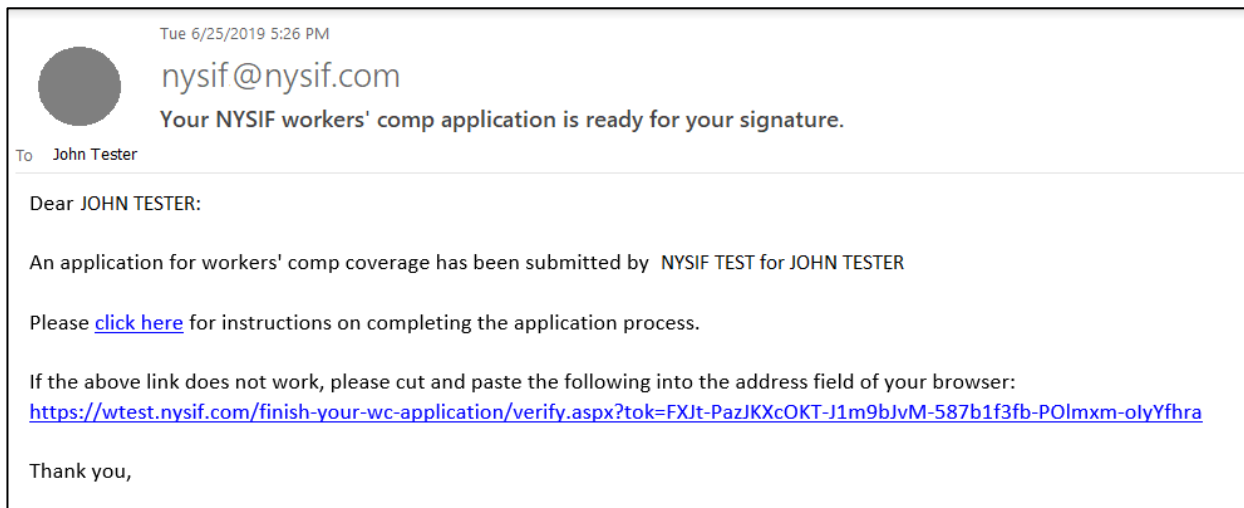
You will receive an email from NYSIF with a quote for premium. If you'd like to apply for coverage based on that quote, log in to your nysif.com account to complete an online application.



Applying for Coverage Online

Broker-submitted quote

POLICYHOLDERS: If your representative has submitted the quote on your behalf and has checked the box for “Electronically sign and pay online,” you will receive an email from NYSIF asking you to sign the application.



Click the link in the email and enter the zip code of the business for which the quote was created.

When you have authenticated by entering your zip code, you will be presented the opportunity to electronically sign and pay online.

Continue To Your Application

Please enter the five-digit ZIP Code of the primary business location:

Continue to Electronic Signature

ATN #: 2374659719 - Quote #: 5241475

***TIP:** Please have your checking account or credit information available before beginning this process.*

***TIP:** We also recommend you download a copy from DocuSign prior to beginning the electronic signature process.*

Please go to **page 47**.

Application – Sign Online & Pay Online

Once you've clicked submit, you will be redirected to DocuSign.

DocuSign

After submitting, allow time for page to load. Please do not close your browser or open another page as you are sent to DocuSign for electronic signature.

Thank you. Please wait while we prepare the application for an electronic signature.

This process may take up to 2 minutes. Please do not refresh this page, close your browser, or navigate to another page.

Preparing

You must check the box to agree to use electronic records and signature.

Please read the [Electronic Record and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS ▾**

DocuSign Envelope ID: EC6A4569-8300-4EBF-9150-19D8E6AFF596
NYSIF

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 - 5th Floor
www.docuSign.com

FOR OFFICE USE ONLY

ATN#: 2374023619
ICMS#:

June 25, 2019
Reference No. 5237477

APPLICATION FOR NEW YORK WORKERS' COMPENSATION

Any person who willfully makes a false statement or representation, deliberately conceals any material fact, or engages in any other fraudulent scheme or device, for the purpose of obtaining insurance in the New York State Insurance Fund, or for the purpose of aiding or abetting any person to obtain insurance in the New York State Insurance Fund, less than the proper rate for such insurance, or payment out of the New York State Insurance Fund, such person is not entitled, is guilty of a crime. In addition, the New York State Insurance Fund has the right of action to recover civil damages equal to three times the amount wrongfully paid, whichever is greater. This right of action is in addition to any other remedy available to the New York State Insurance Fund.

Applicant, please note:

CONTINUE **OTHER ACTIONS ▾**

- Finish Later
- Decline to Sign
- Help & Support
- About DocuSign
- View History
- View Certificate (PDF)
- View Electronic Record and Signature Disclosure
- Session Information

Click the yellow CONTINUE button to proceed.

To the right of the CONTINUE button is an "OTHER ACTIONS" menu which includes additional options. After selecting Continue, the document will be clearly visible. Click on START or the Sign box.

DocuSign Envelope ID: 105E26FC-93AE-4B14-834A-0078C27CBB80

START **NEW YORK STATE INSURANCE FUND**

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE **DRAW**

PREVIEW [Change Style](#)

DocuSigned by:
Testing Nysif
04D6AE91232D4DB...

DS
TN

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

The screen will gray out the document, and a pop-up box will open with the user's name pre-populated. DocuSign will convert the name into a signature. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created, the user must choose **ADOPT AND SIGN** to electronically sign the document.

DocuSign will insert the signature into the application.

Done! Select Finish to send the completed document. **FINISH** **OTHER ACTIONS**

CALCULATE MY WORKERS' COMPENSATION INSURANCE PREMIUM. I ALSO UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO NOTIFY THE NEW YORK STATE INSURANCE FUND OF ANY CHANGES IN:

- ☐ THE KINDS OF WORK WHICH THE BUSINESS IS DOING
- ☐ THE SIZE OF OUR WORKFORCE
- ☐ THE SIZE OF OUR PAYROLL
- ☐ THE BUSINESS OWNERSHIP OR BUSINESS STRUCTURE

Print or Type Name of Owner, Partner or Officer Signature of Owner, Partner or Officer

Date

Applicant, please note:

INFORMATION YOU PROVIDE IS PROTECTED BY THE PERSONAL PRIVACY PROTECTION LAW

The authority to obtain the personal information requested herein is found in Section 83 of the Workers' Compensation Law as supplemented by Section 450.1, 450.3 and 450.5 of Chapter VI of Title 12(c) of the Official Compilation of Codes, Rules and Regulations of the State of New York. The principal purpose for which the information is sought is to assist the New York State Insurance Fund in processing your insurance coverage with the New York State Insurance Fund, and its release is governed by the limitations of the Personal Privacy Protection Law. This information will be maintained by the Director of Underwriting, New York State Insurance Fund, 199 Church Street, New York, NY 10007.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION PLEASE CONTACT:


Underwriter: Phone Number: Fax Number: Email:


Click **Finish**. You will receive an email from DocuSign with a copy of the document.

Completed: Signature Request on Application from New York State Insurance Fund - ATN# 1234567890

To: John Tester

DocuSign





Your document has been completed

VIEW COMPLETED DOCUMENT

WC App
nysifapp@nysif.com

All parties have completed Signature Request on Application from New York State Insurance Fund - ATN# 1234567890

Pay Your Deposit Online

Electronic Signature Received

ATN #: 2374595319 - **Quote #:** 5240725

[Pay Deposit](#)

Our records indicate you have completed the electronic signature on your application. To view your signed application, please refer to the confirmation e-mail you received from DocuSign.

Once you have completed the DocuSign process, you will be directed to pay your deposit electronically through NYSIF's electronic payment vendor, KUBRA.

Choose the payment amount, indicate if you are the applicant or third-party payer and click **Submit ePayment**.

Make a Deposit Payment

ATN #: 12345678 **Quote #:** 5240725

To electronically pay your application deposit please select your payment amount and indicate if you are the applicant or a third-party payer. Click the Submit e-Payment button to continue.

Please note: NYSIF requires a minimum deposit of \$269.16 before your application can be approved. Any amount in excess of your required deposit will be applied to your next premium payment.

Payment Amount:

☒ Minimum Deposit (\$269.16)*
☐ Total Premium (\$269.16)
☐ Other

Pay Type: Applicant ▾


[Submit ePayment](#)

*Total amount required to issue coverage. This amount does not reflect previous payments.


You will be directed to the **KUBRA** website (our electronic payments vendor). Click "Go to Checkout."

NYSIF | Payment Center

[? Get Help](#) [1 item\(s\) Your Cart](#)


 **Your Payment Cart**

Application Number	Insurance Product	Deposit Due
000999888777	WC	\$730.76
Total Payment		\$730.76

Go to Checkout 

©2020 KUBRA

[Terms & Conditions](#) | [Privacy Policy](#) | [Site Map](#)

 **Payment Options**

Cart Items

1

Payment Amount

\$730.76

Application Number	Deposit Due
2375872520	\$730.76
Total	\$730.76

Back

How would you like to pay?


Bank Account >

Debit / Credit Card >

Add your bank or credit/debit card information.

Please note that KUBRA charges a 2.25% convenience fee for each credit card transaction.

Look Up Add Check Out Done

 **Enter Bank Account**

Bank Account Type

☐ Checking ☐ Savings

Routing Transit Number

Routing Transit Number

Bank Account Number


Confirm Bank Account Number

Account Holder Name

Account Holder Name

Where do I find my bank info?

Your bank account info can be found on a check for the account.



Back

Next

✓

Look Up

✓

Add

3

Check Out

4

Done

Enter Card Information

Card Number





Card Holder Name





Enter card holder's name


Back

Next

Supported Cards



Enter your receipt information; an email address is required. Check the box and add your mobile number if you would like text verification.

i

Enter Your Receipt Info

Name

Enter your Name

Phone Number

Enter your phone number

☐

Send receipt to my mobile phone

NEW!

?

Email

Enter your email address


+

Add more email recipients


Back

Next

Enter your mobile number and get your payment receipt sent to your mobile phone for easy access.



Review your payment details.




Review Your Payment Details

Total Payment

\$747.20

Payment Date

Jun 30, 2020

Application Number	Pay By	Service Fee	Deposit Due	Total
000999888777	 (9130)	\$16.44	\$730.76	\$747.20
Total Payment				\$747.20

A receipt will be sent to

☒ testing@nysif.com

☐ Text -


*Please note the full amount of the \$16.44 fee is passed to KUBRA as the provider of the service.


By clicking Pay, I agree to the fee and the [Terms & Conditions](#).


Back


Pay \$747.20


If you are ready to pay, choose the green button. A confirmation will display.

 Look Up

 Add

 Check Out

 Done




Your payment was successful


Your payment of **\$747.20** has been processed.

A payment receipt has been emailed to testing@nysif.com.

PRINT RECEIPT

Policy Number	Confirmation #	Details	Status	Amount
000999888777	123456789	Processed successfully		\$747.20
Total Payment				\$747.20

Done

Send Your Feedback 

You will receive an email confirmation of payment. Click "Done" to return to nysif.com.

Application – Mail Your Signed Application & Check Payment

Complete the application. **Uncheck** the box to sign and pay online.

Agree to NYSIF's User Agreement. Click **Submit**.

Apply for Coverage

☐ Electronically sign and pay online.
Please note that completing the process online will expedite processing.

☒ I agree to the New York State Insurance Fund [User Agreement and Privacy Policy](#)

Submit

Print your application and sign. Mail your application and payment to the address below. **Be sure to include the ATN or reference number on your check.**

**New York State Insurance Fund
Document Control Center - New Business
1 Watervliet Avenue Extension
Albany, NY 12206**

Thank you for submitting your Workers' Compensation Application,

You must now print, sign and mail the Application along with the required deposit.

[Get Application PDF](#) | 

Because you have declined to sign the application via DocuSign, please mail a signed copy of the application to the following address:

NEW YORK STATE INSURANCE FUND
DOCUMENT CONTROL CENTER - NEW BUSINESS
1 WATERVLIET AVENUE EXTENSION
ALBANY, NEW YORK 12206

Enclose a check for your deposit, payable to "New York State Insurance Fund."

This deposit is required before your application can be approved.

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.

Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Last Name

Job Title

Select a Job Title

Telephone Number

Numbers only - include area code

Email

Verify Email

Next

Choose Username and Password

All fields are required unless otherwise stated.

Username

Password

Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [-!#@\$%+?] characters

Confirm Password

Terms & Conditions

☐ By checking this box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

Sign Up

Previous



Domestic Household Worker – Quote Request

 Save

Fields marked with an asterisk (*) must be completed to submit the page.

1.* Requested effective date of insurance: *11/07/2019 (mm/dd/yyyy) 12:01 A.M., Eastern Standard Time. 

2.* Please list the type of work and duties for all your employees:

Description 	Duties	Number of Employees	
Type of Domestic worker - Select 	*	*	<input type="button" value="Add"/> <input type="button" value="Clear"/>
Type of Domestic worker - Select			
Domestic Part Time - Inside			
Domestic Part Time - Outside			
Domestic Full Time - Inside			
Domestic Full Time - Outside			

3.*

Last Name	Telephone #	E-mail:	
*	*	*	<input type="button" value="Add"/> <input type="button" value="Clear"/>

3a. Federal Tax ID : *999999999  [How to obtain a Federal Tax ID Number \(EIN\)](#)

3b. NYS Unemployment Insurance #: 999999999

4. What is the employer mailing address?

Address: * (street name and suite#)
 City: * State: *NY Zip: *



5.* List all business locations to be covered in New York State: (P.O. Box is not acceptable as a location. Only New York State locations can be covered.)

Address (List the main work location on the first line)	City	State	Zip Code	Number of Employees	
*	*	*NY	*	*	<input type="button" value="Add"/> <input type="button" value="Clear"/>

6.* Do you have a representative? ☒ yes ☐ no

Please enter information on your representative:

Name: Group Number: *90
 Address: (street name and suite#)
 City: State: NY Zip:
 Telephone: E-Mail:

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.

C-105 Notice of Compliance

*Policy Number(numbers only):
0123456-7

Submit

C-105 options for policy number: 0123456-7
Policy Status: Active
POLICYHOLDER POLICIES, INC
111 MAIN STREET
ANYTOWN, NY 00000

Form	Description	Print
C-105	To download Notice of Compliance - size 8 1/2" X 11" - As per Workers Compensation Law Section 51 , conspicuous posting of this notice is required by all employers in compliance with WCL rules & regulations stating they have secured the payment of compensation [insurance] to his/her employees and their dependents.	

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.

