NYSIF.com Online Account User Guide POLICYHOLDERS

September 11, 2020

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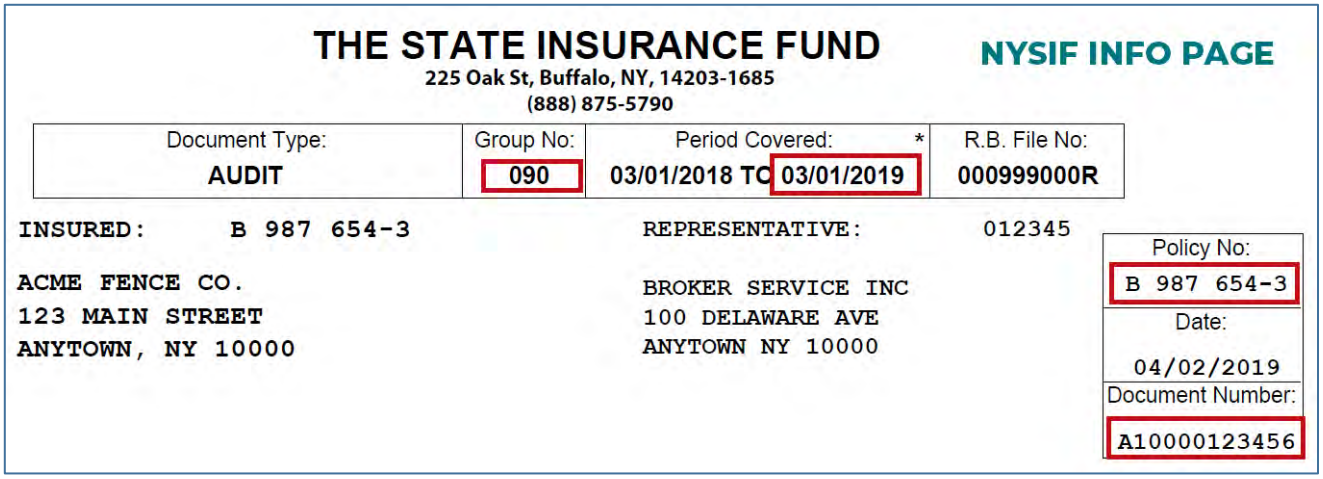
Create an Account

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

Workers' compensation policyholders

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



THE STATE INSURANCE FUND
225 Oak St, Buffalo, NY, 14203-1685
(888) 875-5790

NYSIF INFO PAGE

Document Type:	Group No:	Period Covered: *	R.B. File No:
AUDIT	090	03/01/2018 TO 03/01/2019	000999000R

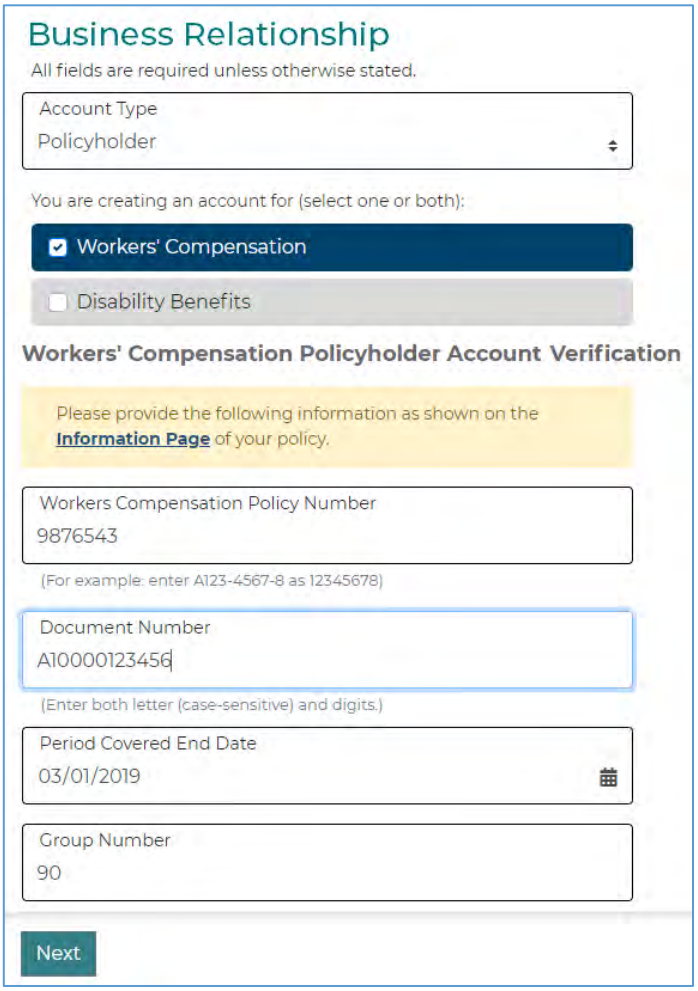
INSURED: B 987 654-3

ACME FENCE CO.
123 MAIN STREET
ANYTOWN, NY 10000

REPRESENTATIVE: 012345

BROKER SERVICE INC
100 DELAWARE AVE
ANYTOWN NY 10000

Policy No: B 987 654-3
Date: 04/02/2019
Document Number: A10000123456



Business Relationship

All fields are required unless otherwise stated.

Account Type
Policyholder

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

- [x] Workers' Compensation
- [ ] Disability Benefits

Workers' Compensation Policyholder Account Verification

Please provide the following information as shown on the **Information Page** of your policy.

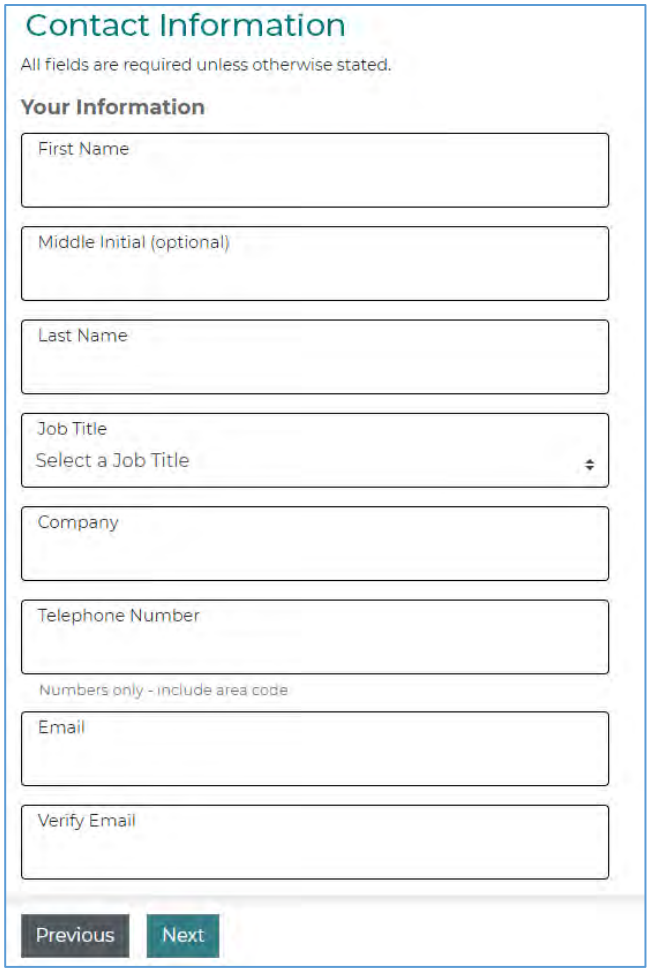
Workers Compensation Policy Number
9876543
(For example: enter A123-4567-8 as 12345678)

Document Number
A10000123456
(Enter both letter (case-sensitive) and digits.)

Period Covered End Date
03/01/2019

Group Number
90

Next



Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Middle Initial (optional)

Last Name

Job Title
Select a Job Title

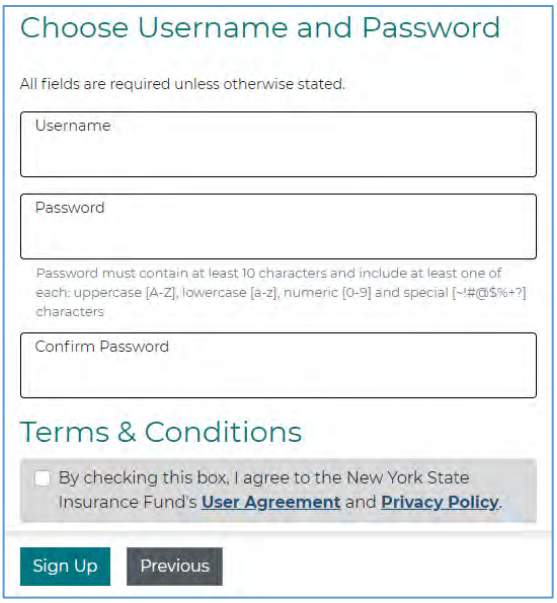
Company

Telephone Number
Numbers only - include area code

Email

Verify Email

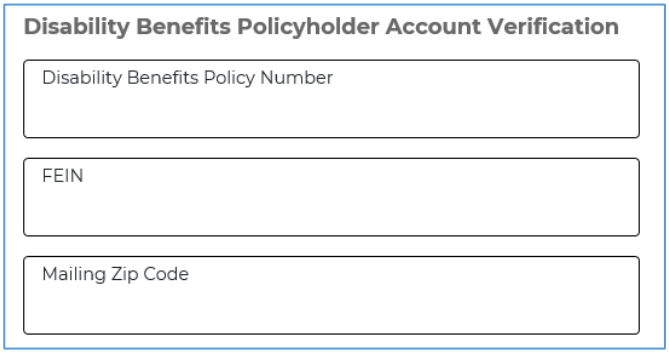
Previous Next

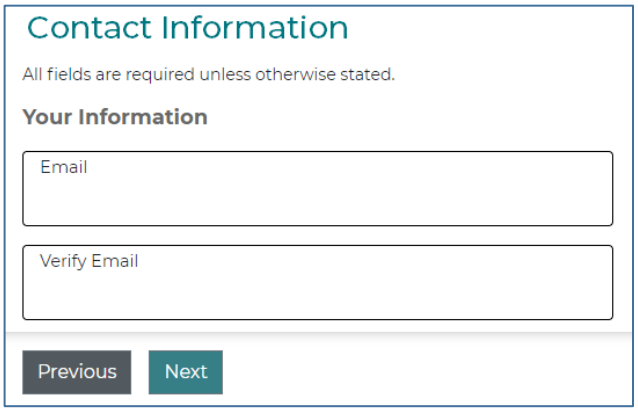


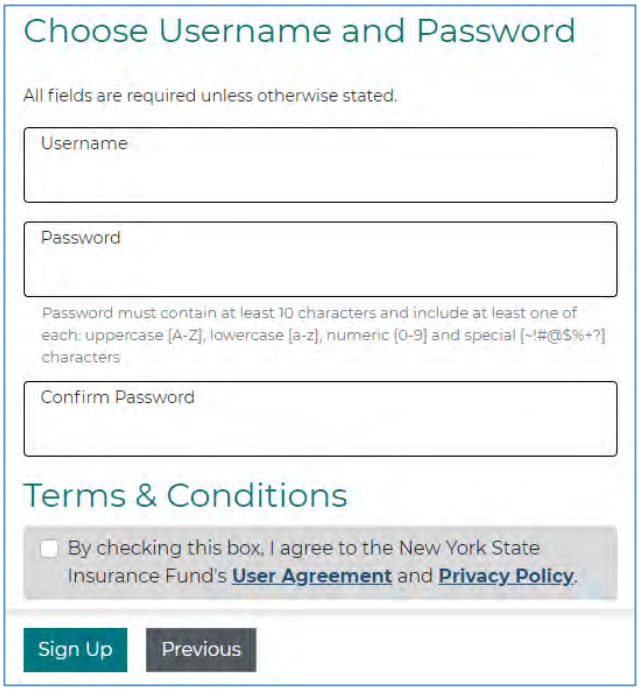
Once you complete registration, you will be sent a confirmation email.

Disability benefits policyholders

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







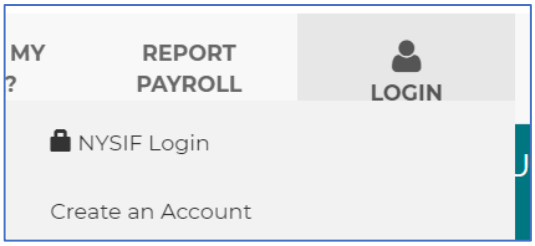
Enhanced Security Enrollment

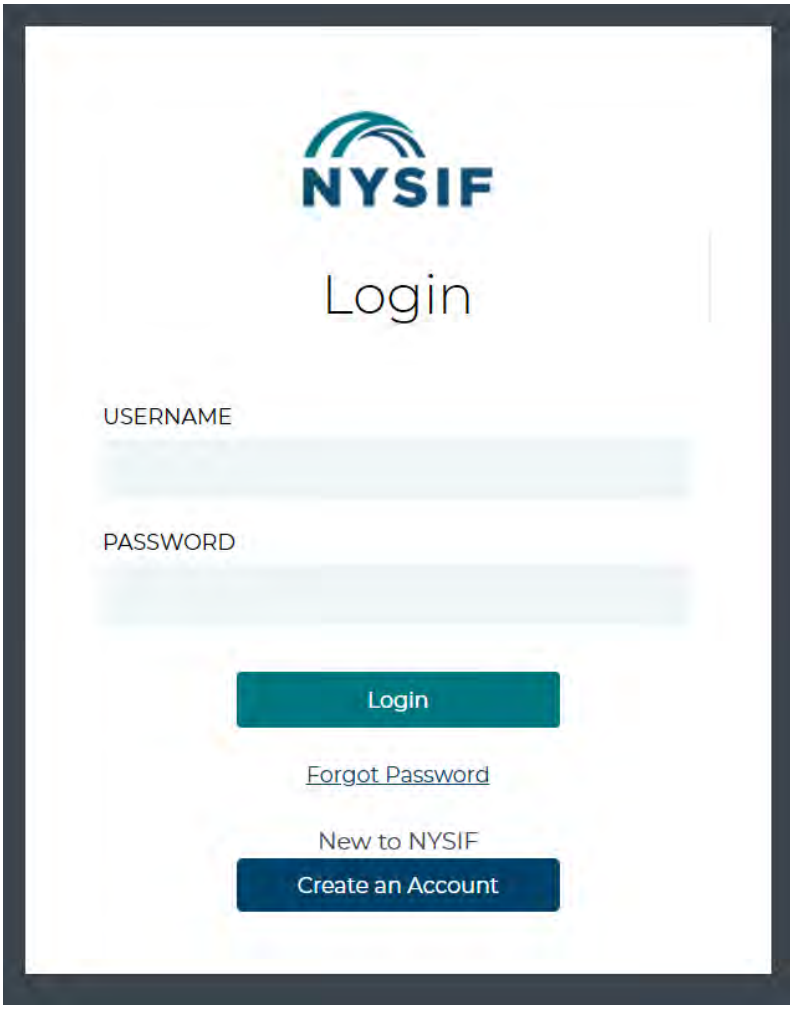
NYSIF takes your privacy seriously. To protect the personal information of its customers, including health records, NYSIF has implemented an enhanced security feature (also known as multi-factor authentication) for all NYSIF online account holders. Enhanced security allows NYSIF to identify you as the 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.

LOGIN

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

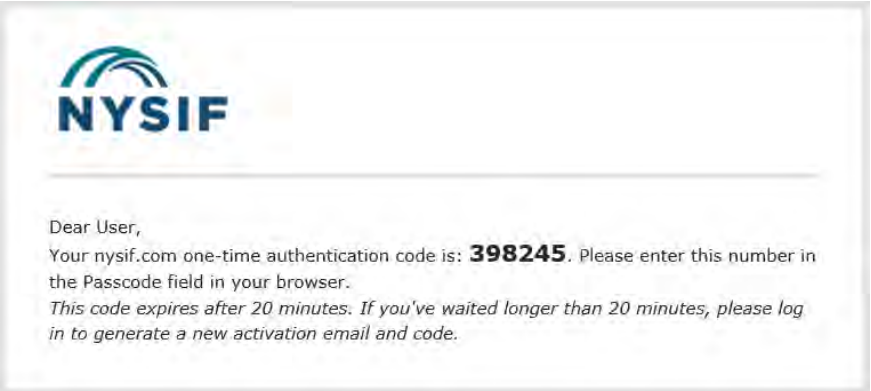




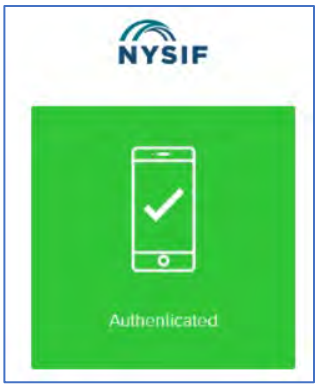
Passcode

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

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



Enter the passcode in the field provided. Click “Verify.” If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.



Authentication

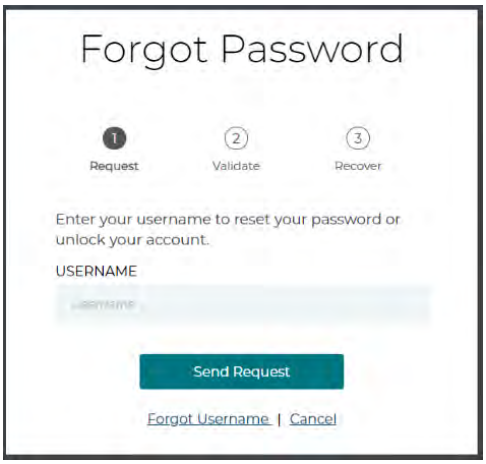
Each time you log into nysif.com, NYSIF’s systems will perform a risk assessment of your login details. If the assessment identifies a probability of fraud, you will be asked to authenticate via passcode as shown above, sent to the email address associated with your online account.

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

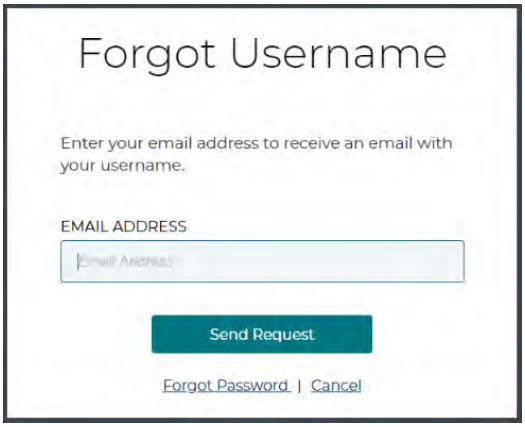
- Frequent password changes
- Different user location or time zone
- Different user IP address
- Different browser or version
- Different or new device/computer
- New mobile login

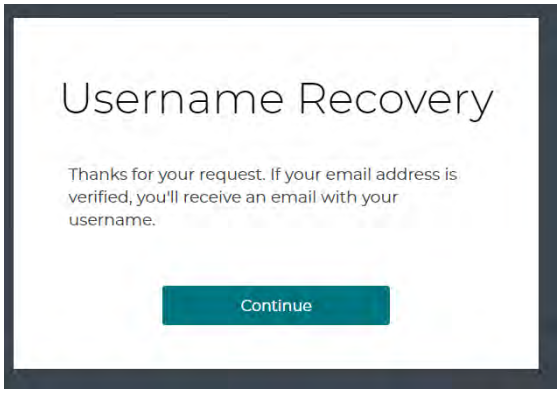
Forgot Password or Username:

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



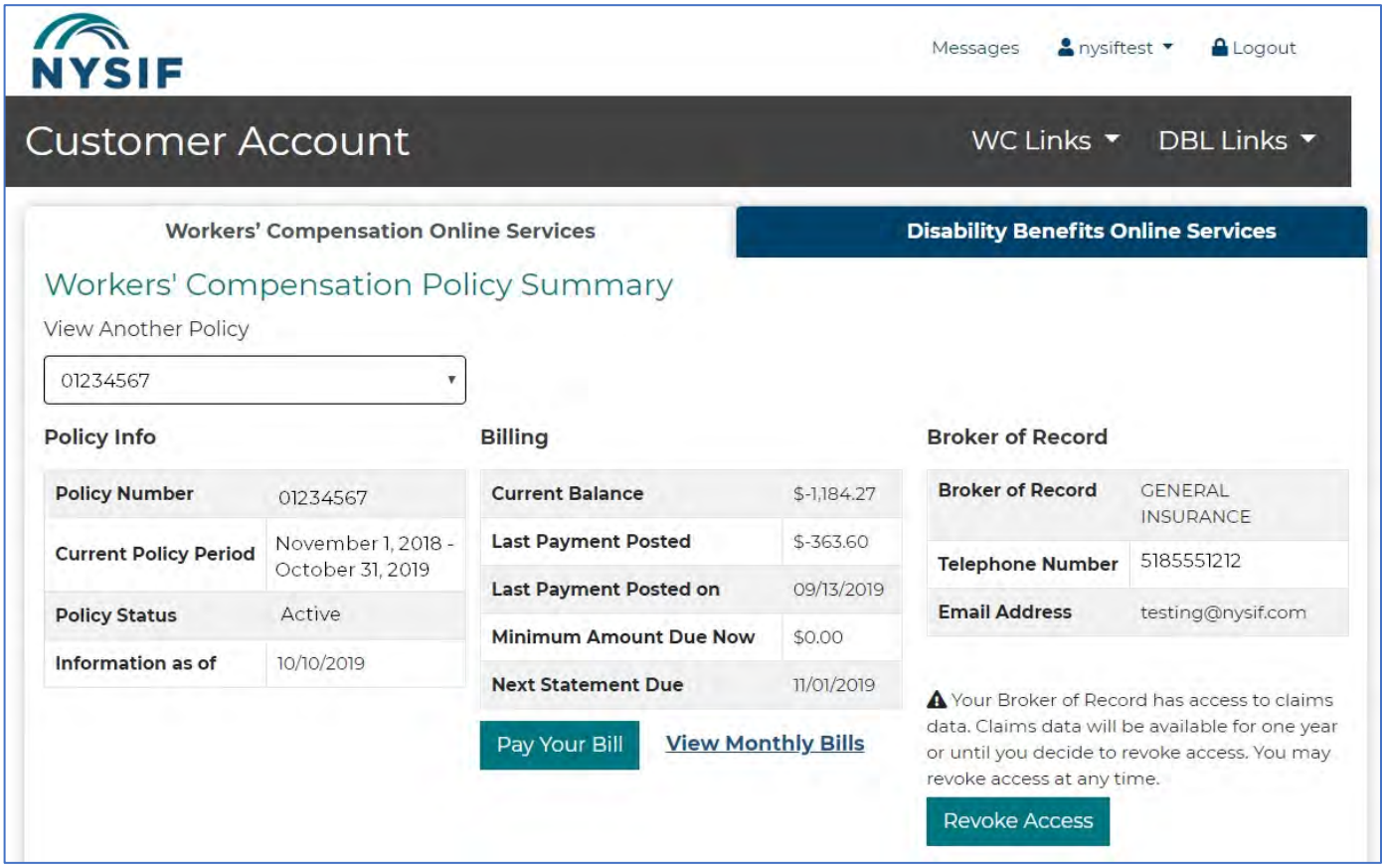
Choose “Forgot Username.” Enter your email address. Our system will send the username associated with that email address to the email address.





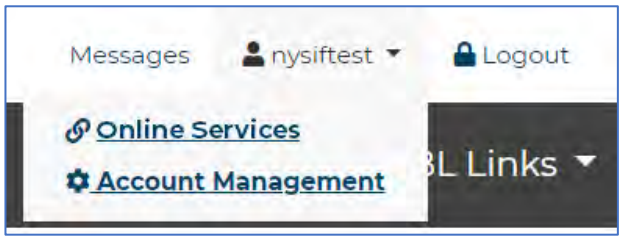
Online Account Management

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.

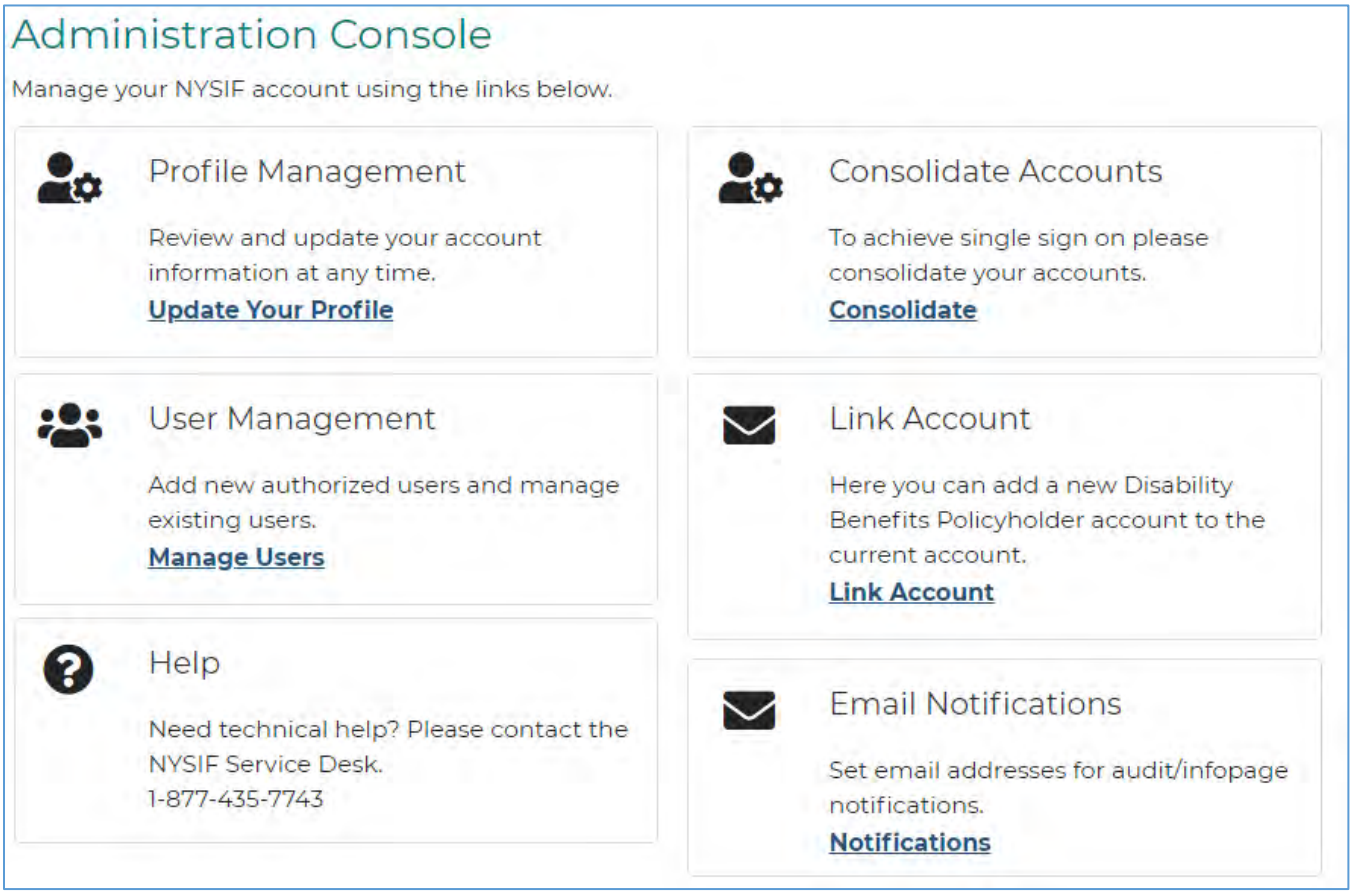


Online Customer Account Administration

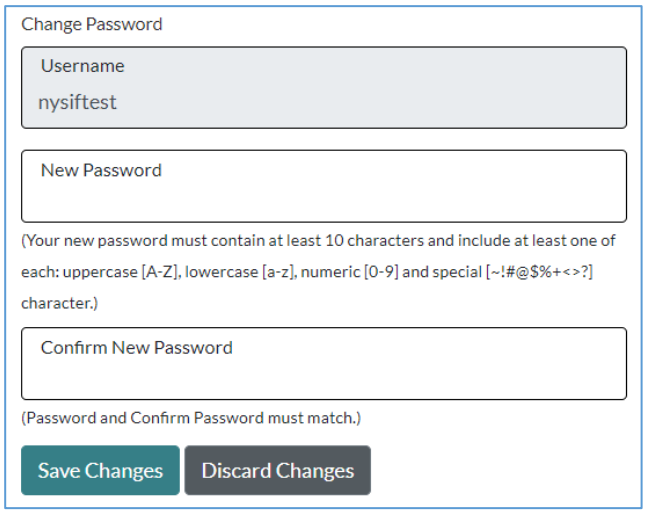
To manage your online account, select Account Management from the dropdown menu under your username at the top right of the page.



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

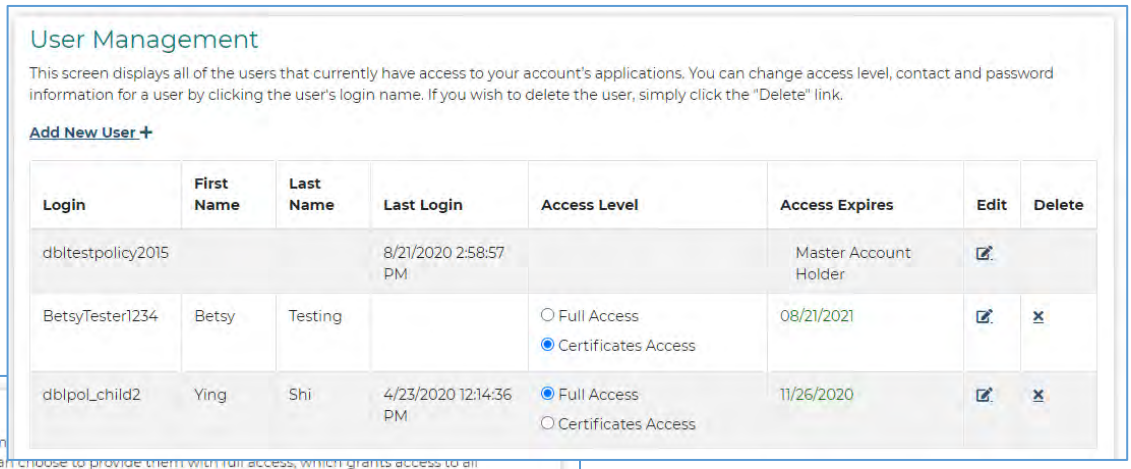
From your Administration Console under Profile Management, choose “Update Profile.” Change your password and submit.

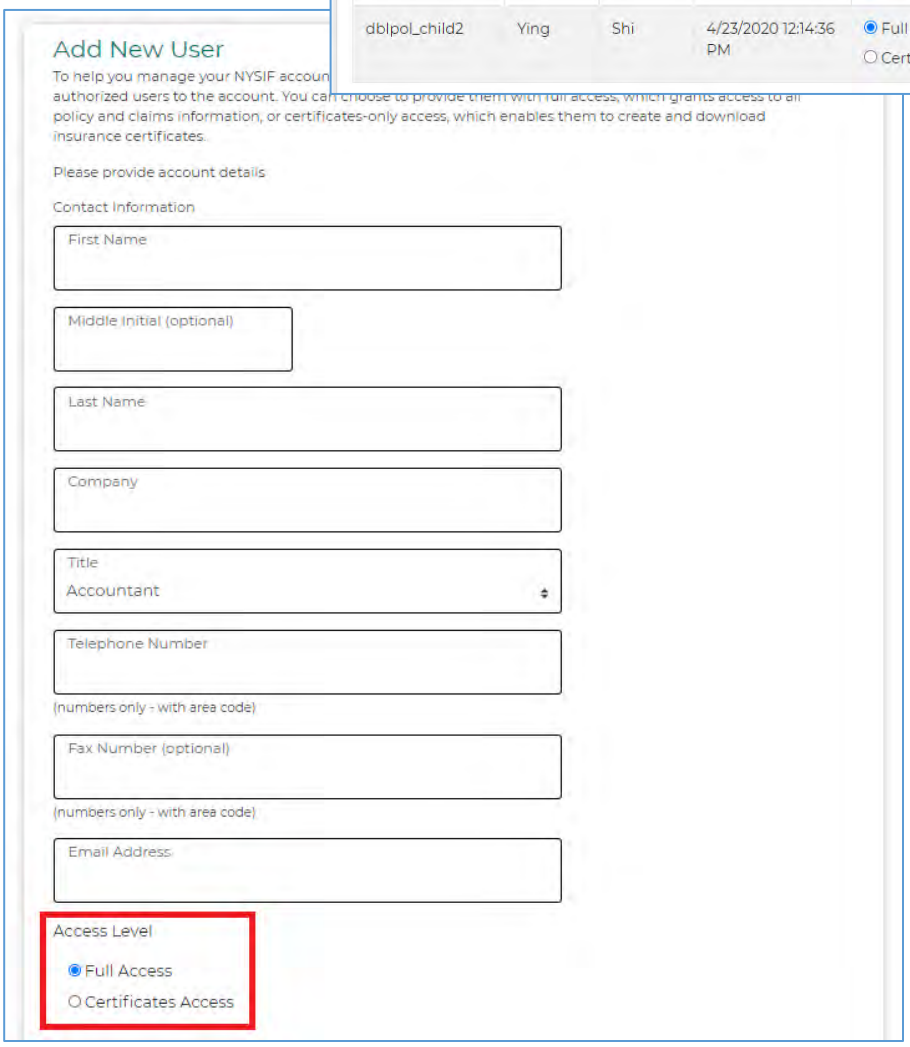
User Management (add or delete an authorized user)

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.

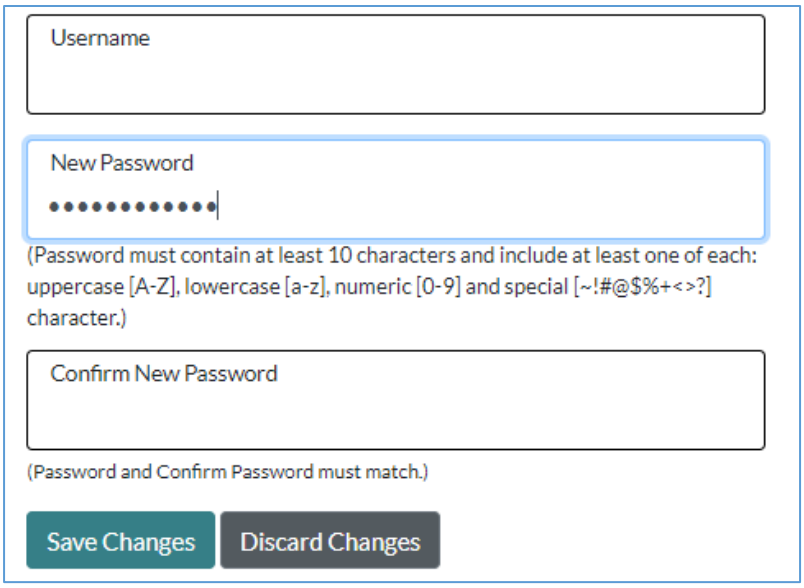
- Full access – grants the same level of access as the master account holder, which includes **all policy and claims information**.
- Certificates-only access – allows authorized users to create, download, validate and subscribe to insurance certificates **only**.





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.

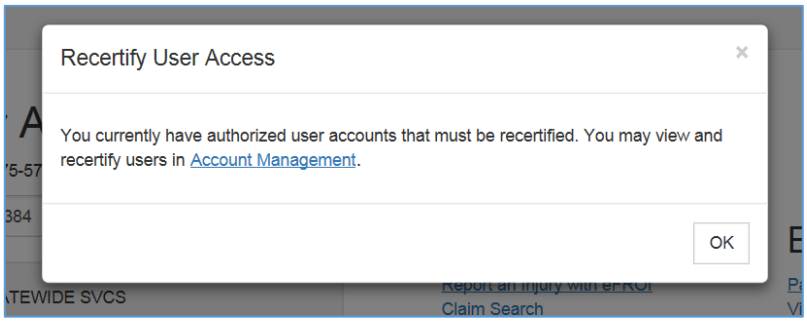
***Authorized users cannot create other authorized user accounts, edit/delete user accounts or grant claims access to brokers.**

Recertifying Authorized Users

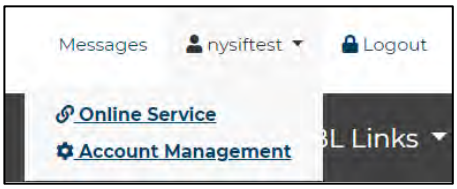
NYSIF has established a recertification process for authorized user accounts. The master account holder will be required annually to recertify each authorized user account.

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.

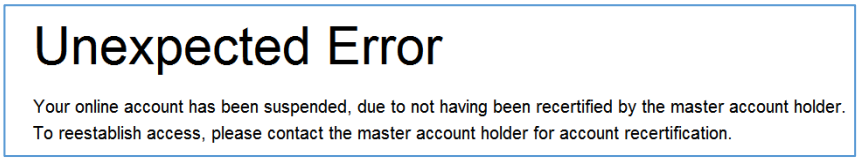
PLEASE NOTE: The master account holder can recertify any user at any time. For example, if the master account logs in to recertify **Child1** because that user’s access will be expiring first, the user can also recertify **Child2** and **Child3** at the same time. This is an added convenience for the 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 dbltestpolicy2015, 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 dbltestpolicy2015.

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

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

Username:

Password:

Consolidate | Reset

Link A Policy

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

Link New Account

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

Disability Benefits Policy Services

*Disability Benefits Policy Number
Enter numbers only (no dashes).

*FEIN
Enter numbers only (no dashes).

*Zip Code
(Zip for Disability Benefits Account)

Link New Account

You are currently logged in as a Disability Benefits Policyholder under the username dbltestpolicy2015.
If you have a workers' compensation policy with NYSIF, you can add that to this online account.

Policyholder Identity Verification

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

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

*Document Number
Enter both letter (case-sensitive) and digits.

