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</table>
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.
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.
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.

**LOG IN**
1. Visit [nysif.com](http://nysif.com). Click Login in the upper right corner.
2. Enter your username and password.
Passcode

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

The passcode will expire after 20 minutes. The email will appear in your inbox from the sender “On behalf of NYSIF.”

Dear User,

Your nysif.com one-time authentication code is: 398245. Please enter this number in the Passcode field in your browser.

This code expires after 20 minutes. If you’ve waited longer than 20 minutes, please log in to generate a new activation email and code.
Enter the passcode in the field provided. Click “Verify.” If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.

**Authentication**

Each time you log into nysif.com, NYSIF’s systems will perform a risk assessment of your login details. If the assessment identifies a probability of fraud, you will be asked to authenticate via passcode as shown above, sent to the email address associated with your online account.

Examples of information that might trigger an enhanced security login include:

- Frequent password changes
- Different user location or time zone
- Different user IP address
- Different browser or version
- Different or new device/computer
- New mobile login

**Forgot Password or Username:**

Choose “Forgot Password” from the login page. Enter your Username in the field provided. A temporary password will be sent to the email address associated with the online account.

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

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.

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

**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.

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.
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.

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 Disability Benefits Policyholder under the username dbtestpolicy2015. If you have a disability benefits 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 4123456780 as 123456780)
- Document Number
- Period covered end date mm/dd/yyyy
- Group Number

Contact Information

- First Name
- Middle Initial
- Last Name
- Company
- Title
- Telephone Number (Numbers only - with area code)
- Email Address AMANDA@NYSIF.COM

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)
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.

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.

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.”

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.

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.)
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.

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.
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.

**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.
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](image)

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](image)

Upon clicking a claim number, you will be taken to that claim’s “home page.” This landing page now includes payment history at the top of the page, under the claim number. Payment information is now prominently displayed, broken out by comp, medical and legal payments.
By Claim Number

Master Claims Screen Tab

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

<table>
<thead>
<tr>
<th>Claim Number</th>
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<tbody>
<tr>
<td>Accident Date</td>
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<td>WCB/ICN Number</td>
<td>G22222222</td>
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<td>WCB/ICN Type</td>
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<tr>
<td>Cause</td>
<td>Fall/Slip/Trip</td>
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<td>Patient Handling</td>
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<tr>
<td>Injury Type</td>
<td>Swelling</td>
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<td>Body Part</td>
<td>Elbow (Rt)</td>
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<td>Initiating Doc</td>
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<td>Claim Status</td>
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<td>Jurisdiction</td>
<td>New York Workers’ Compensation Law</td>
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<td>Kind of Injury</td>
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</tr>
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<td>Question of Coverage</td>
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<tr>
<td>Controverted</td>
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<td>CLERICAL OFFICE EMPLOYEES NOC-U</td>
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<td>Last Hearing Date</td>
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<tr>
<td>Compensation Incurred</td>
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<tr>
<td>Medical Paid to Date</td>
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<tr>
<td>Medical Reserve</td>
<td>$2,264.59</td>
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<td>Medical Incurred</td>
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<td>Compensation Last Paid Date</td>
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<td>Medical Last Paid Date</td>
<td>02/04/2015</td>
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<td>Last Incurred Date</td>
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<tr>
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<tr>
<td>Status</td>
<td>CANCELLED</td>
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<tr>
<td>Group</td>
<td>90</td>
</tr>
<tr>
<td>Principal Name</td>
<td>Not Available</td>
</tr>
<tr>
<td>Policyholder Address</td>
<td>123 MAIN STREET, ALBANY, NY 12208</td>
</tr>
<tr>
<td>Policy Phone Number</td>
<td>(518) 555-1212</td>
</tr>
<tr>
<td>Inception Date</td>
<td>07/02/1988</td>
</tr>
<tr>
<td>Policy Date for This Claim</td>
<td>07/01/2014</td>
</tr>
<tr>
<td>County</td>
<td>Albany</td>
</tr>
<tr>
<td>Underwriting Office</td>
<td>Albany</td>
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<td>Number of Entities</td>
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<tr>
<td>Number of Locations</td>
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<tr>
<td>Entity Name</td>
<td>ACME FENCE COMPANIES, INC.</td>
</tr>
<tr>
<td>Entity Address</td>
<td>125 MAIN STREET, ALBANY, NY 12208</td>
</tr>
<tr>
<td>Catastrophe</td>
<td>0</td>
</tr>
<tr>
<td>Bargaining Unit</td>
<td>N/A</td>
</tr>
<tr>
<td>Business Type</td>
<td>(01) Corporation</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Claimant Name</th>
<th>Accident Date</th>
<th>WCB Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>22222222</td>
<td>Claimant 2</td>
<td>12/10/2012</td>
<td>0222222222</td>
</tr>
</tbody>
</table>

Compensation

- Paid $60,000.00 (+) Reserve $0.00 (-) Incurred $60,000.00
- Paid $20,457.94 (+) Reserve $0.00 (-) Incurred $20,457.94