Prescription Benefits (PBM)

*Policy Number(numbers only):
0123456-7

Submit

Prescription Benefits (PBM) Form options for policy number: 0123456-7
Policy Status: Active
POLICYHOLDER POLICIES, INC.
111 MAIN STREET
ANYTOWN, NY 00000

Form	Description	Print
Workers' Compensation Temporary Prescription Services ID	Employees injured at work under your policy should bring the completed form to any pharmacy participating in the CareComp Network of CVS Caremark, along with their prescription(s).	
Important Notification Concerning Workers' Compensation Pharmacy Benefits	<ul style="list-style-type: none">• Post on employee accessible intranet or Internet website, or• Post in the same location where the Notice of Workers' Compensation Coverage is posted, or• Distribute a paper or electronic copy of the PBM Notice to all of your employees in New York State	
Aviso Importante Referente A Beneficios de Farmacias Para Compensación Obrera	<ul style="list-style-type: none">• Publicar en la intranet accesible para el empleado o en el sitio web en Internet,• Publicar en el mismo lugar donde se coloca el Aviso de cobertura de Compensación de trabajadores, o• Distribuir una copia electrónica o impresa del Aviso del PBM a todos sus empleados en el Estado de Nueva York.	

eSignature Forms

NYSIF has made its 10 most commonly-used workers' compensation forms available for electronic signature through DocuSign. This electronic process will expedite form submission.

Once a NYSIF underwriter initiates the electronic signature process in DocuSign, the policyholder will receive email notification that the online document is available to complete and sign electronically. In cases where more than one authorized signature is required, both signers will receive notification to complete the process. Once all recipients have successfully signed, both NYSIF and the policyholder will receive an email confirmation that the document has been executed, along with a link to the final form.

This table details the forms, a description of the form, and the signatures needed.

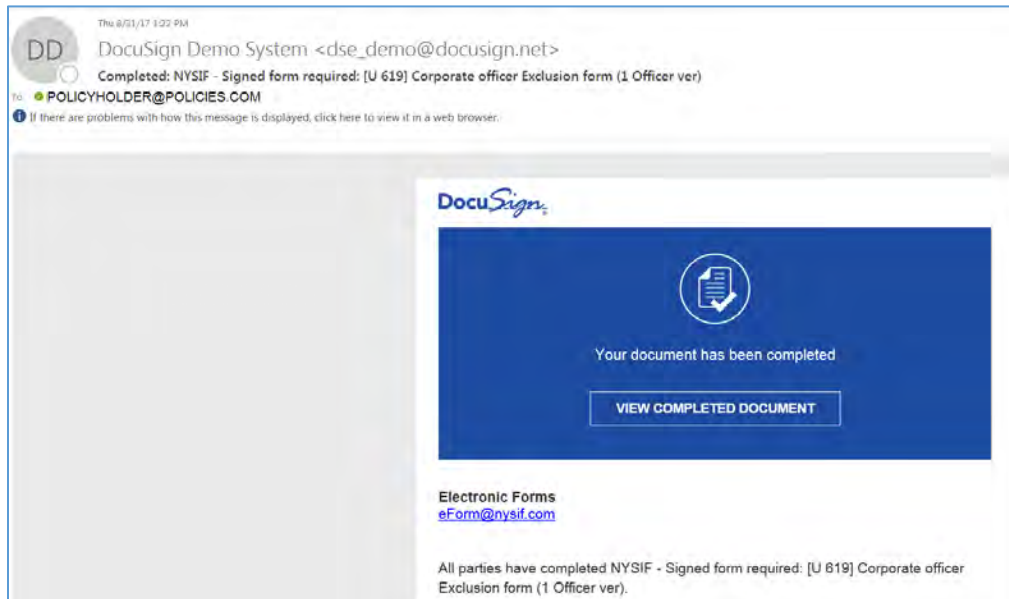
Title	Signers	Notes
[U-3] Assignment of Interest	1	This is a 1-signer workflow containing the U-3 (05/17) and U-3A (05/17) form. The sender must provide the Policy # reference for the form. Email Subj: NYSIF - Signed form required: [U-3] Assignment of Interest Agreement
[U-3] Assignment of Interest	2	This is a 2-signer workflow containing the U-3 (05/17) and U-3A (05/17) form. "Old firm signer" will sign first and fill in most of the fields on page one. "New firm signer" will sign afterwards and is responsible for most of the fields on page two. The sender must provide the Policy # reference for the form. Email Subj: NYSIF - Signed form required: [U-3] Assignment of Interest Agreement
[U-111] Inclusion of Additional Interest	1	This is a 1-signer workflow containing the U-111 and U-111A form. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U-111] Inclusion of Additional Interest
[U-431] Notice of election coverage of NY workers' compensation	1	This is a 1-signer workflow containing the U-431 Front and U-431 Reverse form. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U-431] Notice of election coverage of NY workers' compensation.
[U-445] Experience Rating Plan	1	This is a 1-signer workflow containing the U-445 (06/20/17) form. The sender must provide the Policy # reference for the form and the name of the assured. The applicant will complete all remaining fields. Email Subj: NYSIF - Signed form required: [U-445] Experience Rating Plan
[U-619] Corporate officer Exclusion form (1 officer ver w/U-617)	1	This is a 1-signer workflow containing the U-617, U-619, and U-619 Reverse form. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U 619] Corporate officer Exclusion form (1 Officer ver)
[U-619] Corporate officer Exclusion form (2 officer ver w/U-617)	2	This is a 2-signer workflow containing the U-617, U-619, and U-619 Reverse form. First officer will sign first and fill in most of the fields. The second officer will sign afterwards. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U 619] Corporate officers Exclusion form (2 Officers ver)
[U-627] Elective Coverage (w/U626 Letter)	1	This is a 1-signer workflow containing the U-627 and U-627 Reverse, with the U-626 cover letter. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U-627] Voluntary coverage for owners
[U-629] Notice of non-profit to exclude unsalaried executive officer	1	This is a 1-signer workflow containing the U-629 (C-105.52) form. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U-629] Notice of non-profit to exclude unsalaried executive officer
[U-765] Supplemental App for Roofing Contractors	1	This is a 1-signer workflow containing the 3 page U-765 (Rev. 6/17) form. The sender must provide the reference key for the form. Email Subj: NYSIF - Signed form required: [U-765] Supplemental Application for Roofing Contractors
[U-766] Certificate Request for Building Demolition	1	This is a 1-signer workflow containing the U-766 Rev. (06/17) form. The policy holder will provide all information, including the policy number. The sender must still click the "finish" button in docusign to send the document to the policy holder. Email Subj: NYSIF - Signed form required: [U-766] Building Demolition Questionnaire

You're done!

Thanks for using DocuSign.

After all recipients finish signing, you will receive an email with a link to the document.

(In the event two signatures are required, the first signer will receive the email form. Once they have completed their portion of the form, an email is automatically sent to the second signer.)



Billing Menu

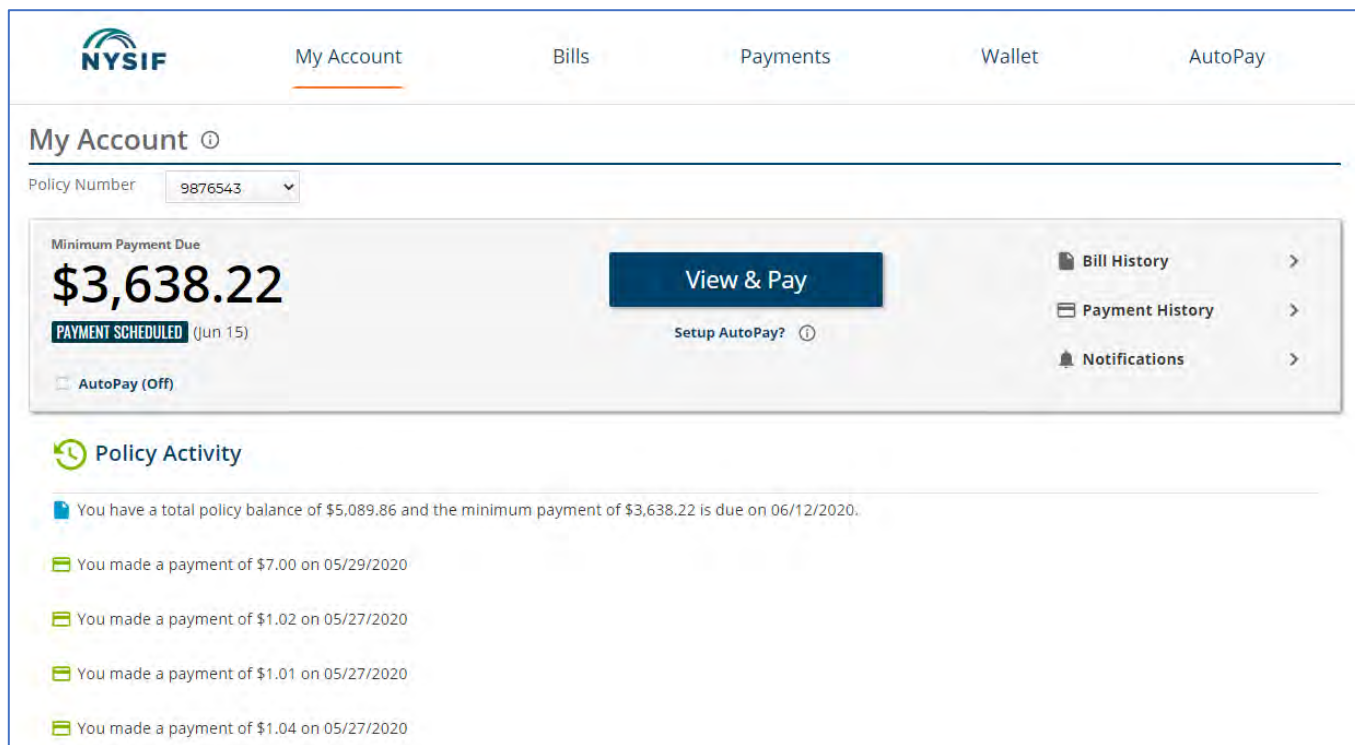
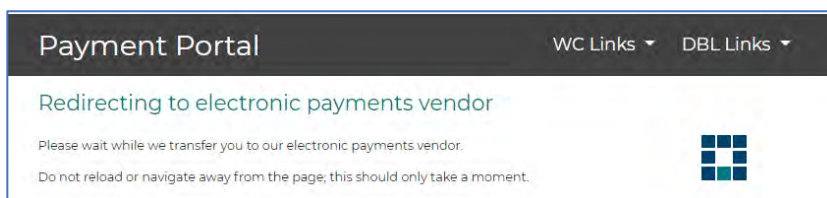
Pay My Bill

Choose the Billing box to view the “Pay My Bill” link.

Please note: choosing the “Pay My Bill” link when logged into your online account will allow for single sign-on (SSO) to our payment vendor. This means that your bill and payment information will be securely displayed on their site. Only the master account holder can make a payment using SSO.

If you choose to make a one-time guest payment without being logged in to nysif.com, these features will not be available to you.

Choose **Pay My Bill**. You will be redirected to our electronic payments vendor, Kubra. Your Kubra landing page will display several options to you.



Your policy number will be displayed, along with the minimum amount due for that policy. (If you have more than one policy with NYSIF, click the drop down to access other policy numbers. The page will be updated to reflect the new minimum amount due.)

View the KUBRA online payment [Terms and Conditions](#).

Make a one-time payment

Choose "View & Pay." Your latest bill for that policy will display, with a "Pay Now" button. Choose "Pay Now."

A screen will display with your choices. You can pay the minimum amount due, the total policy balance or another amount. Choose the date of payment and enter the credit card or bank account number. *KUBRA charges a 2.25% convenience fee for each credit card transaction.*

Payment Details ⓘ

Enter the details for this payment and click Continue

Payment of

☐ Minimum Amount: \$3,638.22

☐ Total Policy Amount: \$5,089.86

☒ Other Amount: \$ _____

Pay on

☒ Today *

☐ Due date (06/12/2020)

☐ Select Date

Pay with

Use a new card

Notes

* Payments made before 2pm Eastern Time will post to your account today and payments made after 2pm ET will post to your account on the next business day.

Add Card

Card type

☐ Credit Card

☒ Bank Account

☐ Pinless Debit

Bank account type:

Select Account Type

Account #

Required

Routing #

Required

Routing Transit # Account #

Nickname

My Bank Account

First name

NYSIFTEST

Last name

NYSIFTEST

Description (max 80 chars):

☐ Save To Profile

Choose **Continue**.

Review your payment. Choose the "Pay \$XXX.XX (the amount)" button to complete your transaction.

Payment Review ⓘ

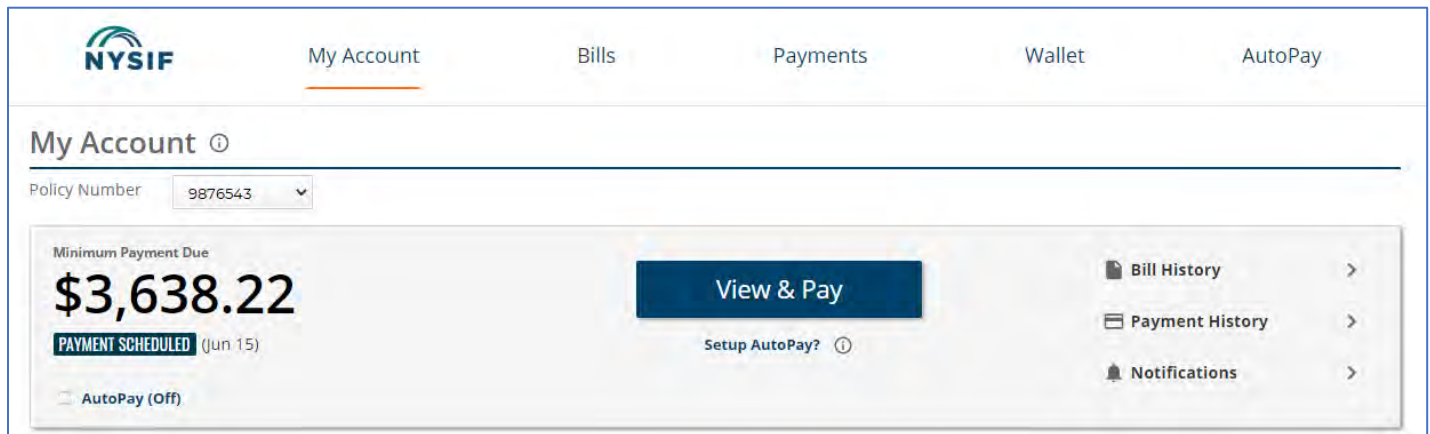
Please review your payment details

Payment for Policy 12652988

Pay On	Pay With	Payment Amount	Service Fee	Amount Charged	Edit details ⓘ
Jun 19, 2020	Credit Card	\$3636.99	\$81.83	\$3718.82	

Enroll in AutoPay

Choose either the “Set up AutoPay” link below the “View & Pay” button or choose it from the menu across the top.