*Period covered end date
mm/dd/yyyy
(mm/dd/yyyy)

*Group Number
Enter digits only

Contact Information

*First Name

Middle Initial

*Last Name

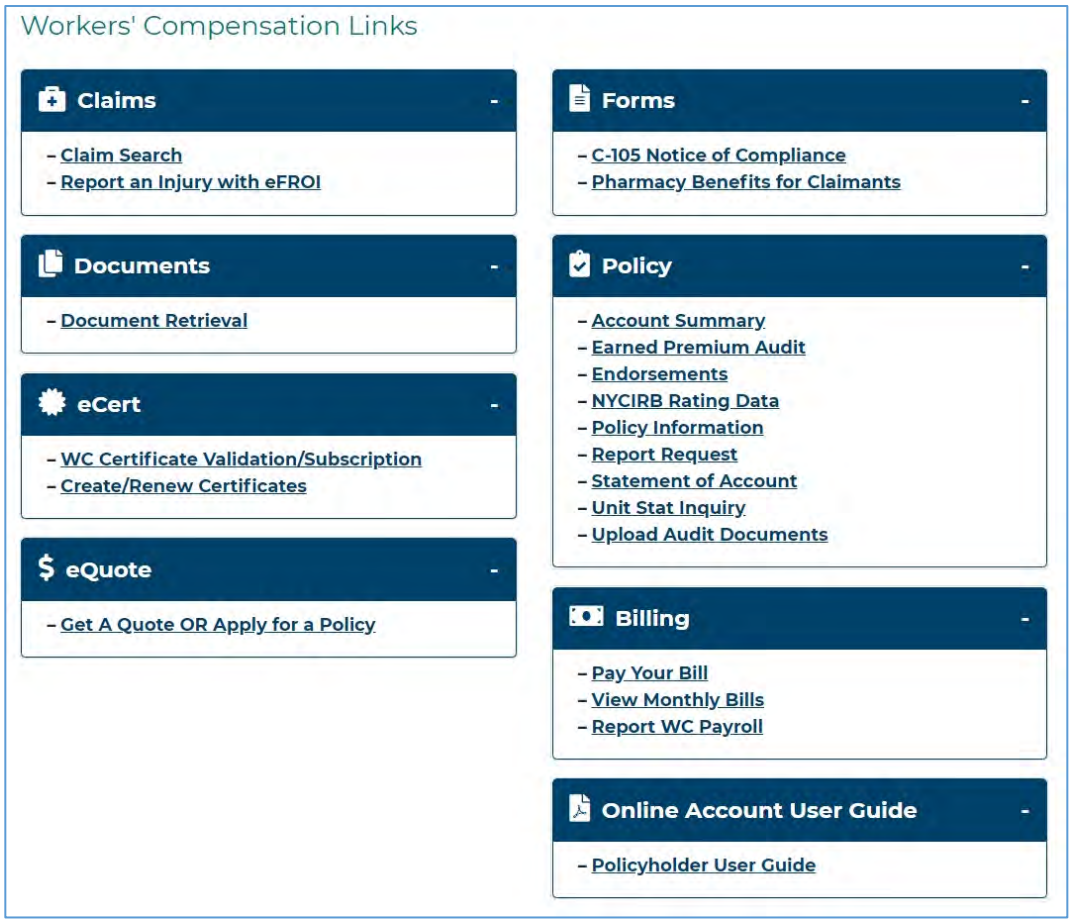
*Company

*Title
Choose one

*Telephone Number
(numbers only - with area code)

Email Address
AMANDA@NYSIF.COM

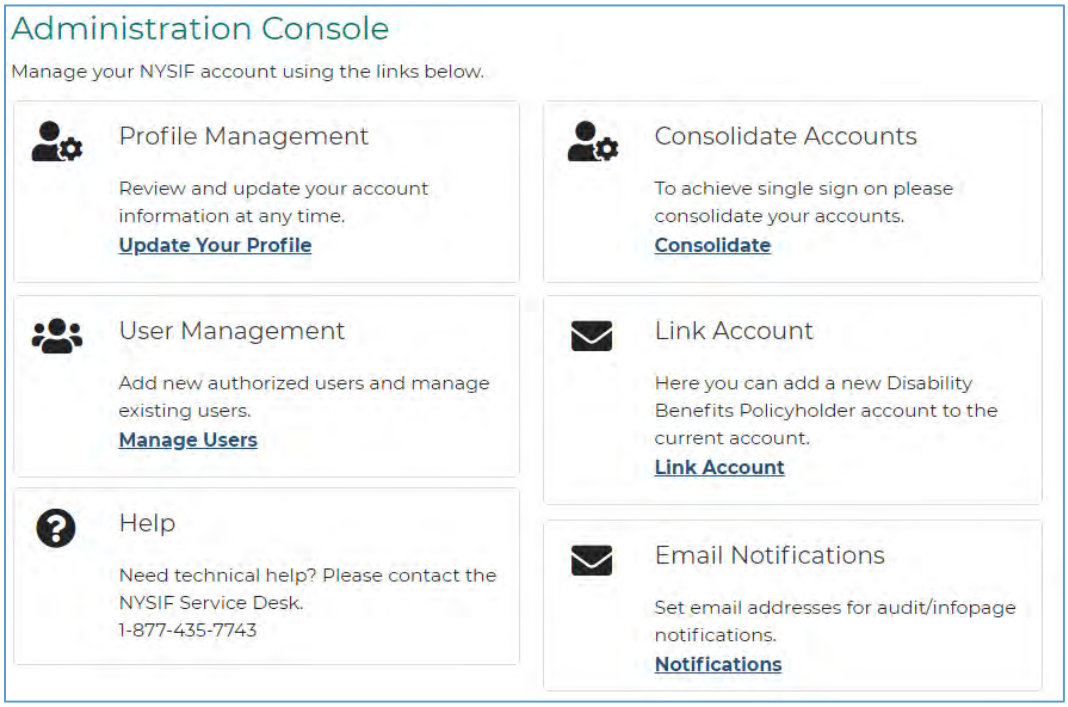
Workers' Comp Policyholders



Notification Center

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

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

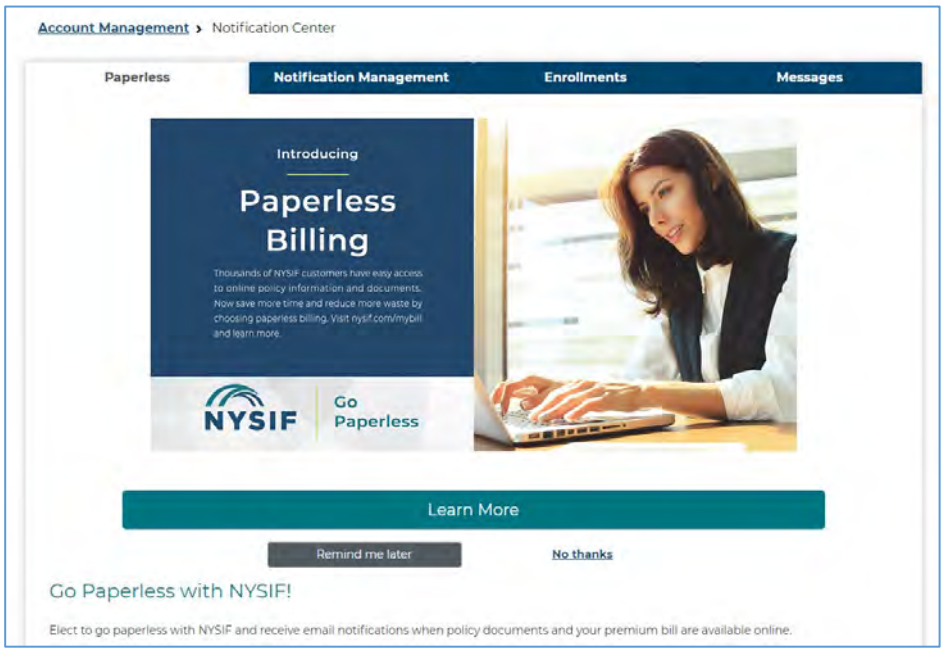


Only the master account holder can enroll in paperless for the policy.

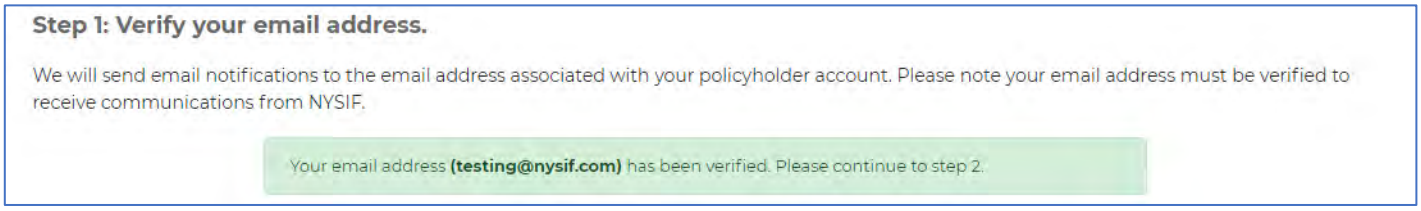
Paperless Enrollment

To enroll in paperless billing, choose the Paperless tab.

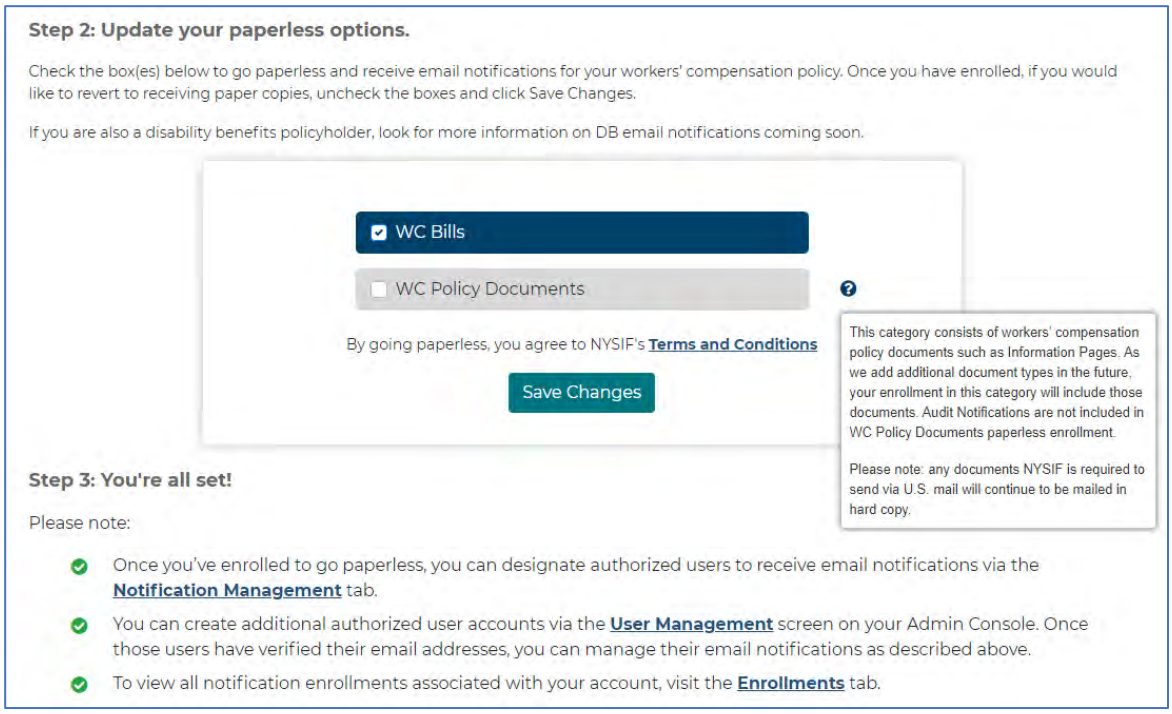
(To unenroll, uncheck the box in Step 2 and save.)



Step 1: Verify your email address if needed.



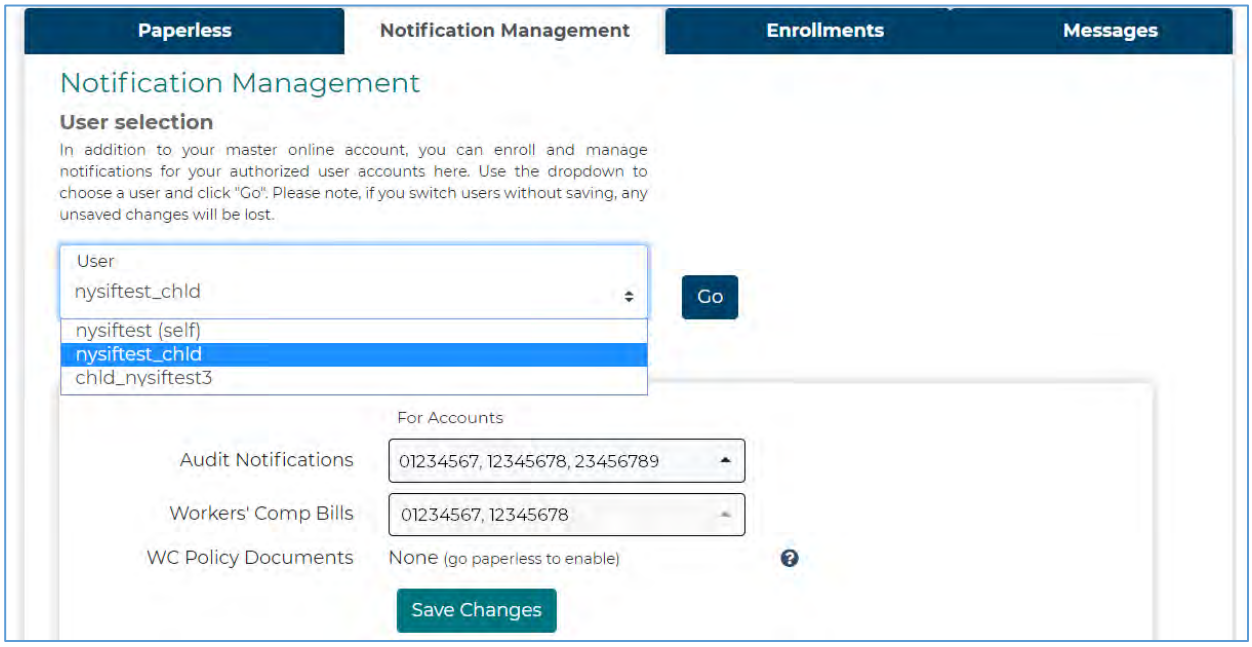
In Step 2, check the box(es) to go paperless and receive email notifications for your workers' compensation policy. Be sure to click "Save Changes."



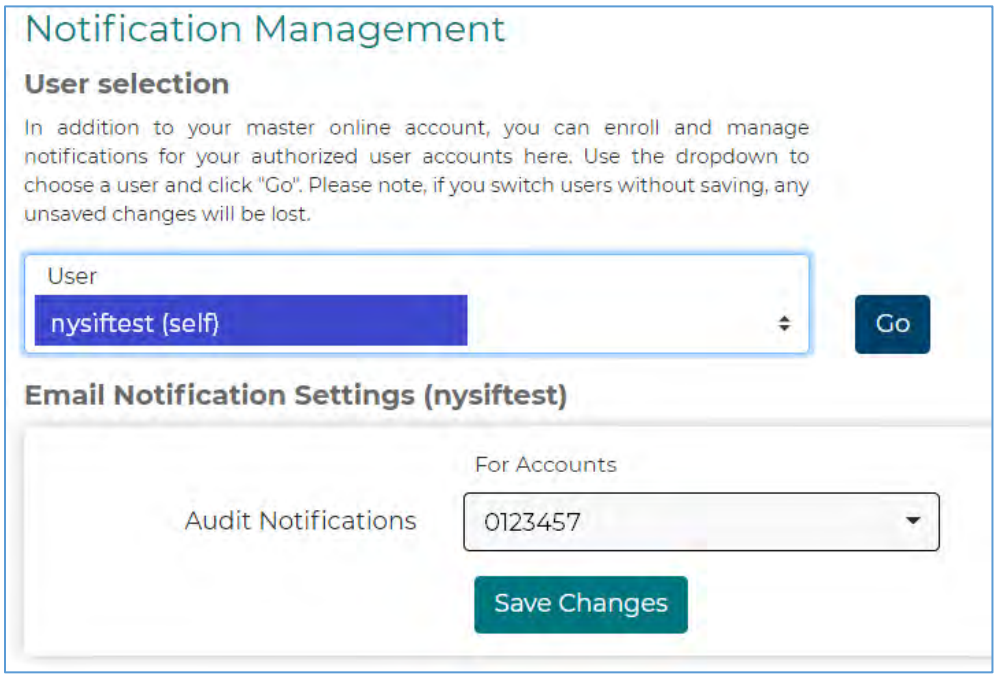
NOTE: If a policy chooses to go paperless, the master account holder <u>will automatically receive</u> all paperless email notifications. The master account holder cannot opt-out of email notifications without unsubscribing from paperless.

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 <u>will automatically receive</u> 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.)

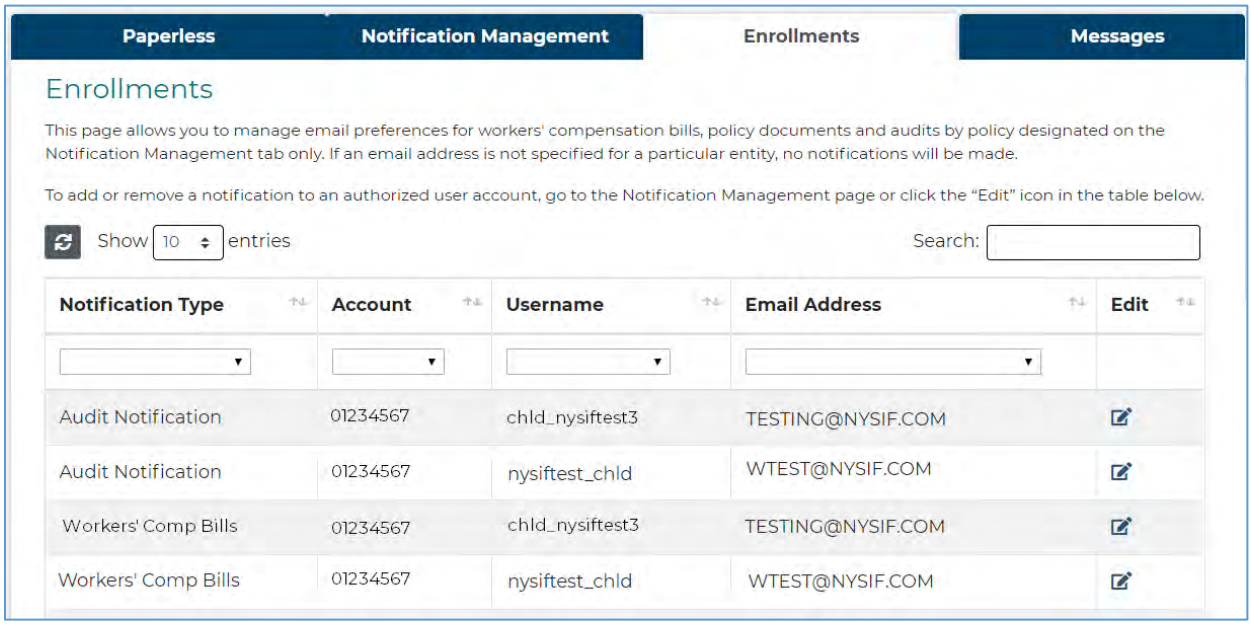


Enrollments

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.

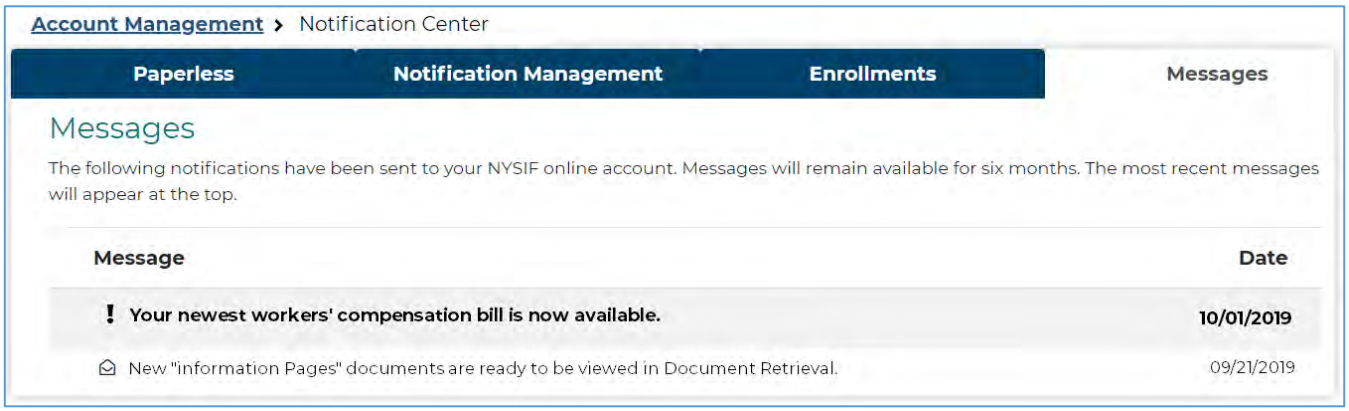
If a master account holder chooses to unsubscribe to paperless notifications, NYSIF will preserve the notification choices made for authorized users should the policyholder choose to re-enroll. These choices will still appear in Enrollments, but authorized users will not receive email notifications while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

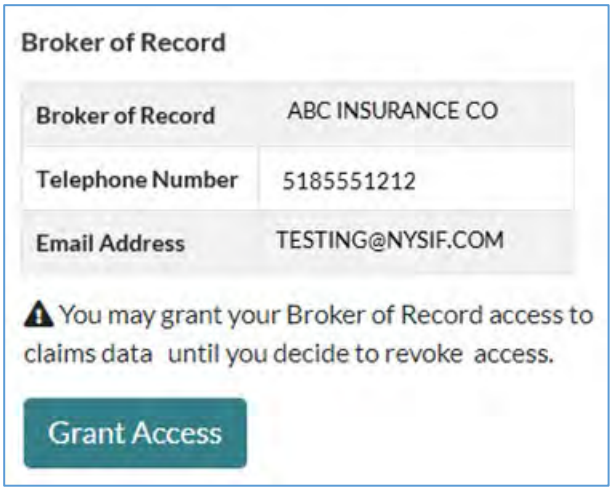


Granting Broker Claims Access

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.

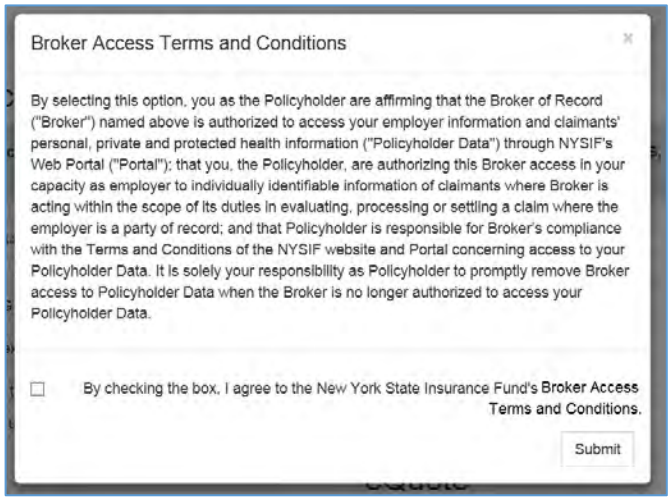
Please note that only the master account holder for the policyholder can grant access to the broker of record. If the policyholder has created authorized user accounts, those authorized users do not have permission to grant access.

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.

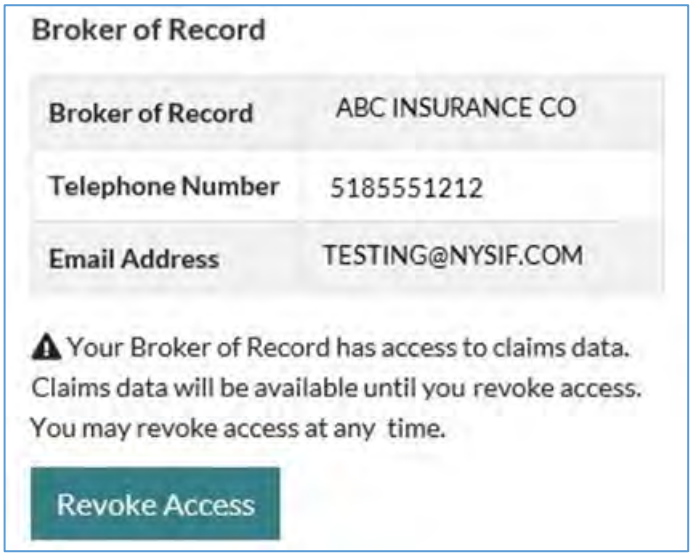


****If you are a member of a Safety Group, your Group Manager already has access to these features and the button will not be visible to you.****

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



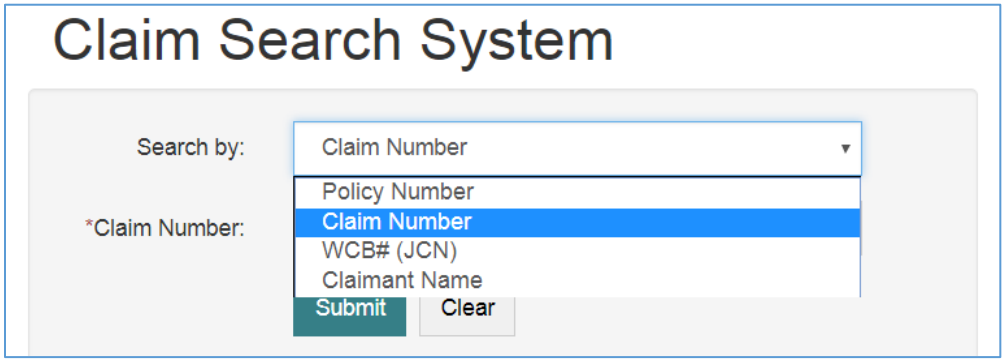
You can revoke access at any time. Simply choose the "Revoke Access" button.



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.



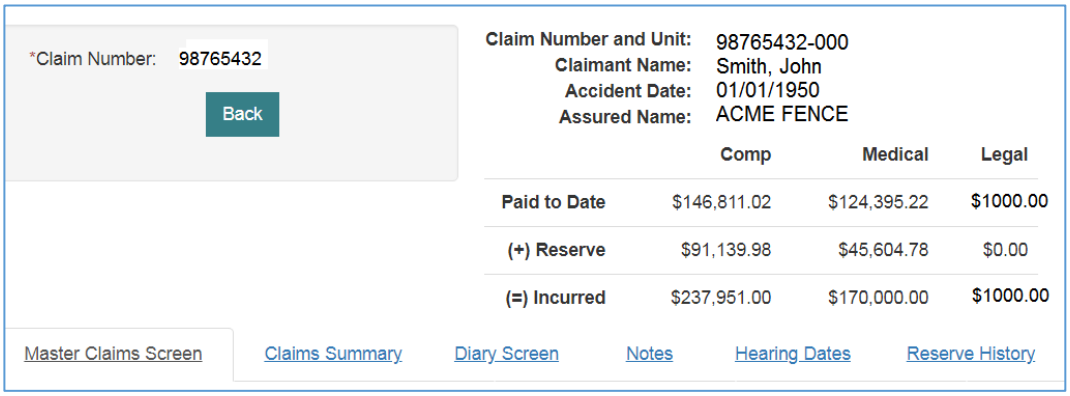
By Policy

Choose Claim Search. Enter a policy number; add an accident date if needed. Choose to filter by Open, Retired or All claims. This will return an alphabetical list of all claims that fit the criteria. Click the Claim Number to view details for that specific claim. You can also choose to download this information to a spreadsheet.

Download Claims to Excel Spreadsheet | Download Claims to Tab Delimited Text File | Download Claims to Text File

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

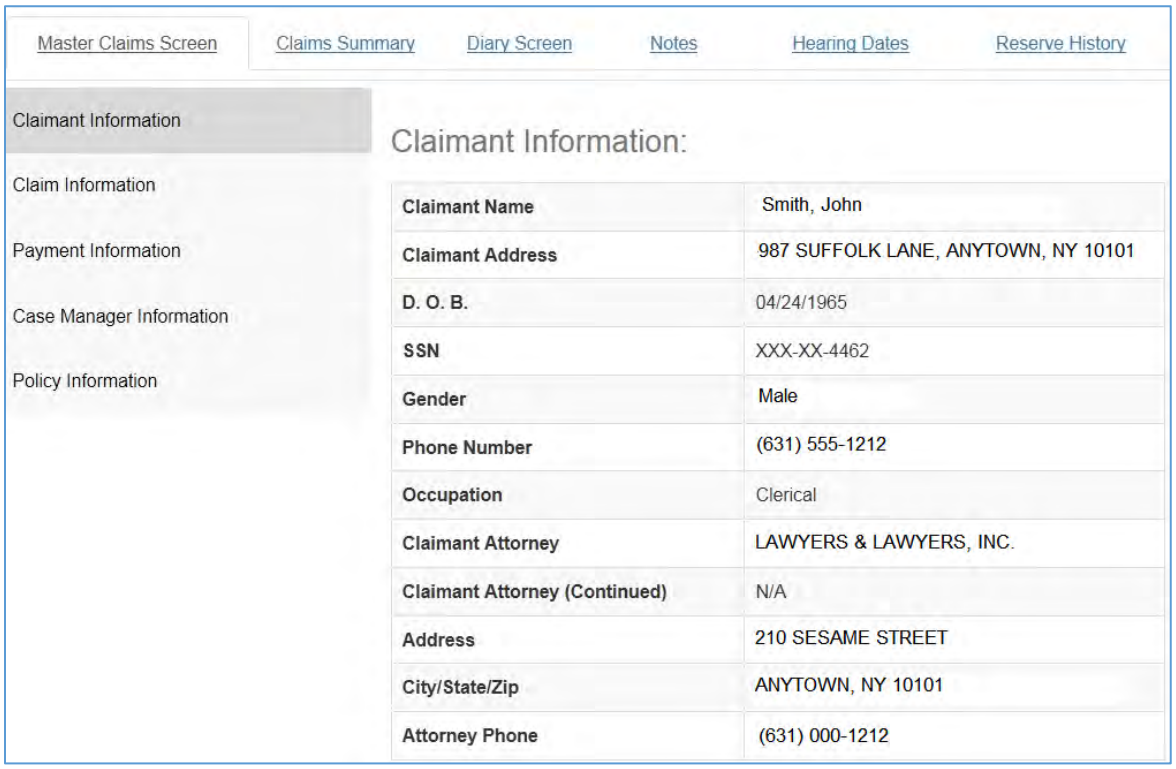
Upon clicking a claim number, you will be taken to that claim’s “home page.” This landing page now includes payment history at the top of the page, under the claim number. Payment information is now prominently displayed, broken out by comp, medical and legal payments.

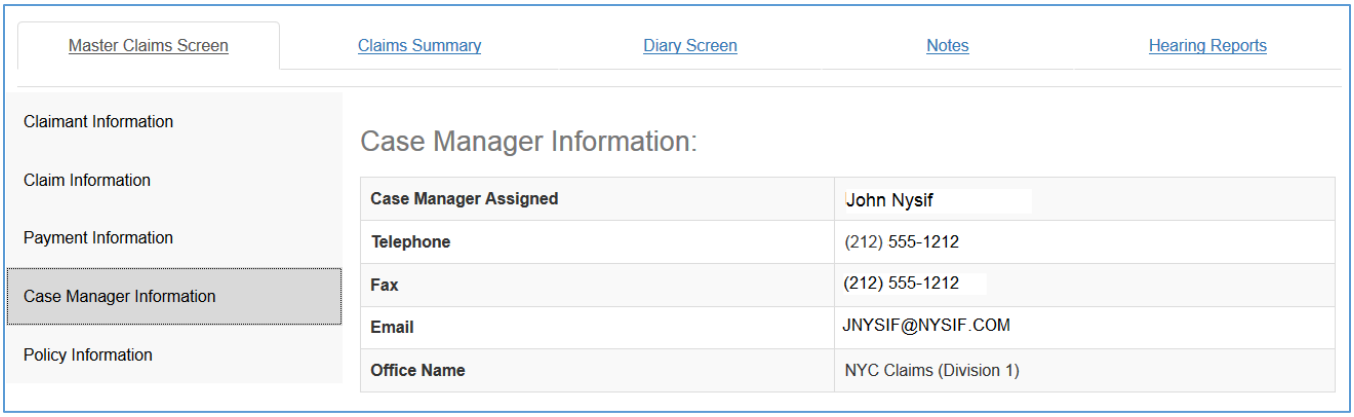


By Claim Number

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:

Claim Number	22222222-000
Accident Date	12/10/2012
WCB/JCN Number	G22222222
WCB/JCN Type	Closed
Cause	Fall/Slip/Trip
Patient Handling	N/A
Injury Type	Swelling
Body Part	Elbow (Rt)
Initiating Doc	C2/C-2F
Claim Status	Open
Date Disability Began	N/A
Special Condition	No Special Condition Established
Jurisdiction	New York Workers' Compensation Law
Kind of Injury	Permanent Partial Disability (PPD) & 15.8
Question of Coverage	No
Controverted	No
Pay Class	CLERICAL OFFICE EMPLOYEES NOC-U
Legal Status	No
Last Hearing Date	11/03/2014
Concurrent Emp	No
Wage Expectancy	No
Employer Reimbursement	No
25A	N/A
Fraud	N/A
15-8 Percentage	N/A
3rd Party	N/A
SLU Award	No
Death	N/A
Lump Sum	No
Retired	No
Additional Cases	No
Disfigurement	No
Classified (Y/N)	No
Sec 32	No

Payment Information:

Compensation Paid to Date	$0.00
Compensation Reserve	$30,637.00
Compensation Incurred	$30,637.00
Medical Paid to Date	$17,763.41
Medical Reserve	$2,264.59
Medical Incurred	$20,028.00
Compensation Last Paid Date	02/05/2015
Medical Last Paid Date	02/04/2015
Last Incurred Date	12/01/2014
Special Estimate Date	12/01/2014
Special Compensation Incurred	N/A
Special Medical Incurred	N/A
Group Compensation	N/A
Supplemental Benefits	F
Initial Return To Work	N/A
Apportionment	No
Average Weekly Wage	$736.45

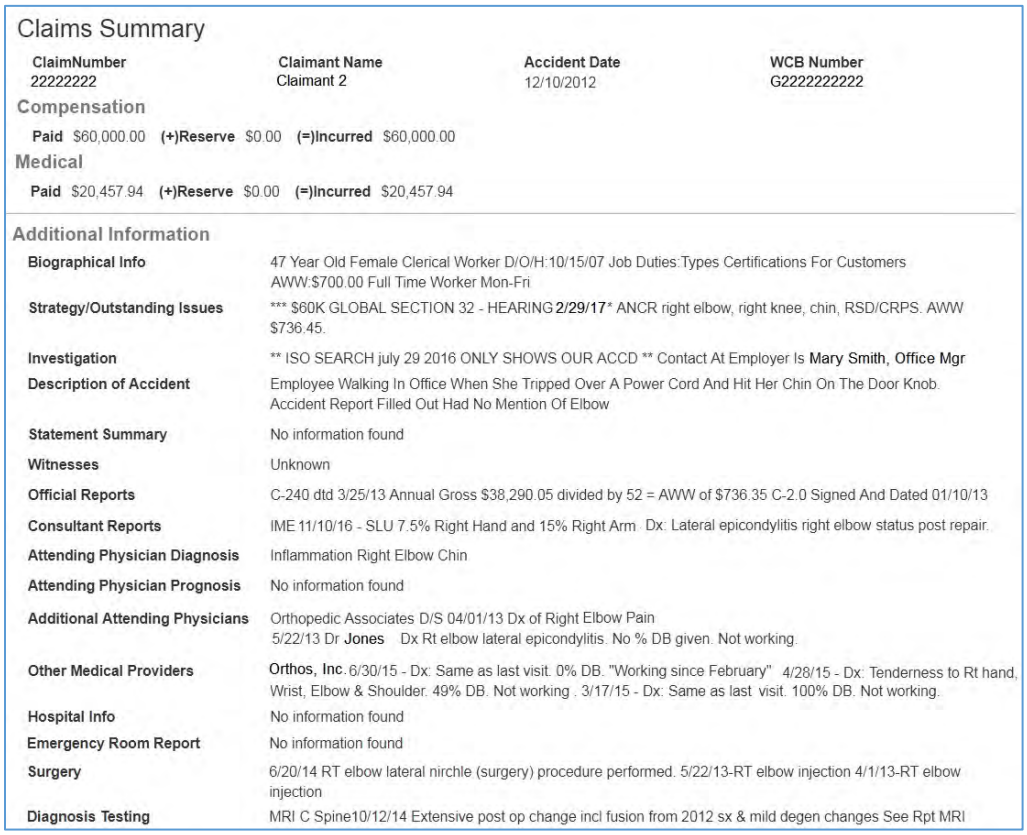
Policy Information:

Policy Number	123456-7
Policyholder Name	ACME FENCE CO.
Status	CANCELLED
Group	90
Principal's Name	Not Available
Policyholder Address	123 MAIN STREET, ALBANY, NY 12208
Policy Phone Number	(518) 555-1212
Inception Date	07/02/1968
Policy Date for This Claim	07/01/2014
County	Albany
Underwriting Office	Albany
Number of Entities	1
Number of Locations	2
Entity Number	00001
Entity Name	ACME FENCE COMPANIES, INC.
Entity Address	125 MAIN STREET, ALBANY, NY 12208
Catastrophe	0
Bargaining Unit	N/A
Business Type	(01) Corporation

Claims Summary Tab

The Claims Summary tab provides details on the following:

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



Claims Summary

ClaimNumber	Claimant Name	Accident Date	WCB Number
22222222	Claimant 2	12/10/2012	G2222222222

Compensation

Paid $60,000.00 **(+)Reserve** $0.00 **(=)Incurred** $60,000.00

Medical

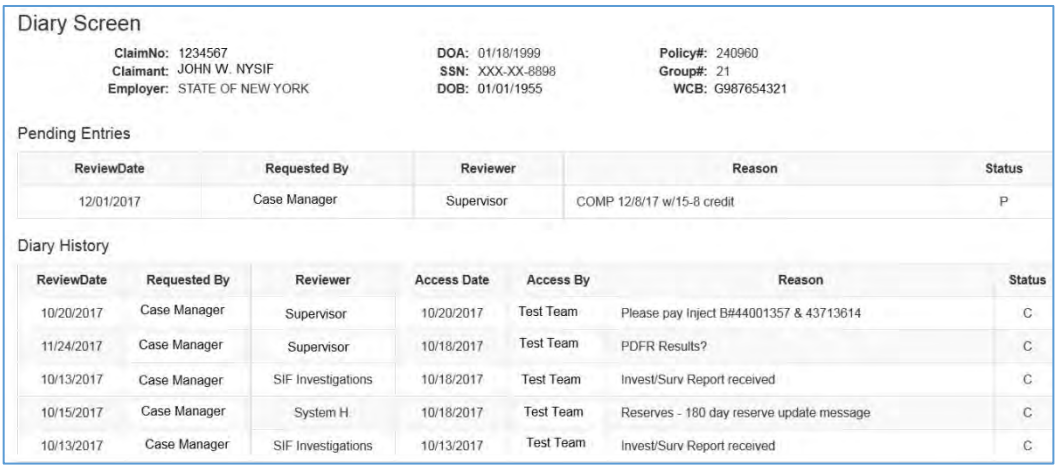
Paid $20,457.94 **(+)Reserve** $0.00 **(=)Incurred** $20,457.94

Additional Information

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

Diary Screen Tab

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



Diary Screen

ClaimNo: 1234567 **DOA:** 01/18/1999 **Policy#:** 240960
Claimant: JOHN W. NYSIF **SSN:** XXX-XX-8898 **Group#:** 21
Employer: STATE OF NEW YORK **DOB:** 01/01/1955 **WCB:** G987654321

Pending Entries

ReviewDate	Requested By	Reviewer	Reason	Status
12/01/2017	Case Manager	Supervisor	COMP 12/8/17 w/15-8 credit	P

Diary History

ReviewDate	Requested By	Reviewer	Access Date	Access By	Reason	Status
10/20/2017	Case Manager	Supervisor	10/20/2017	Test Team	Please pay Inject B#44001357 & 43713614	C
11/24/2017	Case Manager	Supervisor	10/18/2017	Test Team	PDFR Results?	C
10/13/2017	Case Manager	SIF Investigations	10/18/2017	Test Team	Invest/Surv Report received	C
10/15/2017	Case Manager	System H	10/18/2017	Test Team	Reserves - 180 day reserve update message	C
10/13/2017	Case Manager	SIF Investigations	10/13/2017	Test Team	Invest/Surv Report received	C

Notes Tab

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

Notes

Claims | Legal | Show All Notes

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

Hearings

Hearings for Claim

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

Reserve History

Master Claims Screen | Claims Summary | Diary Screen | Notes | Hearing Dates | Reserve History

History

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

By WCB (or JCN*) Number

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

Search by: WCB# (JCN)

*WCB# (JCN): G987654

Submit | Clear

Policy Number: 012345678
Policyholder Name: ACME FENCE CO
Policyholder Address: 123 MAIN ST, ANYTOWN, NY 12345

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

By Claimant Name

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

Search by: Claimant Name

First Name: John

*Last Name: Nysif

*Date of Birth: 11/25/1931

*Accident Date: 03/23/1993

Submit Clear

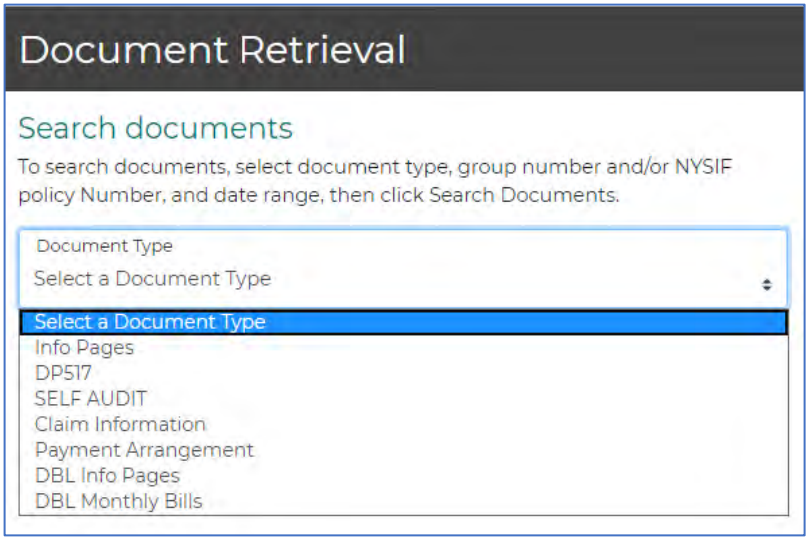
Policy Number: 0123456-7
Policyholder Name: ABC COMPANY
Policyholder Address: 123 MAIN STREET, ANYTOWN, NY 12345

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

Document Retrieval

Use this option to view policy info pages such as declarations, renewals, and bills. You can also view claims documents including forms, medical bills and WCB notices. If you have agreed to payment terms with NYSIF, that payment arrangement can also be found here.