Additional Information

<table>
<thead>
<tr>
<th>Biographical Info</th>
<th>Description of Accident</th>
<th>Date and Reason for Entry</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>47 Year Old Female Clerical Worker</td>
<td>Employee Walking In Office When She Tipped Over A Power Cord And Hit Her Chin On The Door Knob</td>
<td>5/22/13</td>
<td>Pending</td>
</tr>
</tbody>
</table>

Diary Screen Tab

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

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

Hearings

<table>
<thead>
<tr>
<th>Hearing ID</th>
<th>Hearing Date/Time</th>
<th>Completion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2886762</td>
<td>11/13/2018 2:00:00 PM</td>
<td>Report Completed</td>
</tr>
</tbody>
</table>

Reserve History

<table>
<thead>
<tr>
<th>Date</th>
<th>Added By</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12/2012</td>
<td>Case Manager</td>
<td>Med CHG 100000 to 170000; update to paid medical</td>
</tr>
<tr>
<td>1/8/2007</td>
<td>Supervisor</td>
<td>Med CHG 75000 to 100000; Clt had new surgery and is continuing tx.</td>
</tr>
<tr>
<td>8/24/2006</td>
<td>Case Manager</td>
<td>Med CHG 60000 to 75000; OUTSTANDING BILLS</td>
</tr>
<tr>
<td>7/17/2006</td>
<td>Med Case Mgr</td>
<td>Med CHG 30000 to 60000; paying drg bill.</td>
</tr>
<tr>
<td>2/16/2005</td>
<td>Nurse</td>
<td>Comp CHG 221970 to 49105; Up dated estimate.</td>
</tr>
</tbody>
</table>

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.
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.
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.)

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.
### 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.

Click “Date Received” to sort by date.
<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>DateReceived</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>40617335</td>
<td>eC-2</td>
<td>20131110-eC-2</td>
<td>01/10/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42604313</td>
<td>Rep of Employee’s Change in Status or RTW</td>
<td>C-11</td>
<td>04/04/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42604314</td>
<td>Employer Statement of Wage Earnings Prior to A</td>
<td>C-240</td>
<td>04/04/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42995813</td>
<td>C-240 Tape Signed And Dated 03/25/13</td>
<td>C-240 Tape</td>
<td>04/18/2013</td>
<td>Claimant/Employer forms</td>
</tr>
<tr>
<td>42992944</td>
<td>C-4 AUTH Dated 04/15/13 Dr. Nysif</td>
<td>C-4 AUTH G</td>
<td>04/19/2013</td>
<td>Claimant/Employer forms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>DateReceived</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>40653849</td>
<td>LOSSSNAPSHOT</td>
<td>LOSSSNAPSHOT</td>
<td>01/10/2013</td>
<td>WCB</td>
</tr>
<tr>
<td>42990104</td>
<td>Decisions and Awards</td>
<td>EC-84</td>
<td>04/18/2013</td>
<td>WCB</td>
</tr>
<tr>
<td>42990477</td>
<td>CS-LOSSID-G34A</td>
<td>CS-LOSSID-G34A</td>
<td>04/19/2013</td>
<td>WCB</td>
</tr>
<tr>
<td>42990470</td>
<td>C-669</td>
<td>C-669</td>
<td>04/19/2013</td>
<td>WCB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>DateReceived</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>60199059</td>
<td>CS-LOSSID_G34A_BD</td>
<td>CS-LOSSID_G34A_BD</td>
<td>09/13/2014</td>
<td>FROI/SROI</td>
</tr>
<tr>
<td>60199059</td>
<td>FROI-00</td>
<td>FROI-00</td>
<td>09/13/2014</td>
<td>FROI/SROI</td>
</tr>
<tr>
<td>60863108</td>
<td>CS-LOSSID_G34A_BD</td>
<td>CS-LOSSID_G34A_BD</td>
<td>10/02/2014</td>
<td>FROI/SROI</td>
</tr>
<tr>
<td>60863107</td>
<td>FROI-02</td>
<td>FROI-02</td>
<td>10/02/2014</td>
<td>FROI/SROI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>DateReceived</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>4047698</td>
<td>050720</td>
<td>C-250</td>
<td>07/25/2005</td>
<td>15-8</td>
</tr>
<tr>
<td>4061537</td>
<td>C-250 Signed And Dated 07/19/05</td>
<td>C-250 Signed And Dated 07/19/05 Stamped In @ WCB</td>
<td>07/27/2005</td>
<td>15-8</td>
</tr>
<tr>
<td>5457211</td>
<td>15-8 Questionare Signed And Dated 05/30/06</td>
<td>15-8 Questionare Signed And Dated 05/30/06</td>
<td>06/08/2006</td>
<td>15-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
<th>Document Type</th>
<th>DateReceived</th>
<th>Document Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>43012503</td>
<td>ISO MATCH</td>
<td>ISO MATCH</td>
<td>04/22/2013</td>
<td>Inv</td>
</tr>
<tr>
<td>61505653</td>
<td>Surveillance</td>
<td>Investigation</td>
<td>10/21/2014</td>
<td>Inv</td>
</tr>
<tr>
<td>61505655</td>
<td>Investigator Bill</td>
<td>Investigation</td>
<td>10/21/2014</td>
<td>Inv</td>
</tr>
<tr>
<td>61741102</td>
<td>Affidavit of Service</td>
<td>C-68.1</td>
<td>10/28/2014</td>
<td>Inv</td>
</tr>
</tbody>
</table>
**eCert Menu**

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

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

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

![Certificate Detail]

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.