NYSIF My Account Bills Payments Wallet AutoPay

My Account ⓘ

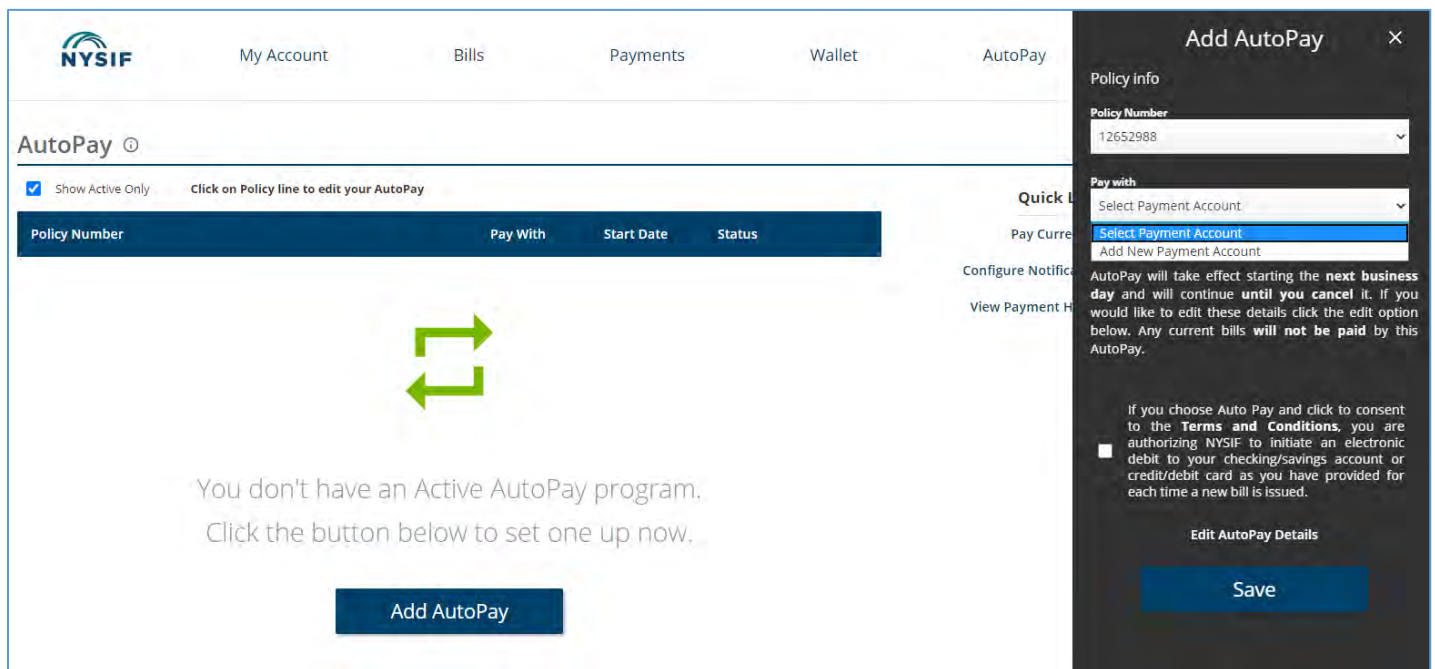
Policy Number 9876543

Minimum Payment Due
\$3,638.22
PAYMENT SCHEDULED (Jun 15)
AutoPay (Off)

View & Pay
Setup AutoPay? ⓘ

- Bill History >
- Payment History >
- Notifications >


On this screen, choose **Add AutoPay**. A pop-up will appear on the right side. Choose the policy number you wish to enroll. If you have not yet added a payment method to your wallet, you can do that now. Choose **“Add New Payment Account.”**



NYSIF My Account Bills Payments Wallet AutoPay

AutoPay ⓘ

☒ Show Active Only Click on Policy line to edit your AutoPay

Policy Number	Pay With	Start Date	Status
			

You don't have an Active AutoPay program.
Click the button below to set one up now.

Add AutoPay

Add AutoPay

Policy info

Policy Number 12652988

Pay with Select Payment Account

Pay Current Select Payment Account

Add New Payment Account

AutoPay will take effect starting the next business day and will continue until you cancel it. If you would like to edit these details click the edit option below. Any current bills will not be paid by this AutoPay.

If you choose Auto Pay and click to consent to the **Terms and Conditions**, you are authorizing NYSIF to initiate an electronic debit to your checking/savings account or credit/debit card as you have provided for each time a new bill is issued.

Edit AutoPay Details

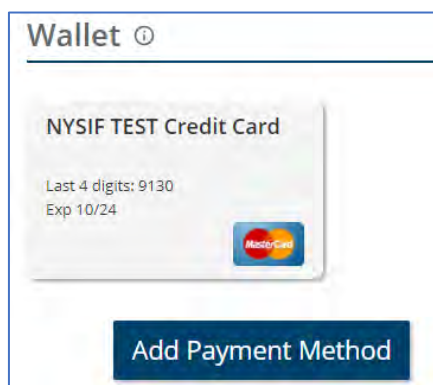
Save

You will be directed to your **Wallet** to add a payment method.

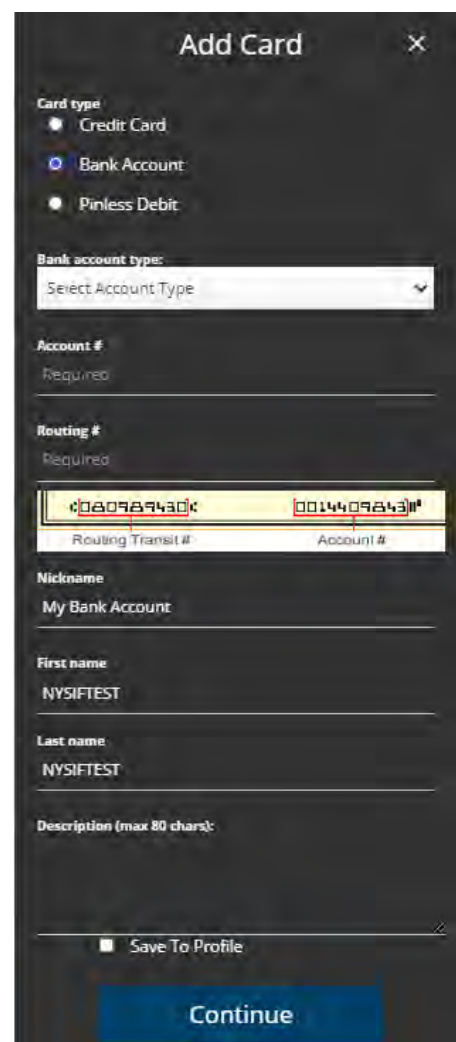
In Wallet, add the credit card or bank account you'd like to use. Please enter the digits carefully. You may add a nickname for the account, such as "Work credit card," etc.

Once you've added a payment method, it will appear in your Wallet. You can add other payment methods if necessary.

KUBRA charges a 2.25% convenience fee for each credit card transaction.

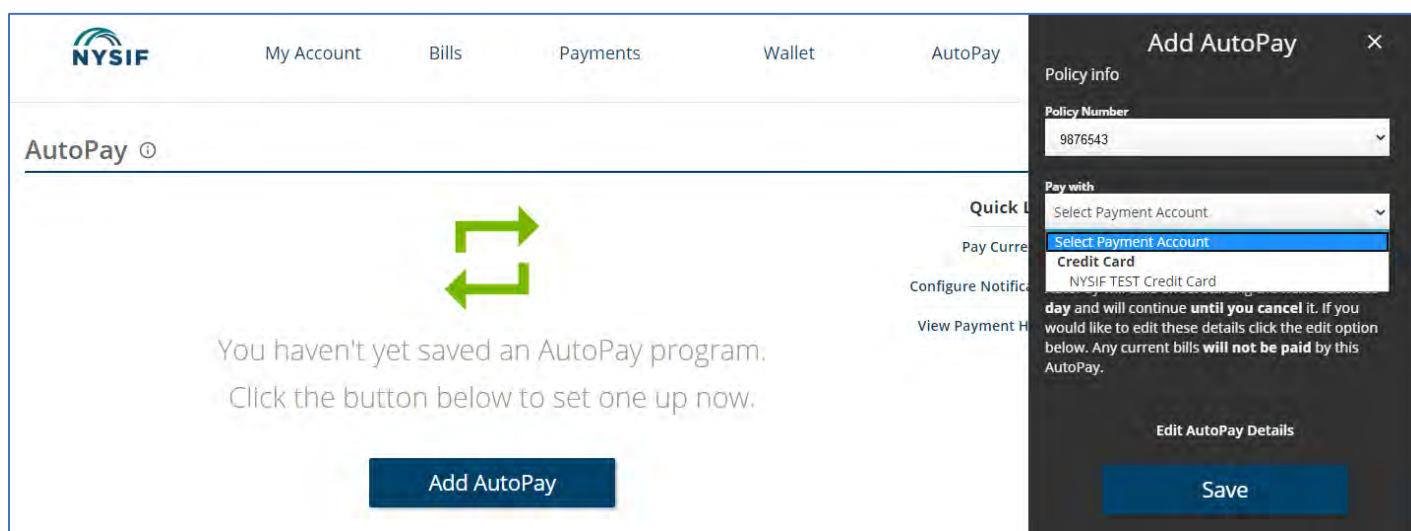


The screenshot shows the 'Wallet' section of the NYSIF portal. It features a placeholder for a 'NYSIF TEST Credit Card' with details: 'Last 4 digits: 9130' and 'Exp 10/24'. Below the card placeholder is a blue button labeled 'Add Payment Method'.



The 'Add Card' form is displayed on a dark background. It includes the following fields: 'Card type' with radio buttons for 'Credit Card', 'Bank Account', and 'Pinless Debit'; 'Bank account type' with a dropdown menu; 'Account #' and 'Routing #' both marked as 'Required'; a masked card number field; 'Nickname' with the example 'My Bank Account'; 'First name' and 'Last name' both with the example 'NYSIFTEST'; and a 'Description (max 80 chars)' field. At the bottom, there is a 'Save To Profile' checkbox and a blue 'Continue' button.

Return to the AutoPay screen. Choose **Add AutoPay**. Select the policy you wish to enroll and the payment method. **Click Save.**



This block contains two screenshots. The left screenshot shows the 'AutoPay' section of the NYSIF portal, which includes a navigation bar with 'My Account', 'Bills', 'Payments', 'Wallet', and 'AutoPay'. The main content area has a green double-headed arrow icon and the text: 'You haven't yet saved an AutoPay program. Click the button below to set one up now.' Below this is a blue 'Add AutoPay' button. The right screenshot is the 'Add AutoPay' modal, which includes a 'Policy info' section with a 'Policy Number' dropdown (showing 9876543), a 'Pay with' section with a dropdown menu (showing 'Credit Card' and 'NYSIF TEST Credit Card'), and a 'Save' button at the bottom.

A screen will appear to confirm your selection.

AutoPay ⓘ			
Policy Number	Pay With	Start Date	Status
1****2988	NYSIF TEST Credit Card	06/22/2020	Active >


Set up the details for your AutoPayments

Double-click your policy number. This will take you to your details page where you can choose an end date, the amount of the AutoPayment and the date you'd like your payment made.

Edit AutoPay ⓘ

Update the settings for AutoPay

Any current bills will not be paid by this AutoPay


 Policy info

Policy Number

9876543


Pay With

NYSIF TEST Credit Card


 End Date

Remain Active

☒ Until Further Notice

☐ Until 

☐ For the next payments

 Payment Instructions

Pay

☒ Minimum Payment Due

Because your annual policy premium may change as the result of certain activities or transactions, please note that your minimum payment due may fluctuate each month.

☐ On Due Date

☒ Day(s) Before Due Date

Back

Save

Notifications

If you use SSO to make a payment through Kubra, you can also take advantage of their notifications and reminders. These options are available for both email and text:

Notifications ⓘ

Delivery Channels: Email (on) Text (off)

Advanced Notifications

Notification	Email	Text
Delivery Configuration		
Notification Channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
New Bill and Payment		
Notify me of a new bill by	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remind me 5 days before due date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remind me 3 days after due date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Payment		
Payment confirmations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancelled payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rejected Payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AutoPay		
Scheduled AutoPay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aborted AutoPay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved AutoPay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Expired AutoPay	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Back

Save

Using the menu across the top of your Kubra home page, you can also view monthly bills and previous payments made via Kubra.

Bills ⓘ

Policy Number 12652988

Apply filter? ⓘ

<input type="checkbox"/>	Policy No	Insurance Product	Due Date ▾	Type	Total Policy Balance	Minimum Payment Due	
<input type="checkbox"/>	12652988	WORKERS' COMP	Jun 12, 2020	Bill	\$5,101.19	\$3,656.55	>
	12652988	WORKERS' COMP	May 13, 2020	Bill	\$5,106.34	\$2,939.36	>

KUBRA Online And Phone Payments ⓘ

This page only shows payments made online or by phone. Payments by checks are not shown.

Policy Number 9876543

Apply filter? ⓘ

Date ▾	Insurance Product	Type	Source	Status	Amount	
06/15/2020	WORKERS' COMP	Bank Account	EZ-PAY	Approved	\$1.23	>
06/11/2020	WORKERS' COMP	Bank Account	EZ-PAY	Approved	\$2.22	>
06/09/2020	WORKERS' COMP	Bank Account	EZ-PAY	Approved	\$1.11	>
06/01/2020	WORKERS' COMP	Bank Account	EZ-PAY	Approved	\$1.00	>
05/29/2020	WORKERS' COMP	Pinless Debit	e-Bill	Approved	\$7.16	>

View Monthly Bills

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

Monthly Bills

Policy Number
33333333

Get Monthly Bills

STATE INSURANCE FUND
PRODUCTION CONTROL POLICY # 5, 199 CHURCH ST USWS-7TH FLOOR

Policy Status: Active

Bill Date	Previous Balance	Payment Received	Other Credits	New Charges	Other Debits	Balance Due	Minimum Due	Bill Number	Download
05/29/2020	\$ 2,939.36	\$ -5.15	\$ 0.00	\$ 722.34	\$ 0.00	\$ 3,656.55	\$ 3,656.55	58487823	
04/30/2020	\$ 2,217.02	\$ 0.00	\$ 0.00	\$ 722.34	\$ 0.00	\$ 2,939.36	\$ 2,939.36	58359121	
03/30/2020	\$ 1,494.68	\$ 0.00	\$ 0.00	\$ 722.34	\$ 0.00	\$ 2,217.02	\$ 2,217.02	58221819	
02/28/2020	\$ 732.34	\$ 0.00	\$ 0.00	\$ 762.34	\$ 0.00	\$ 1,494.68	\$ 1,494.68	58074556	
01/30/2020	\$ 1,494.68	\$ 0.00	\$ -1,494.68	\$ 732.34	\$ 0.00	\$ 732.34	\$ 732.34	57941872	

[Pay My Bill](#)

Policy Menu

Account Summary

Choose "Account Summary" from the Policy menu.

Account Summary

Policy Number
01234567

Get Summary Information

ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 12345

Policy Status: Active

Summary Information for Policy Number : 01234567

Current Policy Period 11/30/2017 - 11/30/2018

Summary Information

Previous Payments

go to Monthly Bills ➔

Policy No:	01234567
Policy Status:	ACTIVE
Current Balance:	25,550.99
Last Payment Posted:	
Last Payment Posted on:	
Minimum Amount Due Now	25,550.99
Information as of:	02/06/2018
Next Statement Date:	02/28/2018

Minimum Amount Due includes past due amount of \$24,681.09

Monthly Statement may or may not be mailed if you have a credit balance, or owe less than \$30.