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

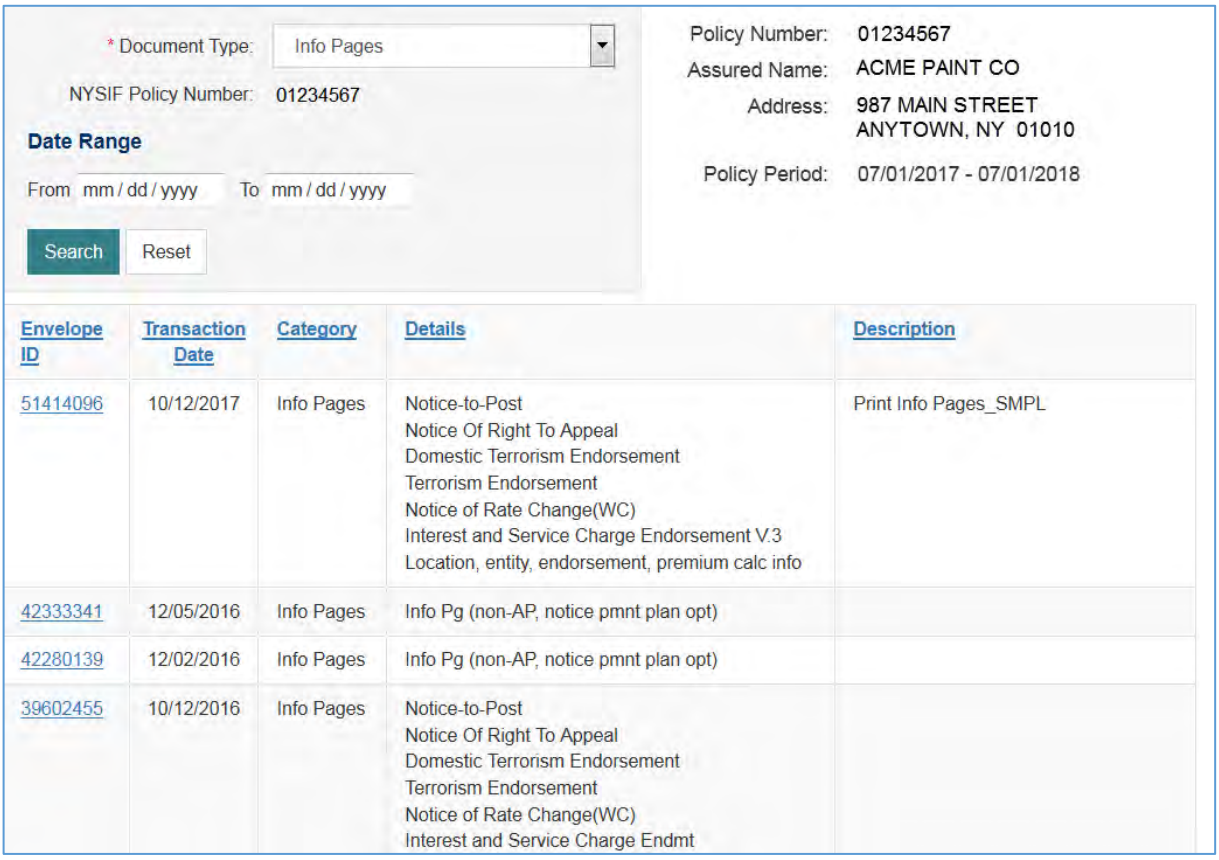


Policy Document Retrieval

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.



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

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

* Document Type: DP517

NYSIF Policy Number: 01234567

Date Range

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

Search Reset

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

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

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

Claims Document Retrieval

For claim documents, choose Claim Information in the "Document Type" dropdown menu and enter the claim number.

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

Click the envelope or document ID to view the document.

Document Retrieval

* Document Type: Claim Information

* Claim Number:

Search Reset

(None)
Info Pages
Claim Information
DP517
SELF AUDIT

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

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

Click "Date Received" to sort by date.

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

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

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

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

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

Document ID	Document Name	Document Type	Date Received	Document Category
40523649	LOSSSNAPSHOT	LOSSSNAPSHOT	01/10/2013	WCB
42944084	Decisions and Awards	EC-84	04/18/2013	WCB
42990477	CS-LOSSID-G34A	CS-LOSSID-G34A	04/19/2013	WCB
42990478	C-669	C-669	04/19/2013	WCB

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

Document ID	Document Name	Document Type	Date Received	Document Category
60199958	CS-LOSSID_G34A_BD	CS-LOSSID_G34A_BD	09/13/2014	FROI/SROI
60199959	FROI-00	FROI-00	09/13/2014	FROI/SROI
60863166	CS-LOSSID_G34A_BD	CS-LOSSID_G34A_BD	10/02/2014	FROI/SROI
60863167	FROI-02	FROI-02	10/02/2014	FROI/SROI

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

Document ID	Document Name	Document Type	Date Received	Document Category
4047668	050720	C-250	07/25/2005	15-8
4061537	C-250 Signed And Dated 07/19/05	C-250 Signed And Dated 07/19/05 Stamped In @ WCB	07/27/2005	15-8
5457211	15-8 Questionare Signed And Dated 05/30/06	15-8 Questionare Signed And Dated 05/30/06	06/06/2006	15-8

Medical Bills | ME | Claimant/Employer forms | WCB | FROI/SROI | 15-8 | Investigations

Document ID	Document Name	Document Type	Date Received	Document Category
43012503	ISO MATCH	ISO MATCH	04/22/2013	Inv
61505653	Surveillance	Investigation	10/21/2014	Inv
61505655	Investigator bill	Investigation	10/21/2014	Inv
61741102	Affidavit of Service	C-68.1	10/28/2014	Inv

eCert Menu

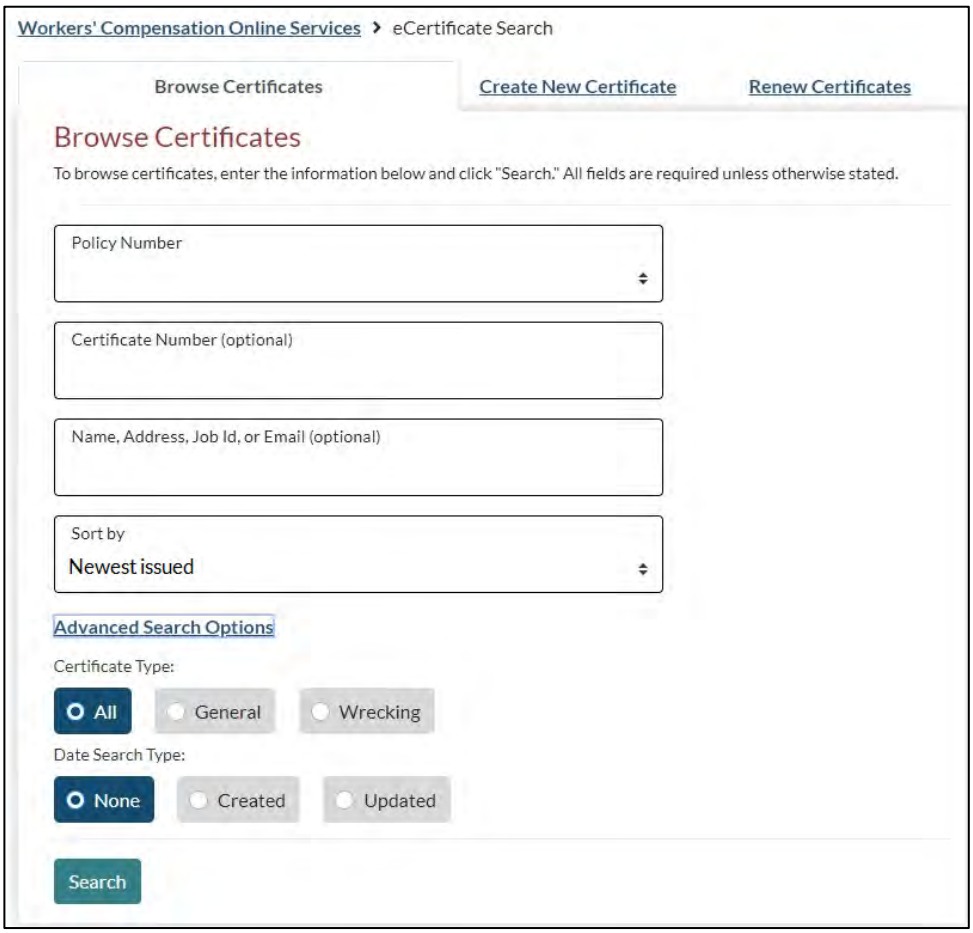
Select Create/Renew Certificates under the eCert menu, and you will be directed to the Browse Certificates page.

Browse Certificates

Select a policy number. The Browse page allows you to search by:

- certificate number
- name
- address
- job ID
- email address

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



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

Certificates

Click on a Cert # to view the details for that certificate. To view more certificates, click "Next."

Showing 25 Certificates

Cert #	Create Date	Certificate Holder	Job ID	Entity #	Loc #	Start Date	End Date	Clause	View
922890	05/23/2019	CERT_NAME	04324394-32	0	0	06/09/2018	06/09/2019	.EB...	
922871	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	
922889	05/22/2019	CERT_NAME	4564565	0	0	06/09/2019	06/09/2020	.EB...	
922887	05/22/2019	STEVE SMITH	987654	0	0	06/09/2019	06/09/2020	REB...	

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

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

Click on the certificate number to view certificate details.

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

Certificate Detail

Certificate Summary

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

Certificate Contact

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

Certificate Status

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

View Certificate

Certificate Information

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

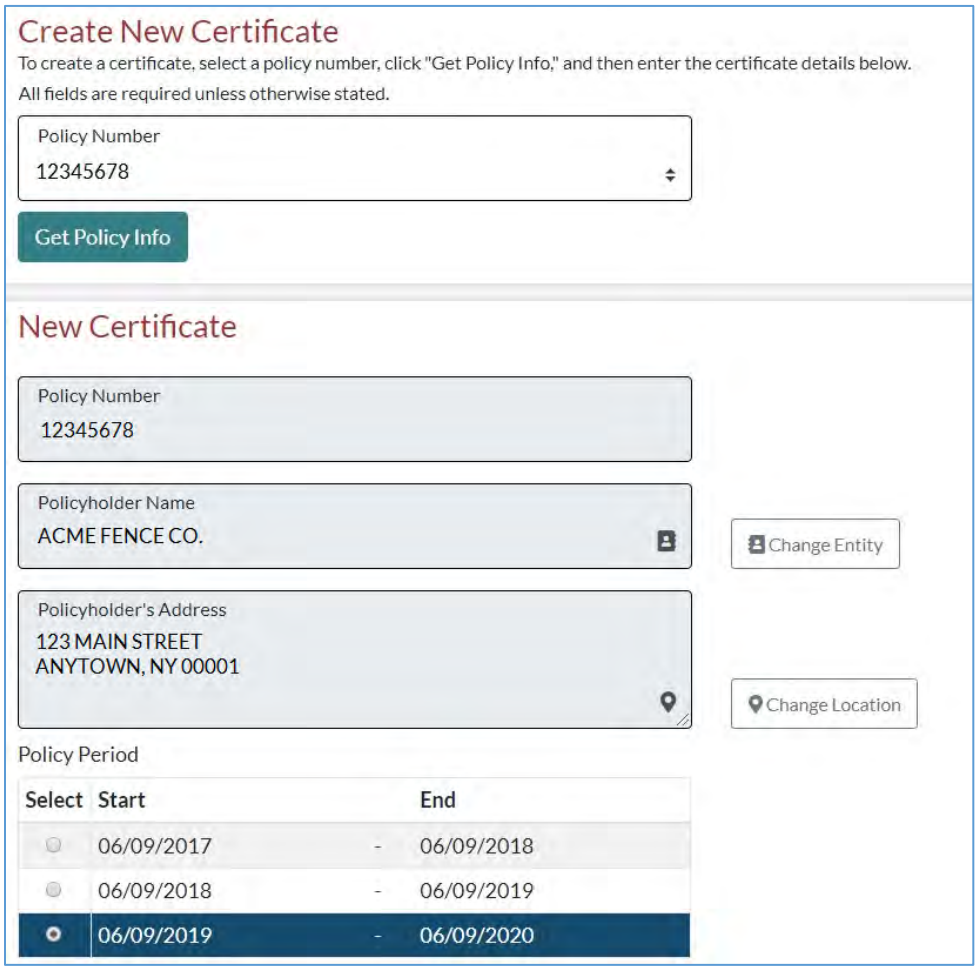
You can also view the PDF of the certificate from this screen by choosing “View Certificate.”

Create a New Certificate

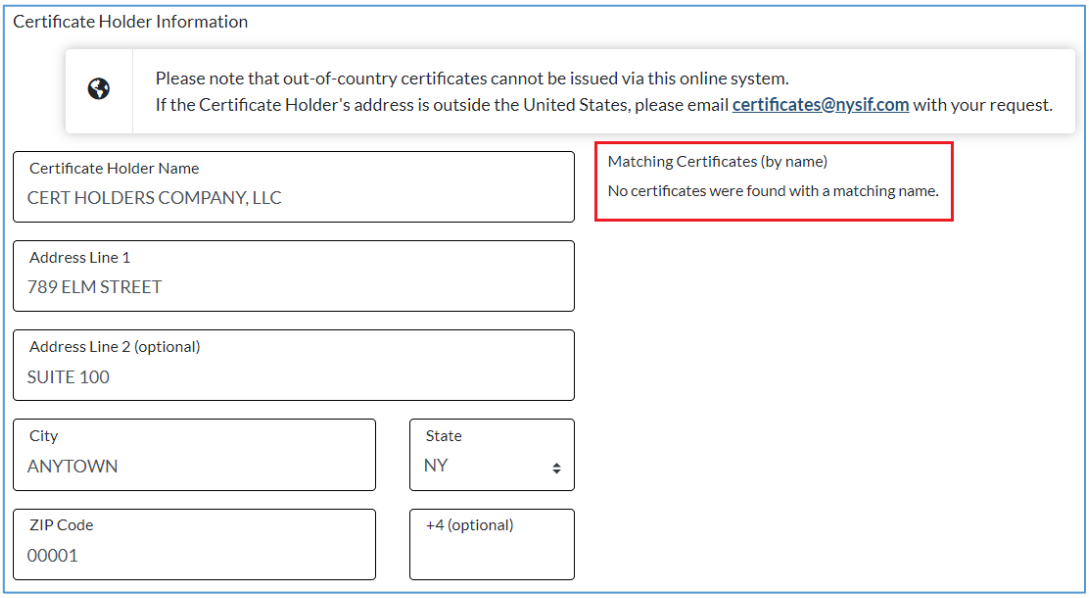
Select a Policy Number and click **Get Policy Info**.

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

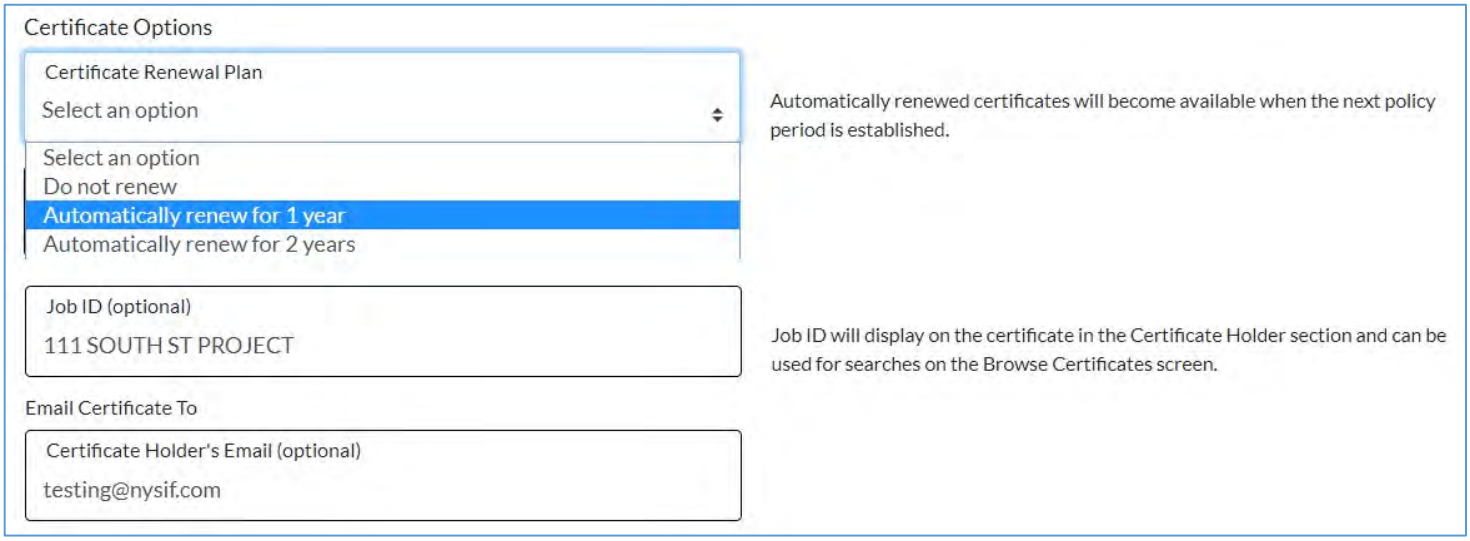
Select the entity, location and policy period requested.



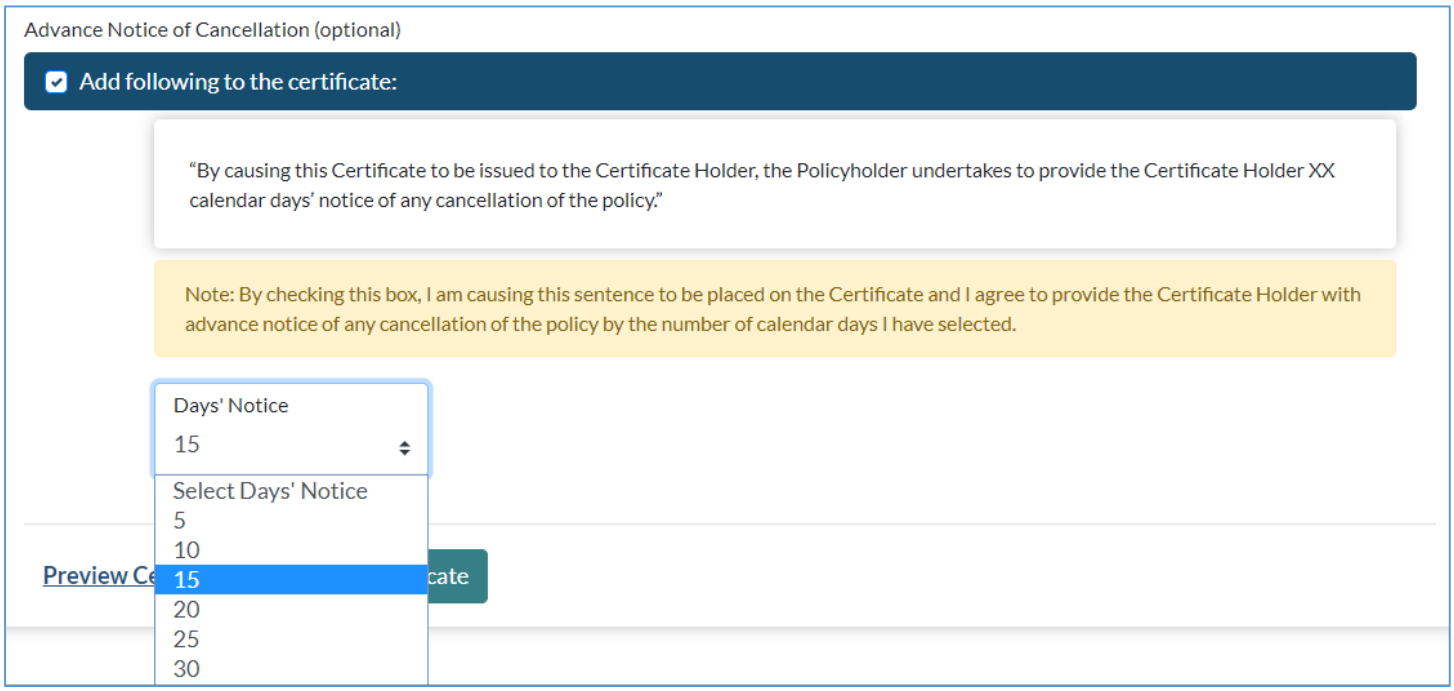
Enter the Certificate Holder information. If you have previously created a certificate for this business, the system will search to match it.



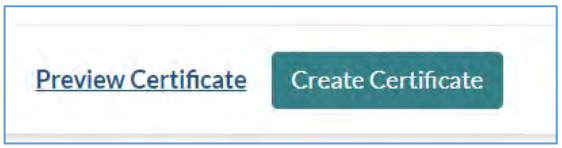
Choose your certificate options. Be sure to choose a certificate renewal plan appropriate for the project. If you anticipate a short-term project, choose “Do not renew,” and it will not be available for renewal.



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.”



Preview Certificate

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

12345678
ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 00001

POLICYHOLDER	CERTIFICATE HOLDER 111 SOUTH ST PROJECT
ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 00001	CERT HOLDERS COMPANY, LLC 789 ELM STREET SUITE 100 ANYTOWN, NY 00001

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

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

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

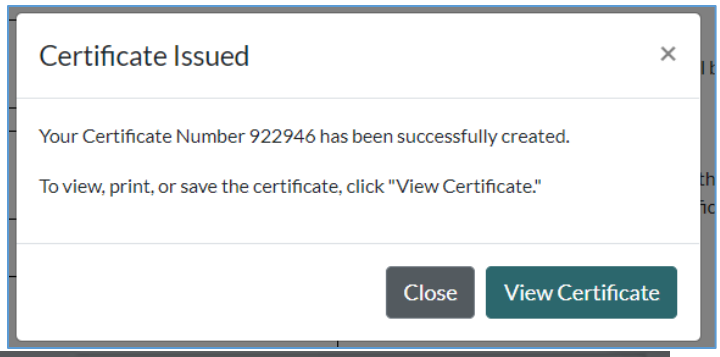
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

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

Close | Create Certificate

Click the “Create Certificate” button.

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



NYSIF
New York State Insurance Fund

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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

SCAN TO VALIDATE
AND SUBSCRIBE

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

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

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

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR,INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 99999999

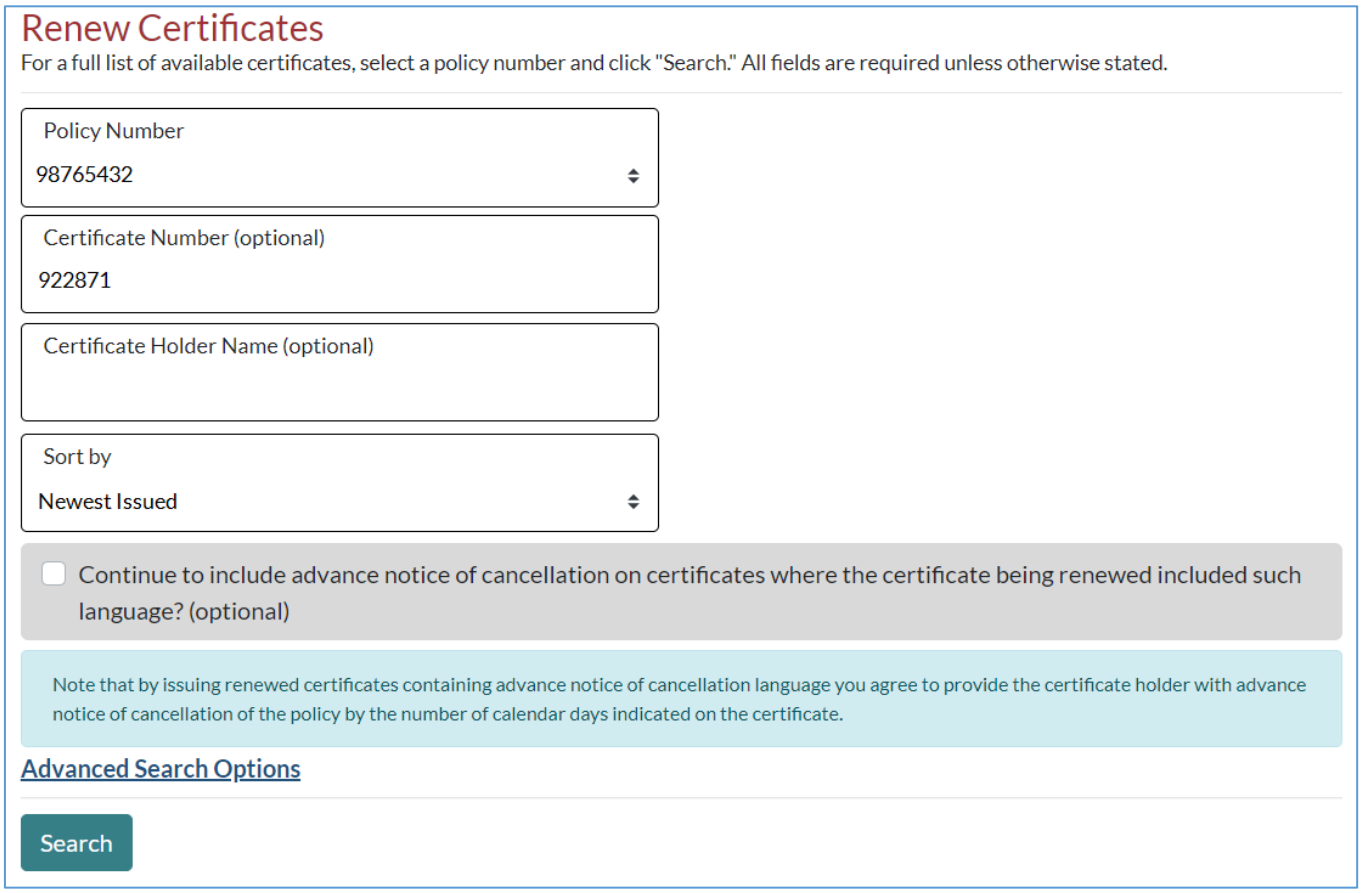
U-26.3

Renew a Certificate

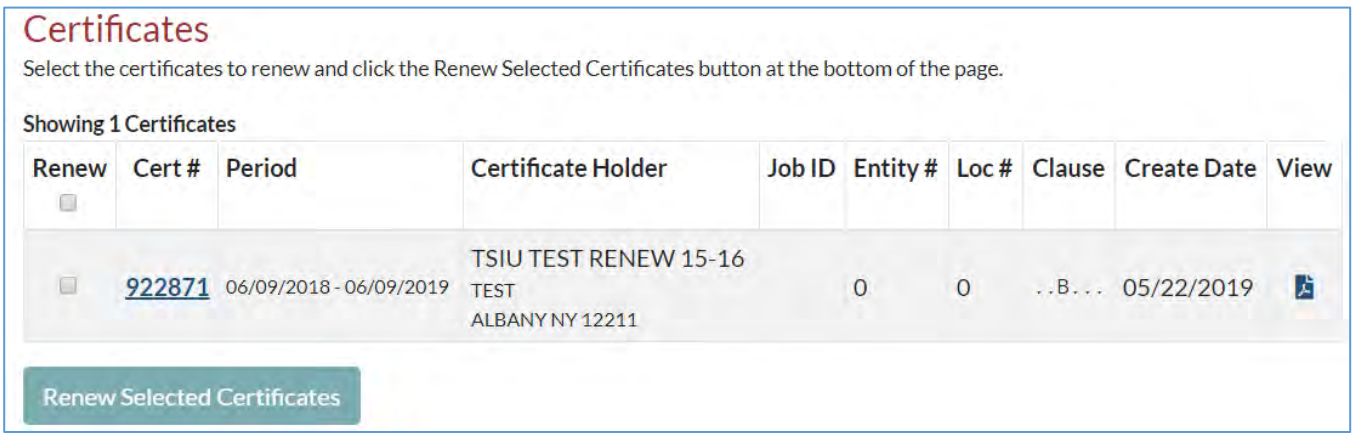
Choose the policy number. The Renew page allows you to search by:

- 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."

Certificates

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

Showing 6 Certificates

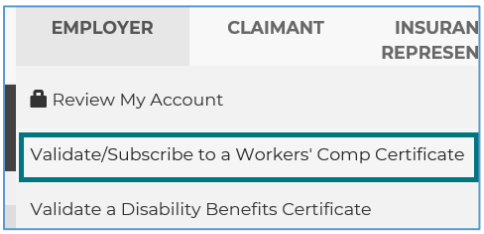
Renew	Cert #	Period	Certificate Holder	Job ID	Entity #	Loc #	Clause	Create Date	View
Renewed	922920	06/09/2018 - 06/09/2019	KPK RENEWAL PLAN TEST 18-20 15 COMPUTER DR ALBANY NY 12205	AUTO RENEW 1 YR	0	0	.EB...	06/05/2019	
☑	922871	06/09/2018 - 06/09/2019	TSIU TEST RENEW 15-16 TEST ALBANY NY 12211		0	0	..B...	05/22/2019	
☐	922856	06/09/2018 - 06/09/2019	TEST DBOWEN 199 CHURCH STREET NEW YORK NY 10007		0	0	.EB...	05/14/2019	
Renewed	922849	06/09/2018 - 06/09/2019	STEVE SMITH 123 2ND AVE TROY NY 12180	TEST	0	0	.EB...	05/07/2019	
Renewed	922796	06/09/2018 - 06/09/2019	TEST TWO YEAR RENEW TEST ADDRESS TESTCITY NY 12345	z-74	0	0	.EB...	04/03/2019	
Renewed	922795	06/09/2018 - 06/09/2019	TEST 1554314497851 TEST ADDRESS TESTCITY NY 12345	z-74	0	0	.EB...	04/03/2019	

Renew Selected Certificates

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

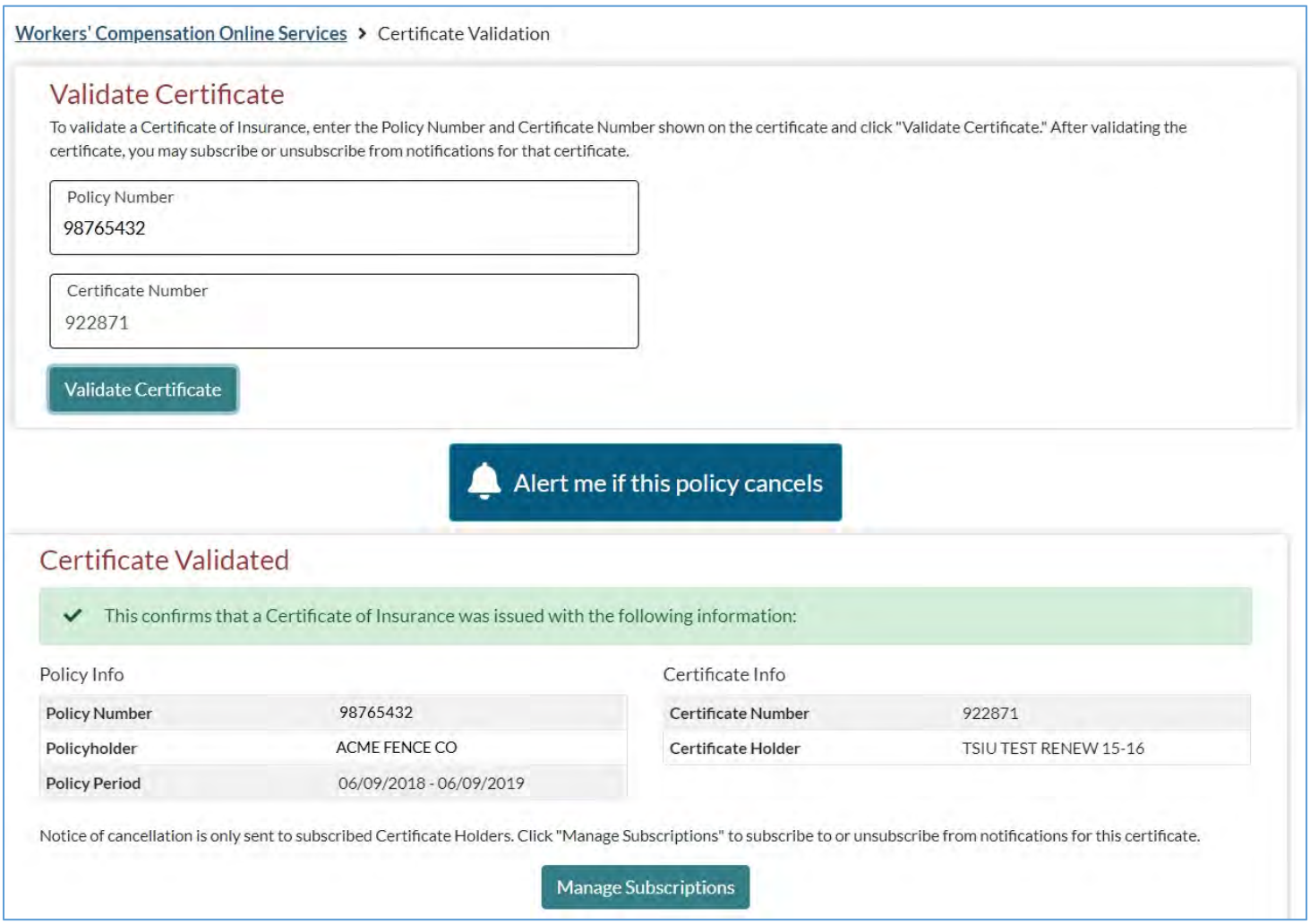
A renewed certificate is automatically emailed to the certificate holder if a certificate holder email is present on the detail screen.

Validate a Certificate

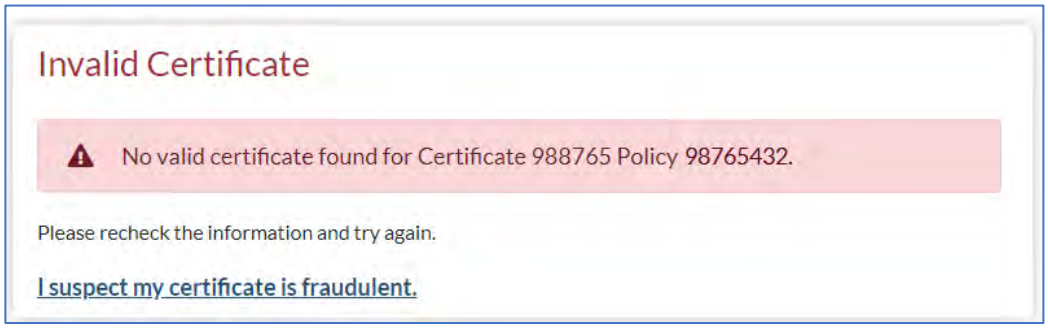


Visit nysif.com, choose Employer, and choose Validate a Workers' Comp Certificate. You can also save this link as a bookmark for direct access: https://www.nysif.com/cert/certval.asp.

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:

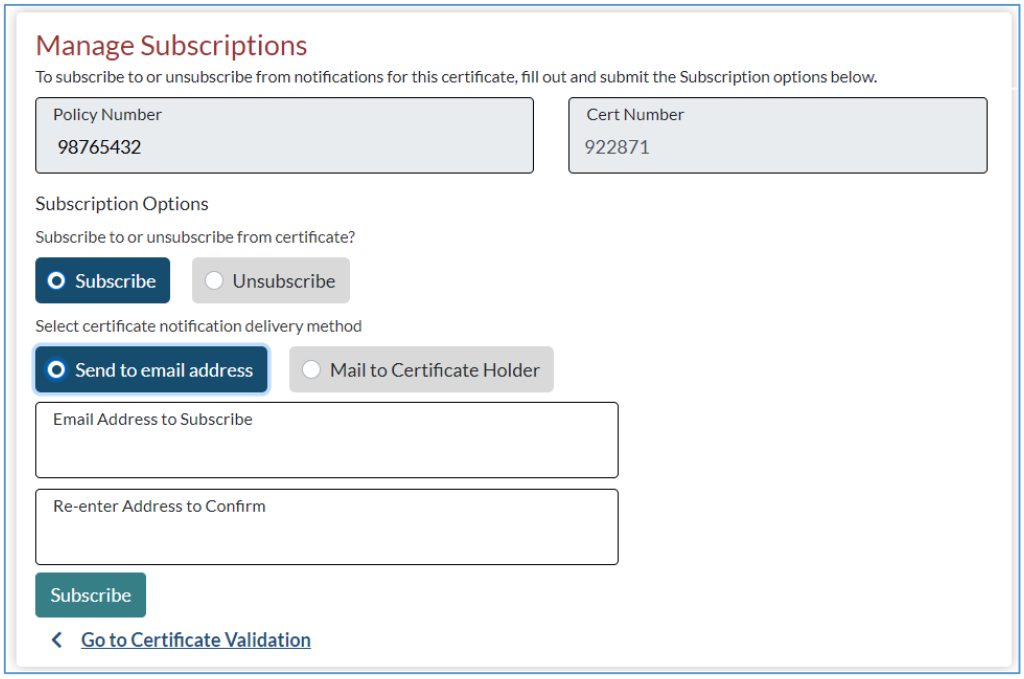


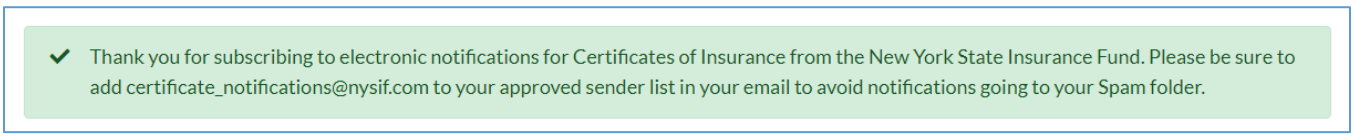
Subscribe to a Certificate

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.**

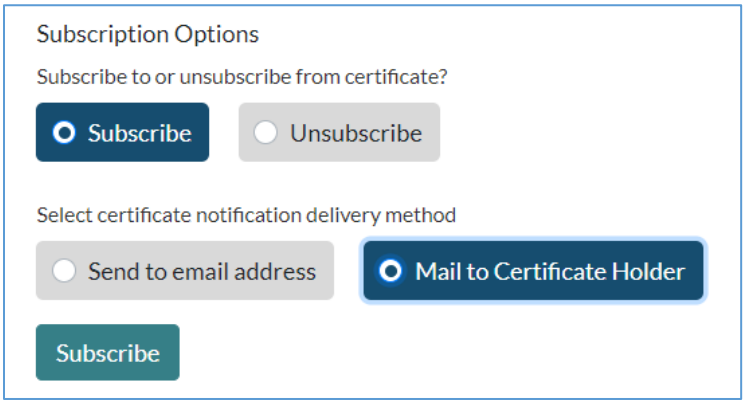
To subscribe to email notifications, enter your email address in the “Email to” field and re-enter it to confirm. Click Subscribe.

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."

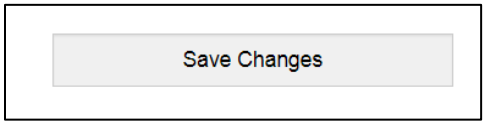
What Will I Need?