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

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

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

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

- certificate number
- certificate holder

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

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

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

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

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

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

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

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

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

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

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

**Add a second officer or owner**

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

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

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

5. **Other Entities**
6. **Workers’ Compensation Carrier 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**: 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**: MM/DD/YYYY

---

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: "Tavern (150 seat) open 11 am to 4 am daily - no prepared food - no entertainment"
8. Payroll Information

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

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

If you know the class code, you can also enter that directly.

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

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

- 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.

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.

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.
Confirmation of Submission of Quote

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

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

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

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.

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.
Employer-submitted quote

Log back in to your nysif.com account. Choose **Get a Quote** or **Apply for a Policy**.

Choose “Continue to Online Application” for the appropriate quote.

1. Complete the application.

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

3. Identify the signer.

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

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

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.
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.

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

Add your bank or credit/debit card information.

Please note that KUBRA charges a 2.25% convenience fee for each credit card transaction.
Enter your receipt information; an email address is required. Check the box and add your mobile number if you would like text verification.
Review your payment details.

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

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**.

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**

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.
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](image)

Prescription Benefits

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

![Prescription Benefits (PBM)](image)
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.

<table>
<thead>
<tr>
<th>Title</th>
<th>Signers</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>[U-3] Assignment of Interest</td>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>[U-3] Assignment of Interest</td>
<td>2</td>
<td>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</td>
</tr>
<tr>
<td>[U-111] Inclusion of Additional Interest</td>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>[U-431] Notice of election coverage of NY workers' compensation</td>
<td>1</td>
<td>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.</td>
</tr>
<tr>
<td>[U-445] Experience Rating Plan</td>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>[U-619] Corporate officer Exclusion form (1 officer ver w/U-617)</td>
<td>1</td>
<td>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)</td>
</tr>
<tr>
<td>[U-619] Corporate officer Exclusion form (2 officer ver w/U-617)</td>
<td>2</td>
<td>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)</td>
</tr>
<tr>
<td>[U-627] Elective Coverage (w/U626 Letter)</td>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>[U-629] Notice of non-profit to exclude unsalaried executive officer</td>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>[U-765] Supplemental App for Roofing Contractors</td>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>[U-766] Certificate Request for Building Demolition</td>
<td>1</td>
<td>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 docussign to send the document to the policy holder. Email Subj: NYSIF - Signed form required: [U-766] Building Demolition Questionnaire</td>
</tr>
</tbody>
</table>
When you receive the email notification, click “Review Document.”

The information required will be outlined in red, and you will be prompted to complete it and sign. (Optional information will be outlined in gray.)

Further DocuSign instructions can be found on page 9. Once you have placed your electronic signature, the screen will close. You will receive a final copy of the form via email once all recipients have signed.
(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.**

Choose **Continue**.

Review your payment. Choose the “Pay $XXX.XX (the amount)” button to complete your transaction.
Enroll in AutoPay

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

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.”

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.*

Return to the AutoPay screen. Choose **Add AutoPay.** Select the policy you wish to enroll and the payment method. **Click Save.**
A screen will appear to confirm your selection.

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.
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:

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

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

Account Summary

Choose “Account Summary” from the Policy menu.

View previous payments and monthly bills using the top tabs.
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)

For details about an audit, click the audit number. A page will open displaying details about the audit. Click close to go back to the previous screen.
**Exit Interview Form**

Click “View” under Exit Interview to view those documents.

---

**PAD EXIT INTERVIEW FORM - AUDIT**

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Class Description</th>
<th>Audited Payroll</th>
<th>Declaration Payroll</th>
<th>Payroll Difference</th>
<th>Manual Rate</th>
<th>Premium Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4359</td>
<td>PAINT MPG-U</td>
<td>$104,000.00</td>
<td>$158,700.00</td>
<td>($54,700.00)</td>
<td>5.03</td>
<td>($54,700.00)</td>
</tr>
<tr>
<td>8919</td>
<td>EXECUTIVE OFFICERS N.D.C. ETC-U</td>
<td>$46,000.00</td>
<td>$46,000.00</td>
<td>$0.00</td>
<td>0.32</td>
<td>($5.76)</td>
</tr>
<tr>
<td>8910</td>
<td>CLERICAL OFFICE EMPLOYEES NOC-U</td>
<td>$11,000.00</td>
<td>$12,000.00</td>
<td>($1,000.00)</td>
<td>0.31</td>
<td>($3.16)</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Officer/Principal</th>
<th>Title</th>
<th>Duties</th>
<th>Amount Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>8609</td>
<td>JOHN ACME</td>
<td>President</td>
<td>Office Admin and Management</td>
<td>$45,000.00</td>
</tr>
</tbody>
</table>

3. You will be charged an additional $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 employee classification  
   - Yes  
   - No

B. Changes in operation/classification  
   - Yes  
   - No

C. Overtime Credit  
   - Yes  
   - No

D. Payroll Limitation Credit  
   - Yes  
   - No

E. Wrap-Up Work  
   - Yes  
   - No

F. Casual Labor  
   - Yes  
   - No
Audit Worksheets

Click “View” under Audit Worksheet to view those documents.