[Pay your bill](#)

View previous payments and monthly bills using the top tabs.

Summary Information	Previous Payments	go to Monthly Bills ➔
Description	Date	Amount
Payment	01/24/2018	1,236.77 CR
Payment	12/21/2017	1,279.39 CR
Payment	11/20/2017	1,184.05 CR

Earned Premium Audit (Audit Documents)

To view your policy's Premium Audit information, click the "Earned Premium Audit" link on your landing page. Your policy's audit history will be displayed. To review specific audits, 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)

Earned Premium Billing Audit Inquiry System

Please Note: Exit Interview Forms and Audit Worksheets, if available, are viewable on this portal for the last 4 Renewal Dates only.

NYSIF Policy Number
999999999

NYSIF Renewal Date
(All Renewal Dates)

Search Clear

List Of Audits For Policy

Policy Number: 99999999
Renewal Date: (All Renewal Dates)
Audit Number: 0123456789
Pay Plan: Quarterly
Audit Count: 1
Location Count: 1
Rating Date:

Audit Number	Issue Date	Status	Audit Period	Group Number	Auditor	Exit Interview Form	Audit Worksheet
12345678	05/10/2017	Released to PAD	10/02/2013 - 10/02/2014	90	JAMES Nysif	view	view
98765432	10/08/2010	Released to PAD	10/02/2009 - 10/02/2010	90		N/A	N/A
00011122	10/05/2009	Billed	10/02/2008 - 10/02/2009	90		N/A	N/A
55555555	10/03/2008	Billed	10/02/2007 - 10/02/2008	90		N/A	N/A
11111233	10/03/2007	Billed	10/02/2006 - 10/02/2007	90		N/A	N/A
00000078	10/06/2006	Billed	10/02/2005 - 10/02/2006	90		N/A	N/A

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.

Audit Serial Number: 12345678

Review Type	N/A	Total Payroll	\$0.00	Billed	N/A
Policy Name	C	Other Payroll	N/A	Auditor Name	JAMES NYSIF
Policy Number	99999999	Audit Appointment Date	N/A	Auditor Number	2
Group Number	90	Audit Status	Active	History	N/A
Renewal Date	10/02/2013	Audit Process Dates		Audit Start Date	10/02/2013
Rating Date	N/A	Created	05/10/2017	Audit End Date	10/02/2014
Policy Status	ACTIVE	Completed	N/A	Period End Date	10/02/2014
Pay Plan	Quarterly	Payroll Audit Review	N/A	Bill Code	N/A
Class Lines	1	Underwriting Review	N/A	Location Count	1
				Audit Rating	N/A

Line Number	Class Code	Region	Payroll	Rate
1	8044		\$0.00	\$5.58

Close

Exit Interview Form

Click "View" under Exit Interview to view those documents.

PAD EXIT INTERVIEW FORM - AUDIT

Policyholder: ACME FENCE COMPANY	Policy Number: 12345678
Audit Number: 566666-6	District Office: Z
Audit Period: 07/01/2014 to 07/01/2015	Auditor: A.PADTEST1
	Group Number: 109
	Audit Date: 04/06/2017

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

Class Code	Class Description	Audited Payroll	Declaration/Renewal Payroll	Payroll Difference	Manual Rate	Premium Difference
4558	PAINT MFG--U	\$104,000.00	\$156,700.00	(\$52,700.00)	5.03	(\$2,650.81)
8809	EXECUTIVE OFFICERS N.O.C. ETC--U	\$45,000.00	\$46,800.00	(\$1,800.00)	0.32	(\$5.76)
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$11,000.00	\$12,000.00	(\$1,000.00)	0.31	(\$3.10)

Premium Difference (Manual Rate): \$ -2,659.67

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, NYSIF 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 rebill adjustment.

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

Class Code	Officer/Principal	Title	Duties	Amount Included
8809	JOHN ACME	President	Office Admin and Management	\$45,000.00

3. You will be charged an additional \$ 0 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 NYSIF. (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.

THIS IS A COPY OF THE AUDIT COMPLETED BY A PADTEST1 ON 04/06/2017. WE VALUE YOU AS A CUSTOMER AND APPRECIATE YOUR BUSINESS. PLEASE CALL ME IF I CAN BE OF FURTHER ASSISTANCE.					
Audit Number: 987654			Policy Number: 12345678		
Audit Period: 07/01/2014 - 07/01/2015			Policy Period: 07/01/2014 - 07/01/2015		
Assured Address: Acme Fence Company 123 Main Street City, NY 11111 Phone: 518-555-1212			Audit Address: Johnson CPA 456 Elm Street Anytown, NY 00000 Phone: 518-222-5151		
Entity: Acme Fence Co Inc					
EXECUTIVE OFFICERS					
Title	Name	Gross Payroll	Amt. Included	Code	Description Of Duties
President		45,000	45,000	8809	Office Admin and Management

Audit No: 666666-6

Policy No: 12345678

Assured: ACME FENCE COMPANY

Entity: ACME FENCE CO INC.

PAYROLL DETAILS

A	B	C	D	E	F	G	H
(+/-) Total			(-)	(-)	(-)	(-)	(-)
Class Code		9501	8809	9501	8810	8742	8810
Territory		T9	T9	T9	T9	T9	T9
Title			President				
Name/Desc			JOHN ACME	reclassified from maNAGERS	managers	customer relation	admins
Jul/2014	\$512,399	\$0	\$19,320		\$46,123	\$21,244	\$19,204
Aug/2014	\$651,706	\$0	\$24,038		\$59,000	\$26,875	\$21,430
Sept 2014	\$654,602	\$0	\$41,665		\$59,577	\$24,576	\$24,722
october 2014	\$539,676	\$0	\$19,320			\$22,367	\$35,840
Total	\$2,358,383	\$0	\$104,343		\$164,700	\$95,062	\$101,196
Officers Adjust			\$34,200				
Other Adjust.				\$32,940	-\$32,940	-\$1,219	-\$28
Const. P.L.							
Charge		\$0	\$34,200	\$32,940	\$131,760	\$93,843	\$101,168

Audit No: 666666-6				Assured: ACME FENCE COMPANY				
Policy No: 12345678				Entity: ACME FENCE CO INC				
RECONCILIATION								
SUMMARY				RECONCILIATION		REPORTS		
Terr.	Code	Fed	Rated As	Payroll	Description	Values	Description	Values
9	9501	N		\$933,452	Total summary payroll	\$2,224,458	3q14	\$1,818,707
9	8809	N		\$34,200	Prior period	\$0	october 2014	\$539,676
9	8810	N		\$311,271	Subsequent period	\$0		
9	8742	N		\$93,843	Adjustment for Class [9501]	-\$7,606		
9	4511	N		\$434,708	John Acme, president	\$70,143		
9	3372	N		\$416,984	Adjustment for Class [8810]	\$32,968		
					Adjustment for Class [8742]	\$1,219		

Clicking on the Endorsement Name will display the endorsement text.

Choose the "List of All Endorsements" button to display the full list.

September 11, 2020

NYCIRB Rating Data

Enter the policy number.

Click the Sheet # to view the NYCIRB data for that entity and time period.

New York State Compensation Insurance Rating Board Information

Policy Number

0123456-7

Submit

Policy #	Board #	Sheet #	Risk Name	ISSUED Date	Eff Date	Exp
01234567	600086	1505603	ACME FENCE COMPANY	10/03/2015	07/01/2014	1.08
01234567	600086	1483551	ACME FENCE COMPANY	08/04/2015	07/01/2014	1.08
01234567	600086	1482231	ACME FENCE COMPANY, INC. DBA ACME	07/01/2015	07/01/2014	1.08
01234567	600086	1408544	ACME FENCE CO., INC.	02/03/2014	07/01/2014	1.12
01234567	600086	1508602	ACMECO	10/03/2015	07/01/2013	0.94
01234567	600086	1350891	ACMECO	02/02/2013	07/01/2013	0.94

NY CIRB RATING DATA

Print this pagePrint this page

Save this file

07/01/2014
EFF. Date of
Rtg

INSURED and LOCATION

ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 00000

R 0000000
Board File
No.

10/03/2015
Issue Date

CODE NO.	CLASSIFICATION	MANUAL RATE
0000	Governing Classification to Apply	0.00
3372	Galvanizing or Tinning	0.00
3372	Electroplating	0.00
3372	Electroplating	0.00
4511	Analytical Chemist	0.00
9501	Painting-Shop Only-& Drivers	0.00
14	RATING TERM: EXPERIENCE MODIFICATION: 1.08	

Part I	1) POLICY YR	2) CLAIM NO.	3) ACTUAL INCURRED LOSSES	4) PRIMARY ACTUAL LOSSES
Exhibit of Actual Losses	Total by Policy Year of All Cases Equal To Or Less Than \$10000	2012	9675	9675
		2011	17359	17359
		2010	6462	6462
	Individual Cases Greater Than \$10000	2012	66471.244	10000
		2012	65833.477	10000
		2011	65697.831	10000
		2010	64752.71	10000
		(a)	(b)	
	(c) ACTUAL EXCESS (a) - (b) = 35539	Total	109035	73496

PART II	5) CLASS CODE	6) POLICY YR	7) PAYROLL	8) EXP LOSS RATE	9) EXP LSS 7)x8)/100	10) D RATIO	11) PRI EXP LSS 9)x10)
Exhibit of Expected Losses	3372	2012	1096092				
		2011	1171459				
		2010	1153817	2.06	70480	0.20	14096
	4511	2012	1011485				
		2011	1086285				
		2010	979600	0.38	11694	0.23	2689
	8742	2012	194780				
		2011	229690				
		2010	280289	0.17	1197	0.21	252
	8809	2012	189600				
		2011	182000				
		2010	189800	0.08	450	0.23	104
	8810	2012	995388				
		2011	987543				
		2010	907910	0.08	2312	0.26	601
	9501	2012	2607406				
		2011	2544897				
		2010	1830777	1.28	89384	0.29	25922
		(d)	(e)				
	(f) EXPECTED EXCESS (d) - (e) = 131853	Total	175517				43664

PART III	12) PRIMARY LOSSES	13) B VALUE + WX(c) COL 16	14) (I-W)X(f) BOTH COL'S	15) TOTALS	16) ACTUAL	17) EXPECTED	18) EXP MOD
Rating Procedure	W	(b)	0.12	I-W	(g)	(h)	(g)/(h) 1.08
		73496	62365		251892	233617	
		43664	73922				
		116031	116031				
		116031	116031				

Payroll Reporting

Most policies are audited in person by a NYSIF auditor. In certain cases, a policyholder may submit an underwriting payroll report (DP-517) or a self-audit report, instead of an actual audit. A policyholder who receives a payroll report or a self-audit report should be sure to follow the instructions on the form and complete and return it to NYSIF within 30 days.

NYSIF reserves the right to perform an actual audit to verify the information submitted by the employer.

Eligible policyholders can submit a payroll report online at <https://www.nysif.com/wcpayroll/>. Follow the instructions below.

If you are unable to verify your payroll online, you may obtain a paper form at [nysif.com/verifyprint](https://www.nysif.com/verifyprint).

STEP 1. Enter the policy number and the report number from your paper payroll report.

Click NEXT.

Workers' Compensation Online Payroll Report

Login

Need Help? Call your Policy Representative at 1-800-865-4714
Monday - Friday 8am - 5pm

Step 1
Start

Step 2
Verify Policyholder Info

Step 3
Ownership Info

Step 4
Worker Info

Step 5
Other Worker Info

Step 6
Review & Submit

Step 7
Successfully Submitted

Start

Please provide the following information which can be found on the letter you recently received requesting your payroll information. Your actual payroll is needed to ensure your final premium is accurate.

If you received a **PAYROLL REPORT** or **SELF AUDIT REPORT** with a Document Number in letter/number format such as A1B2C3D4E5F6, please [click here](#) to report your payroll.

Policy Number

Report Number

☐ I read and accept NYSIF's [User Agreement and Privacy Policy](#)

☐ I verify that all the information provided here is true, complete and accurate.

Next

Policy Number 00112233
Report Number 99999999
Report Period 12/27/2018 - 12/27/2019

Verify Policyholder Information

Policyholder Name

NYSIF WIDGET SELLERS

Address Line 1

123 MAIN STREET

Address Line 2

City

ANYTOWN

State

NY

Zip Code

00001

Phone

222-555-1212

Email

TESTINGWIDGETS@NYSIF.COM

Legal Business Structure

CORPORATION

Business Description

8810 - CLERICAL OFFICE EMPLOYEES

Federal Employer Identification Number (FEIN)

00-1112223

Edit

Confirm

Previous

Next

STEP 2. Confirm (or edit, if necessary) your business information. Click NEXT.

STEP 3. Enter Ownership information. Click NEXT.

Owner/Officer/Member/Partners Information

Enter Owner/Officer/Member/Partners gross wages below (if none, enter 0). We need this information to properly adjust and process the payroll for the individuals listed below.

Name	Title	Work Type Description	Total Gross Wages for the Period	Actions
Ranji	Developer	8810 - Clerical Office Employees	\$130,00	<div>Edit</div> <div>Delete</div>
<input type="text" value="John"/>	<input type="text" value="Owner"/>	9060 - Clubs: Golf, Fishing or Yacht ▲	<input type="text" value="\$200,00"/>	<div>Save</div> <div>Delete</div>

+ Add Owner/Officer/Member/Partner(s) if Applicable

Previous

Next

STEP 4. Enter Worker Information. (Depending on your Class Code, this screen could display slightly differently.) **Click NEXT.**

Worker Information

Enter below the total gross wages (**all employees including Owner/Officer/Member/Partners**) by work type.

If your policy covers multiple businesses (covered entities), please provide the total gross payroll for all businesses below.

Work Type Description	# of Employees	Total Gross Wages for the Period	Overtime Included in Total Gross Wages	Actions
8810 - Clerical Office Employees (No...	66	\$66	\$666	 Edit
9060 - Clubs: Golf, Fishing or Yacht ▾	<input type="text" value="4"/>	<input type="text" value="\$44"/>	<input type="text" value="\$444"/>	 Save  Delete

Entering the Amount of **Overtime included in Total Gross Wages** enables us to lower your premium by reducing gross wages to account for overtime

[+ Add Additional Work Type if Applicable](#)

STEP 5. Enter any additional wage information, if applicable. Click NEXT.

Other Wage Information

Did you issue 1099's to individuals who performed work for you?

☒ Yes

☐ No

Please enter total 1099 payments

\$1,000

1099 Employee Payments include payments to individuals who work primarily for you and are not paid through your regular payroll process.

Did you use casual labor for the report period?

☒ Yes

☐ No

Please enter total casual labor payments

\$2,000

Casual Labor includes cash or check payments to individuals for short duration work or day labor who are not paid through your regular payroll process.

Did you lease employees to or from other employers for the report period?

☐ Yes

☒ No

Employee Leasing occurs when an employer contracts with another firm for some or all of its employees.

Did you employ any unpaid individuals (Relatives, Volunteers, Interns, etc.) for the report period?