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)

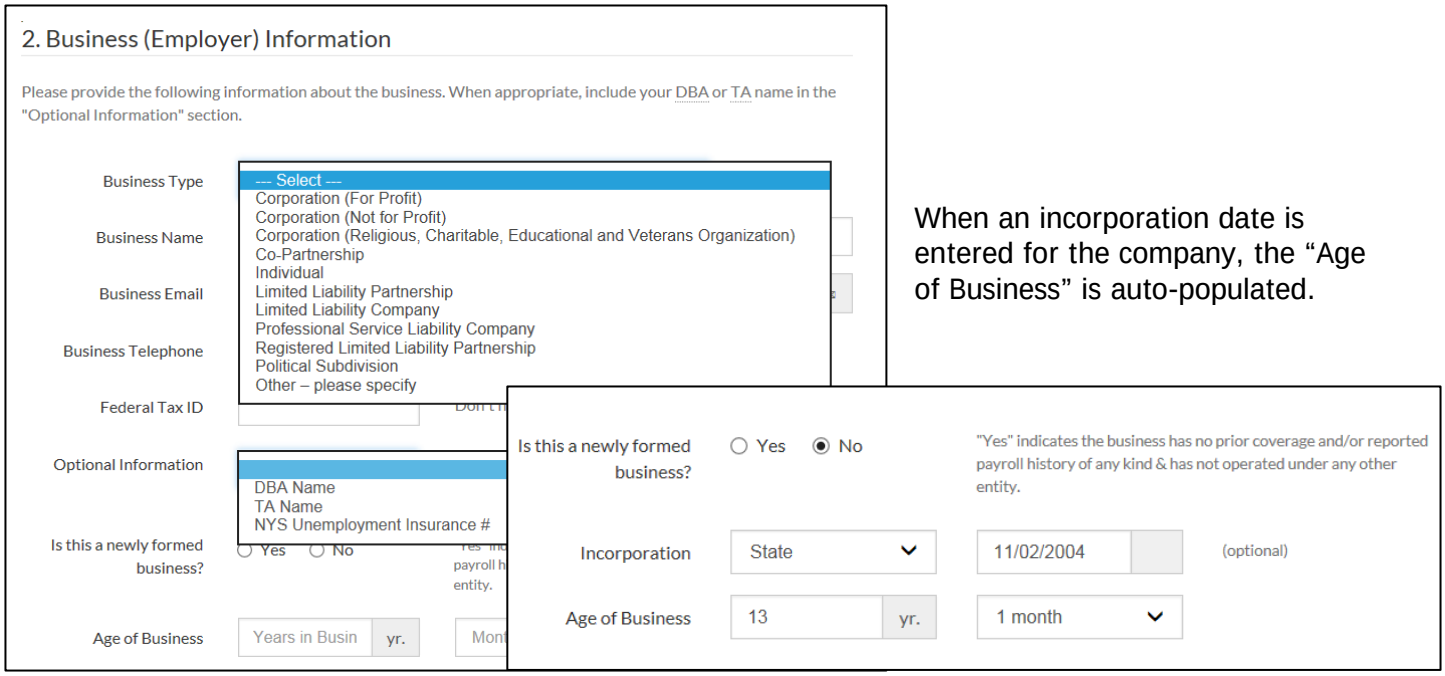
Saving your quote

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.



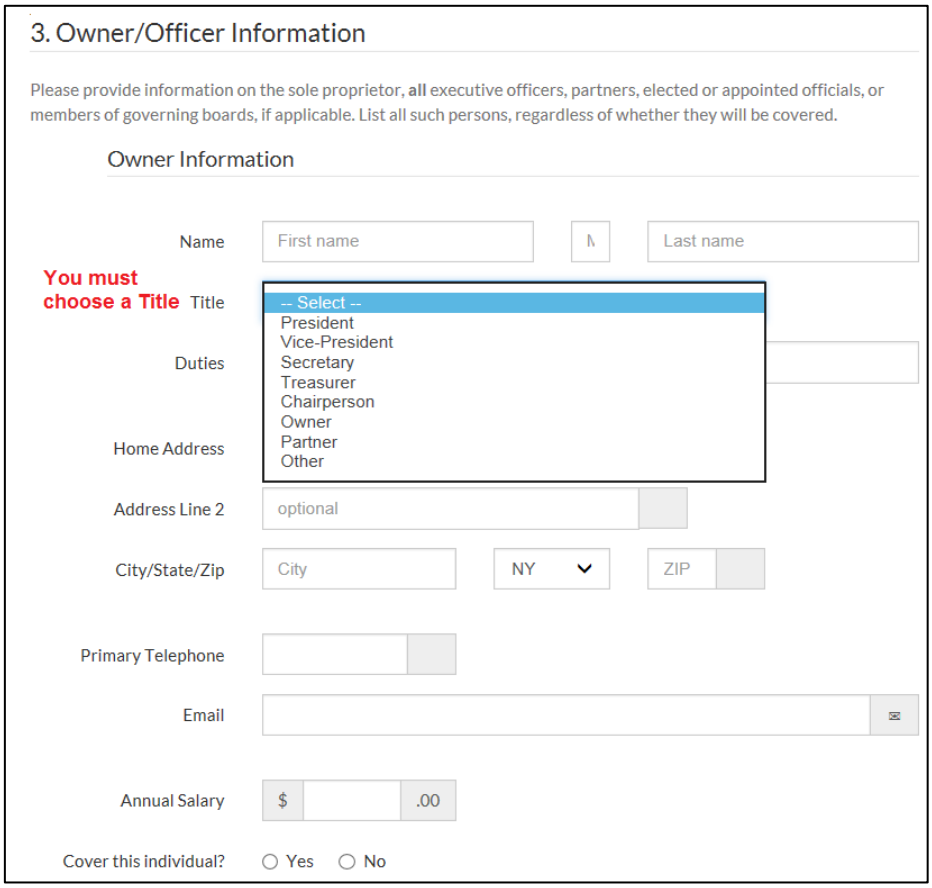
1. Enter the Effective Date

2. Enter Employer Information

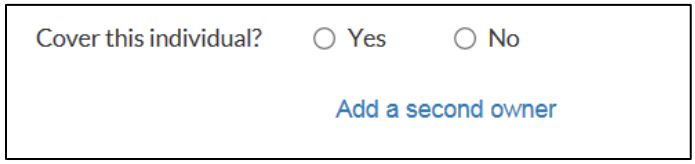


When an incorporation date is entered for the company, the "Age of Business" is auto-populated.

3. Enter Owner/Officer Information

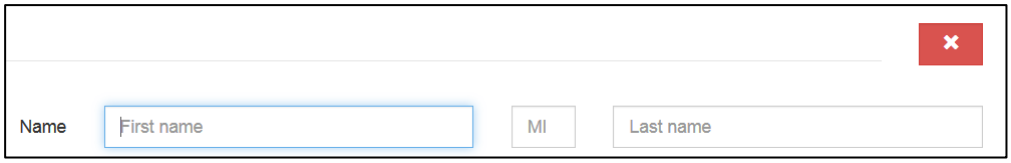


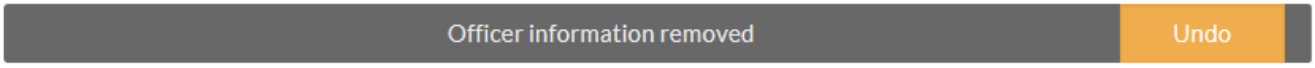
Add a second officer or owner



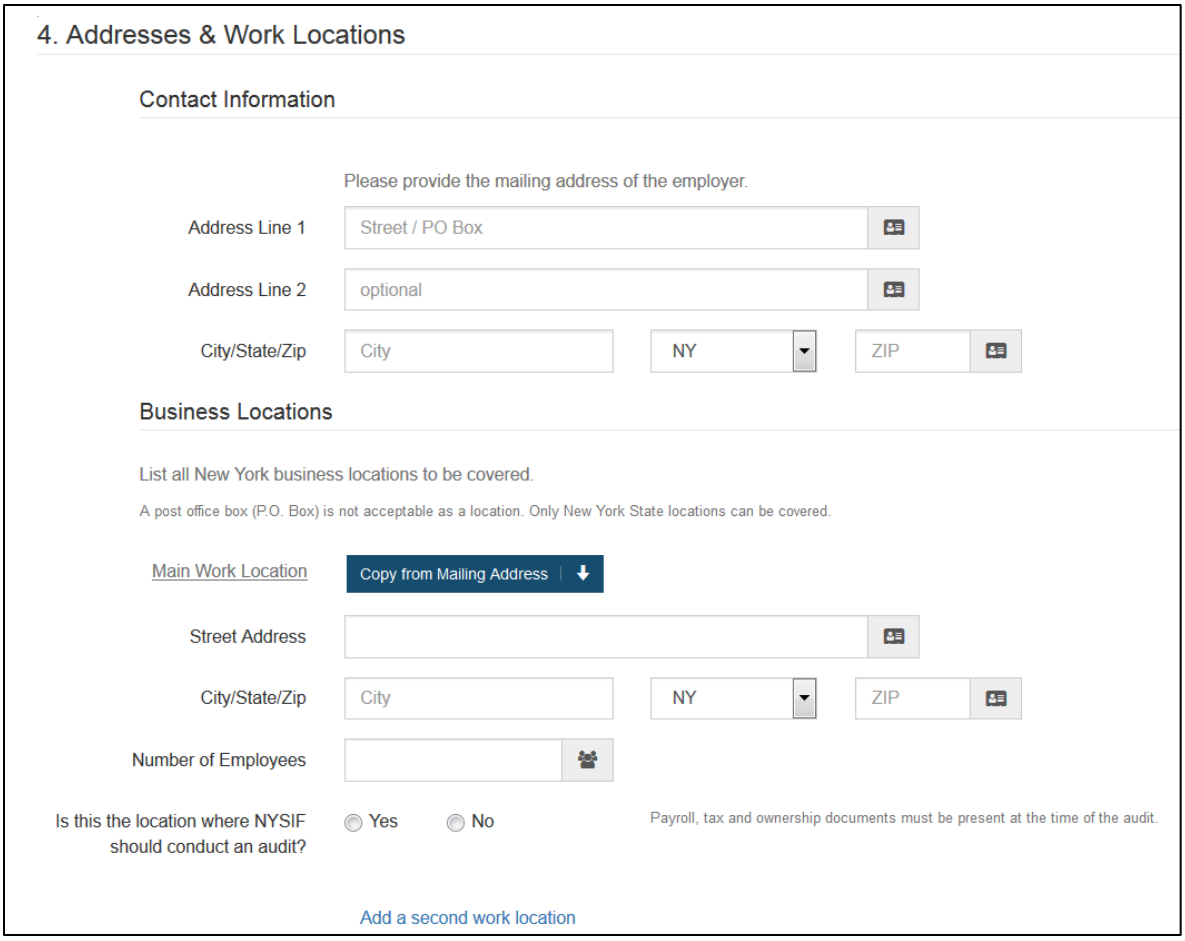
Choose “Add a second owner” or “Add a second officer” if necessary. You can also add a “second partner” or “second member” if applicable.

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.





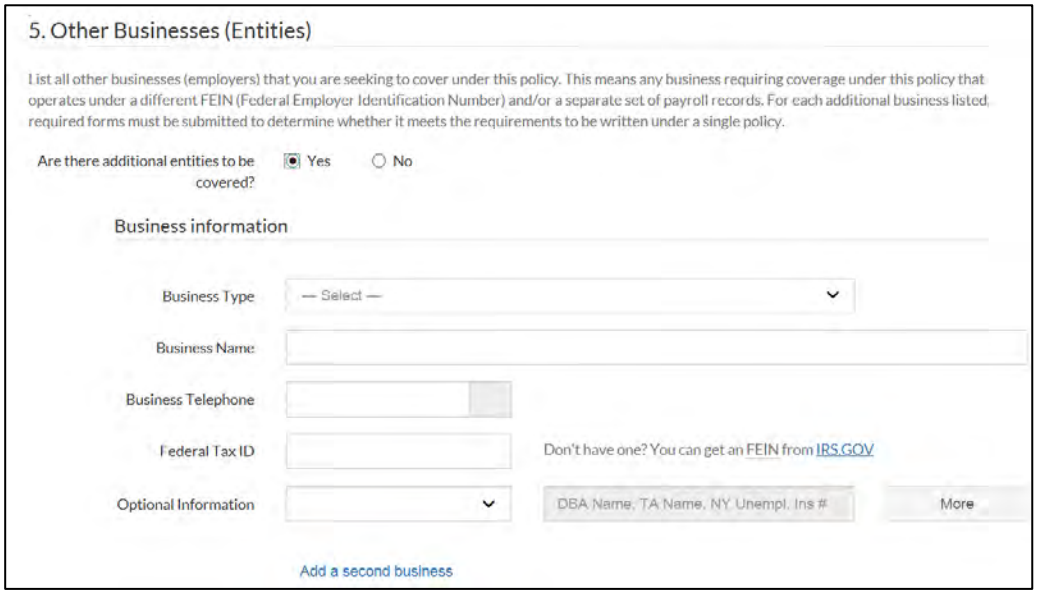
4. Enter Address & Work Locations



Additional Locations

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

5. Other Entities



6. Workers' Compensation Carrier History

Workers' Comp History

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

○ Yes ○ No

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

Prior Coverage Information

Policy Year: 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

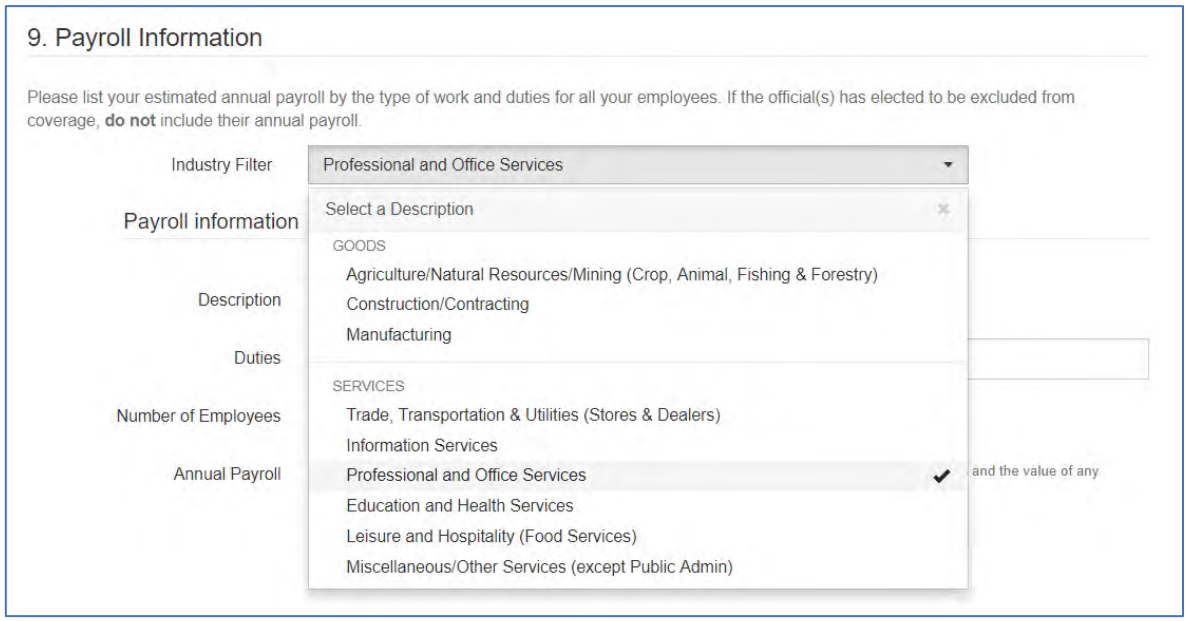
Describe business operations: ex. "Tavern (150 seat) open 11 am to 4 am daily - no prepared food - no entertainment"

0/512

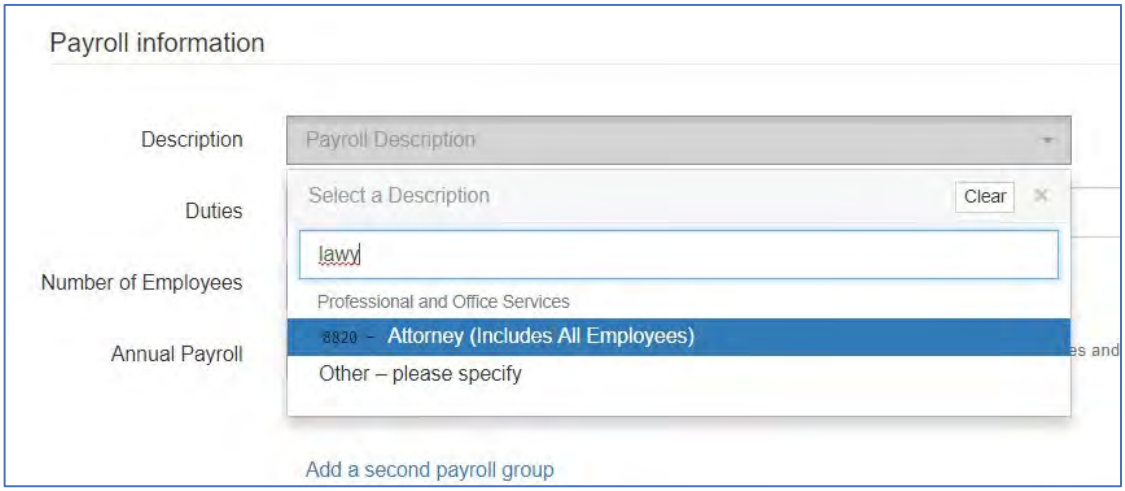
If the employer is a manufacturer include the raw materials, process, products and equipment used or produced. If the employer is a contractor or engaged in construction then describe the type of work performed including the work performed by subcontractors. If engaged in merchandise, wholesale or retail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

8. Payroll Information

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



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

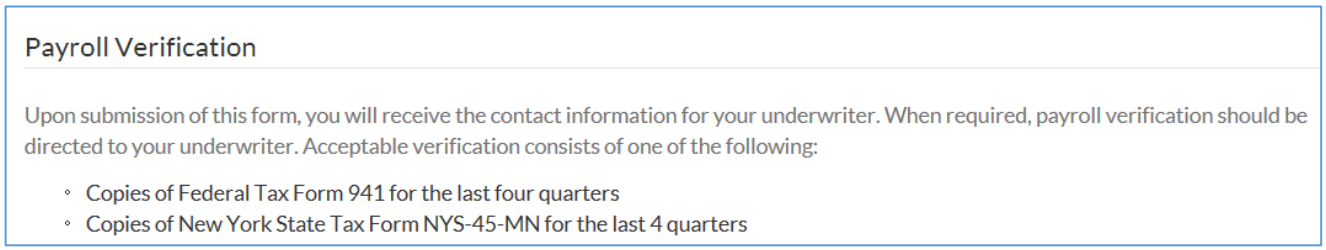


If you know the class code, you can also enter that directly.

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

Payroll Verification

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

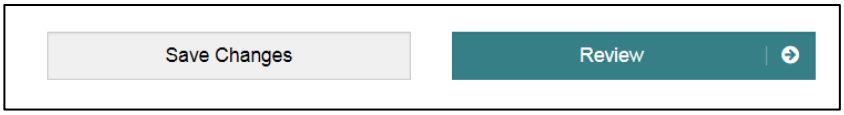


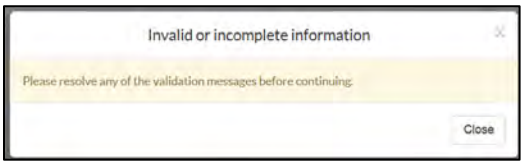
Subcontractor and Other Employer Information

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

Submitting your quote

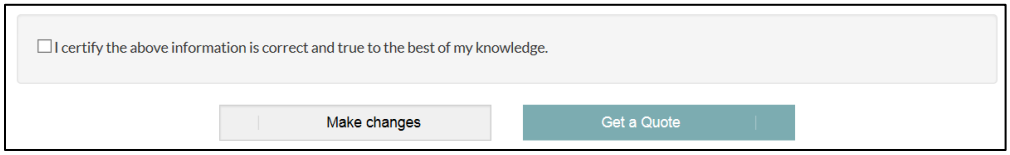
Once you have completed all fields, choose **Review**. You will be able to view your quote request in its entirety and print if needed.





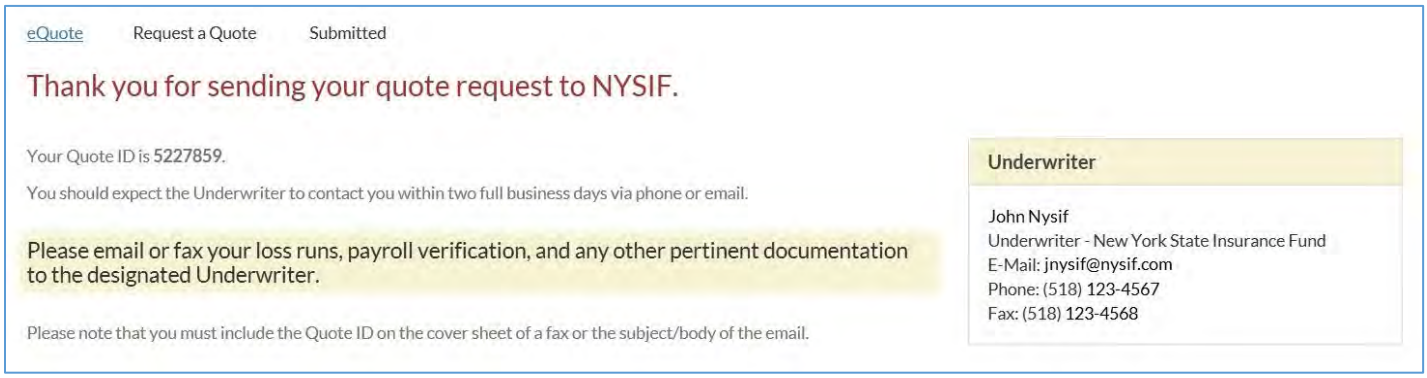
If your application is incomplete, you will receive an error message. Click Close, and the error/missing info will be identified.

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



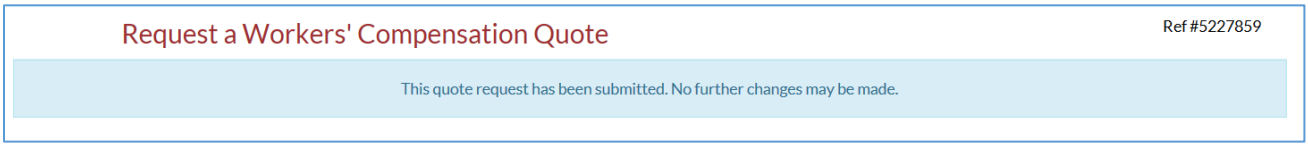
Confirmation of Submission of Quote

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

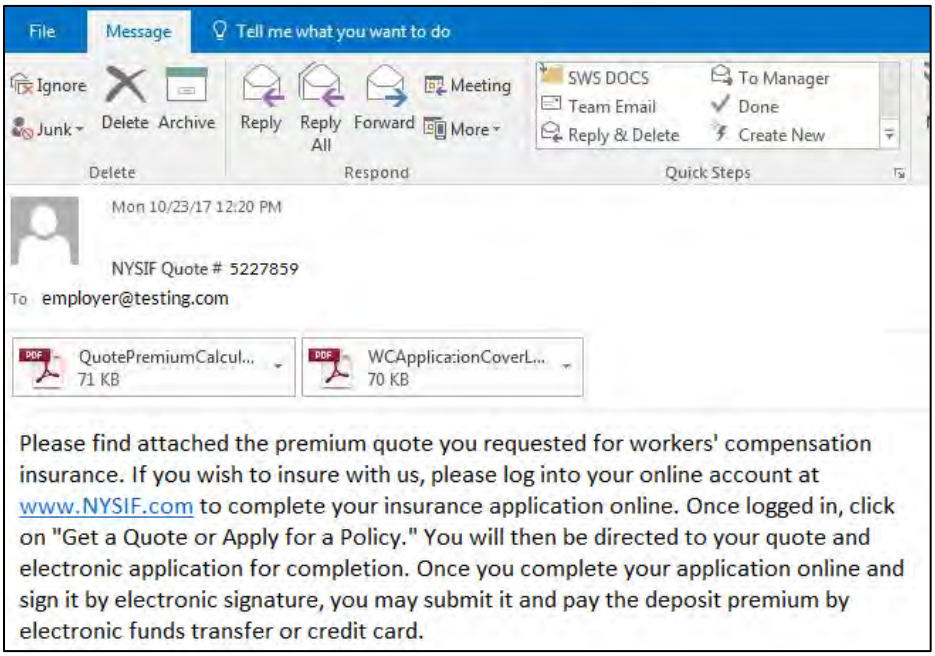


Once your quote is submitted, you will be able to view it via your online account. Visit nysif.com, log in, and choose “Get a Quote” from your landing page. The quote will appear there.

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



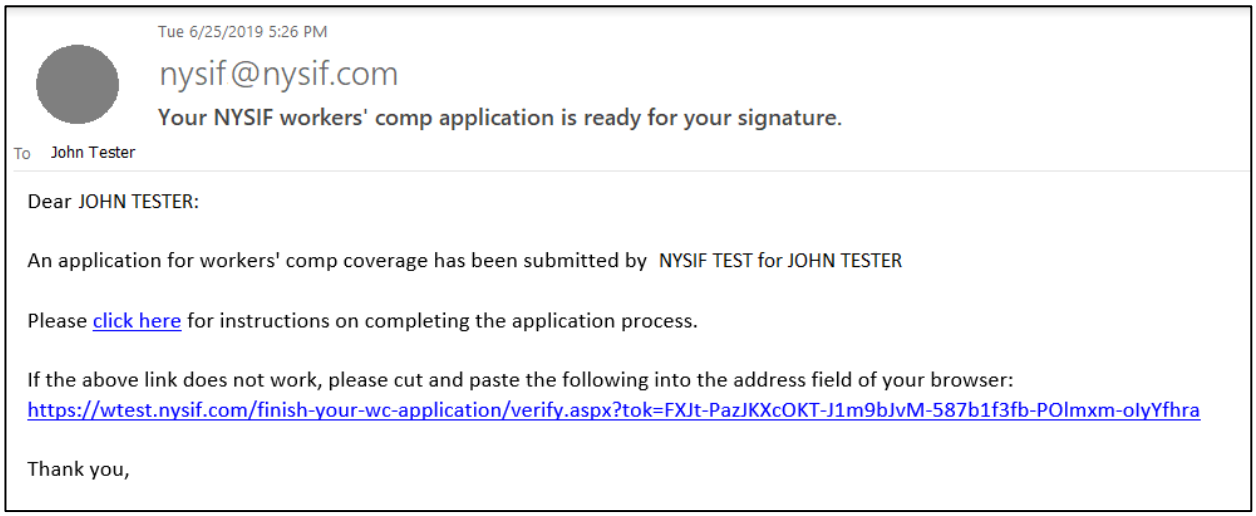
You will receive an email from NYSIF with a quote for premium. If you’d like to apply for coverage based on that quote, log in to your nysif.com account to complete an online application.



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.


Tue 6/25/2019 5:26 PM

nysif@nysif.com

Your NYSIF workers' comp application is ready for your signature.

To John Tester

Dear JOHN TESTER:

An application for workers' comp coverage has been submitted by NYSIF TEST for JOHN TESTER

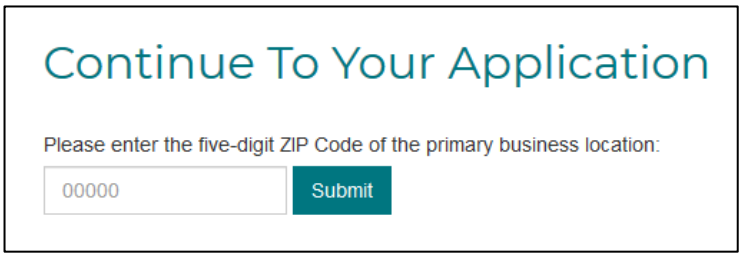
Please click here for instructions on completing the application process.

If the above link does not work, please cut and paste the following into the address field of your browser:
https://wtest.nysif.com/finish-your-wc-application/verify.aspx?tok=FXJt-PazJKXcOKT-J1m9bJvM-587b1f3fb-POlmxm-oIyYfhra

Thank you,

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.*

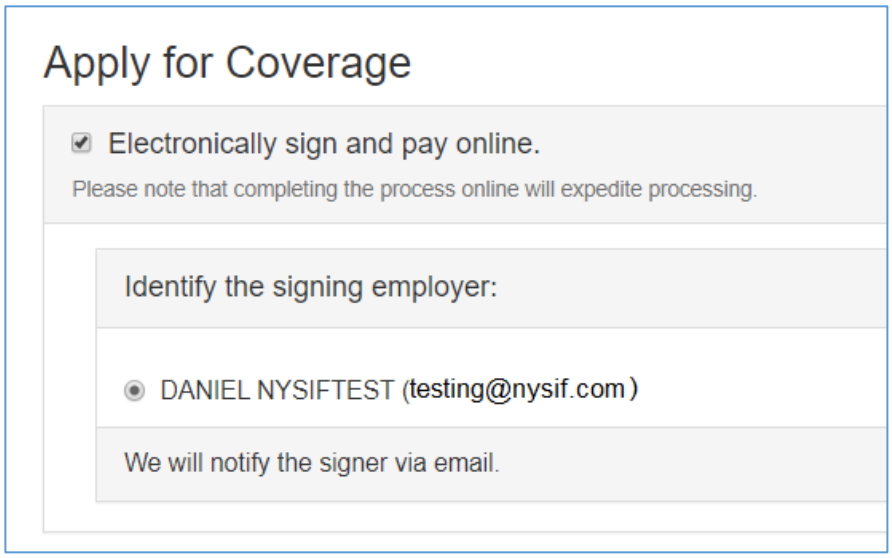
Please go to **page 47**.

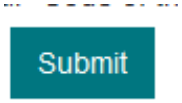
Employer-submitted quote

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.**



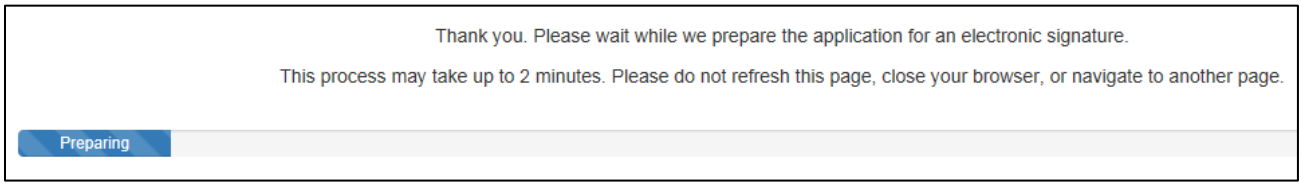


Application – Sign Online & Pay Online

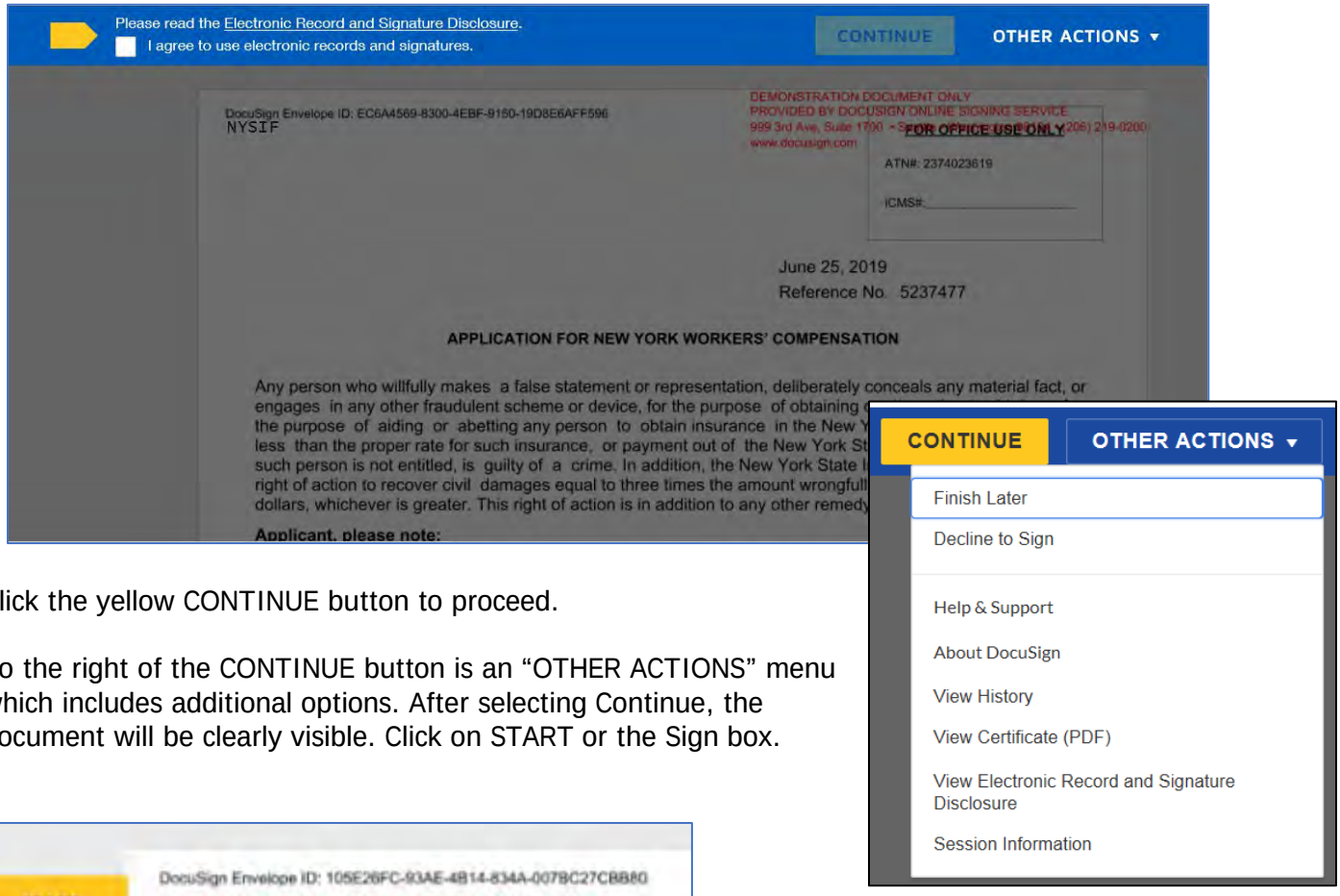
Once you've clicked submit, you will be redirected to DocuSign.

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.

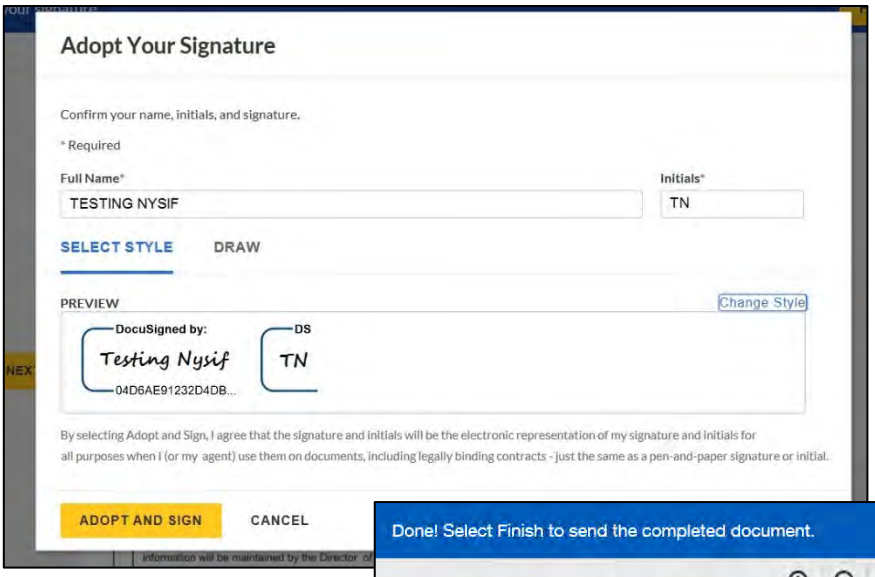


You must check the box to agree to use electronic records and signature.



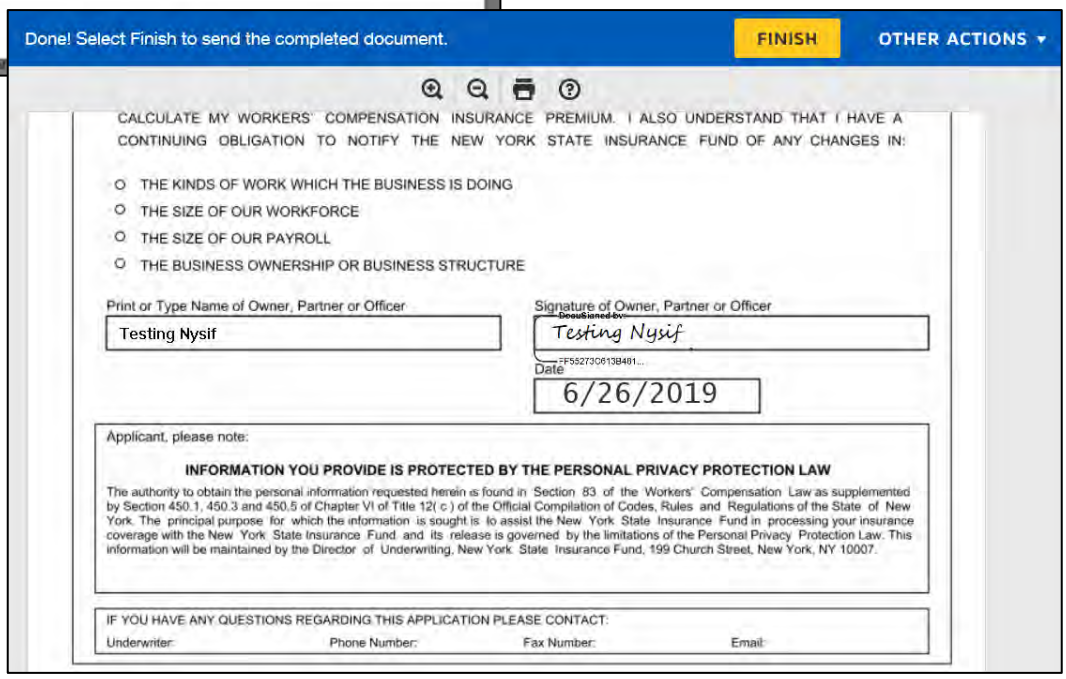
Click the yellow CONTINUE button to proceed.

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.

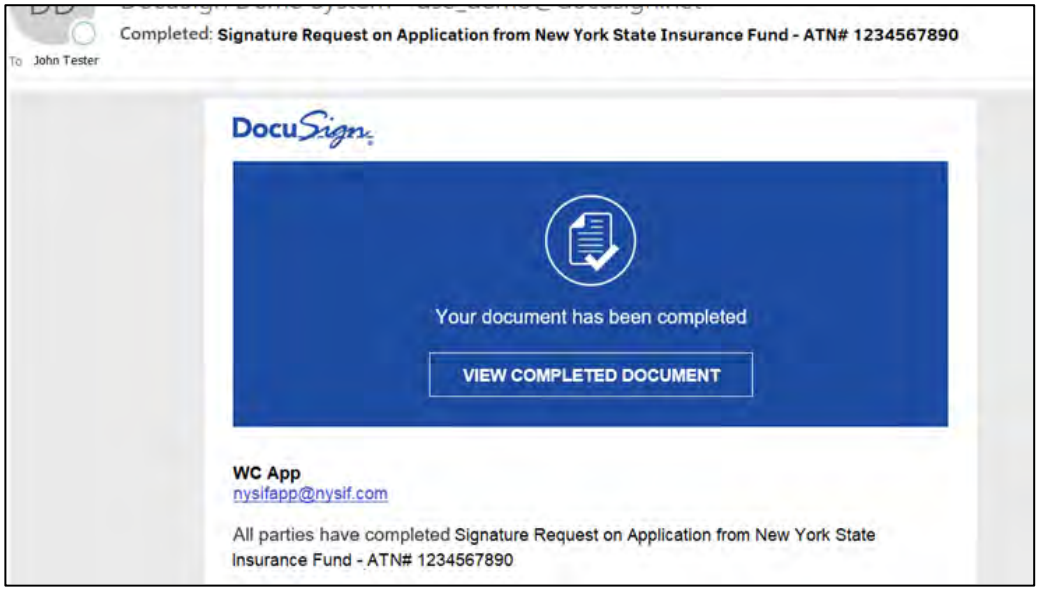


The screen will gray out the document, and a pop-up box will open with the user's name pre-populated. DocuSign will convert the name into a signature. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created, the user must choose **ADOPT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

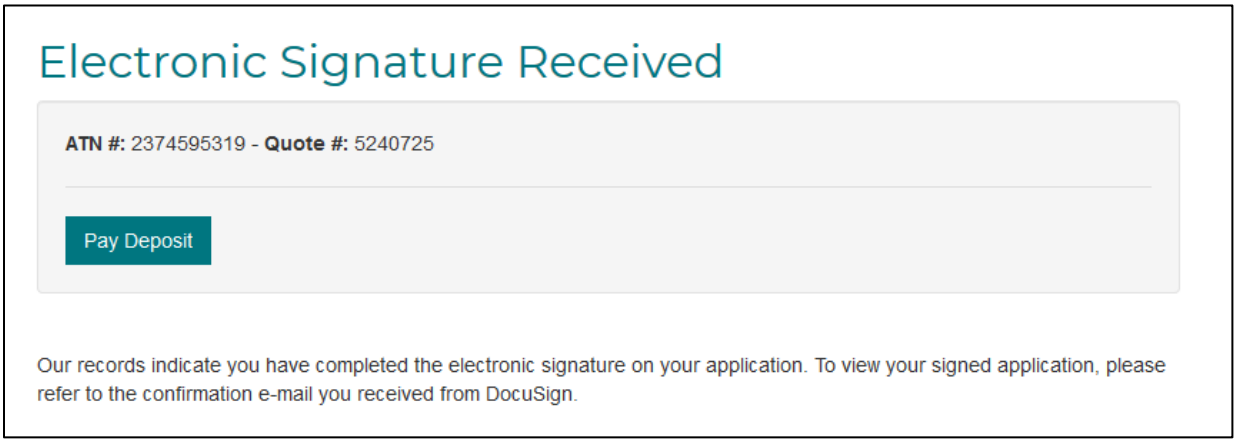
DocuSign will insert the signature into the application.