---

### Audit Worksheets

**Audit Number:** 507604  
**Audit Period:** 07/01/2014 - 08/31/2015  
**Policy Number:** 12345678  
**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:** 518-222-6151

**Entity:** Acme Fence Co Inc

---

### EXECUTIVE OFFICERS

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Gross Payroll</th>
<th>Amt. Included</th>
<th>Code</th>
<th>Description Of Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td>45,000</td>
<td>45,000</td>
<td>8889</td>
<td>Office Admin and Management</td>
</tr>
</tbody>
</table>

---

### PAYROLL DETAILS

<table>
<thead>
<tr>
<th>A</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>9510</td>
<td>8809</td>
<td>9500</td>
<td>8810</td>
<td>8712</td>
<td>8810</td>
</tr>
</tbody>
</table>

**Territory:** T9, T9, T9, T9, T9, T9

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Acme</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2014</td>
<td>$32,199</td>
</tr>
<tr>
<td>Aug 2014</td>
<td>$60,126</td>
</tr>
<tr>
<td>Sept 2014</td>
<td>$60,126</td>
</tr>
<tr>
<td>Oct 2014</td>
<td>$65,126</td>
</tr>
<tr>
<td>Total</td>
<td>$2,558,383</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjustments</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers Adj</td>
<td>$32,940</td>
</tr>
</tbody>
</table>

---

### RECONCILIATION

**SUMMARY**

<table>
<thead>
<tr>
<th>Terr.</th>
<th>Code</th>
<th>Fed</th>
<th>Rated As</th>
<th>Payroll</th>
<th>Description</th>
<th>Values</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>9501</td>
<td>N</td>
<td></td>
<td>$923,452</td>
<td>Total summary payroll</td>
<td>$2,224,458</td>
<td>3q/14</td>
<td>$1,818,707</td>
</tr>
<tr>
<td>9</td>
<td>8806</td>
<td>N</td>
<td></td>
<td>$33,260</td>
<td>Prior period</td>
<td>3q/14</td>
<td>$33,260</td>
<td>3q/14</td>
</tr>
<tr>
<td>9</td>
<td>8810</td>
<td>N</td>
<td></td>
<td>$11,271</td>
<td>Subsequent period</td>
<td>3q/14</td>
<td>$11,271</td>
<td>3q/14</td>
</tr>
</tbody>
</table>

**REPORTS**

<table>
<thead>
<tr>
<th>Terr.</th>
<th>Code</th>
<th>Fed</th>
<th>Rated As</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>9501</td>
<td>N</td>
<td></td>
<td>Adjustment for Class [9501]</td>
<td>$7,606</td>
</tr>
<tr>
<td>9</td>
<td>8810</td>
<td>N</td>
<td></td>
<td>John Acme, president</td>
<td>$70,143</td>
</tr>
<tr>
<td>9</td>
<td>9542</td>
<td>N</td>
<td></td>
<td>Adjustment for Class [9542]</td>
<td>$12,568</td>
</tr>
<tr>
<td>9</td>
<td>3772</td>
<td>N</td>
<td></td>
<td>Adjustment for Class [8742]</td>
<td>$1,219</td>
</tr>
</tbody>
</table>
Endorsements

Clicking on the Endorsement Name will display the endorsement text.

Endorsements On A Policy

Endorsement Number: 106
Endorsement Name: Notice Of Terrorism Insurance Coverage
Endorsement Text:

Notice Of Terrorism Insurance Coverage (TIRA)

Coverage for acts of terrorism is already included in your current policy. You should know that, effective November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The portion of your annual premium that is attributable to coverage for acts of terrorism is .34

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

Enter the policy number.

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

<table>
<thead>
<tr>
<th>Code No.</th>
<th>Classification</th>
<th>Manual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0060</td>
<td>Governing Classification to Aply</td>
<td>0.00</td>
</tr>
<tr>
<td>2072</td>
<td>Incorrelation or Timing</td>
<td>0.00</td>
</tr>
<tr>
<td>3072</td>
<td>Preheating</td>
<td>0.00</td>
</tr>
<tr>
<td>3572</td>
<td>Electroplating</td>
<td>0.00</td>
</tr>
<tr>
<td>4511</td>
<td>Analytical Chemist</td>
<td>0.00</td>
</tr>
<tr>
<td>9061</td>
<td>Painting-Dip Only &amp; Divers</td>
<td>0.00</td>
</tr>
</tbody>
</table>