☐ Yes

☒ No

Unpaid individuals are persons who perform work or services for an employer who receive no compensation.

Did you use any subcontractors for the report period?

☐ Yes

☒ No

A subcontractor is a business or person that carries out work for a company as part of a larger job or contract.

Business Revenue Information

Please tell us your total gross revenue.

Gross Revenue: Total gross revenue includes gross sales or gross receipts for the report period.

STEP 6. Review and Submit. Review all information carefully.

Summary

Employer Information

Policyholder Name	NYSIF WIDGET SELLERS	Legal Business Structure	CORPORATION
Policyholder Address	123 MAIN STREET	FEIN	00-1112223
City	ANYTOWN	Business Description	8810 - CLERICAL
State	NEW YORK	Total Gross Revenue	\$150,000
Zip Code	00001		
Phone	222-555-1212		
Email	TESTINGWIDGETS@NYSIF.COM		

Owner/Officer/Member/Partners gross wages

Name	Title	Work Type Description	Total Gross Wages for the Period
Ranji	Developer	8840 - Religious House of Worship: Professional Employees	\$200
John	Owner	9060 - Clubs: Golf, Fishing or Yacht	\$30

Total Gross Wages (all employees including Owner/Officer/Member/Partners) by work type

Work Type Description	Number of Employees	Total Gross Wages for the Period	Overtime Included in Total Gross Wages
8810 - Clerical Office Employees (Not Otherwise Classified)	66	\$6,006	\$666
9060 - Clubs: Golf, Fishing or Yacht	4	\$4,004	\$404

Other Wage Information

Did you have 1099 employees for the period?	Yes
1099 Payments	\$1,000
Did you use casual labor for the period?	Yes
Casual Labor Payments	\$2,000
Did you lease employees to or from other employers?	No
Did you employ any unpaid individuals (Relatives, Volunteers, Interns, etc.)?	No
Did you utilize any subcontractors for the period?	No

Chargeable Payroll Summary

Work Type Description	Total Amount of Gross Wages	Overtime Adj	Owner / Partner / Member / Officer Adj	1099 Payments	Casual Labor Payments	Chargeable Payroll
8810 - CLERICAL OFFICE EMPLOYEES -U	\$6,006	-\$222	\$0	\$0	\$0	\$5,784
9060 - CLUBS-COUNTRY, GOLF, FISHING&CLER-U	\$4,004	-\$135	\$37,670	\$0	\$0	\$41,539
Total Gross Wages	\$10,010					

Complete the "Preparer" information at the bottom of the page. Click **SUBMIT PAYROLL**.

Preparer Information

Preparer's Name

Preparer's Email

Relationship to Insured
Other

Other Description

Prepared Date
7/10/2020

☒ By checking this box, I hereby certify that I am the preparer named above, and to the best of my knowledge all of the information contained in this payroll verification is true and accurate. Further, I acknowledge that willfully falsifying this record constitutes a violation of New York State law.

Previous

Submit Payroll

STEP 7. Confirmation.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Step 7

Start

Verify Policyholder Info

Ownership Info

Worker Info


Other Worker Info

Review & Submit

Successfully Submitted

Successfully Submitted

Thank you for completing and successfully submitting your workers' compensation online payroll verification.

 Save a Copy for Your Records

We would appreciate your feedback, please click below to take a short survey.

Take Survey

Go back to Nysif.com

Policy Information

The policy information screen will display all pertinent details regarding the business. Additional tabs along the top menu provide the following information:

- Policy Info
- Period
- Pay Class
- Entity
- Active Entity
- Location
- Active Location
- Location excluded
- Active Location Excluded

Policy Information System

Policy Number:

Rating Board Number:

Policy Number	Business Name	Principal Name	Telephone Number	Rating Board Number	Policy Status	Cancellation Reason	Group Number
01234567	ACME FENCE CO	John Brown	518-555-1212	0	ACTIVE		90

[Policy Info](#)
[Period](#)
[Pay Class](#)
[Entity](#)
[Active Entity](#)
[Location](#)
[Active Location](#)
[Location Excluded](#)
[Active Location Excluded](#)

Policyholder's Address:

ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 12345

518-555-1212

Policy Profile:

Policy #	01234567
Status	ACTIVE
Group	90
Principal's Name	JOHN BROWN
Industry Group	Others (A)
Active Entities	1
Active Locations	1
Excluded Locations	0
County	New York (Lower Manhattan) (10)
State Fund District	L
Rated	N/A
Rating Board File #	N/A
Combinable Policy Count	0
FEIN	9999999999
SSN	N/A
Unemployment ID	N/A
Audit Plan	Yearly (14)
Bill Plan	Quarterly 9 Installments (11)
Certificates	1
Payroll Audit District	N/A
Business Type	Political Subdivision (08)
Account Status	C Estimate (Bill Type 7)
Contract Code Number	N/A

Date:

Inception Date	11/30/1999
Original Inception Date	11/30/1999
Current Renewal Start Date	11/30/2017
Last Billing Cycle Date	01/30/2018
Current Account Balance Date	01/30/2018
Current Period Start Date	11/30/2017
Current Period End Date	11/30/2018
Anniversary Date	11/30/2018
WCB Cancellation Date	N/A
SIF Cancellation Date	N/A
Cancellation Reason	N/A
Name Change	12/23/2003 Count[1]
Address Change	12/30/2003 Count[2]

Representative Information:

NYSIF / PHS / STATEWIDE SVCS
199 CHURCH STREET 7TH FL
NEW YORK NY 10007

Premium:

NYSIF Premium	\$9,108.23
Current Account Balance	\$25,550.99
Last Bill #	N/A
Current Deposit Bill Type	Renewal
Current Deposit Bill #	N/A
Future Renew Experience MOD	N/A
Governing Class Code	8810

Indicator:

Credit	No Special Conditions
Policy Name Type	MAIL and ENTITY
Policy Address Type	MAIL and LOCATION

Loss Run Reports

NEW YORK STATE INSURANCE FUND															
Loss Run Report by Policy															
WCLAIM/180/01 POLICY INQUIRY 01234567				ACME FENCE CO.				Accidents Occurred Between 01/01/2005 And 01/01/2017				AS OF 02/08/2018			
								ALL CLAIMS				CYCLE NO. 14779			
CLAIM NO.	UNIT	CLAIMANT	ACC DATE	JCK	COMP INC	MED INC	Status	COMP PD	MED PD	POL DATE	GRP	PAYCLASS	INC	PAYT	C DOC
1111111111			07/10/2015	Z	.00	.00	0	.00	.00	07/01/2015	7380		01/2016	00/0000	0
0000000000			06/24/2016	X	.00	210.00	0	.00	210.00	07/01/2015	4558		02/2018	07/2017	0
NO OF CLAIMS FOR THIS POLICY: 2					.00	210.00		.00	210.00						

Recap Sheet

The recap sheet will provide information in the following categories for 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					
ISSUED: 02/08/2018		POLICY PERIOD :02/04/2014 to 02/06/2018		POLICY NO: 01234567	
Assured		Audit at			
ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 12345 518-555-1212		NYSIF TESTING & CPAs		Group 90 Industry Code A Governing Code 8810 RB Mod N/A SIF Mod 95 Construction Mod N/A Policy is Not Rated Bill to 11/30/2016	
Principal	JOHN BROWN	Representative		Inception 11/30/1999	
FEIN	9999999999	NYSIF / PHS / STATEWIDE SVCS		Next Ann 11/30/2019	
SIF District	L	199 CHURCH STREET 7TH FL		Est. Premium \$ 9,108.23	
PAD Unit	L			Billing Plan 25% Down, 9 Monthly Installments of 1/12 of annual premium	
Rating Date	N/A			Audit Plan Annual Audit Plan	
				Cancel Bill N/A	
				Cancel Board N/A	
				Reason Canc. N/A	
PERIODS					
PRESENT BILL:					
Class	Description	Rate	Payroll		
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$0.20	\$3,072,000.00		
PRIOR FULLY BILLED PERIOD WAS REPORTED : 11/30/2015 to 11/30/2016					
Class	Description	Rate	Payroll		
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$0.25	\$2,048,000.00		
ENDORSEMENTS					
Number	Start Date	End Date	Endorsement Text		
99	12/07/1999		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.		
90	07/15/2010		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 "PART ONE - WORKERS' COMPENSATION INSURANCE" BUT NOT UNDER "PART TWO - EMPLOYERS' LIABILITY INSURANCE". THE PREMIUM BASIS OF THE		

Test Rating

EFF RATING DATE 10/24/2014	INSURED AND ADDRESS NYSIF TESTING, INC. 123 MAIN STREET ALBANY, NY 12206	BOARD FILE NUM	POLICY NUMBER G 999999-1
TEST RATING		ACTUAL LOSSES	
POLICY YEAR	CLAIM NO	ACTUAL INCURRED LOSSES	PRIMARY ACTUAL LOSSES
01/01/2011	64722796	50,591	10,000
ACTUAL EXCESS		40,591	50,591
			10,000
EXPECTED LOSSES			
CLASS CODE	POLICY YEAR	PAYROLL	EXPECTED LOSS RATE
5538	01/01/2012	46,637	
	01/01/2011	62,975	5.36
			5,875
			0.29
5545	01/01/2012	130,250	
	01/01/2011	106,014	11.43
			27,005
			0.15
5547	01/01/2012	8,308	
	01/01/2011	4,920	9.07
			1,200
			0.14
5645	01/01/2012	2,223	
	01/01/2011	796	5.32
			161
			0.19
EXPECTED EXCESS		28,976	35,150
			6,174

DP-203 Report

NEW YORK STATE INSURANCE FUND												
DP203 Report for Policy # 12345678												
ASSURED ACME FENCE COMPANY 123 MAIN STREET ANYTOWN, NY 10000 TEL: 518-555-1111 ESTIMATED ANNUAL PREMIUM: 85,466.19				POLICY # 12345678 POL DATE 04/01/2015 COUNTY Nassau LOCATION 1 ENTITY 1				GOV CLASS 5022 GROUP 90 AUD / BIL 14 / 14 IND GRP Y				
				PROCESS DATE 12/08/2017 REPRESENTATIVE NASSAU BROKERS, INC. 123 ELM STREET ANYTOWN, NY 10000 516-555-1212								
CLAIM NUMBER	CLM UNIT	PAY CLASS	NAME OF CLAIMANT	ACCIDENT DATE	BODY PART	CAUSE ACC	INJ TYPE	PAYMENTS		INCURRED COSTS		STATUS
9876543	127	5022	SMITH, MICHAEL	09/27/2013	29	2	14	COMP	MEDICAL	COMP	MEDICAL	0
			CLAIMS BATCHED 2					.00	889.96	.00	889.96	
			CLAIMS SUMMARY 3					.00	329.71	.00	329.71	
								.00	1,219.67	.00	1,219.67	
PERIOD			EARNED PREMIUM	EXP	SIF	NO. OF CLAIMS		INCURRED LOSSES		TOTAL	LOSS	
FROM	TO	R.B. LEVEL	S.F. LEVEL	MOD	MOD	COMP	NC	COMP	MEDICAL	LOSSES	RATIO	
04/01/2015	04/01/2016	95,271	74,958	121	80	0	0	0	0	0	.00	
04/01/2014	04/01/2015	102,566	80,201	119	80	0	0	0	0	0	.00	
* 04/01/2013	04/01/2014	95,150	80,714	98	75	0	1	0	890	890	.01	
04/01/2012	04/01/2013	59,849	49,905	89	75	0	1	0	330	330	.01	
Totals:		352,836	285,778			0	2	0	1,220	1,220	AVG: .00	
*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 DT	END DT	CLASS	DESCRIPTION					PAYROLL				
THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL												
04/01/2013	04/01/2014	5022	MASONRY N.O.C.					499,142				
04/01/2013	04/01/2014	9127	TERRITORY 2 DIFFERENTIAL 0.0%					0				
04/01/2013	04/01/2014	8809	EXECUTIVE OFFICERS N.O.C. ETC-U					156,000				
04/01/2013	04/01/2014	7380	DRIVERS CHAUFF HELPERS-COMML-U					131,667				
THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL												
04/01/2012	04/01/2013	5022	MASONRY N.O.C.					338,277				
04/01/2012	04/01/2013	9127	TERRITORY 2 DIFFERENTIAL 0.0%					0				
04/01/2012	04/01/2013	8809	EXECUTIVE OFFICERS N.O.C. ETC-U					156,000				
04/01/2012	04/01/2013	7380	DRIVERS CHAUFF HELPERS-COMML-U					122,410				
THIS POLICY INCLUDES THE FOLLOWING ACTIVE LOCATIONS:												
LOC#	ADDRESS							START DT				
1	123 MAIN STREET ANYTOWN, NY 10000							08/13/1996				
THIS POLICY INCLUDES THE FOLLOWING ACTIVE ENTITIES:												
ENT#	ENTITY NAME			BUSINESS TYPE			EFFECTIVE DT					
1	ACME FENCE COMPANY			Corporation			03/28/2000					
THE ABOVE POLICY IS COMBINED WITH THE FOLLOWING ACTIVE POLICIES:												
22222222	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:

NEW YORK STATE INSURANCE FUND										
Loss Run and Analysis Report				Accidents Occurred Between 2/2/2010 And 2/8/2018				AS OF 02/08/2018		
Policy# 01234567				Sorted By Accident,CLAIM# OPEN&CLOSED				Claims Found YES		
CLAIM NO	CLAIMANT	ACC DT	JCK	COMP INC	MED INC	S	COMP PD	MED PD CLASS	INC	PAYT
1111111111	SOC SEC NUM: XXX-XX-1234 CAUSE OF ACCIDENT: Fumes	06/17/2010	T	880.00	1,094.09	0	880.00	1,094.09 8810	03/11	10/10
				WCB NUM:			CLAIMANT AGE: 51			
				TYPE OF INJURY: Breathing Dif			PART OF BODY: Unknown			
2222222222	SOC SEC NUM: XXX-XX-1234 CAUSE OF ACCIDENT: Lifting	07/12/2010	X	.00	628.58	0	.00	628.58 3372	02/11	09/10
				WCB NUM:			CLAIMANT AGE: 39			
				TYPE OF INJURY: Sprain/Strain			PART OF BODY: Back			
3333333333	SOC SEC NUM: XXX-XX-1234 CAUSE OF ACCIDENT: Tools	12/22/2010	X	.00	53.43	0	.00	53.43 9501	01/13	01/13
				WCB NUM:			CLAIMANT AGE: 34			
				TYPE OF INJURY: Laceration			PART OF BODY: Hand, Left			
4444444444	SOC SEC NUM: XXX-XX-1234 CAUSE OF ACCIDENT: Struck (By)	01/28/2011	X	.00	291.89	0	.00	291.89 9501	10/11	07/11
				WCB NUM:			CLAIMANT AGE: 50			
				TYPE OF INJURY: Sprain/Strain			PART OF BODY: Wrist, Right			

Report Request

Report Name: Enhanced Loss Run Report

Enhanced Loss Run Report

Parameter: Policy Number

Policy Number: 01234567

Must be numeric

Start date: mm/dd/yyyy

(mm/dd/yyyy)

End date: mm/dd/yyyy

(mm/dd/yyyy)

Report Output

Required. Choose either Loss Run or Percentage Analysis.