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

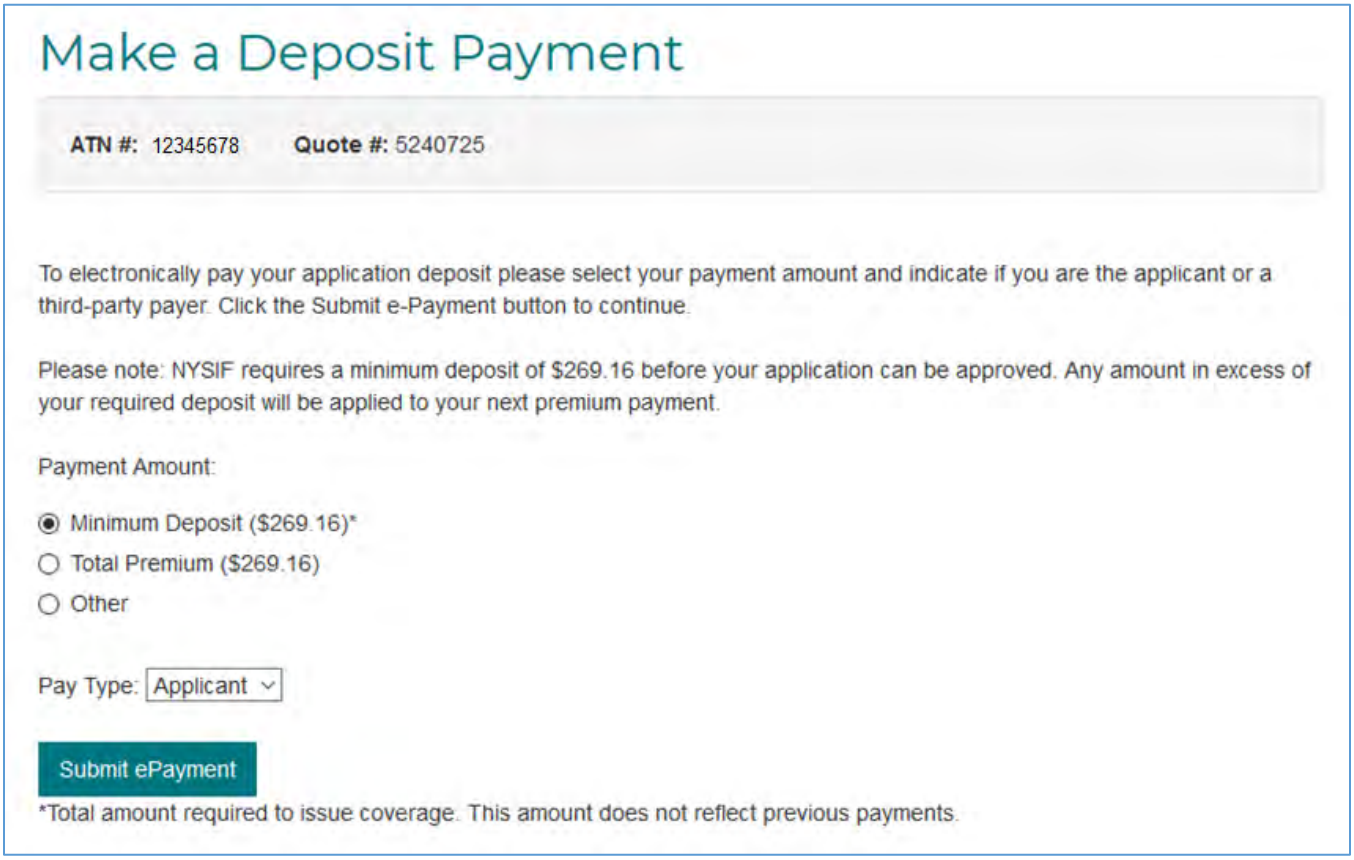


Pay Your Deposit Online

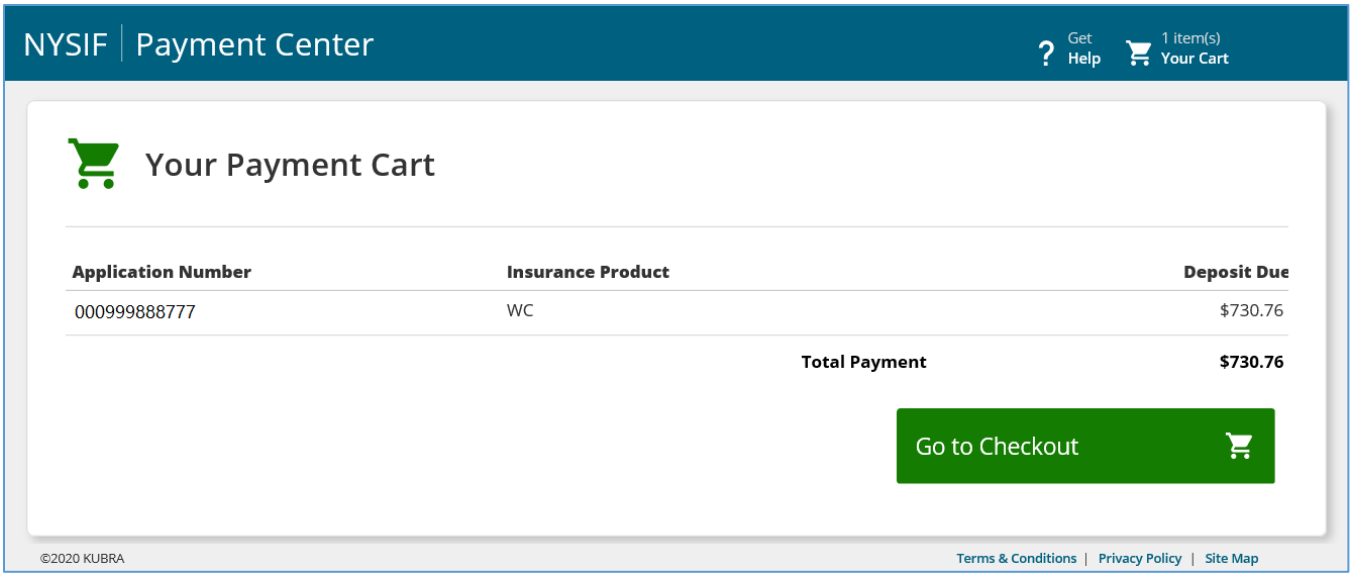


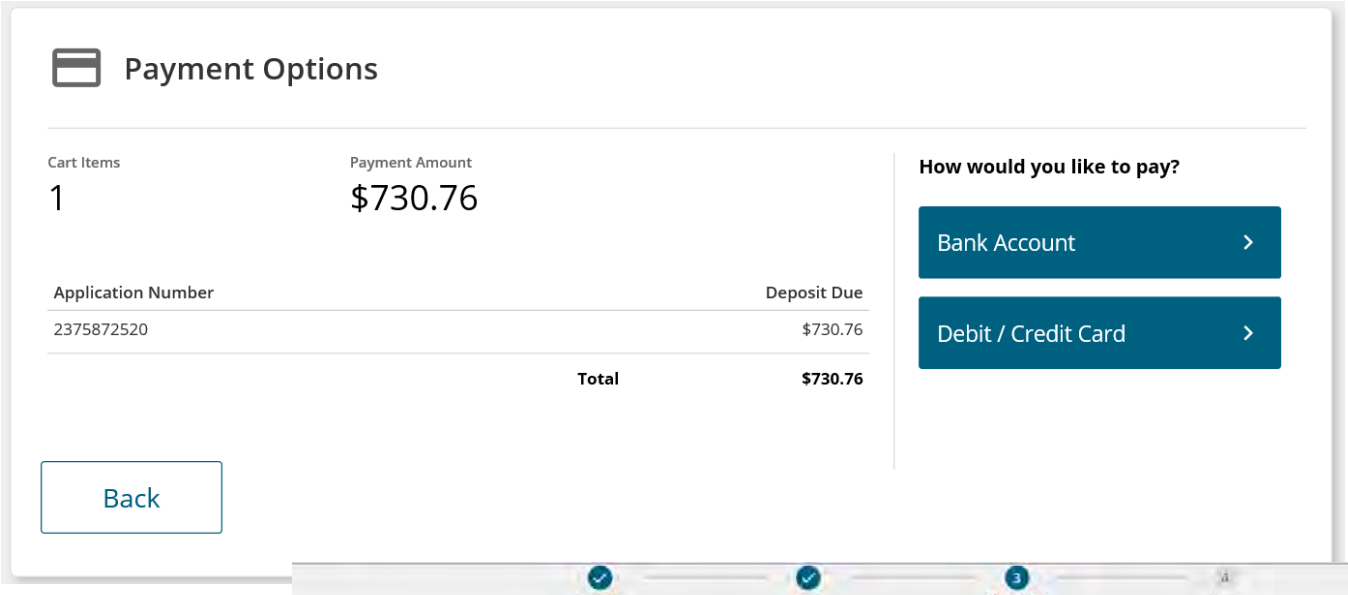
Once you have completed the DocuSign process, you will be directed to pay your deposit electronically through NYSIF's electronic payment vendor, KUBRA.

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



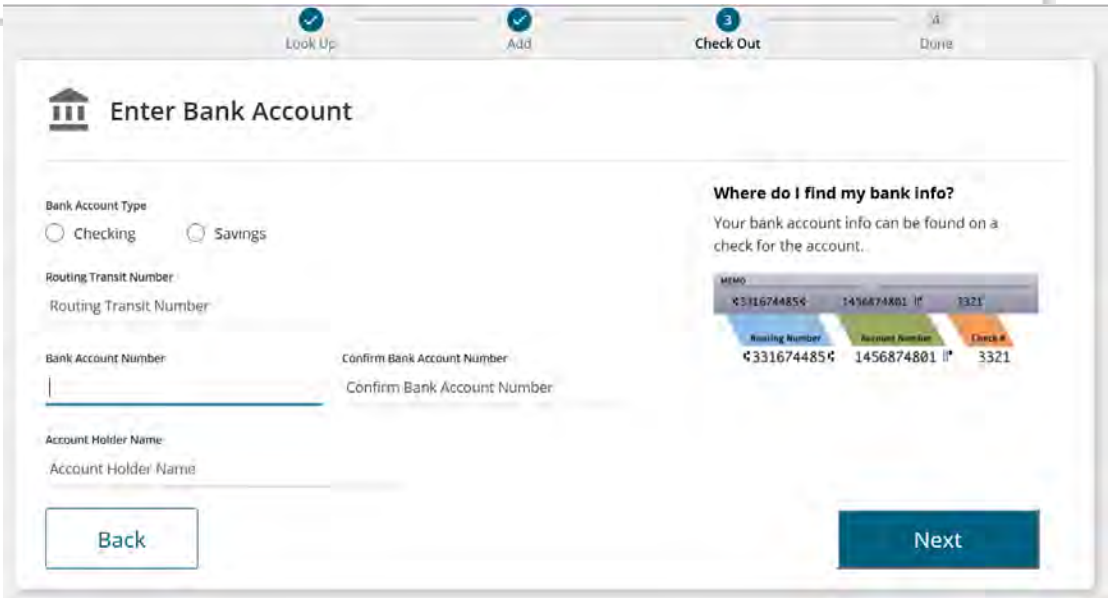
You will be directed to the **KUBRA** website (our electronic payments vendor). Click “Go to Checkout.”

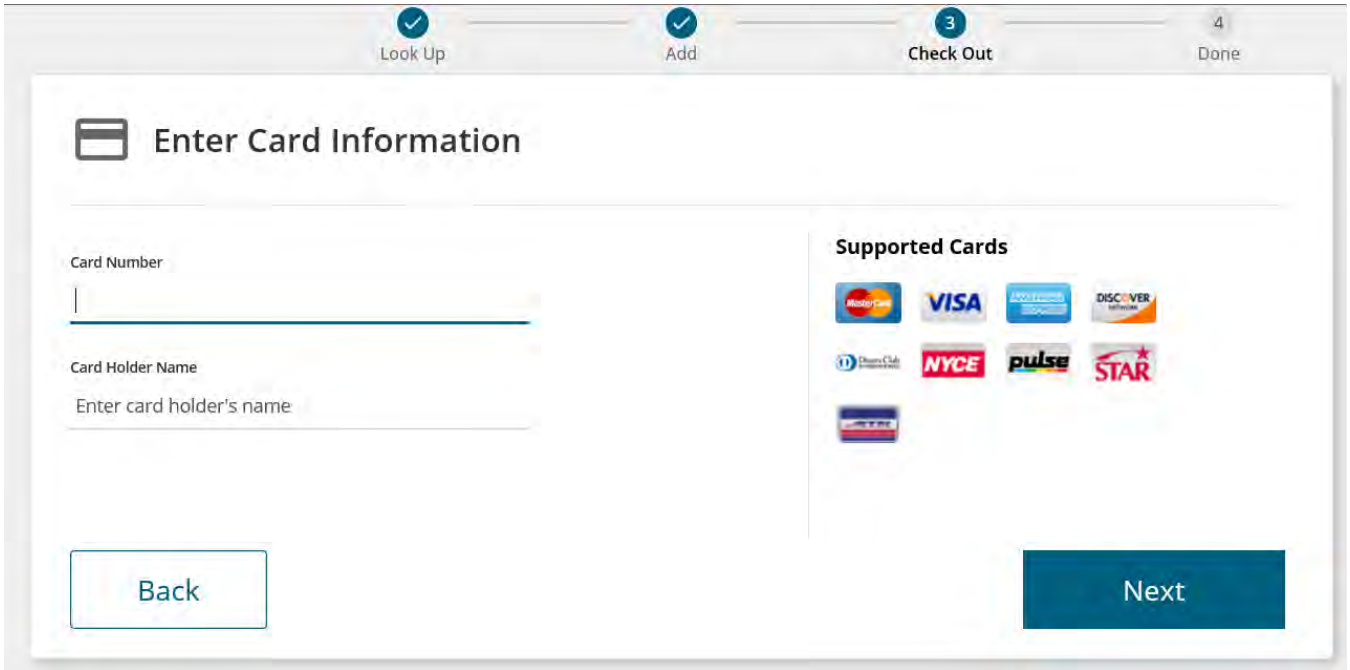




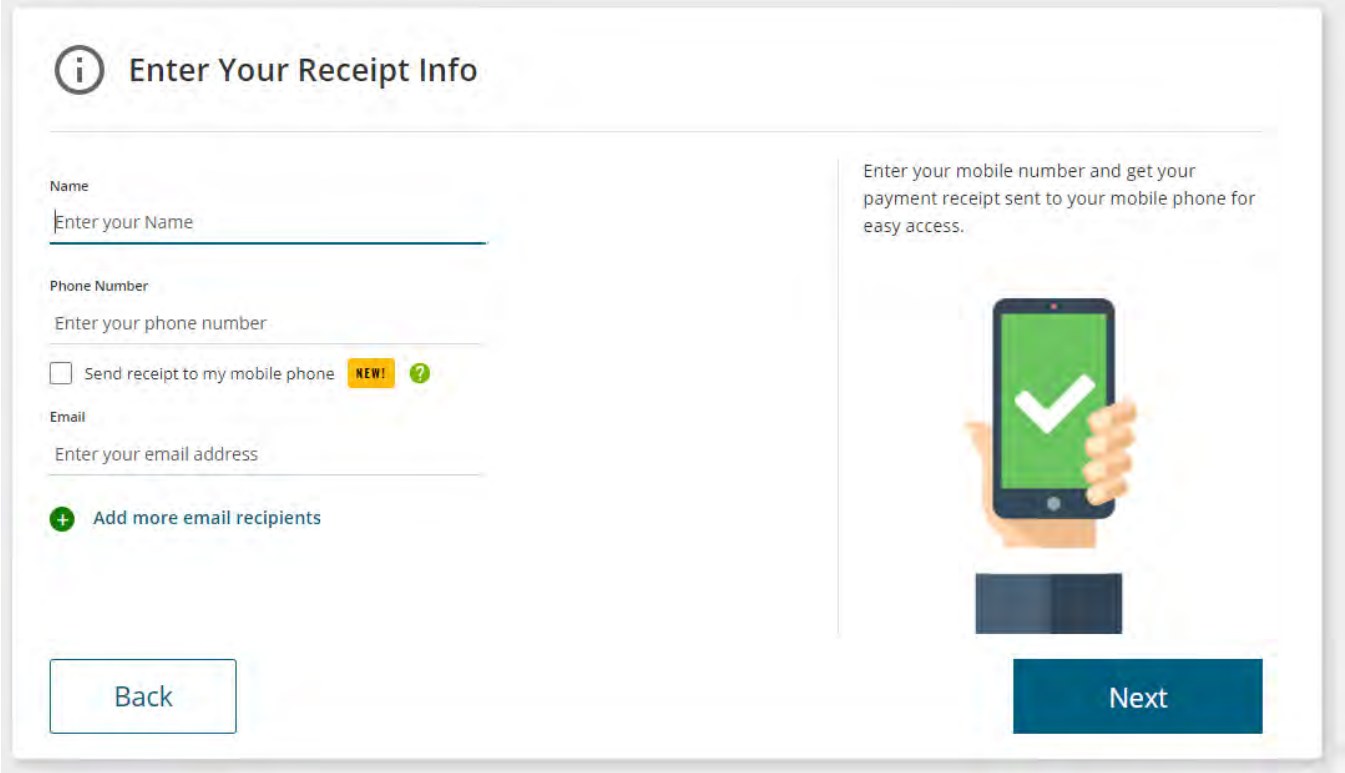
Add your bank or credit/debit card information.

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

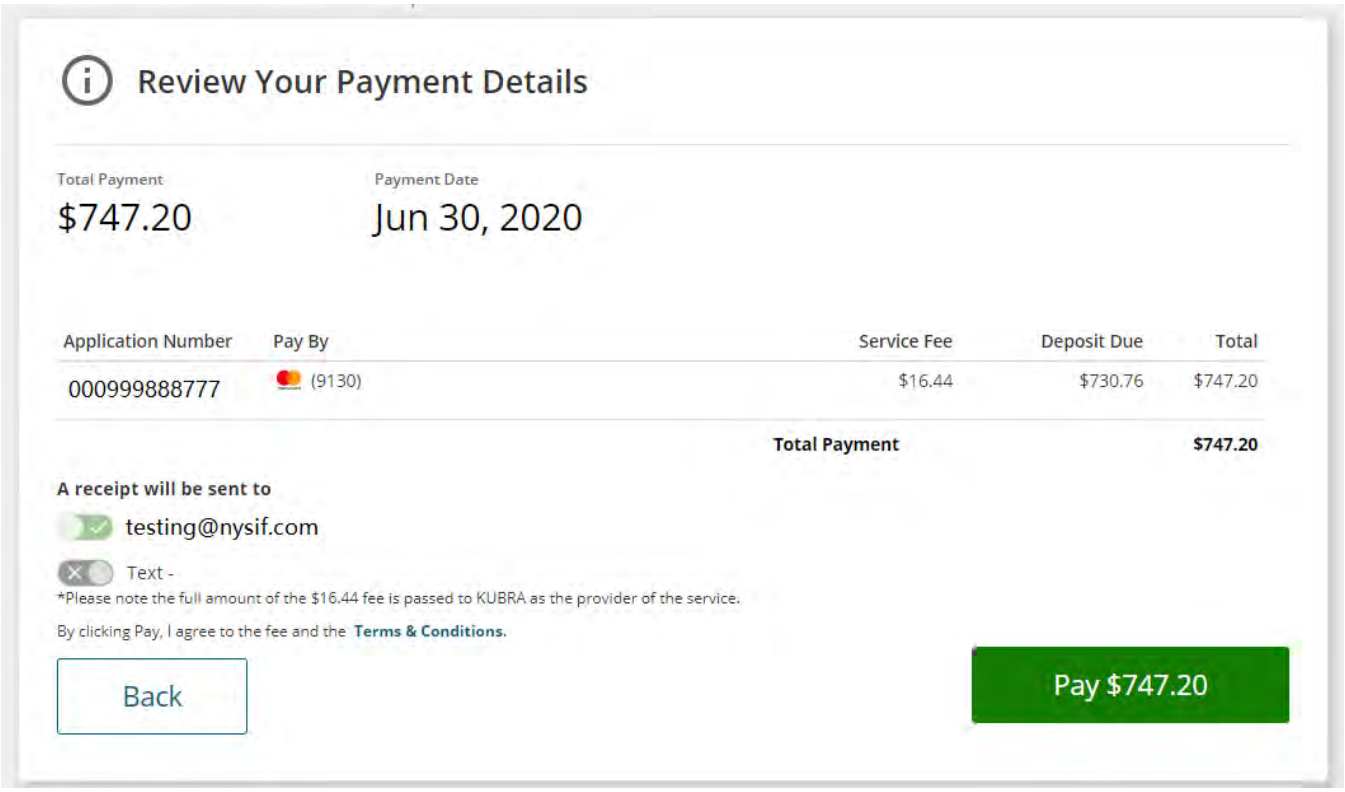




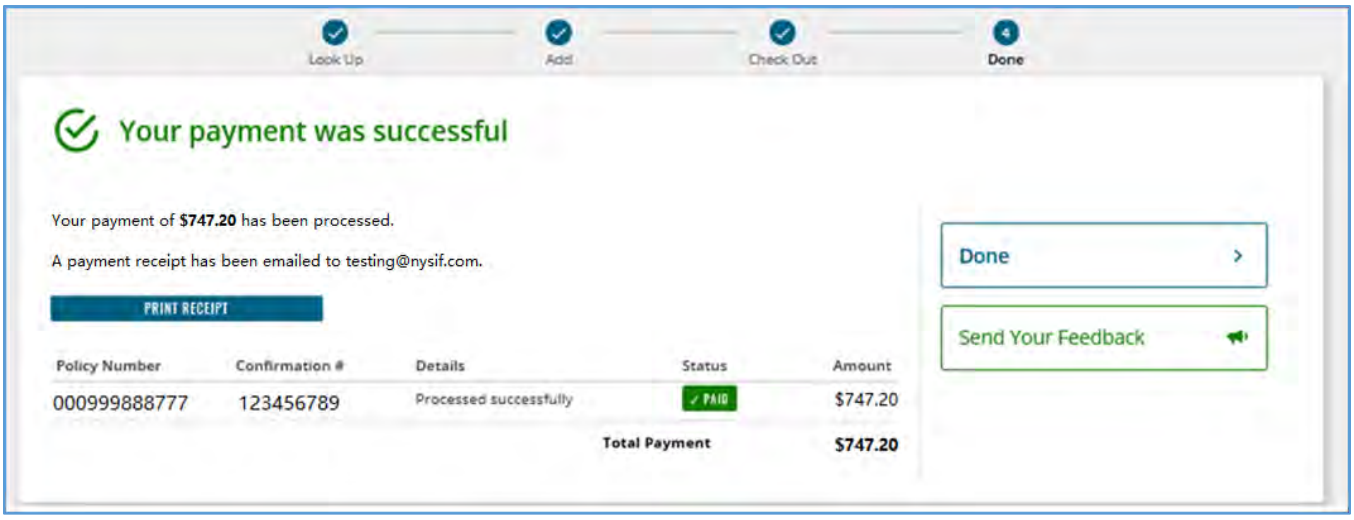
Enter your receipt information; an email address is required. Check the box and add your mobile number if you would like text verification.



Review your payment details.



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

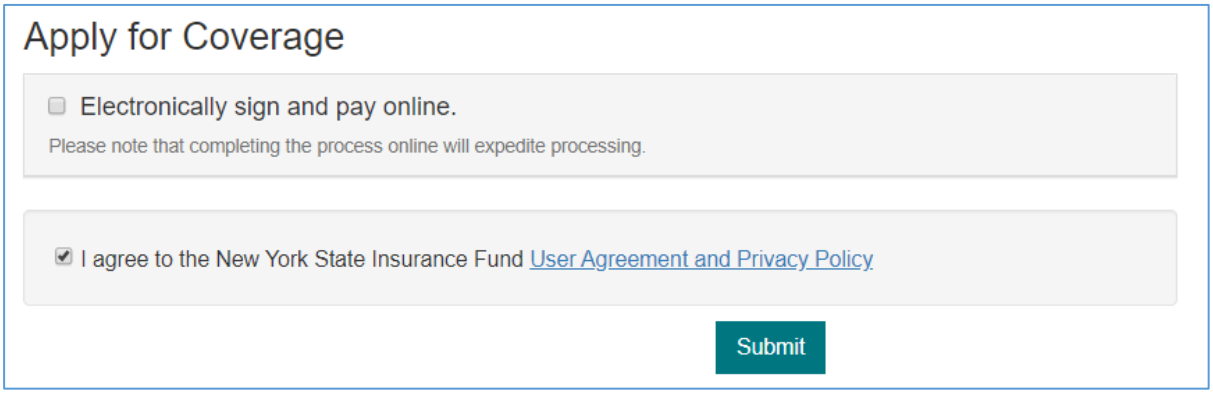


You will receive an email confirmation of payment. Click “Done” to return to nysif.com.

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

Request a Domestic Household Workers' Comp Quote

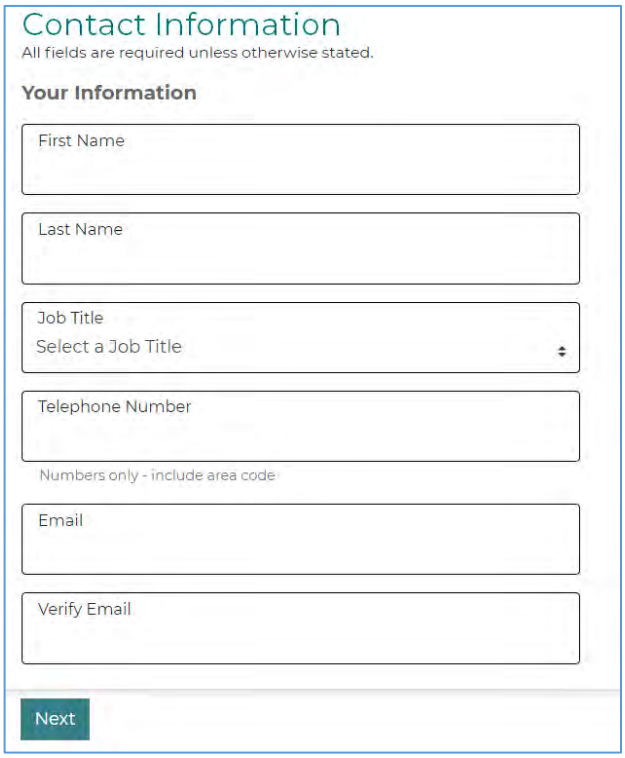
Choose "Get a Domestic Worker Policy Quote."
The two classifications of domestic workers are inside and outside. They are further categorized by the number of hours they work a week.

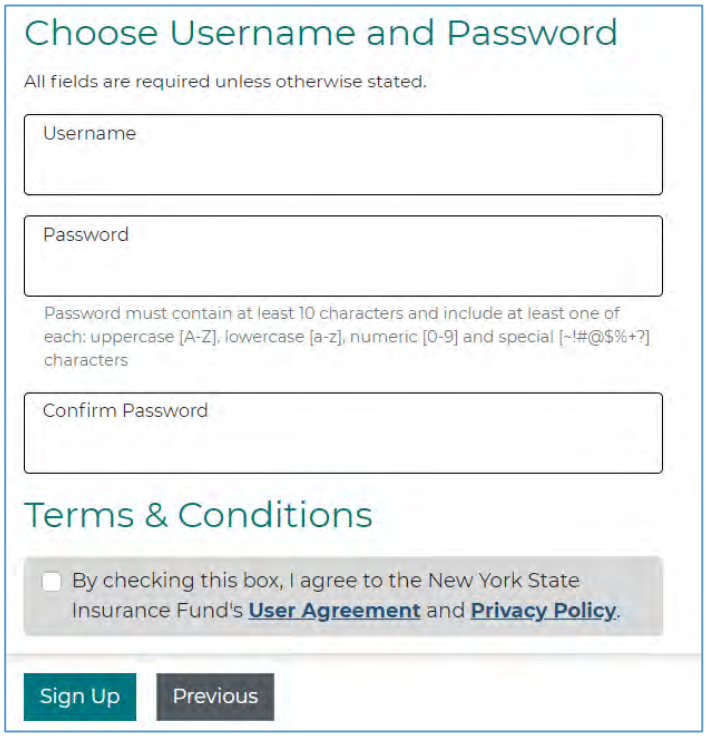
Inside domestic workers are employees exclusively engaged in household or domestic work primarily performed inside the house. Examples: cook, housekeeper, home health aide, babysitter

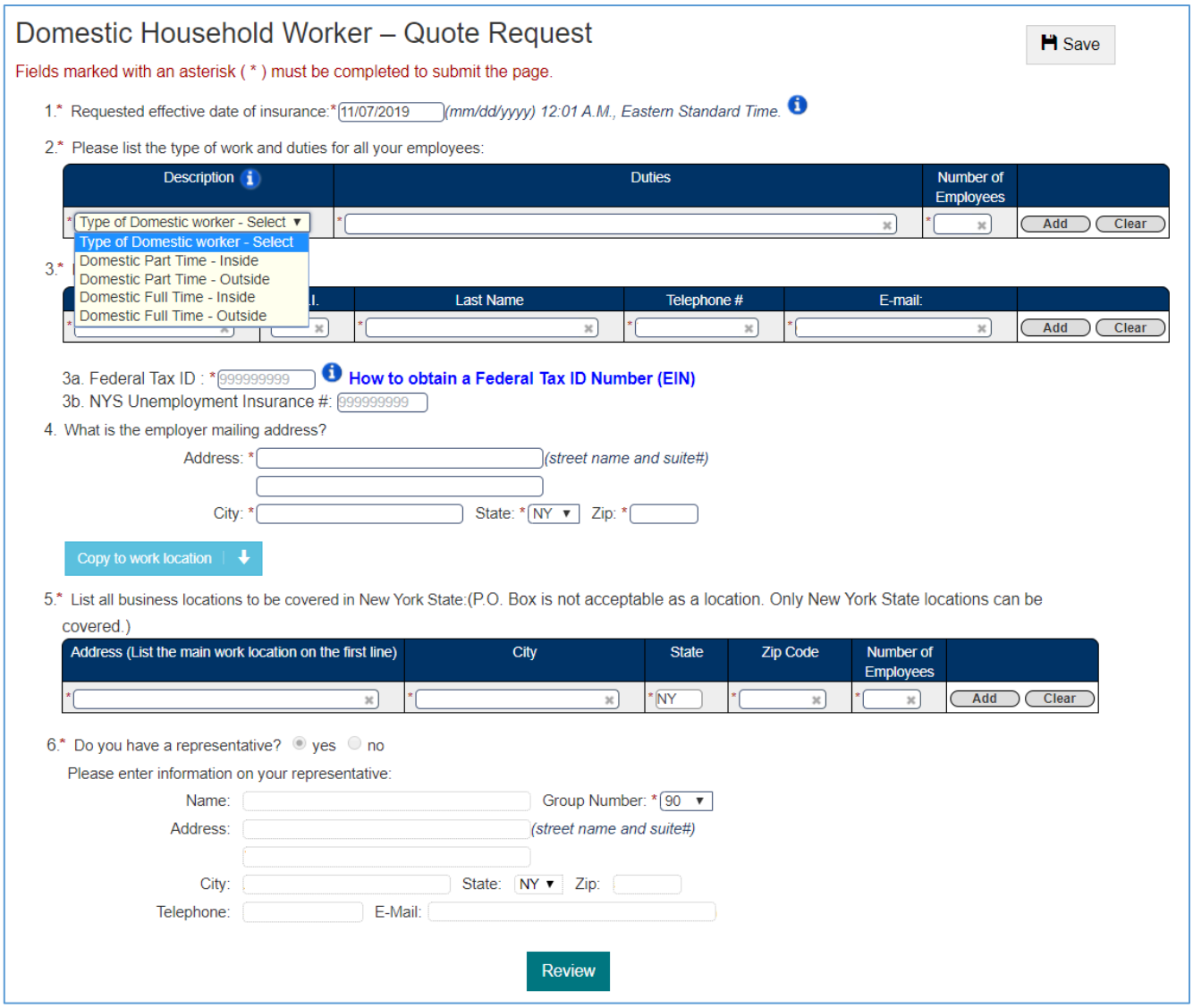
- **Code 0913** Inside domestic who works more than 20 hours per week.
- **Code 0908** Inside domestic who works 20 hours or less per week.

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.





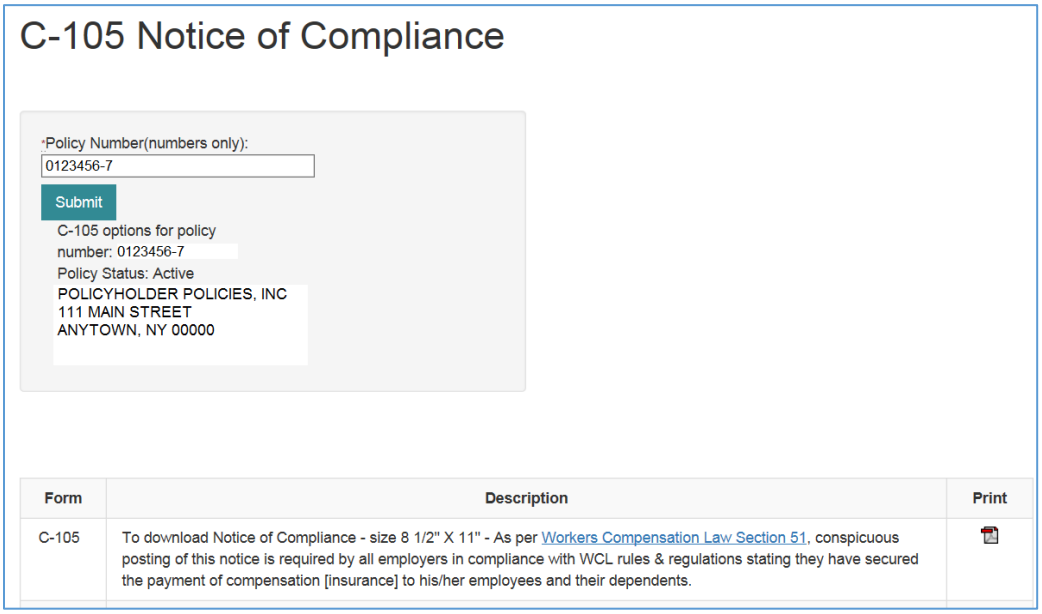


Once you submit, you will receive an instant quote for domestic policy coverage. Follow the steps in the standard quote process to apply and pay online.

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.



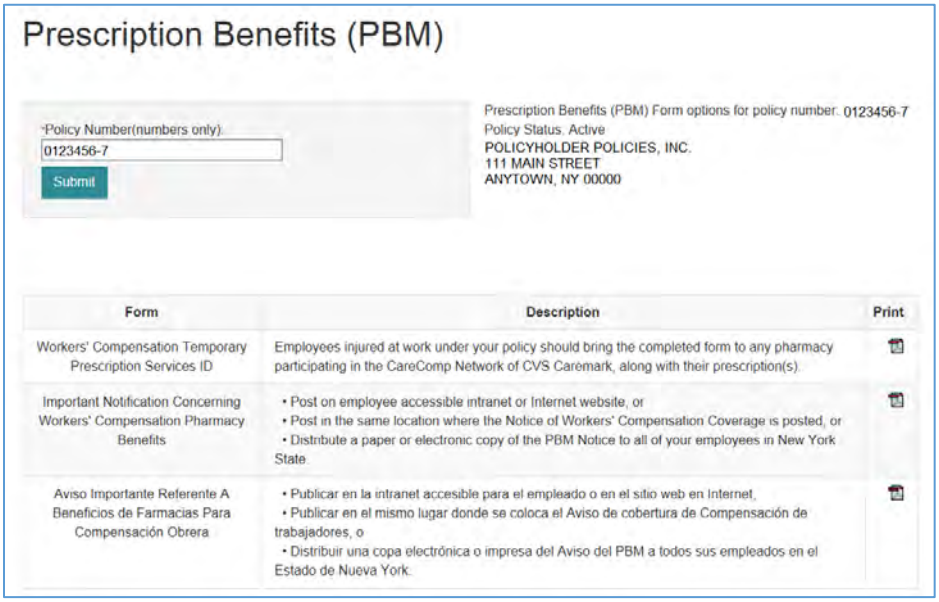
C-105 Notice of Compliance

*Policy Number(numbers only):
0123456-7
Submit
C-105 options for policy number: 0123456-7
Policy Status: Active
POLICYHOLDER POLICIES, INC
111 MAIN STREET
ANYTOWN, NY 00000

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

Prescription Benefits

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



Prescription Benefits (PBM)

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

Form	Description	Print
Workers' Compensation Temporary Prescription Services ID	Employees injured at work under your policy should bring the completed form to any pharmacy participating in the CareComp Network of CVS Caremark, along with their prescription(s).	
Important Notification Concerning Workers' Compensation Pharmacy Benefits	• Post on employee accessible intranet or Internet website, or • Post in the same location where the Notice of Workers' Compensation Coverage is posted, or • Distribute a paper or electronic copy of the PBM Notice to all of your employees in New York State.	
Aviso Importante Referente A Beneficios de Farmacias Para Compensación Obrera	• Publicar en la intranet accesible para el empleado o en el sitio web en Internet, • Publicar en el mismo lugar donde se coloca el Aviso de cobertura de Compensación de trabajadores, o • Distribuir una copa electrónica o impresa del Aviso del PBM a todos sus empleados en el Estado de Nueva York.	