NYCIRB RATING DATA

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Board No.</th>
<th>_sheet #</th>
<th>Risk Name</th>
<th>ISSUED Date</th>
<th>Eff Date</th>
<th>Exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>0124567</td>
<td>60088</td>
<td>150006</td>
<td>ADME FENCE COMPANY</td>
<td>10/03/2015</td>
<td>07/01/2014</td>
<td>1.05</td>
</tr>
<tr>
<td>0124567</td>
<td>60088</td>
<td>1450051</td>
<td>ADME FENCE COMPANY</td>
<td>06/04/2015</td>
<td>07/01/2014</td>
<td>1.00</td>
</tr>
<tr>
<td>0124567</td>
<td>60088</td>
<td>1482311</td>
<td>ADME FENCE COMPANY, INC. DBA ADME FENCE CO. INC.</td>
<td>07/01/2015</td>
<td>07/01/2014</td>
<td>1.08</td>
</tr>
<tr>
<td>0124567</td>
<td>60088</td>
<td>1468564</td>
<td>ADME FENCE CO. INC.</td>
<td>02/02/2014</td>
<td>07/01/2014</td>
<td>1.12</td>
</tr>
<tr>
<td>0124567</td>
<td>60088</td>
<td>1509661</td>
<td>ACMECO</td>
<td>10/03/2015</td>
<td>07/01/2013</td>
<td>0.94</td>
</tr>
<tr>
<td>0124567</td>
<td>60088</td>
<td>1300001</td>
<td>ACMECO</td>
<td>02/02/2013</td>
<td>07/01/2013</td>
<td>0.94</td>
</tr>
</tbody>
</table>

Part I:  
1) POLICY YR  2) CLAIM NO.  3) ACTUAL INCURRED LOSSES  4) PRIMARY ACTUAL LOSSES

<table>
<thead>
<tr>
<th>Total by Policy Year of All Claims Equal Or Lesser Than $12000</th>
<th>2012</th>
<th>9671</th>
<th>9775</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2011</td>
<td>17319</td>
<td>17319</td>
</tr>
<tr>
<td>Total</td>
<td>2010</td>
<td>6407</td>
<td>6407</td>
</tr>
<tr>
<td>Individual Cases Greater Than $10000</td>
<td>2012</td>
<td>66411</td>
<td>25578</td>
</tr>
<tr>
<td>Total</td>
<td>2011</td>
<td>10099</td>
<td>10099</td>
</tr>
<tr>
<td>Total</td>
<td>2010</td>
<td>10080</td>
<td>10080</td>
</tr>
<tr>
<td>Total</td>
<td>2009</td>
<td>10080</td>
<td>10080</td>
</tr>
<tr>
<td>(c) ACTUAL EXCESS (a) - (b) = 35529</td>
<td>Total</td>
<td>173517</td>
<td>Total</td>
</tr>
</tbody>
</table>

Part II:  
5) CLASS CODE  6) POLICY #  7) PAYROLL  8) EXP LOSS RATE  9) EXP LSR $/Wk/100  10) D RATED  11) EXP LSR $/wk/100

<table>
<thead>
<tr>
<th>Total by Policy Year of All Claims Equal Or Lesser Than $12000</th>
<th>2012</th>
<th>9671</th>
<th>9775</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2011</td>
<td>17319</td>
<td>17319</td>
</tr>
<tr>
<td>Total</td>
<td>2010</td>
<td>6407</td>
<td>6407</td>
</tr>
<tr>
<td>Individual Cases Greater Than $10000</td>
<td>2012</td>
<td>66411</td>
<td>25578</td>
</tr>
<tr>
<td>Total</td>
<td>2011</td>
<td>10099</td>
<td>10099</td>
</tr>
<tr>
<td>Total</td>
<td>2010</td>
<td>10080</td>
<td>10080</td>
</tr>
<tr>
<td>Total</td>
<td>2009</td>
<td>10080</td>
<td>10080</td>
</tr>
<tr>
<td>(d) EXP LSR $/wk/100</td>
<td>Total</td>
<td>173517</td>
<td>Total</td>
</tr>
</tbody>
</table>

Rating Procedure:

12) PRIMARY LOSSES
13) @ VALUE = $/Wk/100
14) @ VALUE = $/Wk/100
15) TOTALS
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.

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

Click NEXT.

![Workers' Compensation Online Payroll Report](image-url)
STEP 2. Confirm (or edit, if necessary) your business information. Click NEXT.

STEP 3. Enter Ownership information. Click NEXT.
STEP 4. Enter Worker Information. (Depending on your Class Code, this screen could display slightly differently.) Click NEXT.

STEP 5. Enter any additional wage information, if applicable. Click NEXT.
STEP 6. Review and Submit. Review all information carefully.