1. ☐ Loss Run

☐ Claimant Information

☐ Accident Information

☐ Address

Totals: No Totals

Sort By Fields: <- None ->

Sort By Policy

☐ Break up Report Into Separate Periods

2. ☐ Percentage Analysis

☐ Grand Totals Only

Optional

☐ Report Parameters

Submit

Percentage Analysis Example:

NEW YORK STATE INSURANCE FUND														
Loss Run and Analysis Report					Accidents Occurred Between 2/2/2010 And 2/8/2018					AS OF 02/08/2018				
Policy# 01234567					Sorted By Accident,CLAIM# OPEN&CLOSED					Claims Found YES				
Cause of Accident	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Description														
Struck Against/Caught	2064.71	2.34	2064.71	2.34	5696.94	8.15	5696.94	8.15	7761.65	4.91	7761.65	4.91	4	12.5
Fall/Slip/Trip	60000	68.13	60000	68.13	20677.83	29.58	20677.83	29.58	80677.83	51.07	80677.83	51.07	3	9.38
Material Handling	8285.09	9.41	8285.09	9.41	4551.91	6.51	4551.91	6.51	12837	8.13	12837	8.13	3	9.38
Tools	0	0	0	0	317.19	.45	317.19	.45	317.19	.2	317.19	.2	2	6.25
Snow/Ice/etc.	2663.68	3.02	2663.68	3.02	7625.53	10.91	7625.53	10.91	10289.21	6.51	10289.21	6.51	1	3.13
Part of Body	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Description														
Back	6045.1	6.86	6045.1	6.86	13742.71	19.66	13742.71	19.66	19787.81	12.53	19787.81	12.53	9	28.13
Knee, Right	0	0	0	0	420.93	.6	420.93	.6	420.93	.27	420.93	.27	2	6.25
Eye, Left	0	0	0	0	471.95	.68	471.95	.68	471.95	.3	471.95	.3	2	6.25
Unknown	880	1	880	1	1278.69	1.83	1278.69	1.83	2158.69	1.37	2158.69	1.37	2	6.25
Hand, Left	0	0	0	0	53.43	.08	53.43	.08	53.43	.03	53.43	.03	1	3.13
Arm, Right	60000	68.13	60000	68.13	20457.94	29.27	20457.94	29.27	80457.94	50.93	80457.94	50.93	1	3.13
Ankle, Left	0	0	0	0	0	0	0	0	0	0	0	0	1	3.13
Type of Injury	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Description														
Sprain/Strain	66603.32	75.62	66603.32	75.62	35219.54	50.39	35219.54	50.39	101822.86	64.46	101822.86	64.46	13	40.63
Laceration	1536.72	1.74	1536.72	1.74	806.15	1.15	806.15	1.15	2342.87	1.48	2342.87	1.48	3	9.38
Other	7576.2	8.6	7576.2	8.6	8115.6	11.61	8115.6	11.61	15691.8	9.93	15691.8	9.93	3	9.38
Foreign body	0	0	0	0	198.11	.28	198.11	.28	198.11	.13	198.11	.13	1	3.13
Payclass	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Description														
9501	7779.81	8.83	7779.81	8.83	20744.88	29.68	20744.88	29.68	28524.69	18.06	28524.69	18.06	12	37.5
4511	3221.9	3.66	3221.9	3.66	2930.76	4.19	2930.76	4.19	6152.66	3.89	6152.66	3.89	1	3.13
8810	60880	69.12	60880	69.12	21552.03	30.83	21552.03	30.83	82432.03	52.18	82432.03	52.18	2	6.25
3372	13527.61	15.36	13527.61	15.36	17043.43	24.38	17043.43	24.38	30571.04	19.35	30571.04	19.35	16	50
0	2663.68	3.02	2663.68	3.02	7625.53	10.91	7625.53	10.91	10289.21	6.51	10289.21	6.51	1	3.13
Open/Closed Case	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Description														
Closed	88073	100	88073	100	69896.63	100	69896.63	100	157969.63	100	157969.63	100	32	100
Total	88,073.00		88,073.00		69,896.63		69,896.63		157,969.63		157,969.63		32	

Statement of Account

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

Policy Bill Inquiry

*Policy Number

*Select One
Statement Of Account
Statement Of Account
Dep. Prem. Bill of a Period
Latest renewal Bill of a policy
Statement of Premiums Due
Other Options

Policy Bill Inquiry - Statement Of Account

*Policy Number

*Select One
Statement Of Account

Submit

Name: ACME FENCE CO
Rep: BROKERS, INC
Current Policy Period: 10/19/2017-10/19/2018
Policy Status: ACTIVE
SIF Office Code: Q - Queens
GR#: 90

More Records Records: 1-25

Tran Date	Tran Code	Bill Number	Tran Description	Period Date	Tran Amount	Balance
02/02/2018	542	016491487	Experience Modification Endorsement	07/01/2018		910.01
02/01/2018	900	54672984	Monthly Statement			910.01
02/01/2018	464	016436890	Service Charge	07/01/2017	10.00	910.01
02/01/2018	562	P10002600126	Installment	07/01/2017	900.01	900.01
01/22/2018	312	5238	Cash		775.74CR	0.00
12/29/2017	900	54497885	Monthly Statement			775.74

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

*Select One
All Trans
Trans Code
EP Trans
AP Trans
Factor Trans
All Trans

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

<Select Inquiry Type>
 PREMIUMS OF POLICY PERIOD
 ALL CLAIMS IN POLICY PERIOD
 CLASS EXPOSURES OF POLICY PERIOD
 ALL REPORTS OF A CLAIM NUMBER

*Inquiry Type
 PREMIUMS OF POLICY PERIOD

*Policy Number
 0123456-7

*Start date (mm/dd/yyyy)
 07/01/2014

Submit

Policy Number: 0123456-7
 Period Start Date: 07/01/2014
 Rating Board: 600086
 Name: ACME FENCE CO, INC
 Address: 123 MAIN STREET
 ANYTOWN, NY 00000
 Governing Class: 9501

Unit Stat Report For ACME FENCE CO

Last Bill Date: 03/31/2016
 Rating Date: 07/01/2014
 Termination Date: N/A
 Cancellation Date: N/A
 Report Date: 05/19/2017

Fully Billed:

Premiums		Modification Factors	
Manual First Half :	\$72,428	Exp Rating First Half :	112
Manual Second Half :	\$109,551	Exp Rating Second H...	N/A
Rating Board:	\$86,416	State Fund:	80
State Fund:	250		
Loss & Expense:			

*Inquiry Type
 CLASS EXPOSURES OF POLICY PERIOD

*Policy Number
 01234567

*Start date (mm/dd/yyyy)
 07/01/2013

☐ Restrict to Sequence Number *

☐ Restrict to class-code *

Submit

Policy Number: 01234567
 Period Start Date: 07/01/2013
 Rating Board: 123456
 Name: ACME FENCE CO
 Address: 123 MAIN STREET
 ANYTOWN, NY 12345

Unit Stat Report For ACME FENCE CO

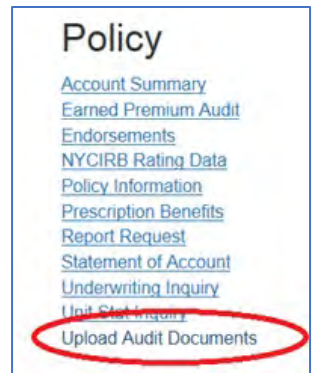
Class	Rate	Payroll	Premium	Report	Report Date	Sequence Number	Comments
900	\$100.00	\$0.00	\$250.00	1	10/01/2015	1	Class/Prem Trans Generated
3372	\$5.42	\$1,147,153.00	\$62,175.69	1	10/01/2015	1	Class/Prem Trans Generated
4511	\$1.03	\$1,083,424.00	\$11,159.27	1	10/01/2015	1	Class/Prem Trans Generated
8810	\$0.26	\$880,690.00	\$2,289.79	1	10/01/2015	1	Class/Prem Trans Generated
9501	\$2.66	\$2,923,761.00	\$77,772.04	1	10/01/2015	1	Class/Prem Trans Generated
9740	\$100.00	\$0.00	\$3,432.75	1	10/01/2015	1	Class/Prem Trans Generated
9741	\$100.00	\$0.00	\$699.27	1	10/01/2015	1	Class/Prem Trans Generated

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.

A screenshot of the 'Audit Document Upload' screen. The title is 'Audit Document Upload' and the subtitle is 'Welcome to the Premium Audit Secure Document Upload Site'. Below the title, there is a message: 'You may upload up to 30 files to this site. The maximum size per file is 50 MB. The maximum size for the entire file upload is 300 MB. The following file formats are acceptable: txt, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx'. The form has two main input fields: 'Policy Number:' with a dropdown menu showing '12345678' and 'Audit Number or Appointment ID:' with a text input field. Below the 'Audit Number or Appointment ID:' field, there is a note: 'Please enter your audit number or the first 7 digits of your appointment ID, found on your audit letter.' A green 'Next' button is located at the bottom left of the form.

You can find your appointment ID or audit number on your audit correspondence from NYSIF.

A screenshot of an audit correspondence letter from NYSIF (New York State Insurance Fund) to BOB CONTRACTING CORP. The letter is addressed to C/O BOB JONES at 100 MAIN STREET, ANYTOWN, NY 12345. The subject is 'Premium Review for Workers' Compensation Policy'. The audit period is '11/01/2014-11/01/2015 and any outstanding'. The policyholder is 'BOB CONTRACTING CORP' and the additional entities are 'BOB CARPENTRY INC' and 'BUILDING CONSULTANTS INC'. The appointment date is '03/29/2016' and the appointment ID is '012345620160223'. The letter is signed 'Dear Policyholder:'.A screenshot of an audit correspondence letter from NYSIF (New York State Insurance Fund) to BROWN, NYSIF & NYSIF, CPAS. The letter is addressed to C/O MANAGER at 111 MAIN STREET, NEW YORK, NY 00000. The subject is 'Premium Review for Workers' Compensation Policy'. The audit period is '06/08/2015 - 06/08/2016'. The policyholder is 'ACME BOX CO' and the additional entities are 'BOXES, INC.' and 'ACME CORRU'. The audit number is '9876543'. The letter is signed 'Dear Policyholder or Representative:'.

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.

Policy number: 12345678
Audit number: 987654

1. Description of Business Operations
Please provide a brief description of business operations.

2. Business Type
☐ Sole Proprietor ☐ Partnership/LLC/LLP ☐ Corporation ☐ Other

3. Owner/Partner/Member/Officer Information
Please provide the information below for each owner, partner, member or corporate officer. In the gross payroll field, please enter the amount filed or reported for the specified individual in state or federal tax reporting for the audit period.

Owner/Partner/Member/Officer 1

Name	<div>First name</div>	<div>Last name</div>
Title	<div></div>	
Duties	<div></div>	
Gross Payroll	<div></div>	
Ownership %	<div></div>	
State	<div>Select a State ▾</div>	

+ Add another

Next

Policy Number:

12345678

Audit Number:

987654

***First Name:**

***Last Name:**

***Title/Relationship to Policyholder:**

***Email Address to Receive Confirmation of Documents Uploaded:**

***Confirm Email Address:**

***Please provide a phone number where we may reach you with any questions.**

I am submitting documents:
☒ in lieu of a physical audit.
☐ to address an audit-related matter.

Next

Audit Document Upload

Policy number: 12345678
Audit number: 987654

Select the document type and then browse to the appropriate file location.
Select and add the desired file. You will have a chance to review and remove files before submitting.

Add File to Upload

Select Document Type

Select One

Browse... No file selected.

Add File

- 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

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

Policy number: 12345678
Audit number: 987654

Select the document type and then browse to the appropriate file location.
Select and add the desired file. You will have a chance to review and remove files before submitting.

Add File to Upload

Select Document Type

Select One

Select One

1099 forms for individual employees
Bills and Invoices (for services, labor and materials)
Check Book/Day Book with Cash Expenses/Cash Book (Disbursements and Receipts)
Certificates of Insurance for Subcontractors Used
Contracts (for services, labor and materials)
Form 1096-Summary of 1099s
General Ledger
Income Tax Returns (1120/S-Corporate; 1065-Partnership; 1040-Schedule C Sole Proprietor; 990-Organization Exempt from Income Tax)
Payroll Book/Register/Report
Payroll Tax Returns (941, NYS-45, NYS-45 ATT)
W2 forms for individual employees
W3 form - Summary of W2s
Other

Audit Document Upload

Policy number: 12345678
Audit number: 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

Add File to Upload

Select Document Type

W2 forms for individual employees

Choose File PAD Test W2.docx

Add File


- 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.

Browse... No file selected.

Add File

- 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

#	File Type	File	Size	Remove
1.	W2 forms for individual employees	PAD Test W2.docx	0.011 MB	

Are you ready to submit your documents?

☐ Yes ☒ No

Upload Files

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.

Submitting files

Please do not close your browser until the upload is complete.

Once the upload is complete, the user will see a confirmation screen.

Audit Document Upload

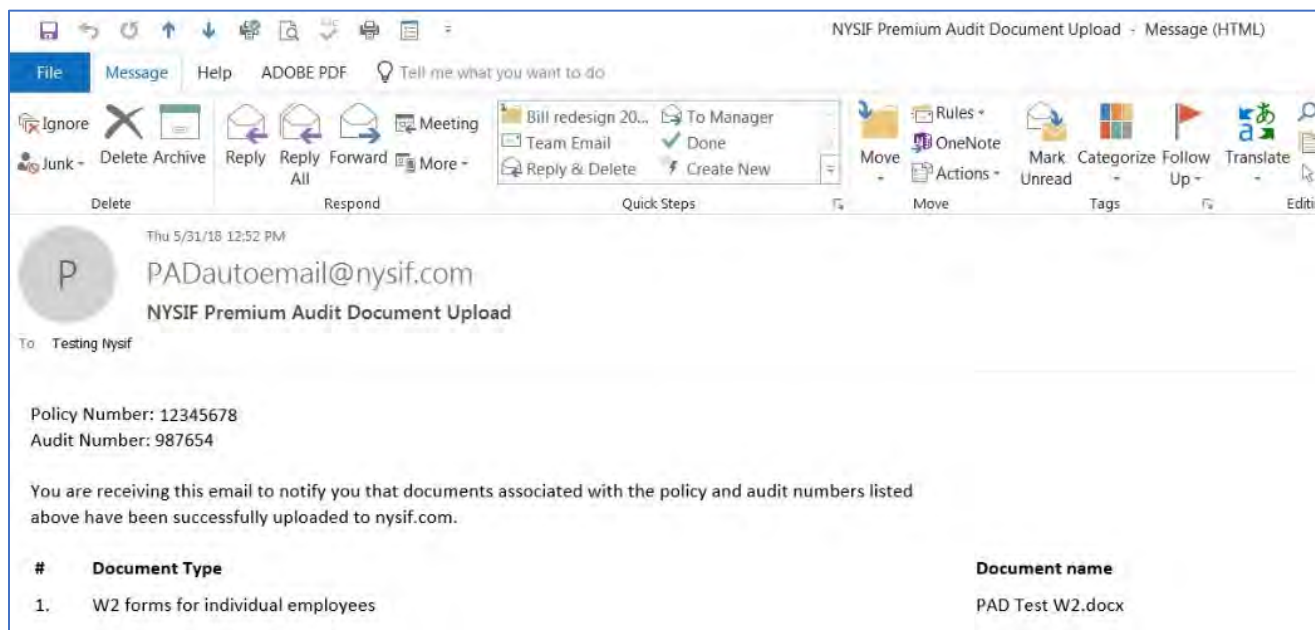
You have successfully uploaded the following documents:

#	File Type	File
1.	W2 forms for individual employees	PAD Test W2.docx

A confirmation email has been sent to testing@nysif.com

Upload Additional DocumentsExit

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 Policyholders

DB policyholders should visit nysif.com to create an account and enroll in enhanced security as explained beginning on [page 3](#). To view Account Management and add authorized users, please follow the instructions in the [online account management section](#).