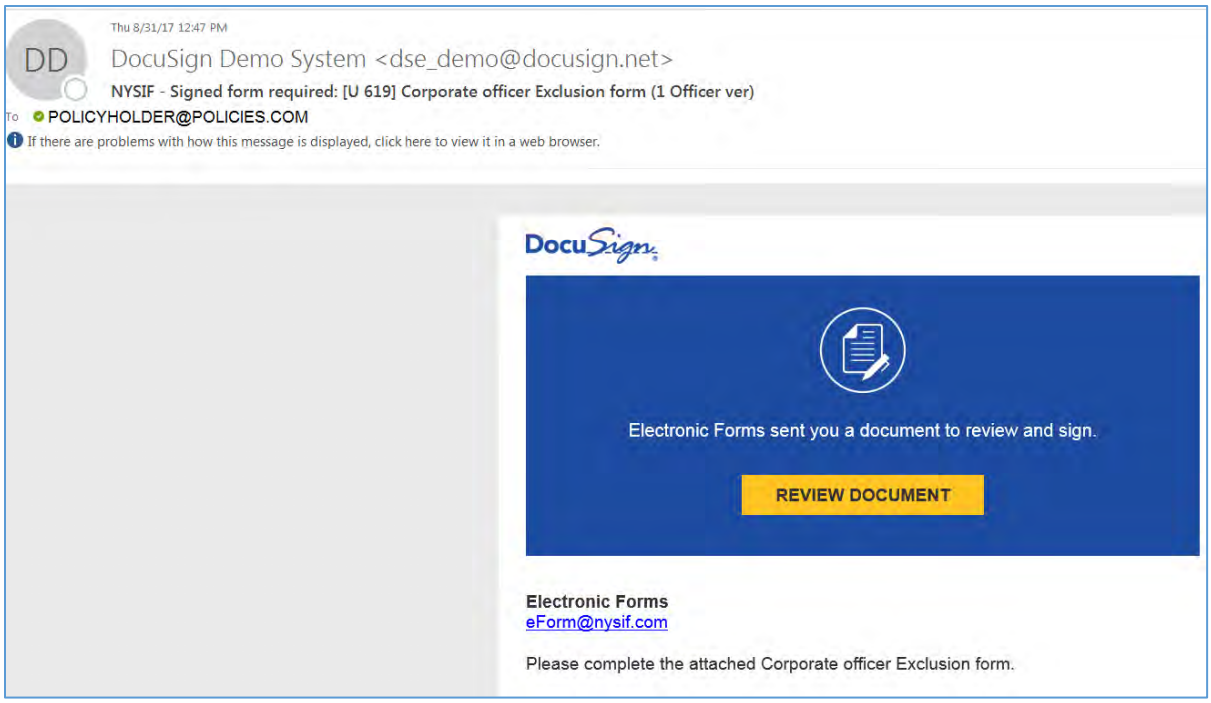
eSignature Forms

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

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

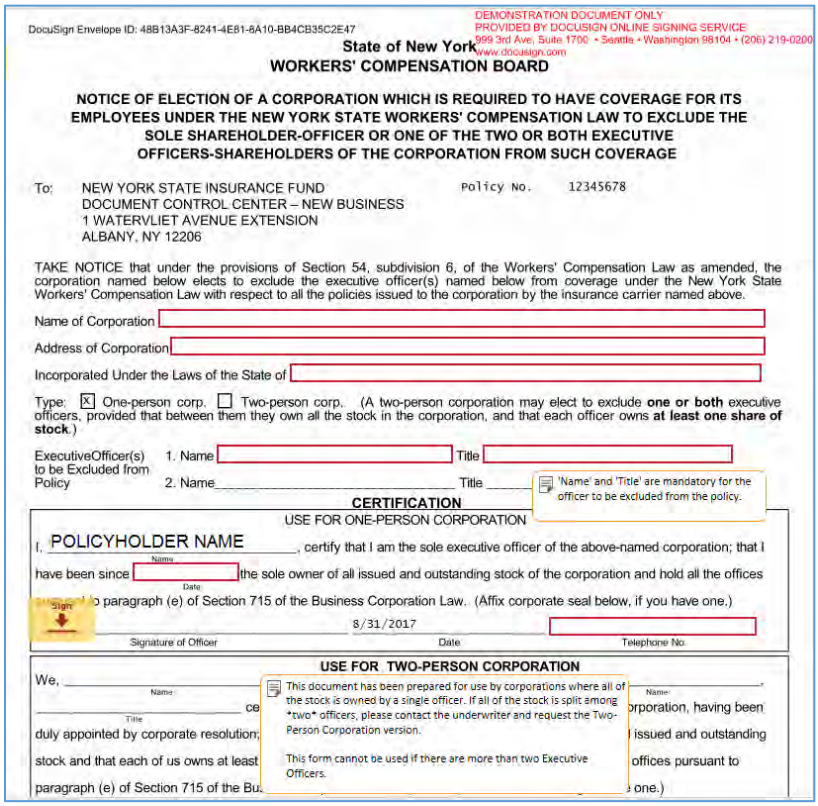
This table details the forms, a description of the form, and the signatures needed.

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

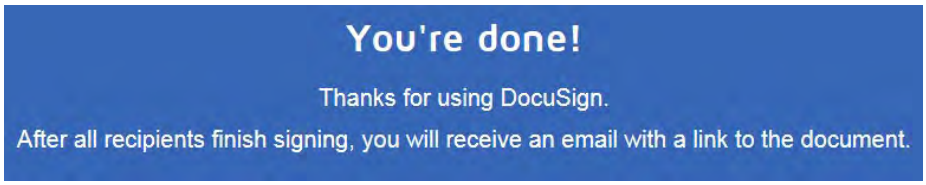


When you receive the email notification, click “Review Document.”

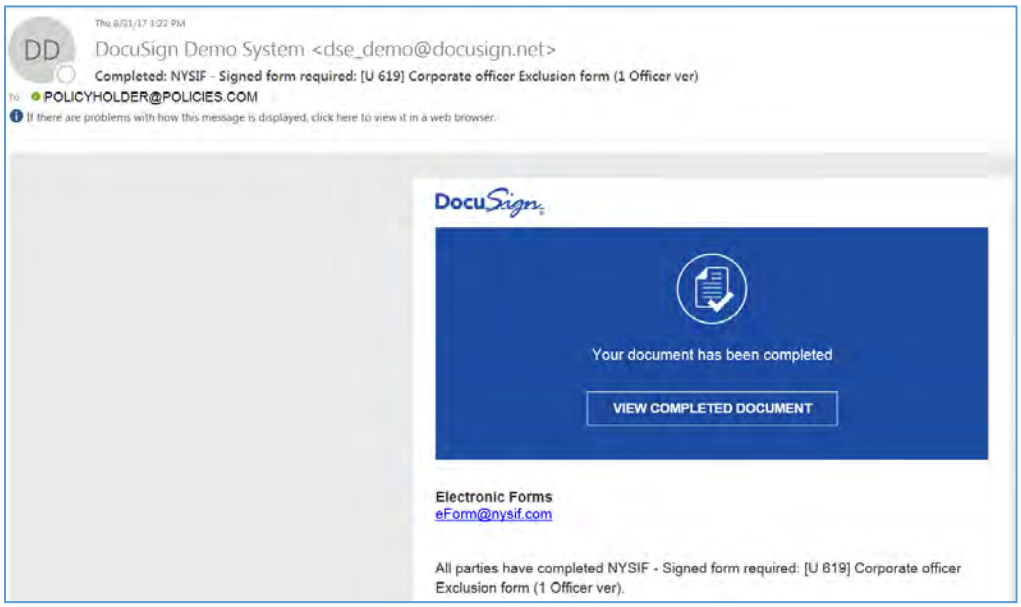
The information required will be outlined in red, and you will be prompted to complete it and sign. (Optional information will be outlined in gray.)



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

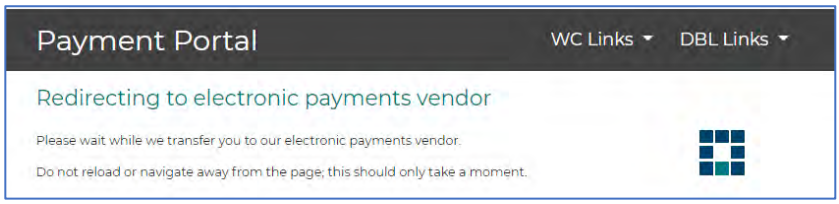
Pay My Bill

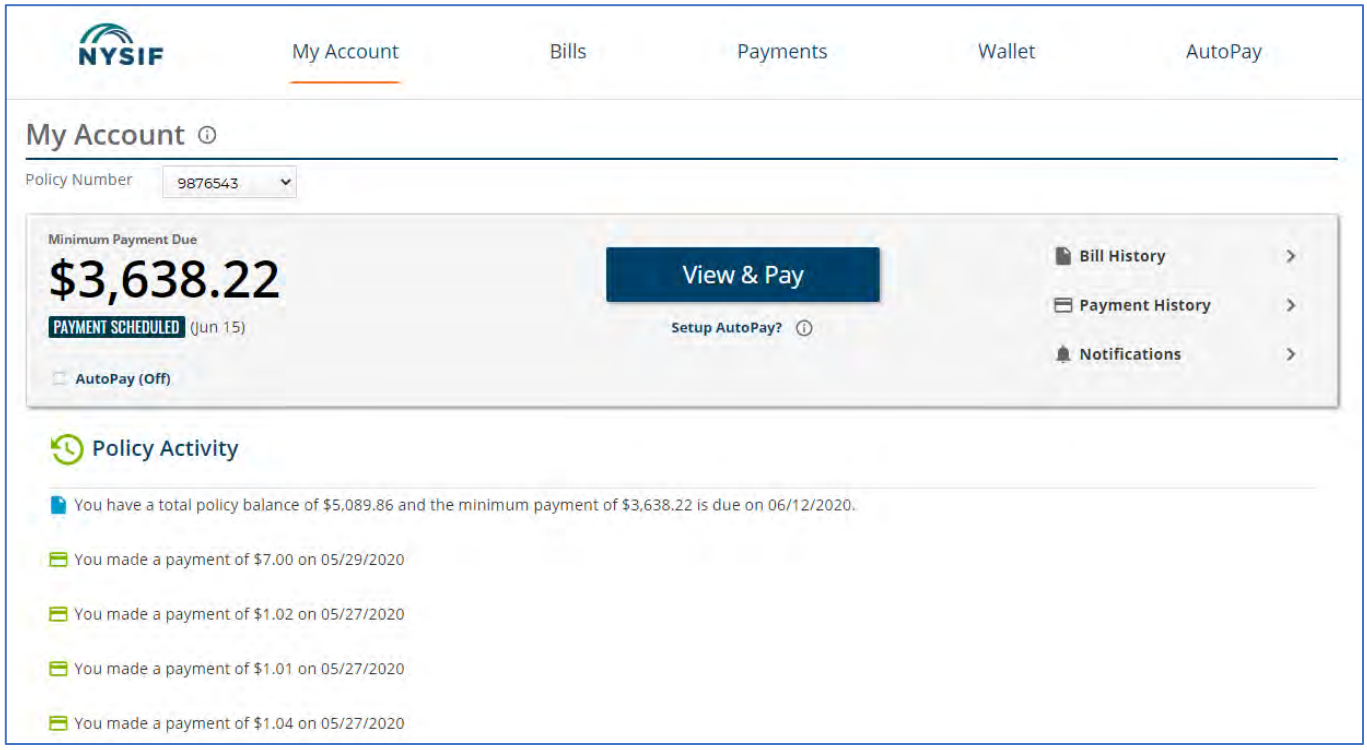
Choose the Billing box to view the “Pay My Bill” link.

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.





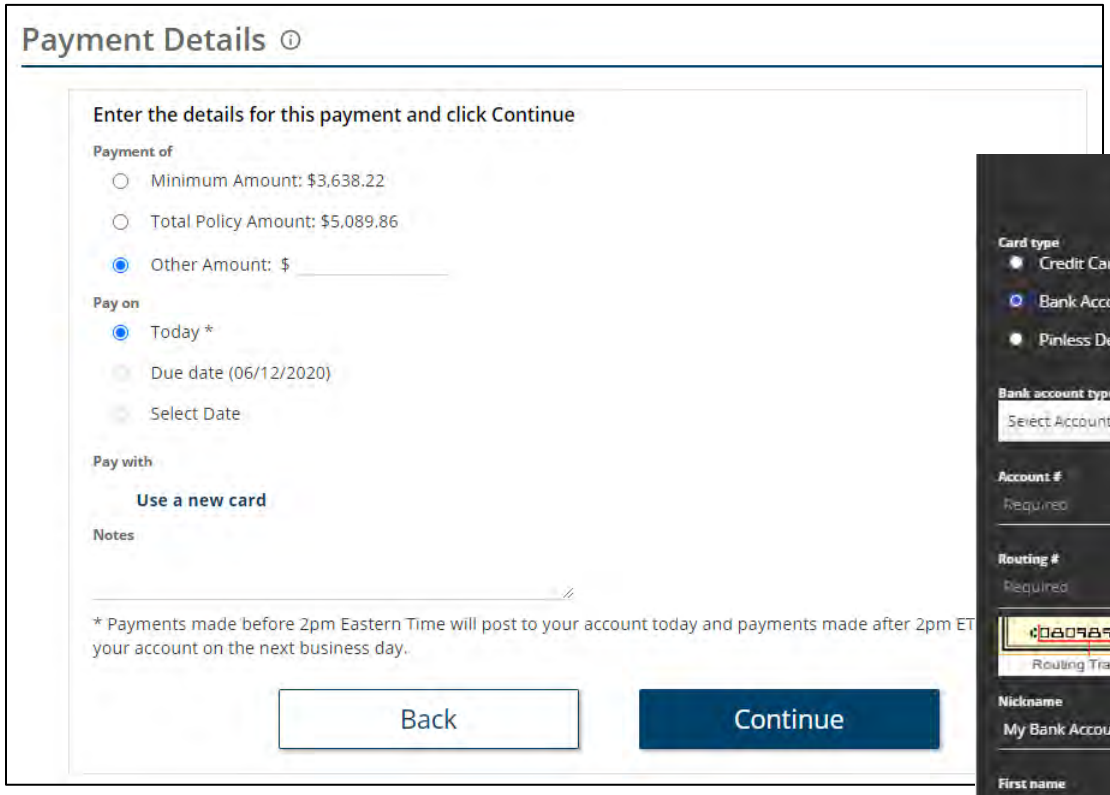
Your policy number will be displayed, along with the minimum amount due for that policy. (If you have more than one policy with NYSIF, click the drop down to access other policy numbers. The page will be updated to reflect the new minimum amount due.)

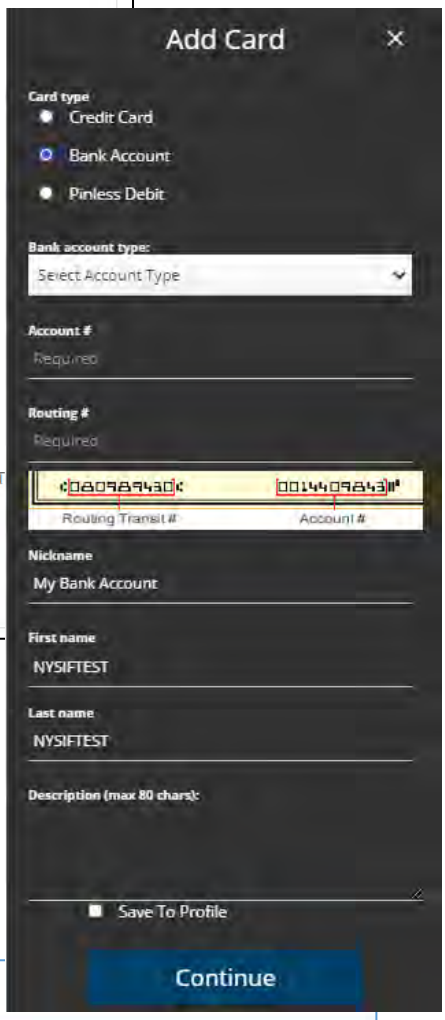
View the KUBRA online payment Terms and Conditions.

Make a one-time payment

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

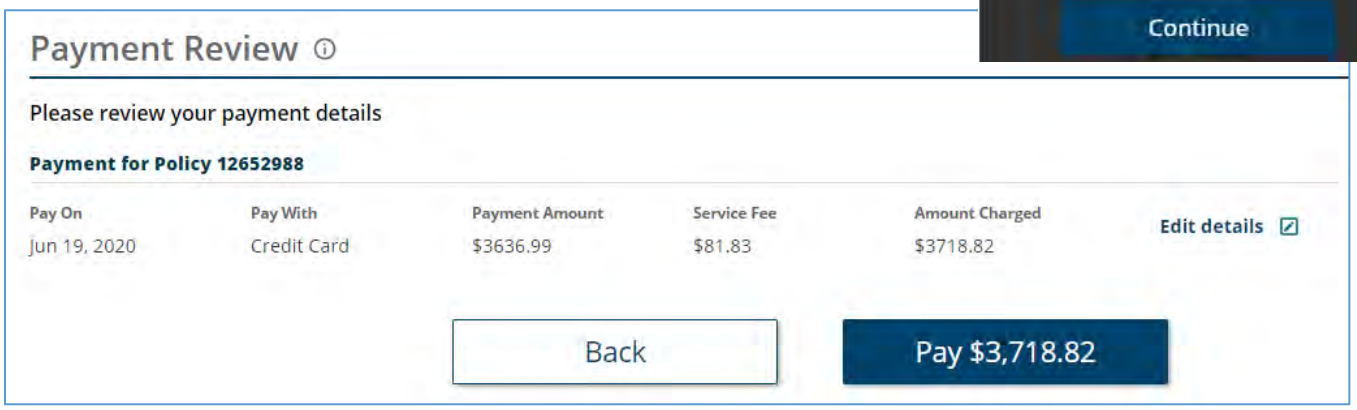
A screen will display with your choices. You can pay the minimum amount due, the total policy balance or another amount. Choose the date of payment and enter the credit card or bank account number. *KUBRA charges a 2.25% convenience fee for each credit card transaction.*





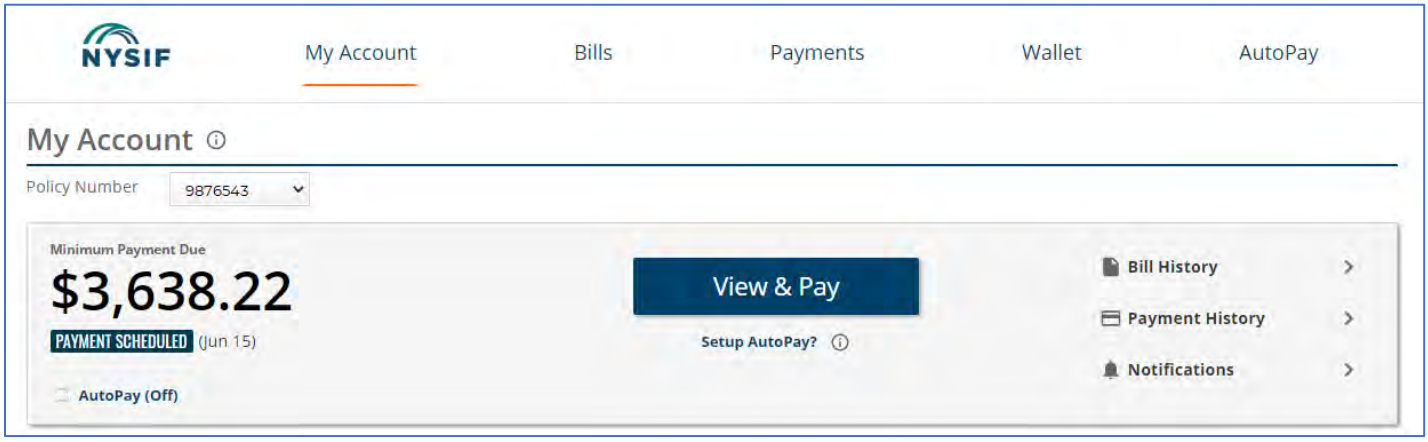
Choose **Continue**.

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

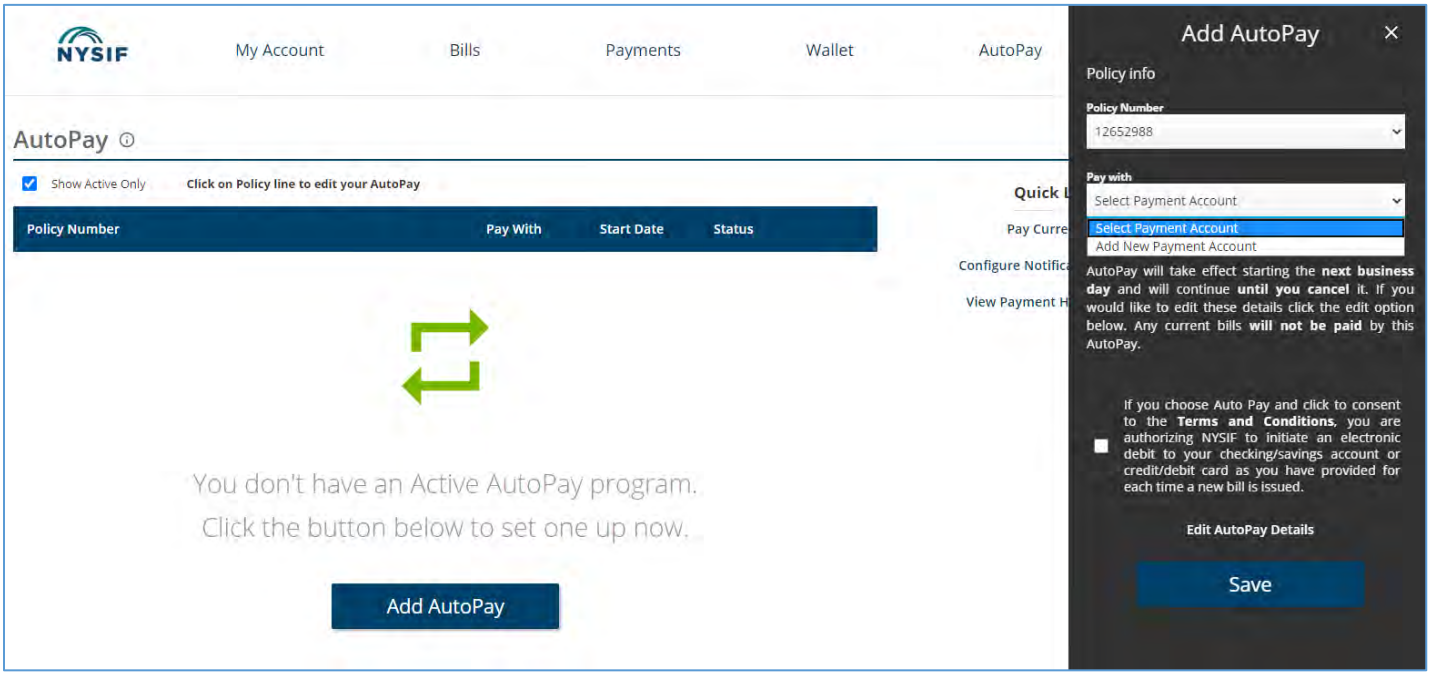


Enroll in AutoPay

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.”**

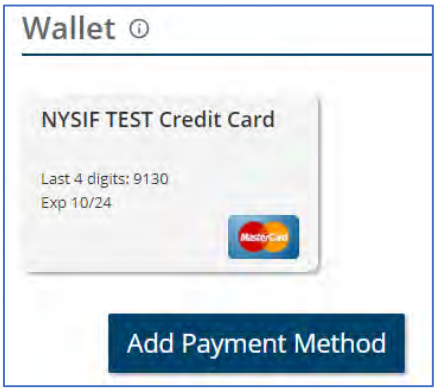


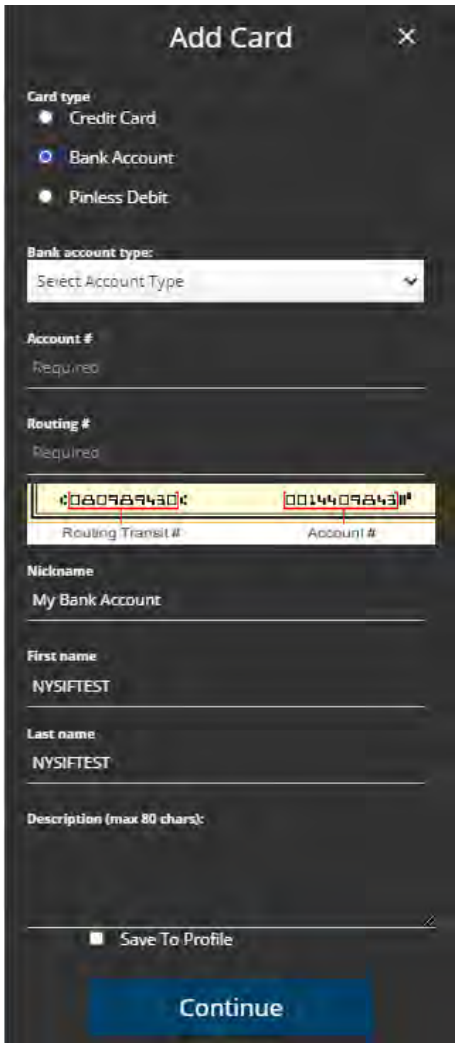
You will be directed to your **Wallet** to add a payment method.

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.

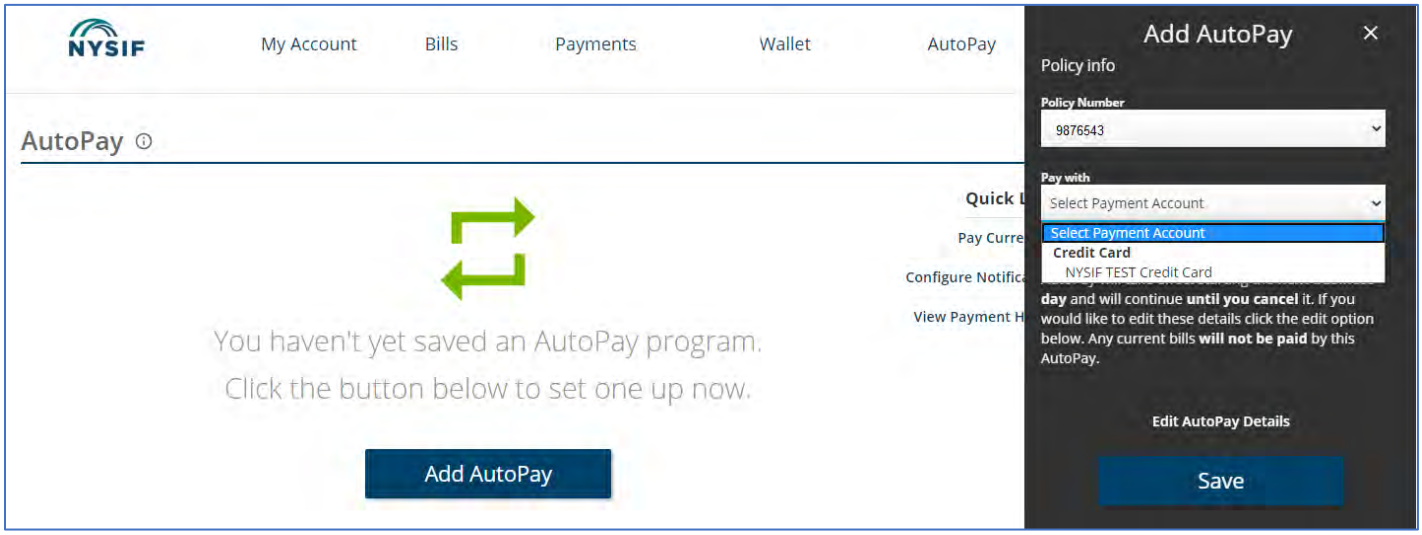
Once you've added a payment method, it will appear in your Wallet. You can add other payment methods if necessary.

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





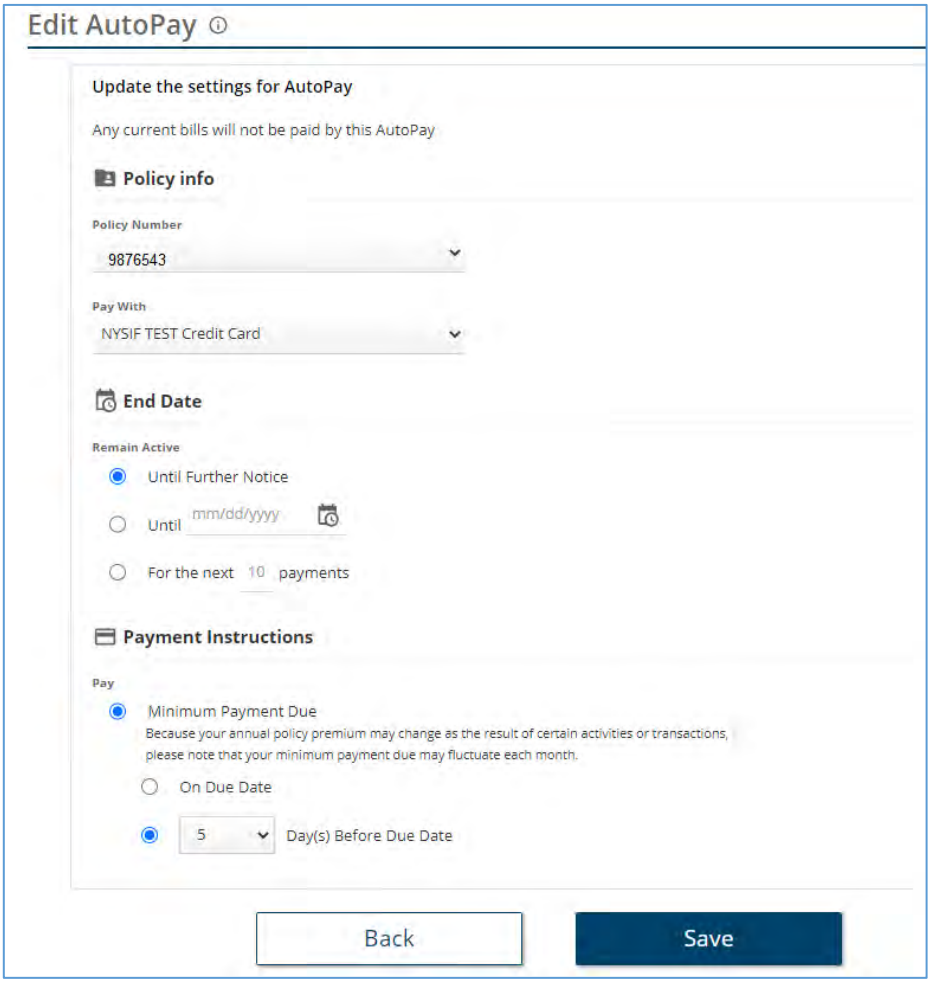
Return to the AutoPay screen. Choose **Add AutoPay.** Select the policy you wish to enroll and the payment method. **Click Save.**



A screen will appear to confirm your selection.

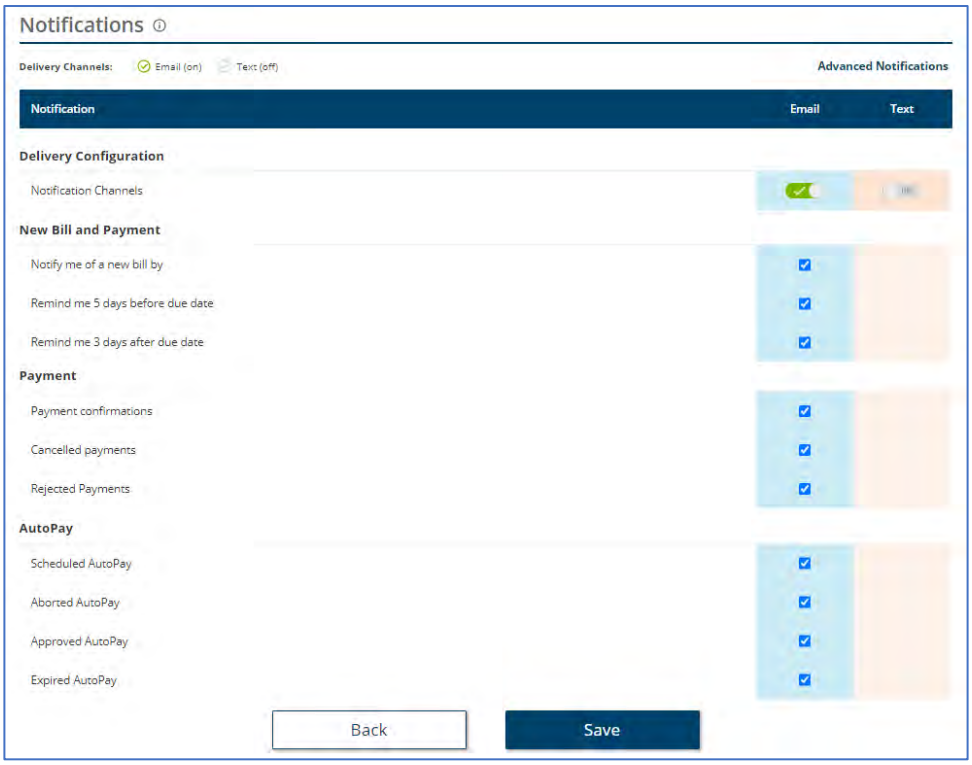
Set up the details for your AutoPayments

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.

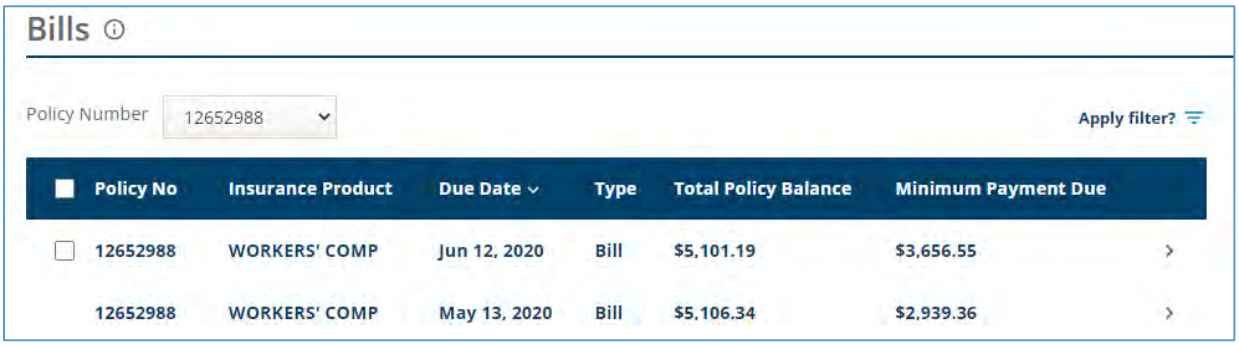


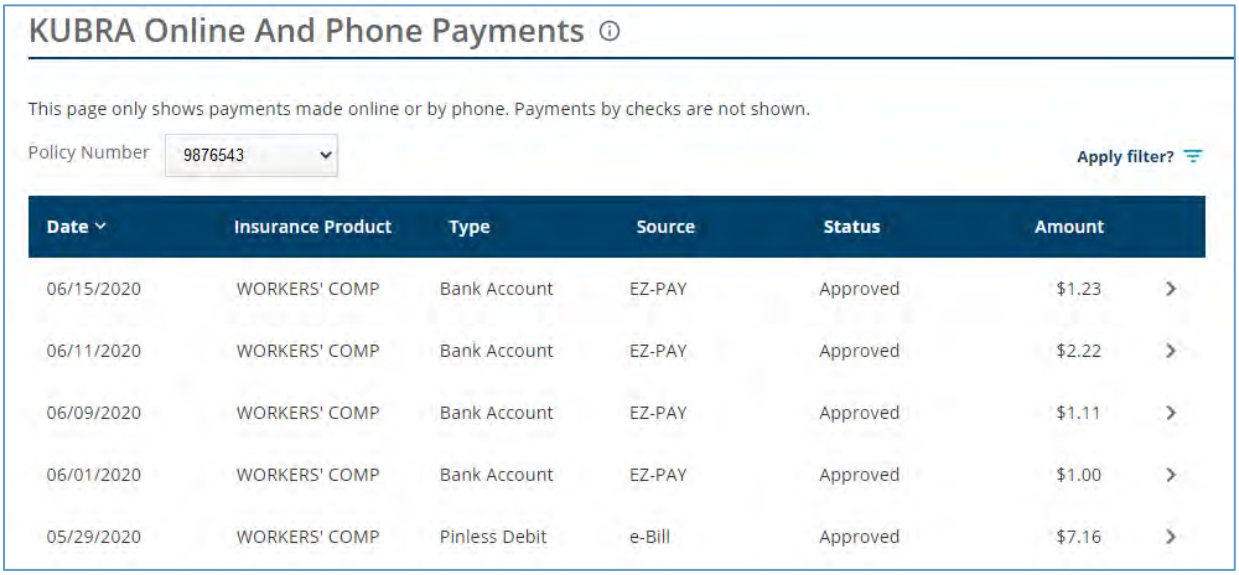
Notifications

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:



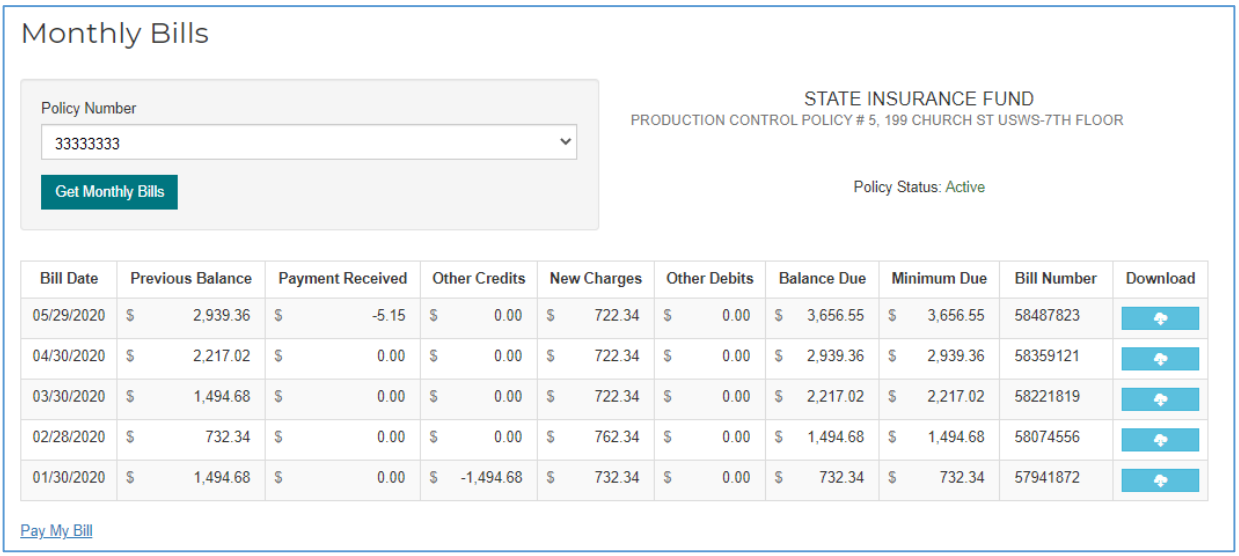
Using the menu across the top of your Kubra home page, you can also view monthly bills and previous payments made via Kubra.