### Employer Information

<table>
<thead>
<tr>
<th>Policyholder Name</th>
<th>NYSIF WIDGET SELLERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policyholder Address</td>
<td>123 MAIN STREET</td>
</tr>
<tr>
<td>City</td>
<td>ANYTOWN</td>
</tr>
<tr>
<td>State</td>
<td>NEW YORK</td>
</tr>
<tr>
<td>Zip Code</td>
<td>00001</td>
</tr>
<tr>
<td>Phone</td>
<td>222-555-1212</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:TESTINGWIDGETS@NYSIF.COM">TESTINGWIDGETS@NYSIF.COM</a></td>
</tr>
<tr>
<td>Legal Business Structure</td>
<td>CORPORATION</td>
</tr>
<tr>
<td>FEIN</td>
<td>00-1112223</td>
</tr>
<tr>
<td>Business Description</td>
<td>8810 - CLERICAL</td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

### Owner/Officer/Member/Partners gross wages

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Work Type Description</th>
<th>Total Gross Wages for the Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranji</td>
<td>Developer</td>
<td>8840 - Religious House of Worship: Professional Employees</td>
<td>$200</td>
</tr>
<tr>
<td>John</td>
<td>Owner</td>
<td>9060 - Clubs: Golf, Fishing or Yacht</td>
<td>$30</td>
</tr>
</tbody>
</table>

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

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

### Other Wage Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have 1099 employees for the period?</td>
<td>Yes</td>
</tr>
<tr>
<td>1099 Payments</td>
<td>$1,000</td>
</tr>
<tr>
<td>Did you use casual labor for the period?</td>
<td>Yes</td>
</tr>
<tr>
<td>Casual Labor Payments</td>
<td>$2,000</td>
</tr>
<tr>
<td>Did you lease employees to or from other employers?</td>
<td>No</td>
</tr>
<tr>
<td>Did you employ any unpaid individuals (Relatives, Volunteers, Interns, etc.)?</td>
<td>No</td>
</tr>
<tr>
<td>Did you utilize any subcontractors for the period?</td>
<td>No</td>
</tr>
</tbody>
</table>
Complete the “Preparer” information at the bottom of the page. Click SUBMIT PAYROLL.

STEP 7. Confirmation.
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
Report Requests

Select a report from the Report Name list.

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

Running a report of **Certificate List of a Policy** will generate a table with the following headings:

<table>
<thead>
<tr>
<th>Policy No: 01234567</th>
<th>Policy Holder: ACMFENCE CO</th>
<th>Report Date: 02/08/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERT. #</td>
<td>ENTITY</td>
<td>LOC</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>204253</td>
<td>00000</td>
<td>0000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total # Of Certificates for this Policy:** 1

---

**Accident Analysis Report**

<table>
<thead>
<tr>
<th>KIND OF INJURY</th>
<th>COUNT</th>
<th>KIND OF INJURY</th>
<th>COUNT</th>
<th>KIND OF INJURY</th>
<th>COUNT</th>
<th>KIND OF INJURY</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprain/Strain</td>
<td>1</td>
<td>Struck/Hit</td>
<td>1</td>
<td>Struck/Hit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>Total</td>
<td>2</td>
<td>Total</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAUSE OF INJURY</th>
<th>COUNT</th>
<th>CAUSE OF INJURY</th>
<th>COUNT</th>
<th>CAUSE OF INJURY</th>
<th>COUNT</th>
<th>CAUSE OF INJURY</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Step Slip</td>
<td>1</td>
<td>Struck by/Caught</td>
<td>1</td>
<td>Struck by/Caught</td>
<td>1</td>
<td>Struck by/Caught</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>Total</td>
<td>2</td>
<td>Total</td>
<td>2</td>
<td>Total</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART OF BODY</th>
<th>COUNT</th>
<th>PART OF BODY</th>
<th>COUNT</th>
<th>PART OF BODY</th>
<th>COUNT</th>
<th>PART OF BODY</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7</td>
<td>Total</td>
<td>7</td>
<td>Total</td>
<td>7</td>
<td>Total</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>COUNT</th>
<th>OCCUPATION</th>
<th>COUNT</th>
<th>OCCUPATION</th>
<th>COUNT</th>
<th>OCCUPATION</th>
<th>COUNT</th>
<th>OCCUPATION</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELECTRICIAN</td>
<td>1</td>
<td>ELECTRICIAN</td>
<td>1</td>
<td>ELECTRICIAN</td>
<td>1</td>
<td>ELECTRICIAN</td>
<td>1</td>
<td>ELECTRICIAN</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>Total</td>
<td>1</td>
<td>Total</td>
<td>1</td>
<td>Total</td>
<td>1</td>
<td>Total</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MONTH</th>
<th>COUNT</th>
<th>MONTH</th>
<th>COUNT</th>
<th>MONTH</th>
<th>COUNT</th>
<th>MONTH</th>
<th>COUNT</th>
<th>MONTH</th>
<th>COUNT</th>
<th>MONTH</th>
<th>COUNT</th>
<th>MONTH</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>2</td>
<td>FEB</td>
<td>1</td>
<td>MAR</td>
<td>1</td>
<td>APR</td>
<td>1</td>
<td>MAY</td>
<td>0</td>
<td>JUN</td>
<td>0</td>
<td>JUL</td>
<td>1</td>
</tr>
<tr>
<td>AUG</td>
<td>1</td>
<td>SEP</td>
<td>3</td>
<td>OCT</td>
<td>2</td>
<td>NOV</td>
<td>0</td>
<td>DEC</td>
<td>0</td>
<td>TOTAL</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Test Rating