Disability Benefits Online Services

Disability Benefits Policy Summary

Policy Info

Policy Number	9876543
Account Status	ACTIVE
Inception Date	11/02/2013
Renewal Date	11/02/2020

Policy Entity

Entity Name	ACME WIDGETS
DBA or T/A	
Business Type	DOMESTIC EMPLOYER
FEIN	999999999
UIER	

Policy Entity Contact

Address	123 MAIN ST
City,State,Zip	NEW YORK NY 10016
Email	
Telephone Number	
Fax Number	

Pay My Bill

[View all Policy Entities](#)

Disability Benefits Links

Policyholder Services -

[- Policy Entities](#)
[- Claims Payment Report](#)

Billing -

[- Pay My Bill](#)
[- View Bills](#)

Certificates of Insurance -

[- Validate a Certificate](#)
[- Create a Certificate](#)

Documents -

[- Document Retrieval](#)

Get a Quote -

[- Obtain a Quote for Disability Benefits Insurance](#)

Premium Calculator -

[- Enter Payroll for a DB Premium Estimate](#)

Report Payroll -

[- Report Your DB Payroll Electronically](#)

Need Help? -

[- Policyholder User Guide](#)

Once successfully logged in, expand the boxes by clicking the + sign. The boxes will expand to display further menu choices. You can view a claims payment report, monthly bills, info pages and also create a certificate of insurance.

Clicking the "DBL Links" drop-down in the upper right corner will show you the same menu items as shown in the boxes.

Request 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.) Enter the required information and proceed from page to page.

NYSIF Disability and Paid Family Leave Benefits Insurance Quote System

Get your **NYSIF** disability and paid family leave benefits quote in minutes!

Please note that completing and submitting this form does not bind coverage. All policies require underwriting approval. Please allow 10-14 days for your disability and paid family leave benefits insurance policy to become effective.

New York State requires employers to provide short-term disability and paid family leave benefits insurance for their employees. NYSIF provides employers with New York State mandated disability and paid family leave benefits insurance to cover your employees in compliance with this requirement.

Within moments of answering the questions that follow, you will receive a reference number and an annual premium estimate for NYSIF disability and paid family leave benefits insurance. Receiving this quote does not guarantee coverage for NYSIF disability and paid family leave benefits insurance. You must complete and mail a disability and paid family leave benefits application to NYSIF with your premium deposit to bind coverage.

Get a New Quote

To receive a new quote, select the country of origin in which your business is headquartered, and click on "Get a New Quote".

Get a New Quote

Retrieve a Quote

Please enter your reference number to retrieve the information you previously submitted.

Reference Number*

Email Address*

Retrieve a Quote

1. Business Information

Legal Business Name*

Business Address (must use New York State address, no P.O. boxes)*

Address

City, State, Zip, Country*

City NY Zip Code United States

Contact Information*

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Entity Type

Business Type

☐ Sole Proprietor ☐ Corporation ☐ LLC ☐ Partnership ☐ LLP ☐ Union

1. Confirm Employer Information

Your reference number is **012345**

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

Please confirm your contact information.

Contact Information

Company Name	NYSIF QUOTE TESTERS
Business Type	Partnership
Address	15 COMPUTER DRIVE ALBANY, NY 12206
Phone	(123) 456-7890
First name	BETSY
Last name	NYSIF
Email	NYSIFTESTERS@NYSIF.COM

1. Business Information

2. Payroll Information

3. View Quote

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	Females
Number of Covered Employees <input type="text" value="3"/>	Number of Covered Employees <input type="text" value="8"/>
Total Wages for All Employees <div>\$ 53040</div> <i>Subject to an annual cap of \$17680, per employee</i>	Total Wages for All Employees <div>\$ 133760</div> <i>Subject to an annual cap of \$17680, per employee</i>
Total Gross Annual Payroll <div>\$ 500000</div>	Total Gross Annual Payroll <div>\$ 710000</div>

Paid Family Leave (PFL)

Males	Females
Number of Covered Male Employees <input type="text" value="0"/>	Number of Covered Female Employees <input type="text" value="0"/>
Total Wages for All Covered Male Employees <div>\$ 0</div> <i>(Subject to an annual cap of PFL \$70569.72, per employee)</i>	Total Wages for All Covered Female Employees <div>\$ 0</div> <i>(Subject to an annual cap of PFL \$70569.72, per employee)</i>

1. Employer Information

2. Payroll Information

3. View Quote

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.

STATUTORY DISABILITY BENEFIT QUOTATION

	Payroll	Rate	Total
Estimated annual male capped wages	\$88,400	\$0.14 per \$100	\$123.76
Estimated annual female capped wages	\$35,360	\$0.14 per \$100	\$49.50
Disability Premium subtotal			
Adjustment for minimum disability premium			\$0.00
Total Disability Benefits Premium			\$173.26
PAID FAMILY LEAVE			
	Payroll	Rate	Total
Estimated annual male capped wages	\$352,848.60	\$0.153 per \$100	\$539.86
Estimated annual female capped wages	\$75,000.00	\$0.153 per \$100	\$114.75
Total Paid Family Leave Premium			\$654.61
Total NYSIF Premium			\$827.87

*PFL rates change annually based on calendar year.

[View Quote Letter](#)

[Continue to DB/PFL Insurance Application](#)

Once you submit your application electronically, you will be given the opportunity to pay your deposit online.

To submit your application by mail, please complete the form online, print and sign. Please include the required premium deposit and reference DBL **12345** on your check, made payable to NYSIF Disability Benefits. Mail the application and payment to:

NYSIF Document Control Center- Disability Underwriting
1 Watervliet Avenue Extension
Albany, NY 12206-1629

Policies cannot be backdated. Unless a future date of inception is requested on line 1 of the application, insurance coverage will begin the day after postmark.

Retrieve a Quote

Visit <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.

Retrieve a Quote

Please enter your reference number to retrieve the information you previously submitted.

Reference Number*

012345

Email Address*

NYSIFTESTERS@NYSIF.COM

[Retrieve a Quote](#)

Apply for a DB/PFL Policy

New York State Disability and Paid Family Leave Benefits Application

1. Employer Information

2. Additional Entity

3. Coverage Information

4. Payroll Information

5. Insurance Broker/Representative

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

7. Payment Options

8. Application Submission

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

City Select A State Zip Select A 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

[1. Employer Information](#)
[2. Additional Entity](#)
[3. Coverage Information](#)
[4. Payroll Information](#)
[5. Insurance Broker/Representative](#)
[6. Corporate Officers, Owners, Partners or Members of the Organization](#)
[7. Payment Options](#)
[8. Application Submission](#)

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

[1. Employer Information](#)
[2. Additional Entity](#)
[3. Coverage Information](#)
[4. Payroll Information](#)
[5. Insurance Broker/Representative](#)
[6. Corporate Officers, Owners, Partners or Members of the Organization](#)
[7. Payment Options](#)
[8. Application Submission](#)

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 wage 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 benefit.

Disability Benefits (DB)

Males	Females
<p>Number of Covered Employees</p> <p>3</p> <p>Total Wages for All Employees</p> <p>53040</p> <p><i>Subject to an annual cap of 17680 per employee</i></p> <p>Total Gross Annual Payroll</p> <p>500000</p>	<p>Number of Covered Employees</p> <p>8</p> <p>Total Wages for All Employees</p> <p>133760</p> <p><i>Subject to an annual cap of 17680 per employee</i></p> <p>Total Gross Annual Payroll</p> <p>710000</p>

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)

Do you wish to list a broker?

☐ Yes

☒ No

[1. Employer Information](#)

[2. Additional Entity](#)

[3. Coverage Information](#)

[4. Payroll Information](#)

[5. Insurance Broker/Representative](#)

[6. Corporate Officers, Owners, Partners or Members of the Organization](#)

[7. Payment Options](#)

[8. Application Submission](#)

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

☒ Application Signer

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

Previous

Electronic Signature
NYSIF

ID Check - Personal Information

Enter your home address. This information, along with your name will be used to generate a list of questions to verify your identity.

Required Information (Home Address) Optional Information

Name: _____

Street 1: _____ Last 4 digits of SSN: _____

Street 2: _____

City: _____

State: _____

Zip: _____

You must enter required and valid information before you can continue.

CONTINUE

ID Check - Identification Questions

These questions are being generated as a means of an identity check requested by the document sender. None of this information is provided to the document sender or to anyone except you.

In which of the following housing complexes or communities have you ever lived or owned property?

☐ NYSIF Estates ☐ Sunny Hills Estates
☐ Fordville ☐ 123 Main Street
☐ Heron Bay ☐ I have never been associated with any of these communities

Which of the following addresses have you ever been associated with?

☐ 111 Nysif Street ☐ 39 Route 99
☐ 1724 56th Street ☐ 611 Hosta
☐ 23 Main Road ☐ I have never been associated with any of these addresses

Which of the following corporations have you ever been associated with?

☐ Combined Business Service Ltd ☐ Lifeline Associates
☐ ACME Fence Co ☐ Testing, Incorporated
☐ Evisionboard Inc ☐ None of the above

In which of the following counties have you ever lived or owned property?

☐ Bronx, New York ☐ Nysif, New York
☐ County, New York ☐ Tompkins, New York
☐ Nassau, New York ☐ I have never lived in any of these counties

Based on your background, in what county is '11813 Northwest 79th Court'?

☐ Alachua ☐ Florida
☐ Nysif ☐ County
☐ Broward ☐ I have never been associated with this address

If your answers do not meet DocuSign's criteria, your e-signature will be cancelled, and you must mail your application.

NYSIF's Online Messaging

Your electronic signature verification has failed. You may print the form from DocuSign and mail it in.

After successfully answering the questions on the ID Check, the user will advance through DocuSign.

The user must check the box to agree to use electronic records and signature, and then click the yellow CONTINUE button to proceed.

Please read the [Electronic Records and Signature Disclosure](#).

☐ I agree to use electronic records and signatures.

To the right of the CONTINUE button is an "OTHER ACTIONS" menu which includes additional options. After selecting Continue, the document will be clearly visible.

CONTINUE

OTHER ACTIONS ▾

Finish Later

Decline to Sign

Help & Support

About DocuSign

View History

View Certificate (PDF)

View Electronic Record and Signature Disclosure

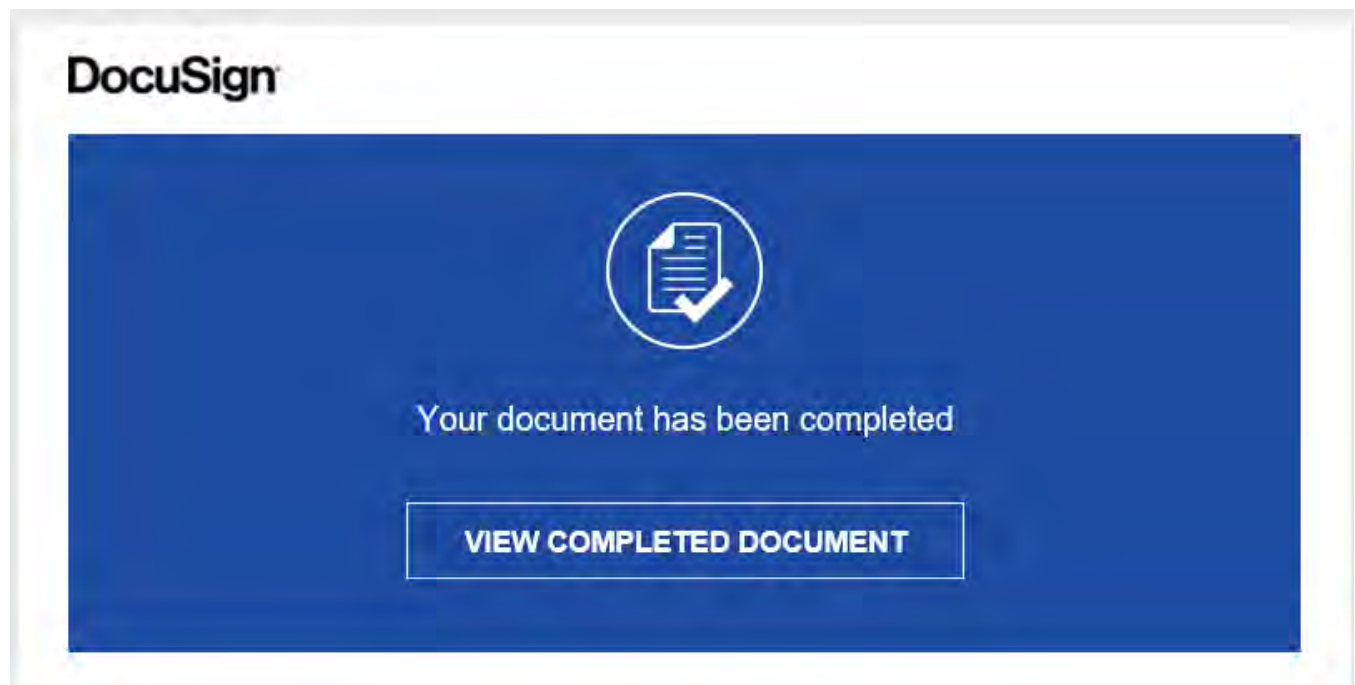
Session Information

Click on START or the Sign box.

The screenshot shows the 'Adopt Your Signature' interface. At the top right, a header bar contains the DocuSign Envelope ID: 105E26FC-93AE-4B14-834A-0078C27CBB80 and the text 'NEW YORK STATE INSURANCE FUND'. A yellow 'START' button is located below the header. The main form area is titled 'Adopt Your Signature' and includes the instruction 'Confirm your name, initials, and signature.' Below this, a '* Required' label is present. The 'Full Name*' field contains 'TESTING NYSIF' and the 'Initials*' field contains 'TN'. There are two tabs: 'SELECT STYLE' (active) and 'DRAW'. The 'PREVIEW' section shows a signature 'Testing Nysif' and initials 'TN' with a 'Change Style' link. A legal disclaimer states: 'By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.' At the bottom, there are two buttons: 'ADOPT AND SIGN' (yellow) and 'CANCEL'.