View Monthly Bills

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



Monthly Bills

Policy Number

33333333

Get Monthly Bills

STATE INSURANCE FUND

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

Policy Status: Active

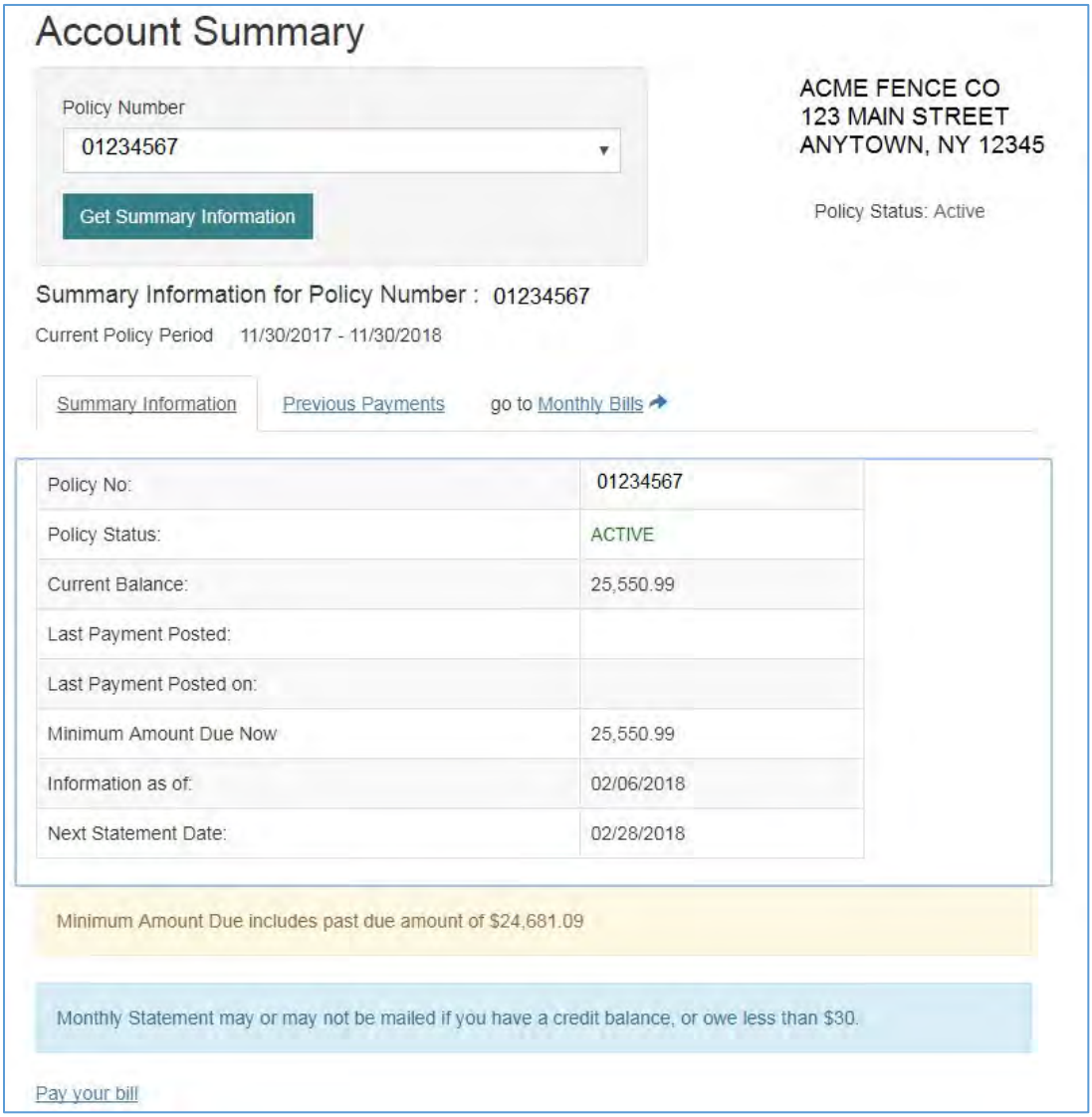
Bill Date	Previous Balance	Payment Received	Other Credits	New Charges	Other Debits	Balance Due	Minimum Due	Bill Number	Download
05/29/2020	$ 2,939.36	$ -5.15	$ 0.00	$ 722.34	$ 0.00	$ 3,656.55	$ 3,656.55	58487823	
04/30/2020	$ 2,217.02	$ 0.00	$ 0.00	$ 722.34	$ 0.00	$ 2,939.36	$ 2,939.36	58359121	
03/30/2020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

Pay My Bill

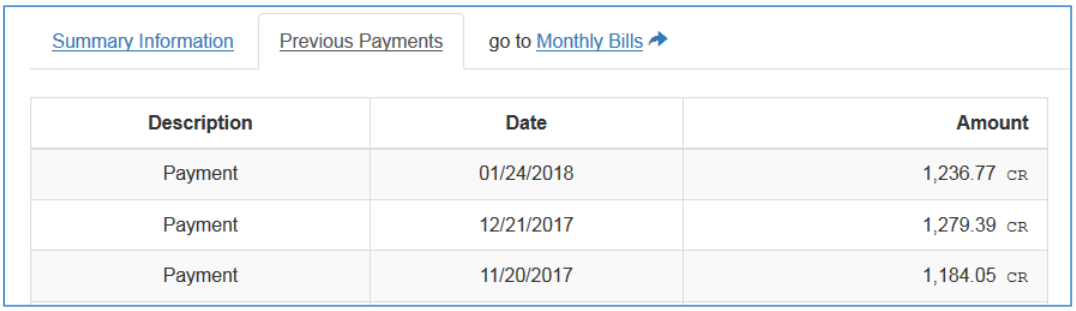
Policy Menu

Account Summary

Choose “Account Summary” from the Policy menu.



View previous payments and monthly bills using the top tabs.

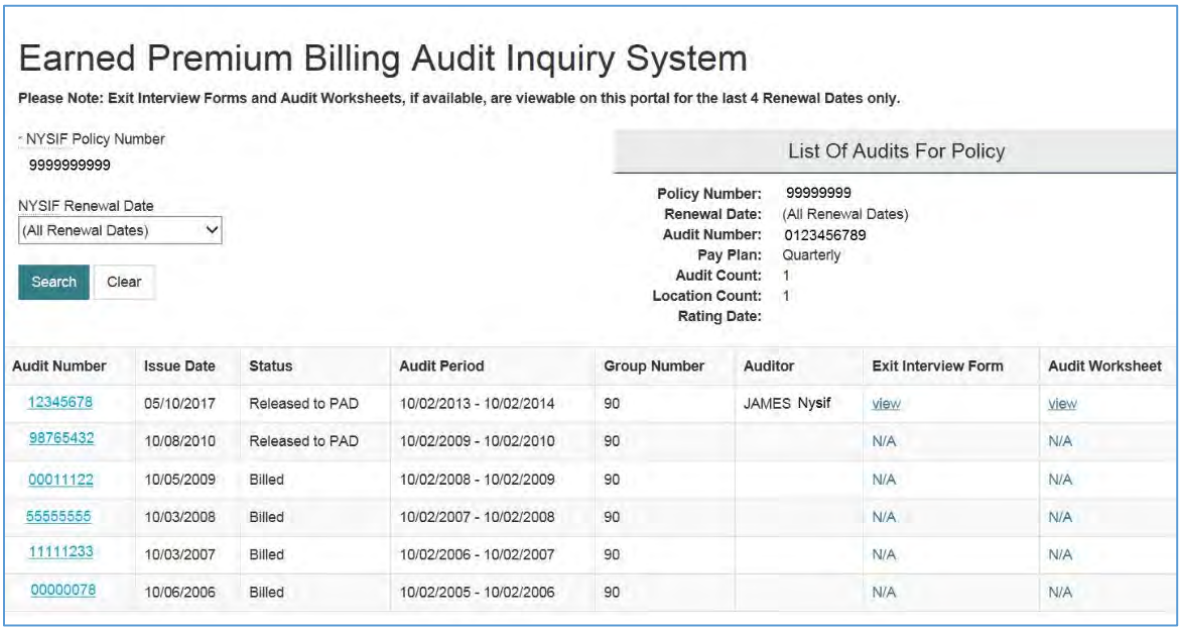


Earned Premium Audit (Audit Documents)

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)



Earned Premium Billing Audit Inquiry System

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

NYSIF Policy Number
9999999999

NYSIF Renewal Date
(All Renewal Dates)

Search Clear

List Of Audits For Policy

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

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

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

Audit Serial Number: 12345678

Review Type N/A
Policy Name C
Policy Number 99999999
Group Number 90
Renewal Date 10/02/2013
Rating Date N/A
Policy Status ACTIVE
Pay Plan Quarterly
Class Lines 1

Total Payroll $0.00
Other Payroll N/A
Audit Appointment Date N/A
Audit Status Active

Audit Process Dates
Created 05/10/2017
Completed N/A
Payroll Audit Review N/A
Underwriting Review N/A

Billed N/A
Auditor Name JAMES NYSIF
Auditor Number 2
History N/A
Audit Start Date 10/02/2013
Audit End Date 10/02/2014
Period End Date 10/02/2014
Bill Code N/A
Location Count 1
Audit Rating N/A

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

Close

Exit Interview Form

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

PAD EXIT INTERVIEW FORM - AUDIT

Policyholder: ACME FENCE COMPANY		**Policy Number:** 12345678
Audit Number: 666666-6	**District Office:** Z	**Group Number:** 109
Audit Period: 07/01/2014 to 07/01/2015	**Auditor:** A PADTEST1	**Audit Date:** 04/06/2017

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

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

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

Note:

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

B- Any credits or charges generated on audit will be added or subtracted from your current outstanding balance.

C- If audited payrolls are significantly different from the current renewal, your current policy premium may be subject to rebill adjustment.

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

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

3. You will be charged an additional $ 0 in manual premium for uninsured subcontractors. See list attached.
Note: Charges for uninsured subcontractors may be deleted by submitting a valid New York Workers' Compensation Certificate to NYSIF. (See "Send certificates to" on this form for address)

4. The following items were applied and/or explained:

A- Payroll separations and employees classification ◉Yes ○N/A
B- Changes in operation/classification ○Yes ◉N/A
C- Overtime Credit ○Yes ◉N/A
D- Payroll Limitation Credit ○Yes ◉N/A
E- Wrap-Up Work ○Yes ◉N/A
F- Casual labor ○Yes ◉N/A

Audit Worksheets

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

THIS IS A COPY OF THE AUDIT COMPLETED BY A PADTEST1 ON 04/06/2017. WE VALUE YOU AS A CUSTOMER AND APPRECIATE YOUR BUSINESS. PLEASE CALL ME IF I CAN BE OF FURTHER ASSISTANCE.

Audit Number: 987654 **Audit Period:** 07/01/2014 - 07/01/2015	**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:** 518-222-5151

Entity: Acme Fence Co Inc

EXECUTIVE OFFICERS

Title	Name	Gross Payroll	Amt. Included	Code	Description Of Duties
President		45,000	45,000	8809	Office Admin and Managment

Audit No: 666666-6 **Assured:** ACME FENCE COMPANY
Policy No: 12345678 **Entity:** ACME FENCE CO INC.

PAYROLL DETAILS

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

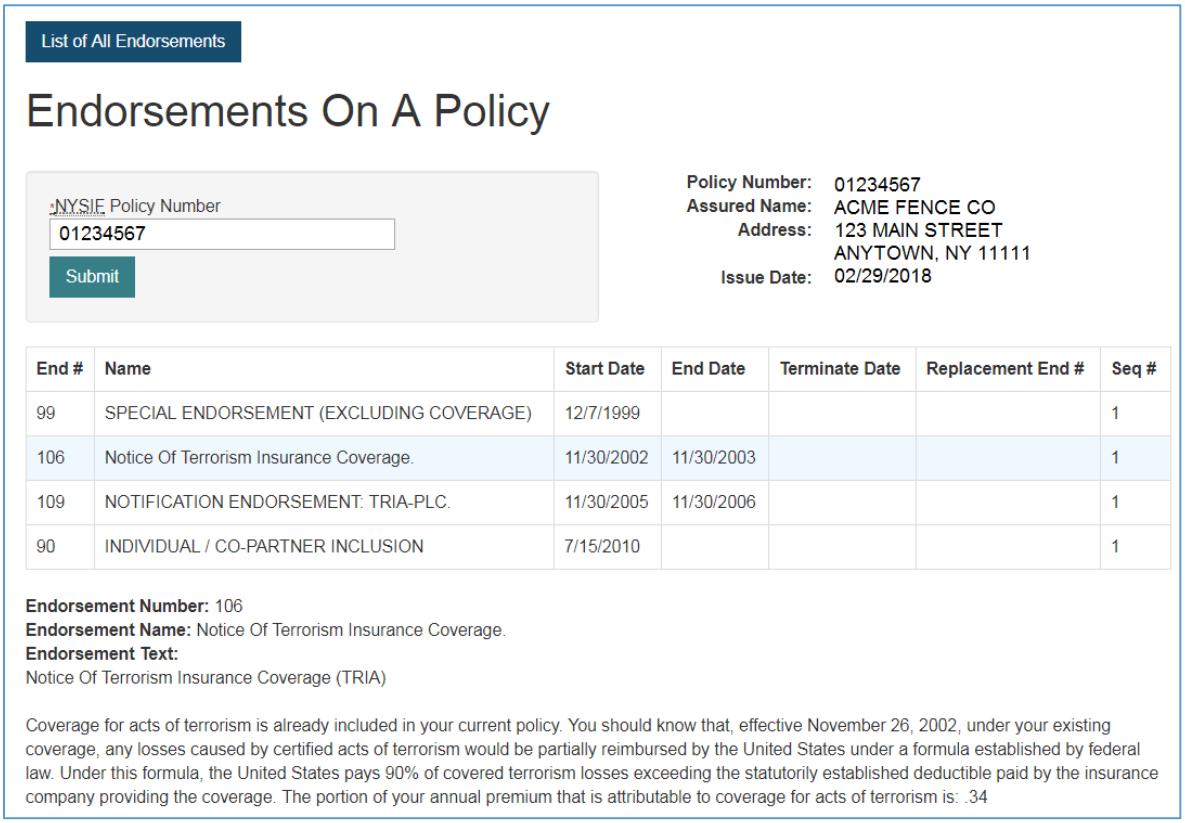
Audit No: 666666-6 **Assured:** ACME FENCE COMPANY
Policy No: 12345678 **Entity:** ACME FENCE CO INC

RECONCILIATION

SUMMARY					RECONCILIATION		REPORTS	
Terr.	Code	Fed	Rated As	Payroll	Description	Values	Description	Values
9	9501	N		$933,452	Total summary payroll	$2,224,458	3q14	$1,818,707
9	8809	N		$34,200	Prior period	$0	october 2014	$539,676
9	8810	N		$311,271	Subsequent period	$0		
9	8742	N		$93,843	Adjustment for Class [9501]	-$7,606		
9	4511	N		$434,708	John Acme, president	$70,143		
9	3372	N		$416,984	Adjustment for Class [8810]	$32,968		
					Adjustment for Class [8742]	$1,219		

Endorsements

Clicking on the Endorsement Name will display the endorsement text.



List of All Endorsements

Endorsements On A Policy

*NYSIF Policy Number
01234567
Submit

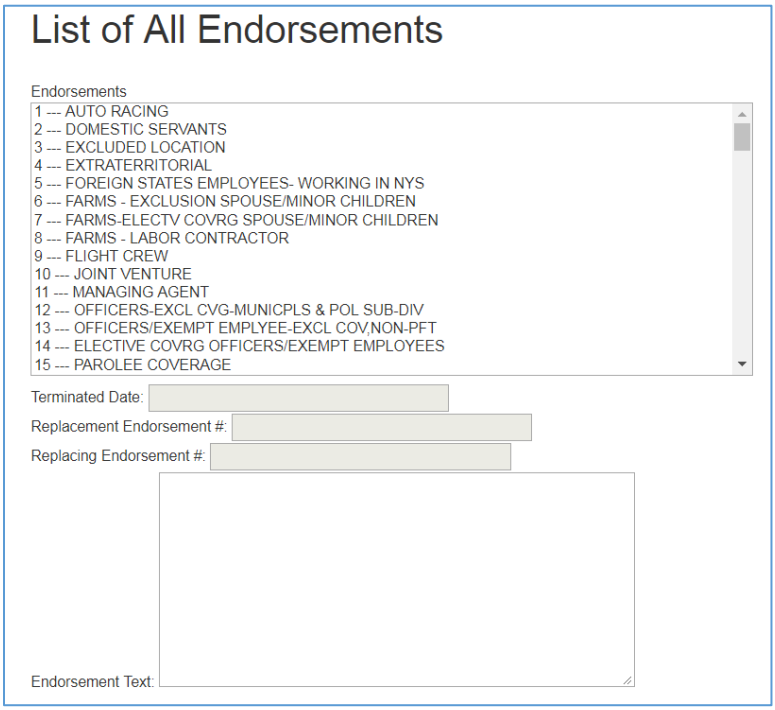
Policy Number: 01234567
Assured Name: ACME FENCE CO
Address: 123 MAIN STREET
ANYTOWN, NY 11111
Issue Date: 02/29/2018

End #	Name	Start Date	End Date	Terminate Date	Replacement End #	Seq #
99	SPECIAL ENDORSEMENT (EXCLUDING COVERAGE)	12/7/1999				1
106	Notice Of Terrorism Insurance Coverage.	11/30/2002	11/30/2003			1
109	NOTIFICATION ENDORSEMENT: TRIA-PLC.	11/30/2005	11/30/2006			1
90	INDIVIDUAL / CO-PARTNER INCLUSION	7/15/2010				1

Endorsement Number: 106
Endorsement Name: Notice Of Terrorism Insurance Coverage.
Endorsement Text:
Notice Of Terrorism Insurance Coverage (TRIA)

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.



List of All Endorsements

Endorsements
1 --- AUTO RACING
2 --- DOMESTIC SERVANTS
3 --- EXCLUDED LOCATION
4 --- EXTRATERRITORIAL
5 --- FOREIGN STATES EMPLOYEES- WORKING IN NYS
6 --- FARMS - EXCLUSION SPOUSE/MINOR CHILDREN
7 --- FARMS-ELECTV COVRG SPOUSE/MINOR CHILDREN
8 --- FARMS - LABOR CONTRACTOR
9 --- FLIGHT CREW
10 --- JOINT VENTURE
11 --- MANAGING AGENT
12 --- OFFICERS-EXCL CVG-MUNICPLS & POL SUB-DIV
13 --- OFFICERS/EXEMPT EMPLYEE-EXCL COV,NON-PFT
14 --- ELECTIVE COVRG OFFICERS/EXEMPT EMPLOYEES
15 --- PAROLEE COVERAGE

Terminated Date:
Replacement Endorsement #:
Replacing Endorsement #:
Endorsement Text:

NYCIRB Rating Data

Enter the policy number.

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

New York State Compensation Insurance Rating Board Information

*Policy Number
0123456-7

Submit

Policy #	Board #	Sheet #	Risk Name	ISSUED Date	Eff Date	Exp
01234567	600086	1505603	ACME FENCE COMPANY	10/03/2015	07/01/2014	1.08
01234567	600086	1483551	ACME FENCE COMPANY	08/04/2015	07/01/2014	1.08
01234567	600086	1482231	ACME FENCE COMPANY, INC. DBA ACME	07/01/2015	07/01/2014	1.08
01234567	600086	1408544	ACME FENCE CO., INC.	02/03/2014	07/01/2014	1.12
01234567	600086	1505602	ACMECO	10/03/2015	07/01/2013	0.94
01234567	600086	1350891	ACMECO	02/02/2013	07/01/2013	0.94

NY CIRB RATING DATA

Print this pagePrint this page

Save this file

07/01/2014
EFF. Date of Rtg

INSURED and LOCATION

ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 00000

R 0000000
Board File No.

10/03/2015
Issue Date

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

Part I		1) POLICY YR	2) CLAIM NO.	3) ACTUAL INCURRED LOSSES	4) PRIMARY ACTUAL LOSSES
Exhibit of Actual Losses	Total by Policy Year of All Cases Equal To Or Less Than $10000	2012		9675	9675
		2011		17359	17359
		2010		6462	6462
	Individual Cases Greater Than $10000	2012	66471.244	32000	10000
		2012	65833.477	15500	10000
		2011	65697.831	10038	10000
		2010	64752.71	18001	10000
				(a)	(b)
	(c) ACTUAL EXCESS (a) - (b) = 35539			Total 109035	Total 73496

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

PART III			16) ACTUAL	17) EXPECTED	18) EXP MOD
Rating Procedure	(12) PRIMARY LOSSES	W			
	(13) B VALUE + WX(c) COL 16		(b) 73496	(a) 43664	
	B VALUE + WX(f) COL 17	0.12	62365	73922	
	(14) (I-W)X(f) BOTH COL's	0.88	116031	116031	
	(15) TOTALS	I-W	(g) 251892	(h) 233617	(g)/(h) 1.08

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.

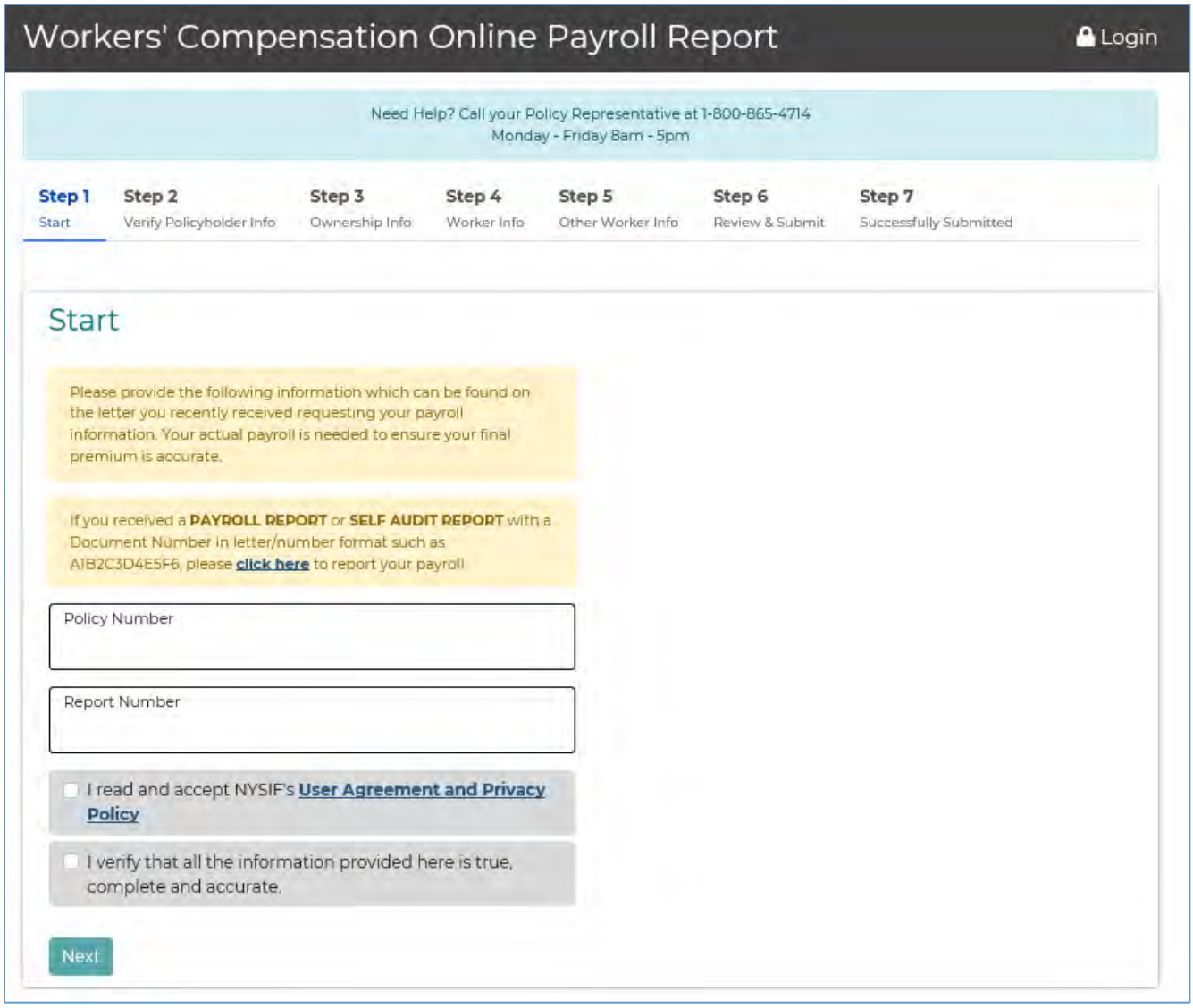
NYSIF reserves the right to perform an actual audit to verify the information submitted by the employer.

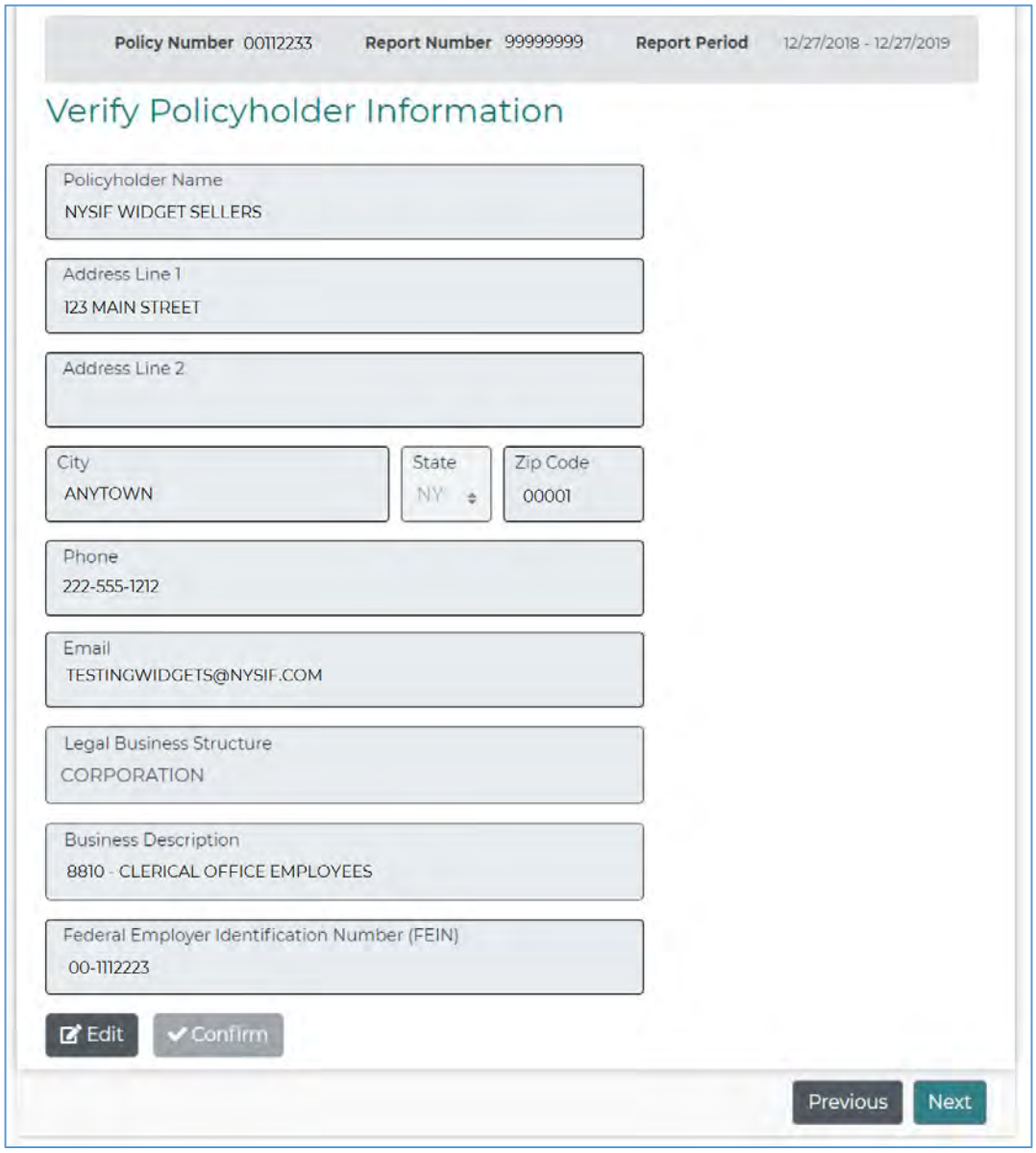
Eligible policyholders can submit a payroll report online at https://www.nysif.com/wcpayroll/. Follow the instructions below.

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.

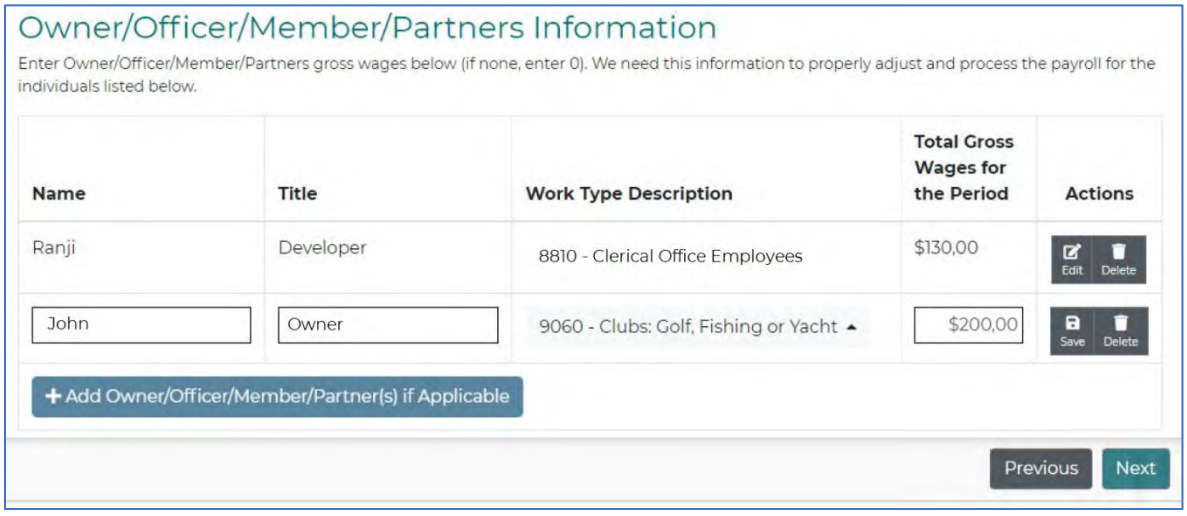
Click NEXT.





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.**

Worker Information

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

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

Work Type Description	# of Employees	Total Gross Wages for the Period	Overtime Included in Total Gross Wages	Actions
8810 - Clerical Office Employees (No...	66	$66	$666	Edit
9060 - Clubs: Golf, Fishing or Yacht	4	$44	$444	Save Delete

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

+ Add Additional Work Type if Applicable

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

Other Wage Information

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

Yes No

Please enter total 1099 payments $1,000

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

Did you use casual labor for the report period?

Yes No

Please enter total casual labor payments $2,000

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

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

Yes No

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

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

Yes No

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

Did you use any subcontractors for the report period?

Yes No

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

Business Revenue Information

Please tell us your total gross revenue.

$150,000

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

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

Summary

Employer Information

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

Owner/Officer/Member/Partners gross wages

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

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

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

Other Wage Information

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

Chargeable Payroll Summary

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

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

Preparer Information

Preparer's Name

Preparer's Email

Relationship to Insured
Other

Other Description

Prepared Date
7/10/2020

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

Previous | Submit Payroll

STEP 7. Confirmation.

Step 1 Start | **Step 2** Verify Policyholder Info | **Step 3** Ownership Info | **Step 4** Worker Info | **Step 5** Other Worker Info | **Step 6** Review & Submit | **Step 7** Successfully Submitted

Successfully Submitted

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

Save a Copy for Your Records

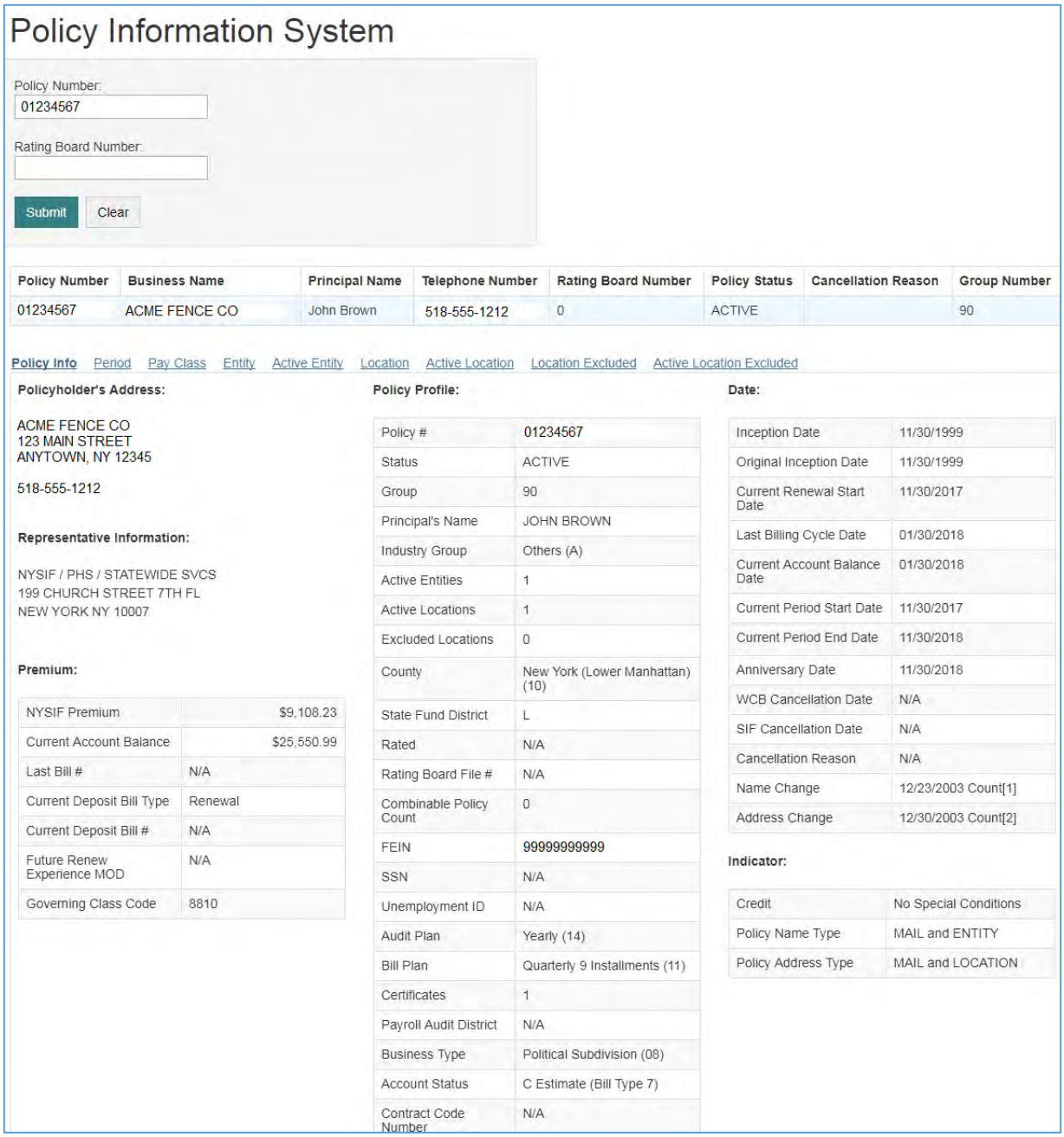
We would appreciate your feedback, please click below to take a short survey.

Take Survey | Go back to Nysif.com

Policy Information

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

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



Policy Information System

Policy Number: 01234567

Rating Board Number:

Submit Clear

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

Policy Info | Period | Pay Class | Entity | Active Entity | Location | Active Location | Location Excluded | Active Location Excluded

Policyholder's Address:

ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 12345

518-555-1212

Representative Information:

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

Premium:

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

Policy Profile:

Policy #	01234567
Status	ACTIVE
Group	90
Principal's Name	JOHN BROWN
Industry Group	Others (A)
Active Entities	1
Active Locations	1
Excluded Locations	0
County	New York (Lower Manhattan) (10)
State Fund District	L
Rated	N/A
Rating Board File #	N/A
Combinable Policy Count	0
FEIN	99999999999
SSN	N/A
Unemployment ID	N/A
Audit Plan	Yearly (14)
Bill Plan	Quarterly 9 Installments (11)
Certificates	1
Payroll Audit District	N/A
Business Type	Political Subdivision (08)
Account Status	C Estimate (Bill Type 7)
Contract Code Number	N/A

Date:

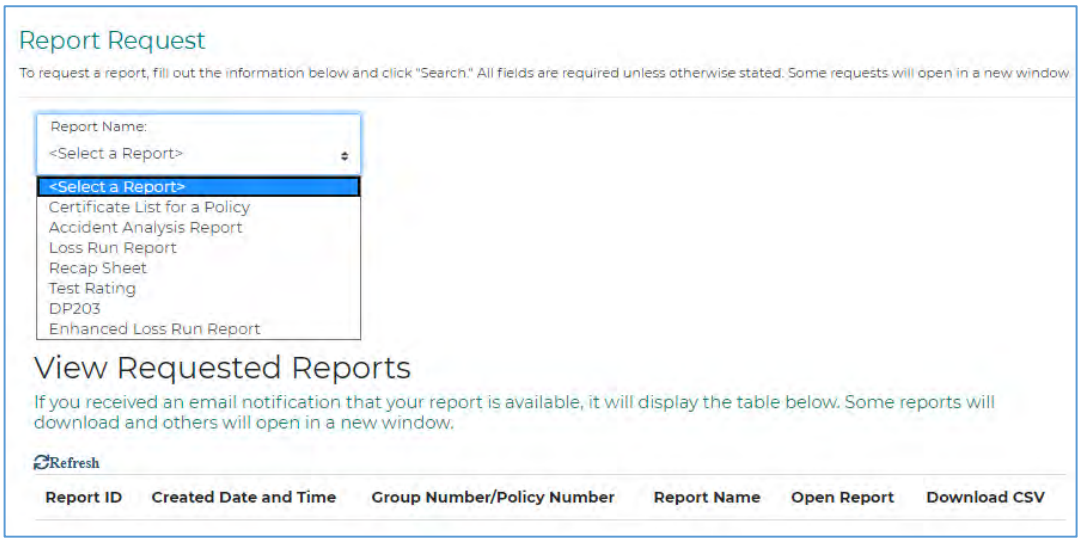
Inception Date	11/30/1999
Original Inception Date	11/30/1999
Current Renewal Start Date	11/30/2017
Last Billing Cycle Date	01/30/2018
Current Account Balance Date	01/30/2018
Current Period Start Date	11/30/2017
Current Period End Date	11/30/2018
Anniversary Date	11/30/2018
WCB Cancellation Date	N/A
SIF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

Indicator:

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

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:

NEW YORK STATE INSURANCE FUND
CERTIFICATES OF A POLICY

Policy No : 01234567 **Policy Holder : ACME FENCE CO** **Report Date : 02/08/2018**

CERT. #	ENTITY	LOC	M T D L	FROM	TO	DAYS	CERTIFICATE HOLDER NAME & ADDRESS	JobID	Hide Flag
234233	00000	00000	0 1 1 0	11/30/2017	11/30/2018	0	KPK W21 CERT TEST 15 COMPUTER DR W NYSIF SYSTEMS TESTING ALBANY NY 12205		0

Total # Of Certificates for this Policy: 1

Accident Analysis Report

NEW YORK STATE INSURANCE FUND
Accident Analysis Report

ASSURED
ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 11111

TEL: (518) 555-1212

POLICY #	01234567	GOV CLASS	9501
POL. DTE	07/01/2014	GROUP	90
COUNTY	Suffolk	PLAN	Annual Audit Plan
LOCATIONS	2		
ENTITIES	1		

PROCESS DATE 02/05/2018
REPRESENTATIVE BROKERS, INC.