DP-203 Report

NEW YORK STATE INSURANCE FUND
DP203 Report for Policy # 12345678

ASSURED
ACME FENCE COMPANY
123 MAIN STREET
ANYTOWN, NY 10000

POLICY # 12345678

POLY DATE 04/04/2015

POLICY YEAR 2015

CLAIMS SETTLED 2
CLAIMS SUMMARY 2

CLAIM NUMBER 8976543
CLAIM UNIT 127
CLAIM PAY 5222
NAME OF CLAIMANT SMITH, MICHAEL
ACCIDENT DATE 06/27/2013
BODY PART 29
CAUSE 14
INJURY TYPE 0
PAYMENTS 0
INCURRED COSTS 0
STATUS 0

PERIOD FROM TO R.B. LEVEL S.F. LEVEL EXP. SIF NO. OF CLAIMS INCURRED LOSSES TOTAL LOSS RATIO
04/01/2015 04/01/2016 96,271 74,965 121 80 0 0 0 0 0 0 0 0 0 0 0
04/01/2016 04/01/2017 102,950 80,201 910 80 0 0 0 0 0 0 0 0 0 0 0
04/01/2017 04/01/2018 96,150 80,714 98 75 0 1 0 0 0 890 890 1
04/01/2018 04/01/2019 59,649 49,905 89 75 0 1 0 0 0 330 330 0.61
TOTALS 352,836 285,778 0 2 0 1,226 1,226 0.0

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

THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL

THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL

THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL

THIS POLICY INCLUDES THE FOLLOWING ACTIVE LOCATIONS:

LOC# 1
ADDRESS 123 MAIN STREET
ANYTOWN, NY 10000

THIS POLICY INCLUDES THE FOLLOWING ACTIVE ENTITIES:

ENT# 1
ENTITY NAME ACME FENCE COMPANY
BUSINESS TYPE Corporation

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:

Percentage Analysis Example:
Statement of Account

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

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

- 312: Payment
- 464: Service Charge
- 532: Rebill
- 542: Experience Modification Endorsement
- 560: Audit
- 562: Installment billed

- EP: Earned premium transactions
- AP: Advanced premium transactions
- Factor: Experience modification transaction
Unit Stat Inquiry System

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

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

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

Choose Upload Audit Documents from your landing page.

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

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

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

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

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

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

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

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.
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)

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Covered Employees</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Wages for All Employees</strong></td>
<td>$53040</td>
</tr>
<tr>
<td>Subject to an annual cap of $17680, per employee</td>
<td></td>
</tr>
<tr>
<td><strong>Total Gross Annual Payroll</strong></td>
<td>$500000</td>
</tr>
</tbody>
</table>

Paid Family Leave (PFL)

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Covered Male Employees</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Wages for All Covered Male Employees</strong></td>
<td>$0</td>
</tr>
<tr>
<td>(Subject to an annual cap of PFL $70569.72, per employee)</td>
<td></td>
</tr>
</tbody>
</table>

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 wages for all employees.

The estimated premium in this quote is based on the information entered in your quote request and may change based on 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.
Retrieves 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.
Apply for a DB/PFL Policy

New York State Disability and Paid Family Leave Benefits Application

1. Employer Information

Your reference number is 02345.

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

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*
- Corporation
- LLC
- Partnership
- LLP
- Other

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

Nature Of Business
Testing software

Standard Industrial Classification (SIC) Code

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

Your reference number is 012345.

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

☐ Yes  ☐ No

Current Insurance Provider Information (if applicable)

Name of current Workers' Compensation Insurance provider

Name of current Disability Benefits Insurance provider

Dollar amount of Disability claims in the last 3 years

4. Payroll Information

Your reference number is 012345.

Coverage Options For Disability Claim Benefit Levels

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

- Statutory Benefit Coverage: 50% of average weekly wages up to $170 per week (minimum required New York State disability benefits insurance)
- Enriched Benefit Coverage: Indicate desired multiple of the statutory benefit: 1.5x, 2x, 2.5x, 3x, 4x, 5x (provides greater disability claim benefits to qualified employees while satisfying the New York statutory requirement)

Employee Contributions for Disability Benefits only

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

- No, they do not contribute to DB insurance premium
- Yes, they contribute to DB insurance premium

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

Disability Benefits (DB)

Males

<table>
<thead>
<tr>
<th>Number of Covered Employees</th>
<th>Total Wages for All Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>53040</td>
</tr>
<tr>
<td>Subject to an annual cap of 17680 per employee</td>
<td></td>
</tr>
<tr>
<td>Total Gross Annual Payroll</td>
<td>500000</td>
</tr>
</tbody>
</table>

Females

<table>
<thead>
<tr>
<th>Number of Covered Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
</tr>
</tbody>
</table>

Total Wages for All Employees

<table>
<thead>
<tr>
<th>Subject to an annual cap of 17680 per employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>133760</td>
</tr>
</tbody>
</table>

Total Gross Annual Payroll

<table>
<thead>
<tr>
<th>710000</th>
</tr>
</thead>
</table>
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

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

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

Your reference number is 012345.