The screen will again gray out the document, and a pop-up box will open with the user's name pre-populated. DocuSign will convert the name into a signature. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created, the user must choose **ADOPT AND SIGN** to electronically sign the document.

DocuSign will insert the signature into the application. Click **Finish**. You will receive an email from DocuSign with a copy of the document.



Pay Your Deposit Online

Once you have completed the DocuSign process, you will be provided the option to pay your deposit electronically through NYSIF's electronic payment vendor, KUBRA. Choose the dollar amount and then click **"Make a Payment."**

New York State Disability and Paid Family Leave Benefits Application

1. Business Information

2. Additional Entity

3. Coverage Information

4. Payroll Information

5. Insurance Broker/Representative

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

7. Payment Options

8. Application Confirmation

7. Payment Options

Your pending Disability Benefits policy number is: DB0987654

You may click "Review/Print Application" to obtain a copy of this application for your records.

[Review/Print Application](#)

Click "Make a Payment" to complete and submit your application to NYSIF.

You must pay either the Total Annual Estimated Premium OR Minimum Deposit Required.

☐ Total Annual Estimated Premium: \$282.90

☐ Minimum Deposit Required: \$282.90


[Make a Payment](#)

[Previous](#) [Next](#)

You will be directed to the **KUBRA** website. Click **"Go to Checkout."**

Your Payment Cart

Application Number	Insurance Product	Deposit Due
6640784	DB	\$282.90
Total Payment		\$282.90

[Go to Checkout](#) 

Payment Options

Cart Items

1

Payment Amount

\$282.90

Application Number

6640784

Deposit Due


\$282.90


Total

\$282.90

[Back](#)

How would you like to pay?

[Bank Account](#) 

[Debit / Credit Card](#) 

Add your bank or credit/debit card information.

Please note that KUBRA charges a 2.25% convenience fee for each credit card transaction.


The screenshot shows the 'Enter Bank Account' form within a multi-step process. At the top, a progress bar indicates four steps: 'Look Up' (completed), 'Add' (completed), 'Check Out' (current step, marked with a '3'), and 'Done'. The form itself has a title 'Enter Bank Account' with a bank icon. It includes fields for 'Bank Account Type' (radio buttons for 'Checking' and 'Savings'), 'Routing Transit Number' (with a label and a text input), 'Bank Account Number' (with a label and a text input), and 'Confirm Bank Account Number' (with a label and a text input). Below these is the 'Account Holder Name' field. A 'Back' button is on the bottom left, and a 'Next' button is on the bottom right. On the right side of the form, there is a section titled 'Where do I find my bank info?' with the text 'Your bank account info can be found on a check for the account.' Below this text is an image of a check with fields for 'Routing Number' (331674485), 'Account Number' (1456874801), and 'Check #' (3321).

The screenshot shows the 'Enter Card Information' form. It has a title 'Enter Card Information' with a card icon. The form includes fields for 'Card Number' (with a label and a text input), 'Card Holder Name' (with a label and a text input), and 'Enter card holder's name' (with a label and a text input). On the right side, there is a section titled 'Supported Cards' displaying logos for American Express, VISA, Discover, Discover 2, NYCE, pulse, and STAR. A 'Back' button is on the bottom left, and a 'Next' button is on the bottom right.

Enter your receipt information; an email address is required. Check the box and add your mobile number if you would like text verification.


The screenshot shows the 'Enter Your Receipt Info' form. It has a title 'Enter Your Receipt Info' with an information icon. The form includes fields for 'Name' (with a label and a text input), 'Phone Number' (with a label and a text input), and 'Email' (with a label and a text input). Below the 'Phone Number' field is a checkbox labeled 'Send receipt to my mobile phone' with a 'NEW!' tag and a question mark icon. Below the 'Email' field is a green plus icon and the text 'Add more email recipients'. On the right side, there is a section with the text 'Enter your mobile number and get your payment receipt sent to your mobile phone for easy access.' Below this text is an illustration of a hand holding a smartphone displaying a green checkmark. A 'Back' button is on the bottom left, and a 'Next' button is on the bottom right.



Review your payment details.

 **Review Your Payment Details**

Total Payment
\$289.27

Payment Date
Aug 19, 2020

Application Number	Pay By	Service Fee	Deposit Due	Total
6640784	 (9130)	\$6.37	\$282.90	\$289.27
Total Payment				\$289.27

A receipt will be sent to
 bmcorma@nysif.com
 Text - (518) 437 - 5215

*Please note the full amount of the \$6.37 fee is passed to KUBRA as the provider of the service.

By clicking Pay, I agree to the fee and the [Terms & Conditions](#).

Back

Pay \$289.27


If you are ready to pay, choose the green button. A confirmation will display.

Look Up

Add

Check Out


Done

 **Your payment was successful**


Your payment of \$289.27 has been processed.

A payment receipt has been emailed to testing@nysif.com.

PRINT RECEIPT

Policy Number	Confirmation #	Details	Status	Amount
000999888777	123456789	Processed successfully	 PAID	\$289.27
Total Payment				\$289.27

Done >



Send Your Feedback 

You will receive an email confirmation of payment. Click "Done" to return to nysif.com.

Policyholder Services

View Entities

Choose the "View all Policy Entities" link in the middle of your home page.

Disability Benefits Online Services				
Please click the "View Details" icon to view the details for that policy entity.				
Entity Name	Policy Number	Effective Date	FEIN	View Details
ACME WIDGETS	9876543	11/02/2013	999999999	
ACME FOUNDATION	9876544	11/02/2013	999999998	

Certificates

Expand the Certificate box to validate or print a certificate.



To 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.)

Employer's Application for Certificate of Insurance under the Disability Benefits Law

Complete the following fields and click to view a printable version of the certificate.

Policy Number: DBL 9876 54-3

Select Entity Name:

Select DBA:

A PO Box alone is not acceptable.

A street address must be included.

Entity Address: 100 TESTING LANE, ALBANY NY 12206

FEIN: 999-99-9999

Phone Number: 555-555-1512


Certificate Holder Information


Name:

Street:

City:

State: -

 Workers' Compensation Board		CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW	
PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier			
1a. Legal Name & Address of Insured (use street address only) POLICYHOLDER, INC. DBA PREMIER TESTING 100 TESTING LANE ALBANY, NY 12208 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>		1b. Business Telephone Number of Insured (518) 555-1212 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 000000000	
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) ABC CONTRACTING, INC. 111 MAIN STREET ANYTOWN, AK 11111		3a. Name of Insurance Carrier New York State Insurance Fund (NYSIF) 3b. Policy Number of Entity Listed in Box "1a" DBL 00000-6 3c. Policy effective period 03/13/2009 to 03/13/2018	
4. Policy covers: <div style="display: flex; align-items: flex-start;"> <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the New York Disability Benefits Law <input type="checkbox"/> B. Only the following class or classes of employer's employees: </div>			

EMPLOYER	CLAIMANT	INSURAN REPRESENTATIVE
<div>  Review My Account </div>		
<div>Validate/Subscribe to a Workers' Comp Certificate</div>		
<div>Validate a Disability Benefits Certificate</div>		

To validate a certificate, visit [nysif.com](https://www.nysif.com), choose Employer, and choose Validate a Disability Benefits Certificate. You can also save this link as a bookmark for direct access: <https://www.nysif.com/DBL/Tools/Validate/Certificate.aspx>.

Disability Certificate Validation

To validate a Certificate of Insurance, enter the Policy Number and Certificate Number, as shown on the Certificate.

Policy Number:

0123456

Certificate Number:

12345

Validate Certificate

Reset

A certificate of Insurance was issued under this policy number with the following information:

Policyholder: ACME FENCE CO

Issue Date: 1/1/2019

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

Validate Certificate

Reset

The certificate cannot be validated. Please check that the policy and certificate numbers are correct.

Pay My Bill

Choose the Billing box to view the “Pay My Bill” link. (There is also a link to “View Bills” which will take you to Document Retrieval, described next.)

For instructions on how to make a one-time payment or enroll in AutoPay, [please view the step-by-step instructions](#) in the worker's comp section.

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:

Document Retrieval

Search documents

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

Document Type

Select a Document Type

Select a Document Type

Info Pages

DP517

SELF AUDIT

Claim Information

Payment Arrangement

DBL Info Pages

DBL Monthly Bills

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

Document Type

DBL Info Pages

Policy Number

9876543

The date range is limited to three years for search by policy and displays up to the current day, if no date range is specified.

Start Date(optional)

mm/dd/yyyy

End Date(optional)

mm/dd/yyyy

Search Documents

Envelope ID	Transaction Date	Category	Details	Description
67074960	11/04/2019	DB Payroll Reports	DB Online Payroll Report Reminder v.2	DBL Payroll Reports
66836365	10/22/2019	DB Endorsement	DBL Standalone Endorsement v.2	DBL Endorsements ASD
66232080	09/18/2019	DB Renewals	DBL Information Page - Endorsement v.2 DBL Interest and Service Charge Endorsement v.3 DBL Information Page - Schedule v.2 DBL Return of Premium Endorsement V.3 DBL Rate Endorsement v.2 DB-120 - Notice of Compliance DB PFL Notice of Compliance (PFL-120) DBL Renewal Information Page v.2 DBL Selection of Coverage Cover Letter DBL Renewal v.4	DBL Info - Renewals ASD
66232080	09/18/2019	DB New Policy	DBL Information Page - Endorsement v.2 DBL Interest and Service Charge Endorsement v.3 DBL Information Page - Schedule v.2 DBL Return of Premium Endorsement V.3 DBL Rate Endorsement v.2 DB-120 - Notice of Compliance DB PFL Notice of Compliance (PFL-120) DBL Renewal Information Page v.2 DBL Selection of Coverage Cover Letter DBL Renewal v.4	DBL Info - Renewals ASD

DB Bills

Search documents

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

Document Type
DBL Monthly Bills

Policy Number
9876543

The date range is limited to three years for search by policy and displays up to the current day, if no date range is specified.

Start Date(optional)
mm/dd/yyyy



End Date(optional)
mm/dd/yyyy



Search Documents

<u>Envelope ID</u>	<u>Transaction Date</u>	<u>Category</u>	<u>Details</u>	<u>Description</u>
71276729	06/02/2020	Other	DBL Monthly Bill v3	DBL Bills Sample Monthly
66540376	10/02/2019	Other	DBL Monthly Bill v3	DBL Bills Sample Monthly
61574968	02/02/2019	Other	DBL Monthly Bill v1	DBL Monthly Bill
60954558	01/02/2019	Other	New Bills "Its Here" Flyer DBL Monthly Bill v1	DBL Monthly Bill
59081720	10/02/2018	Other	DBL Monthly Bill v1	DBL Monthly Bill

Report Payroll

Choose Report Payroll from the right column menu. Choose the policy period and click "View Report."

Payroll Report

Please select an outstanding report date from the list below.

Outstanding Report Dates:

☐ 07/01/2016 - 07/01/2017

☐ 07/01/2015 - 07/01/2016

☐ 07/01/2014 - 07/01/2015

[View Report](#)

Payroll Report

Policy Number: 0123456

Primary Entity Name: ACME FENCE CO

Address: 123 MAIN STREET
ANYTOWN, NY 10000

Policy Period: 11/2/2017 To 11/2/2018

Payroll Report Period: 11/02/2017 To 11/02/2018

I. EMPLOYEE INFORMATION FOR PREMIUM CALCULATION - DISABILITY BENEFITS

[Need Help Entering Payroll Report?](#)

(a) Gross Payroll:

Total gross payroll for all covered male and female employees.

Whole Dollar Amounts Only. If none, enter 0.

Section I – Disability Benefits

(a) Gross Payroll – Gross wages are a total of actual wages for all covered employees

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

(b) Limited Wages:

Enter below the total number of covered male and female employees and the limited wages for each. These employee wages are limited to a maximum of \$17,680.00/year per employee. If an employee earns less than \$17,680.00 per year, then their actual wages should be reported. If an employee has earned more than \$17,680.00, then only the first \$17,680.00 of their wages should be provided.

Male

Number of Covered Employees

Limited Employee Wages

Female

Number of Covered Employees

Limited Employee Wages

Whole Dollar Amounts Only. If none, enter 0.

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 ($\$1,357.11 + \$1,357.11 + \$1,000 = \$3,714.22 \times 48 \text{ weeks} = \$178,282.56$).

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 ($\$1,401.17 + \$1,401.17 + \$1,000 = \$3,802.34 \times 4 \text{ weeks} = \$15,209.36$).

II. EMPLOYEE INFORMATION FOR PREMIUM CALCULATION - PAID FAMILY LEAVE

Enter the total number of covered males and females and their capped wages for the period of 01/01/2018 - 11/02/2018. These employee wages are limited to a maximum weekly wage of \$1,305.92 per employee.

Male

Number of Covered Employees

Employee capped wages

Female

Number of Covered Employees

Employee capped wages

Whole Dollar Amounts Only. If none, enter 0.

1. Enter the total number of male employees covered for the period indicated.
2. Enter the total capped wages for male employees covered for the period indicated.
3. Enter the total number of female employees covered for the period indicated.
4. Enter the total capped wages for female employees covered for the period indicated.

(b) Payroll Deductions

Choose the appropriate box.

III. Certification

Choose Accept or Decline, complete the fields and submit your payroll report.

III. CERTIFICATION (Must Be Completed)

I signify that, by logging in using the Policyholder's user code and password, I am acting in the capacity of owner (if the Policyholder is a sole proprietorship), corporate officer, partner, member or manager of a limited liability company, and that I have the authority of an authorized User, under the Terms and Conditions for Online Transactions, to act on behalf of the Policyholder with respect to the on-line payroll reporting system.

I hereby certify that the submitted payroll information is a true and complete statement and am subject to all laws of the State of New York for fraudulent statements or misrepresentation of employee or policyholder payroll submitted herein.

☐ Accept ☐ Decline

Document Number: D- 999999999

Title:

Name:

Phone:

(Click once only)

Estimate Premium

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

Premium Calculator

Disability Payroll

STATUTORY

Disability insurance claim benefits equal $\frac{1}{2}$ 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 $\frac{1}{2}$ 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 \$ each employee earns. If an employee is expected to earn less than \$ annually, then the lower amount should be provided. If an employee is expected to earn more than \$ annually, then only the first \$ of their wages should be provided.*

Calculate Premium

Reset

Claims Services

Claims Payment Report

DB policyholders can access a claims summary for a policy by choosing "Claims Payment Report" from the DBL links drop-down. 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.

Claims Payment Report

Policy Number: 0123456-7

Select Payment Info:

Start Date:

End Date:

Note: The start date for the date range can only go as far back as the beginning of the year, 7 years ago.

Note: The date range cannot be more than 4 year(s).

DB Claims Payment Report

Claim Number	Claimant Name	SSN	Payment to	Paid date	Draft Number	Start Date	End Date	Gross Amount	Net Amount	FICA Amount	SSFICA Amount	MedFICA 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