Officer 1

Country

USA

Home Address (P.O. Box is not acceptable)

123 MAIN STREET

City, State, Zip, Country

ALBANY, NEW YORK, 12206, 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
If your answers do not meet DocuSign’s criteria, your e-signature will be cancelled, and you must mail your application.

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.

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.

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.”

You will be directed to the KUBRA website. Click “Go to Checkout.”
Add your bank or credit/debit card information.

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

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

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

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.

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

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

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

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:
# 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

<table>
<thead>
<tr>
<th>Envelope ID</th>
<th>Transaction Date</th>
<th>Category</th>
<th>Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71276729</td>
<td>06/02/2020</td>
<td>Other</td>
<td>DBL Monthly Bill v3</td>
<td>DBL Bills Sample Monthly</td>
</tr>
<tr>
<td>66540376</td>
<td>10/02/2019</td>
<td>Other</td>
<td>DBL Monthly Bill v3</td>
<td>DBL Bills Sample Monthly</td>
</tr>
<tr>
<td>61574968</td>
<td>02/02/2019</td>
<td>Other</td>
<td>DBL Monthly Bill v1</td>
<td>DBL Monthly Bill</td>
</tr>
<tr>
<td>60954558</td>
<td>01/02/2019</td>
<td>Other</td>
<td>New Bills &quot;It's Here&quot; Flyer DBL Monthly Bill v1</td>
<td>DBL Monthly Bill</td>
</tr>
<tr>
<td>59681720</td>
<td>10/02/2018</td>
<td>Other</td>
<td>DBL Monthly Bill v1</td>
<td>DBL Monthly Bill</td>
</tr>
</tbody>
</table>
Choose Report Payroll from the right column menu. Choose the policy period and click “View Report.”

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

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

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

(b) Limited Wages
- Enter the total number of male employees covered for the period indicated
- Enter the total capped wages for male employees covered for the period indicated
- Enter the total number of female employees covered for the period indicated
- Enter the total capped wages for female employees covered for the period indicated
Section II – Paid Family Leave

Calculating Wages:

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

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

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

---

<table>
<thead>
<tr>
<th>II. EMPLOYEE INFORMATION FOR PREMIUM CALCULATION - PAID FAMILY LEAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 $1,305.62 per employee.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Covered Employees:</td>
</tr>
<tr>
<td>Employee capped wages:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Covered Employees:</td>
</tr>
<tr>
<td>Employee capped wages:</td>
</tr>
</tbody>
</table>

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.
Estimate Premium

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

**Premium Calculator**

**Disability Payroll**

**STATUTORY**
Disability insurance claim benefits equal 1/3 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 1/3 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 $6 each employee earns. If an employee is expected to earn less than $6 annually, then the lower amount should be provided. If an employee is expected to earn more than $6 annually, then only the first $6 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.

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Claimant Name</th>
<th>SSN</th>
<th>Payment to</th>
<th>Paid date</th>
<th>Draft Number</th>
<th>Start Date</th>
<th>End Date</th>
<th>Gross Amount</th>
<th>Net Amount</th>
<th>FICA Amount</th>
<th>SSFICA Amount</th>
<th>MedFICA Amount</th>
<th>Taxable Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>XD3/2/05</td>
<td>John Nysif</td>
<td>XXX-XX-4XX4</td>
<td>Claimant</td>
<td>11/13/14</td>
<td>X311X8</td>
<td>9/2/14</td>
<td>6/10/14</td>
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<td>$1,773.94</td>
<td>$156.06</td>
<td>$126.48</td>
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<tr>
<td>XD3/603</td>
<td>Mary Nysif</td>
<td>XXX-XX-4XX4</td>
<td>Claimant</td>
<td>11/12/14</td>
<td>X31025</td>
<td>10/28/14</td>
<td>10/21/14</td>
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<td>$156.99</td>
<td>$13.01</td>
<td>$10.54</td>
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<td>$170.00</td>
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<tr>
<td>XD3/603</td>
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<td>XXX-XX-4XX4</td>
<td>Claimant</td>
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<td>11/4/14</td>
<td>10/28/14</td>
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<td>$156.99</td>
<td>$13.01</td>
<td>$10.54</td>
<td>$2.47</td>
<td>$170.00</td>
</tr>
<tr>
<td>XD3/603</td>
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<td>XXX-XX-4XX4</td>
<td>Claimant</td>
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<td>$313.99</td>
<td>$26.01</td>
<td>$21.08</td>
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<tr>
<td>XD3/603</td>
<td>Mary Nysif</td>
<td>XXX-XX-4XX4</td>
<td>Claimant</td>
<td>11/21/14</td>
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<td>11/24/14</td>
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<td>$10.40</td>
<td>$8.43</td>
<td>$1.97</td>
<td>$136.00</td>
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</tbody>
</table>