ACCIDENT ANALYSIS FROM 07/01/2013 TO 07/01/2014 for 01234567

KIND OF INJURY	COUNT	KIND OF INJURY	COUNT	KIND OF INJURY	COUNT	KIND OF INJURY	COUNT
Contusion	4	Swelling	1	Sprain/Strain	2		
TOTAL	7						

CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT
Fall/Slip/Trip	1	Struck Against/Caught	1	Struck (By)	2	Lifting	
Snow/Ice/etc.	1						
TOTAL	7						

PART OF BODY	COUNT	PART OF BODY	COUNT	PART OF BODY	COUNT	PART OF BODY	COUNT
Back	5	Shoulder, Right	1	Thigh, Left	1		
TOTAL	7						

OCCUPATION	COUNT	OCCUPATION	COUNT	OCCUPATION	COUNT	OCCUPATION	COUNT
ELECTROPLATE, GALVANIZE, DETINNING	6						
UNCLASSIFIED	1						
TOTAL	7						

MONTH	COUNT	MONTH	COUNT	MONTH	COUNT	MONTH	COUNT	MONTH	COUNT	MONTH	COUNT
JAN.	2	FEB.	1	MAR.	1	APR.	0	MAY.	0	JUN.	
JUL.	1	AUG.	0	SEP.	2	OCT.	0	NOV.	0	DEC.	
TOTAL	7										

Loss Run Reports

NEW YORK STATE INSURANCE FUND
Loss Run Report by Policy

WCLAIM/180/01 POLICY INQUIRY **01234567** ACME FENCE CO. Accidents Occurred Between 01/01/2005 And 01/01/2017 ALL CLAIMS AS OF 02/08/2018 CYCLE NO. 14779

CLAIM NO. UNIT	CLAIMANT	ACC DATE	JCK	COMP INC	MED INC	Status	COMP PD	MED PD	POL DATE	GRP	PAYCLASS	INC	PAYT	C	DOC
1111111111		07/10/2015	Z	.00	.00	0	.00	.00	07/01/2015		7380	01/2016	00/0000	0	
0000000000		06/24/2016	X	.00	210.00	0	.00	210.00	07/01/2015		4558	02/2018	07/2017	0	
NO OF CLAIMS FOR THIS POLICY: 2				.00	210.00		.00	210.00							

Recap Sheet

The recap sheet will provide information in the following categories for period you choose:

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

SUMMARY OF POLICY INFORMATION

ISSUED: 02/08/2018 **POLICY PERIOD :02/04/2014 to 02/06/2018** **POLICY NO: 01234567**

Assured

ACME FENCE CO
123 MAIN STREET
ANYTOWN, NY 12345
518-555-1212

Principal	JOHN BROWN
FEIN	9999999999
SIF District	L
PAD Unit	L
Rating Date	N/A

Audit at

NYSIF TESTING & CPAs

Representative

NYSIF / PHS / STATEWIDE SVCS
199 CHURCH STREET 7TH FL

Group	90
Industry Code	A
Governing Code	8810
RB Mod	N/A
SIF Mod	95
Construction Mod	N/A
Policy is	Not Rated
Bill to	11/30/2016

Inception	11/30/1999
Next Ann	11/30/2019
Est. Premium	$ 9,108.23
Billing Plan	25% Down, 9 Monthly Installments of 1/12 of annual premium
Audit Plan	Annual Audit Plan
Cancel Bill	N/A
Cancel Board	N/A
Reason Canc.	N/A

PERIODS

PRESENT BILL:

Class	Description	Rate	Payroll
8810	CLERICAL OFFICE EMPLOYEES NOC-U	$0.20	$3,072,000.00

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

Class	Description	Rate	Payroll
8810	CLERICAL OFFICE EMPLOYEES NOC-U	$0.25	$2,048,000.00

ENDORSEMENTS

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

Test Rating

EFF RATING DATE	INSURED AND ADDRESS	BOARD FILE NUM	POLICY NUMBER
10/24/2014	NYSIF TESTING, INC. 123 MAIN STREET ALBANY, NY 12206		G 999999-1

TEST RATING

ACTUAL LOSSES

POLICY YEAR	CLAIM NO	ACTUAL INCURRED LOSSES	PRIMARY ACTUAL LOSSES	MINOR LOSS TOTALS	POLICY SOURCE
01/01/2011	64722796	50,591	10,000		519 143-2
				0	
ACTUAL EXCESS	40,591	50,591	10,000		

EXPECTED LOSSES

CLASS CODE	POLICY YEAR	PAYROLL	EXPECTED LOSS RATE	EXPECTED LOSSES	D RATIO	PRIMARY EXP. LOSSES	POLICY SOURCE
5538	01/01/2012	46,637					519 143-2
	01/01/2011	62,975	5.36	5,875	0.29	1,704	
5545	01/01/2012	130,250					519 143-2
	01/01/2011	106,014	11.43	27,005	0.15	4,051	
5547	01/01/2012	8,308					519 143-2
	01/01/2011	4,920	9.07	1,200	0.14	168	
5645	01/01/2012	2,223					519 143-2
	01/01/2011	796	5.32	161	0.19	31	
EXPECTED EXCESS	28,976			35,150		6,174	

DP-203 Report

NEW YORK STATE INSURANCE FUND
DP203 Report for Policy # 12345678

ASSURED
ACME FENCE COMPANY

123 MAIN STREET
ANYTOWN, NY 10000

TEL: 518-555-1111
ESTIMATED ANNUAL PREMIUM: 85,466.19

POLICY # 12345678
POL. DATE 04/01/2015
COUNTY Nassau
LOCATION 1
ENTITY 1

GOV CLASS 5022
GROUP 90
AUD / BIL 14 / 14
IND GRP Y

PROCESS DATE 12/08/2017
REPRESENTATIVE NASSAU BROKERS, INC.

123 ELM STREET
ANYTOWN, NY 10000

516-555-1212

CLAIM NUMBER	CLM UNIT	PAY CLASS	NAME OF CLAIMANT	ACCIDENT DATE	BODY PART	CAUSE ACC	INJ TYPE	PAYMENTS COMP	PAYMENTS MEDICAL	INCURRED COSTS COMP	INCURRED COSTS MEDICAL	STATUS
9876543	127	5022	SMITH, MICHAEL	09/27/2013	29	2	14	.00	889.96	.00	889.96	0
			CLAIMS BATCHED 2					.00	329.71	.00	329.71	
			CLAIMS SUMMARY 3					.00	1,219.67	.00	1,219.67	

PERIOD FROM	PERIOD TO	EARNED PREMIUM R.B. LEVEL	EARNED PREMIUM S.F. LEVEL	EXP MOD	SIF MOD	NO. OF CLAIMS COMP	NO. OF CLAIMS NC	INCURRED LOSSES COMP	INCURRED LOSSES MEDICAL	TOTAL LOSSES	LOSS RATIO
04/01/2015	04/01/2016	95,271	74,958	121	80	0	0	0	0	0	.00
04/01/2014	04/01/2015	102,566	80,201	119	80	0	0	0	0	0	.00
* 04/01/2013	04/01/2014	95,150	80,714	98	75	0	1	0	890	890	.01
04/01/2012	04/01/2013	59,849	49,905	89	75	0	1	0	330	330	.01
Totals:		352,836	285,778			0	2	0	1,220	1,220	AVG: .00

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

START DT	END DT	CLASS	DESCRIPTION	PAYROLL
THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL				
04/01/2013	04/01/2014	5022	MASONRY N.O.C.	499,142
04/01/2013	04/01/2014	9127	TERRITORY 2 DIFFERENTIAL 0.0%	0
04/01/2013	04/01/2014	8809	EXECUTIVE OFFICERS N.O.C. ETC-U	156,000
04/01/2013	04/01/2014	7380	DRIVERS CHAUFF HELPERS-COMML-U	131,667
THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL				
04/01/2012	04/01/2013	5022	MASONRY N.O.C.	338,277
04/01/2012	04/01/2013	9127	TERRITORY 2 DIFFERENTIAL 0.0%	0
04/01/2012	04/01/2013	8809	EXECUTIVE OFFICERS N.O.C. ETC-U	156,000
04/01/2012	04/01/2013	7380	DRIVERS CHAUFF HELPERS-COMML-U	122,410

THIS POLICY INCLUDES THE FOLLOWING ACTIVE LOCATIONS:

LOC#	ADDRESS	START DT
1	123 MAIN STREET ANYTOWN, NY 10000	08/13/1996

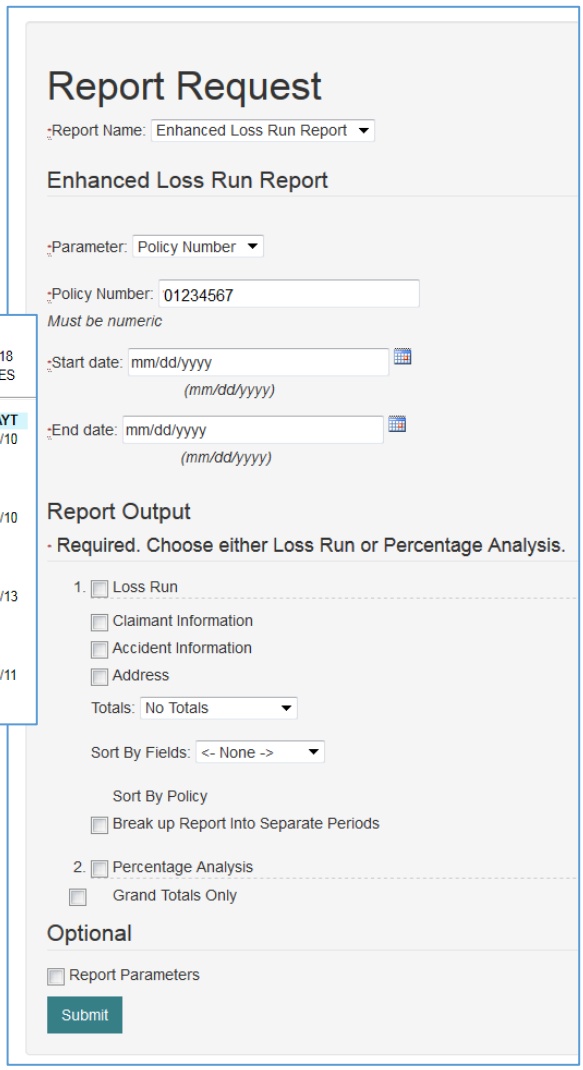
THIS POLICY INCLUDES THE FOLLOWING ACTIVE ENTITIES:

ENT#	ENTITY NAME	BUSINESS TYPE	EFFECTIVE DT
1	ACME FENCE COMPANY	Corporation	03/28/2000

THE ABOVE POLICY IS COMBINED WITH THE FOLLOWING ACTIVE POLICIES:
22222222 FARM FENCING, INC.

Enhanced Loss Run Report

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



Loss Run, No Totals Example:

NEW YORK STATE INSURANCE FUND
Loss Run and Analysis Report
Policy# 01234567 ACME FENCE CO
Accidents Occurred Between 2/2/2010 And 2/8/2018
Sorted By Accident,CLAIM# OPEN&CLOSED
AS OF 02/08/2018
Claims Found YES

CLAIM NO	CLAIMANT	ACC DT	JCK	COMP INC	MED INC	S	COMP PD	MED PD	CLASS	INC	PAYT
1111111111		06/17/2010	T	880.00	1,094.09	0	880.00	1,094.09	8810	03/11	10/10
SOC SEC NUM: XXX-XX-1234			WCB NUM:				CLAIMANT AGE: 51				
CAUSE OF ACCIDENT: Fumes			TYPE OF INJURY: Breathing Dif				PART OF BODY: Unknown				
2222222222		07/12/2010	X	.00	628.58	0	.00	628.58	3372	02/11	09/10
SOC SEC NUM: XXX-XX-1234			WCB NUM:				CLAIMANT AGE: 39				
CAUSE OF ACCIDENT: Lifting			TYPE OF INJURY: Sprain/Strain				PART OF BODY: Back				
3333333333		12/22/2010	X	.00	53.43	0	.00	53.43	9501	01/13	01/13
SOC SEC NUM: XXX-XX-1234			WCB NUM:				CLAIMANT AGE: 34				
CAUSE OF ACCIDENT: Tools			TYPE OF INJURY: Laceration				PART OF BODY: Hand, Left				
4444444444		01/28/2011	X	.00	291.89	0	.00	291.89	9501	10/11	07/11
SOC SEC NUM: XXX-XX-1234			WCB NUM:				CLAIMANT AGE: 50				
CAUSE OF ACCIDENT: Struck (By)			TYPE OF INJURY: Sprain/Strain				PART OF BODY: Wrist, Right				

Percentage Analysis Example:

NEW YORK STATE INSURANCE FUND
Loss Run and Analysis Report
Policy# 01234567 ACME FENCE CO
Accidents Occurred Between 2/2/2010 And 2/8/2018
Sorted By Accident,CLAIM# OPEN&CLOSED
AS OF 02/08/2018
Claims Found YES

Cause of Accident Description	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Struck Against/Caught	2064.71	2.34	2064.71	2.34	5696.94	8.15	5696.94	8.15	7761.65	4.91	7761.65	4.91	4	12.5
Fall/Slip/Trip	60000	68.13	60000	68.13	20677.83	29.58	20677.83	29.58	80677.83	51.07	80677.83	51.07	3	9.38
Material Handling	8285.09	9.41	8285.09	9.41	4551.91	6.51	4551.91	6.51	12837	8.13	12837	8.13	3	9.38
Tools	0	0	0	0	317.19	.45	317.19	.45	317.19	.2	317.19	.2	2	6.25
Snow/Ice/etc.	2663.68	3.02	2663.68	3.02	7625.53	10.91	7625.53	10.91	10289.21	6.51	10289.21	6.51	1	3.13

Part of Body Description	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Back	6045.1	6.86	6045.1	6.86	13742.71	19.66	13742.71	19.66	19787.81	12.53	19787.81	12.53	9	28.13
Knee, Right	0	0	0	0	420.93	.6	420.93	.6	420.93	.27	420.93	.27	2	6.25
Eye, Left	0	0	0	0	471.95	.68	471.95	.68	471.95	.3	471.95	.3	2	6.25
Unknown	880	1	880	1	1278.69	1.83	1278.69	1.83	2158.69	1.37	2158.69	1.37	2	6.25
Hand, Left	0	0	0	0	53.43	.08	53.43	.08	53.43	.03	53.43	.03	1	3.13
Arm, Right	60000	68.13	60000	68.13	20457.94	29.27	20457.94	29.27	80457.94	50.93	80457.94	50.93	1	3.13
Ankle, Left	0	0	0	0	0	0	0	0	0	0	0	0	1	3.13

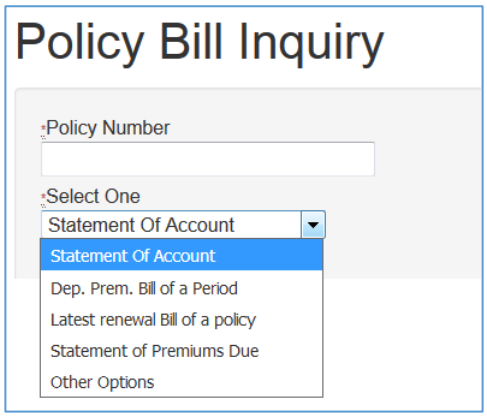
Type of Injury Description	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Sprain/Strain	66603.32	75.62	66603.32	75.62	35219.54	50.39	35219.54	50.39	101822.86	64.46	101822.86	64.46	13	40.63
Laceration	1536.72	1.74	1536.72	1.74	806.15	1.15	806.15	1.15	2342.87	1.48	2342.87	1.48	3	9.38
Other	7576.2	8.6	7576.2	8.6	8115.6	11.61	8115.6	11.61	15691.8	9.93	15691.8	9.93	3	9.38
Foreign body	0	0	0	0	198.11	.28	198.11	.28	198.11	.13	198.11	.13	1	3.13

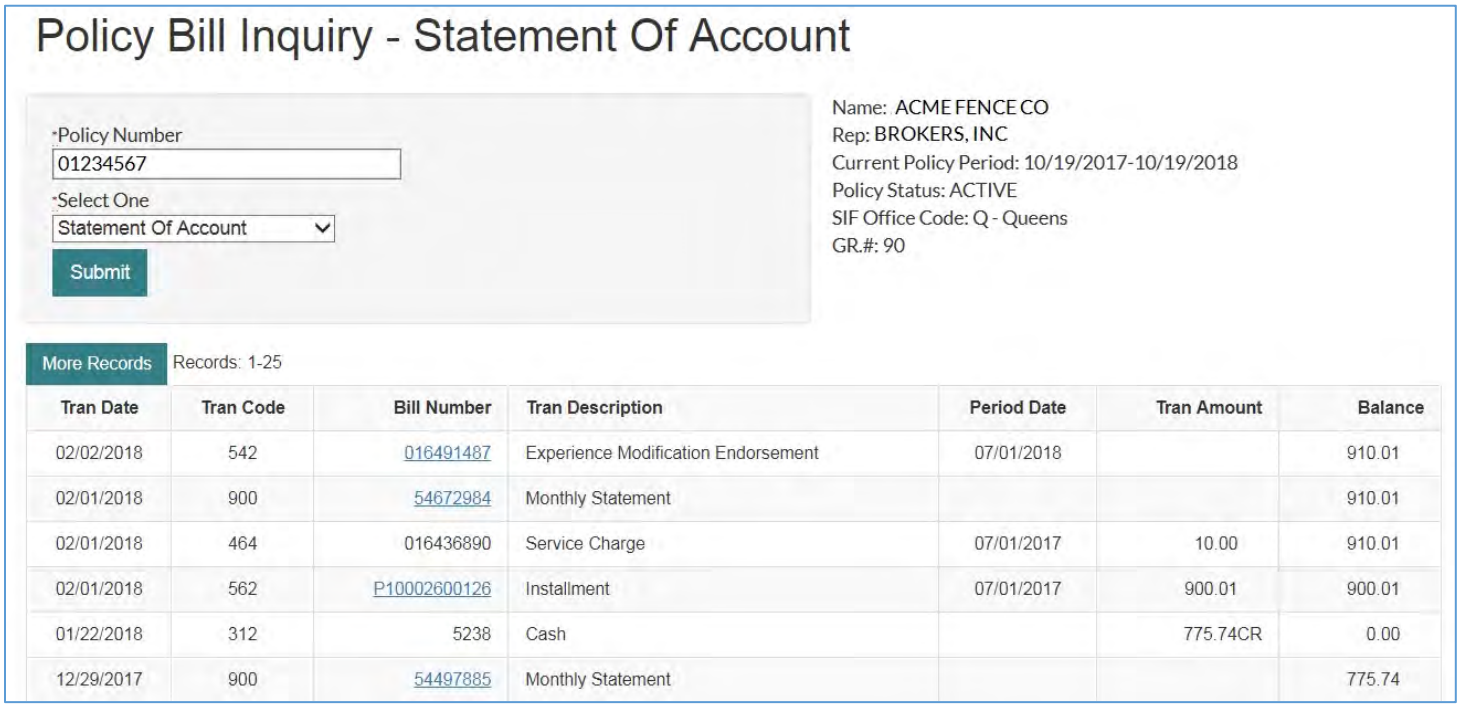
Payclass Description	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
9501	7779.81	8.83	7779.81	8.83	20744.88	29.68	20744.88	29.68	28524.69	18.06	28524.69	18.06	12	37.5
4511	3221.9	3.66	3221.9	3.66	2930.76	4.19	2930.76	4.19	6152.66	3.89	6152.66	3.89	1	3.13
8810	60880	69.12	60880	69.12	21552.03	30.83	21552.03	30.83	82432.03	52.18	82432.03	52.18	2	6.25
3372	13527.61	15.36	13527.61	15.36	17043.43	24.38	17043.43	24.38	30571.04	19.35	30571.04	19.35	16	50
0	2663.68	3.02	2663.68	3.02	7625.53	10.91	7625.53	10.91	10289.21	6.51	10289.21	6.51	1	3.13

Open/Closed Case Description	COMP PAID	% PD	COMP INC	% IC	MED PAID	% PD	MED INC	% IC	TOTAL PAID	% PD	TOTAL INC	% IC	NO OF CLAIMS	% TOT CLMS
Closed	88073	100	88073	100	69896.63	100	69896.63	100	157969.63	100	157969.63	100	32	100
Total	88,073.00		88,073.00		69,896.63		69,896.63		157,969.63		157,969.63		32	

Statement of Account

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

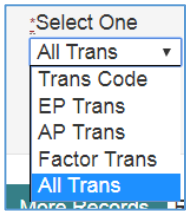




Tran Date	Tran Code	Bill Number	Tran Description	Period Date	Tran Amount	Balance
02/02/2018	542	016491487	Experience Modification Endorsement	07/01/2018		910.01
02/01/2018	900	54672984	Monthly Statement			910.01
02/01/2018	464	016436890	Service Charge	07/01/2017	10.00	910.01
02/01/2018	562	P10002600126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

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

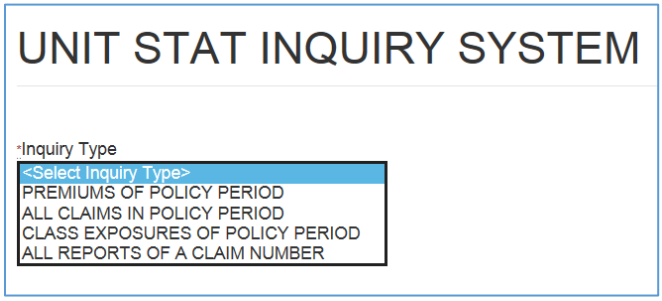
- 312: Payment
- 464: Service Charge
- 532: Rebill
- 542: Experience Modification Endorsement
- 560: Audit
- 562: Installment billed

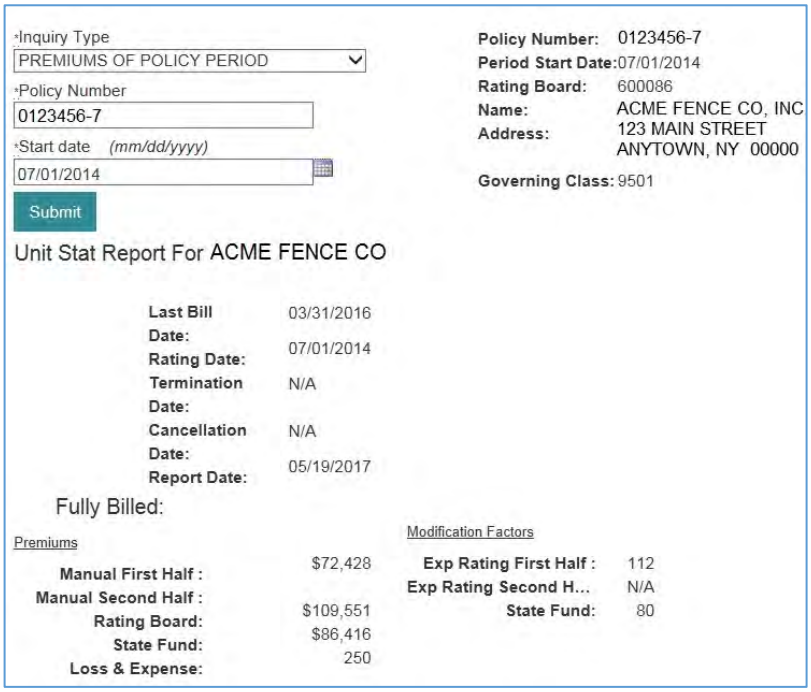


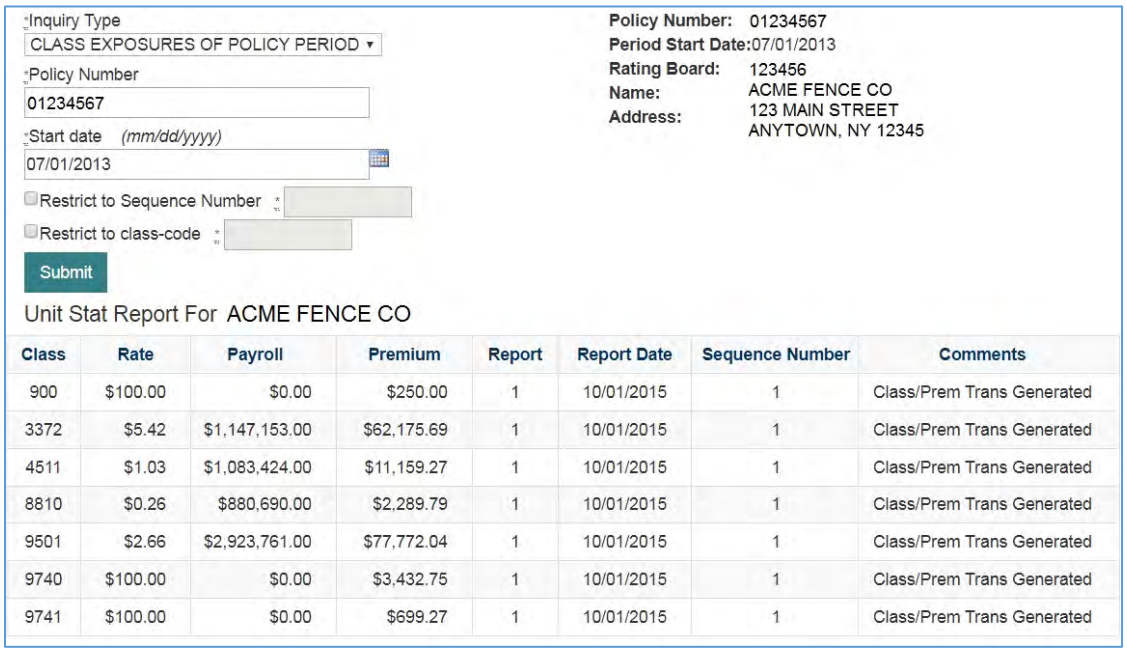
- EP: Earned premium transactions
- AP: Advanced premium transactions
- Factor: Experience modification transaction

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.

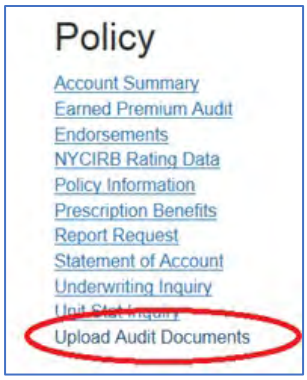






Class	Rate	Payroll	Premium	Report	Report Date	Sequence Number	Comments
900	$100.00	$0.00	$250.00	1	10/01/2015	1	Class/Prem Trans Generated
3372	$5.42	$1,147,153.00	$62,175.69	1	10/01/2015	1	Class/Prem Trans Generated
4511	$1.03	$1,083,424.00	$11,159.27	1	10/01/2015	1	Class/Prem Trans Generated
8810	$0.26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

Upload Audit Documents

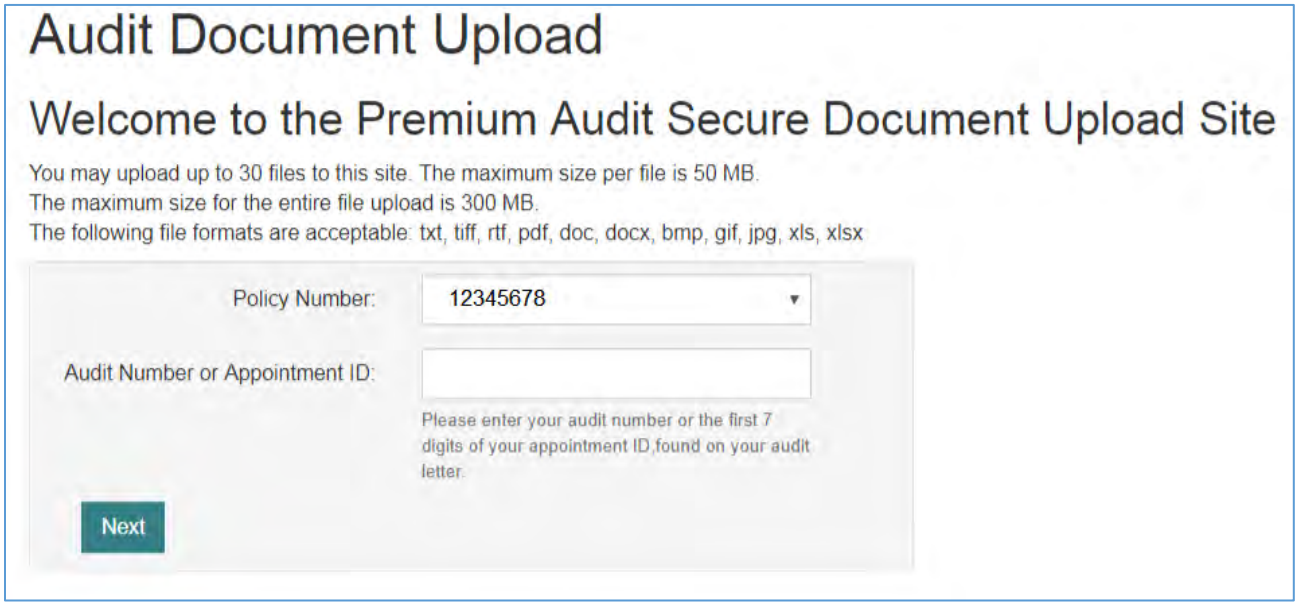


Representatives and policyholders can securely upload financial records to nysif.com in lieu of an on-premise audit. All you need is a policy number and the audit number or appointment ID to get started.

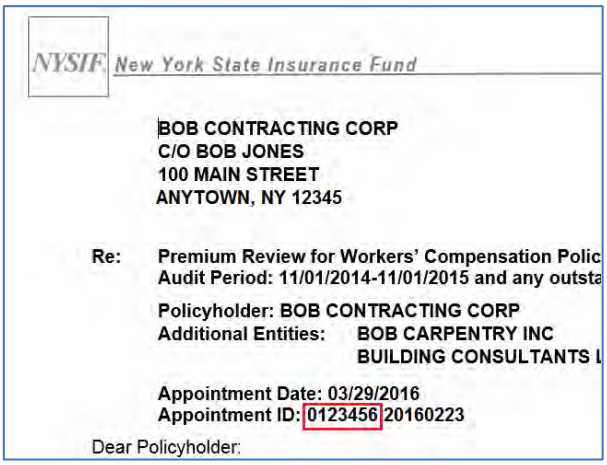
Policies you represent have been linked to your online account, allowing the Policy Number field to auto-populate the policies for which you serve as manager.

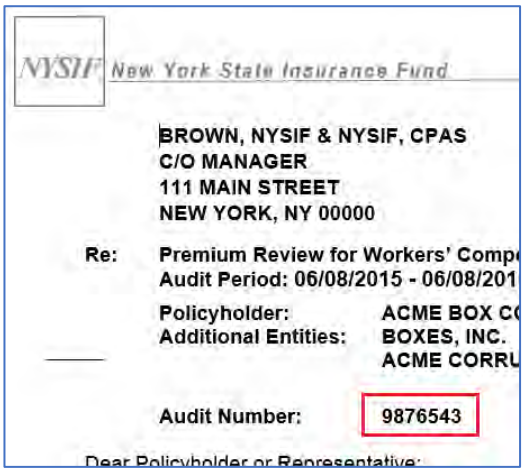
Choose Upload Audit Documents from your landing page.

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



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.”

Policy Number:

12345678

Audit Number:

987654

*First Name:

*Last Name:

*Title/Relationship to Policyholder:

*Email Address to Receive Confirmation of Documents Uploaded:

*Confirm Email Address:

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

I am submitting documents:

- (●) in lieu of a physical audit.
- ( ) to address an audit-related matter.

Next

Complete the fields on this page. If additional officers/owners need to be added, please choose “Add another.” Click “Next,” and you will be directed to the upload screen.

Policy number: 12345678
Audit number: 987654

1. Description of Business Operations

Please provide a brief description of business operations.

2. Business Type

( ) Sole Proprietor ( ) Partnership/LLC/LLP ( ) Corporation ( ) Other

3. Owner/Partner/Member/Officer Information

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

Owner/Partner/Member/Officer 1

Name: First name | Last name

Title

Duties

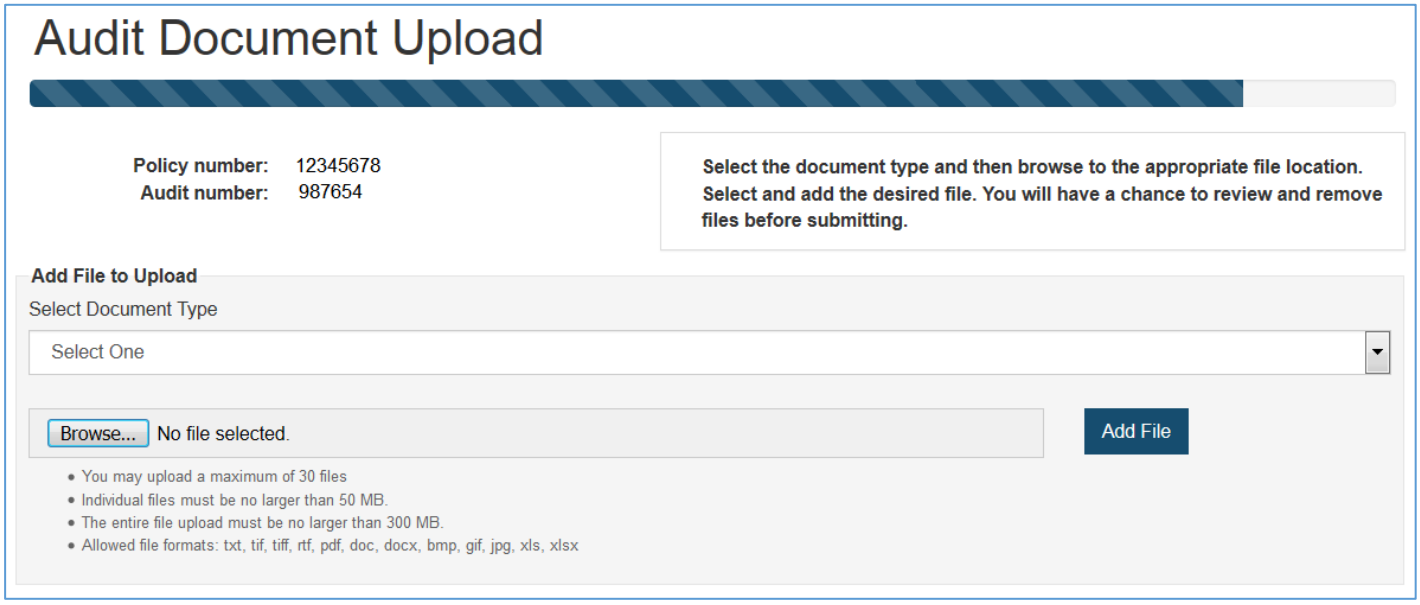
Gross Payroll

Ownership %

State: Select a State

+ Add another

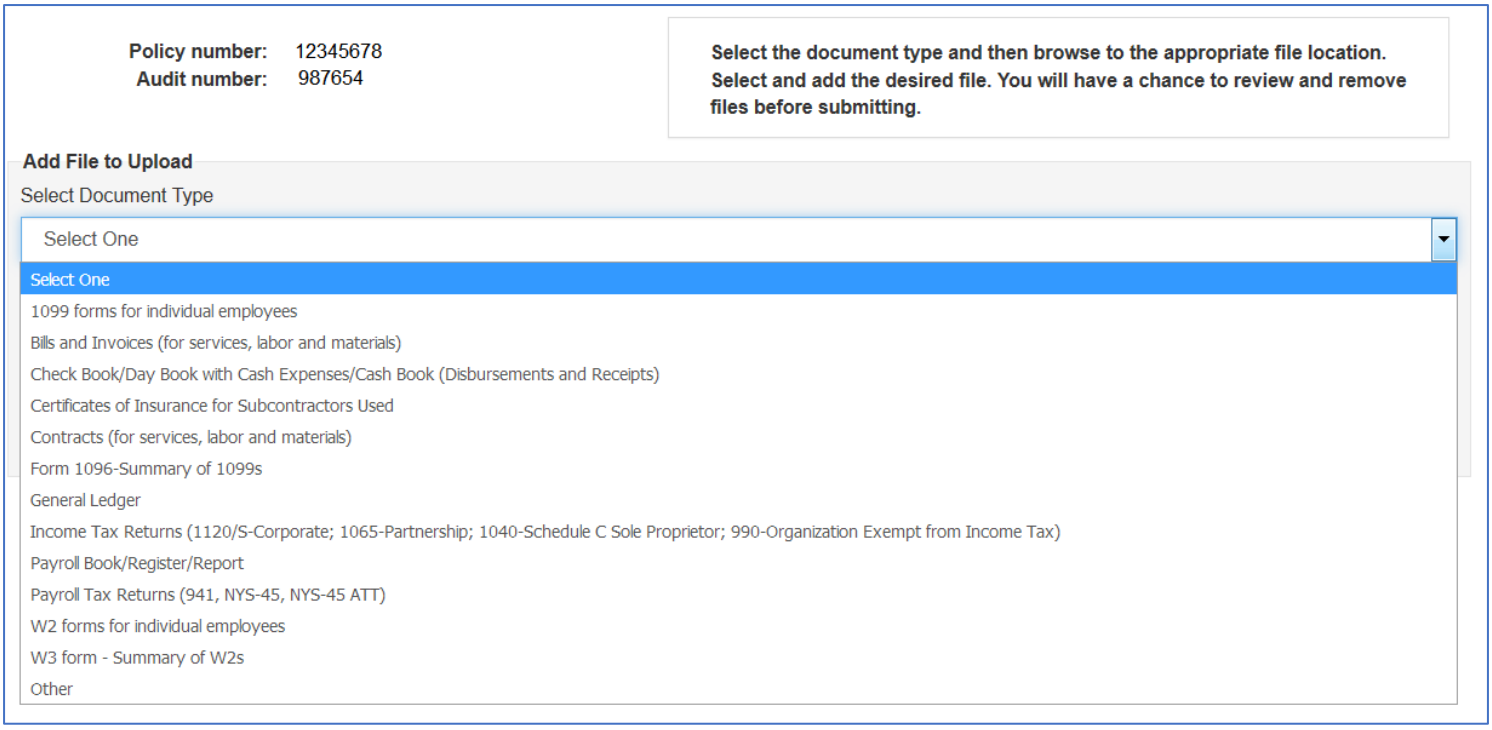
Next

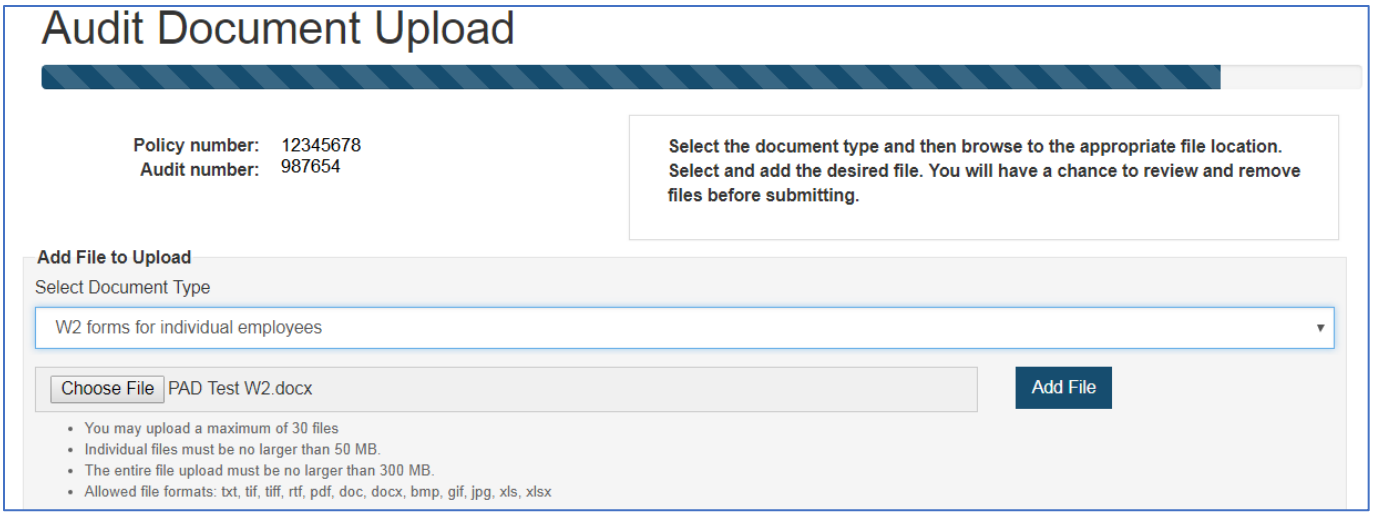


Choose the document type you'd like to upload. Browse to the appropriate file location on your computer. Click "Add File."

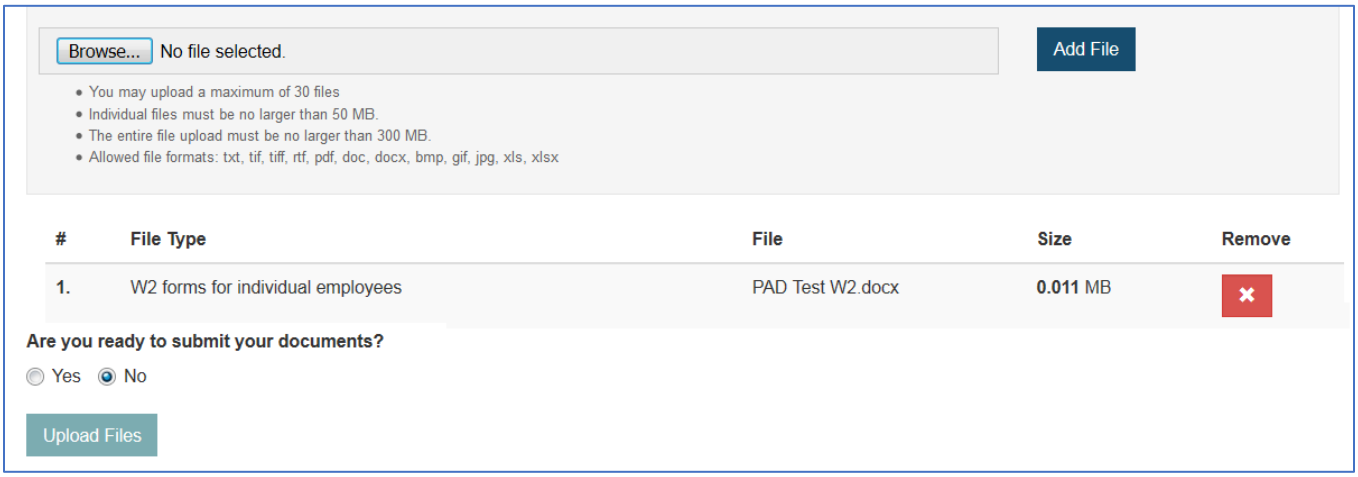
Please note:

- 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



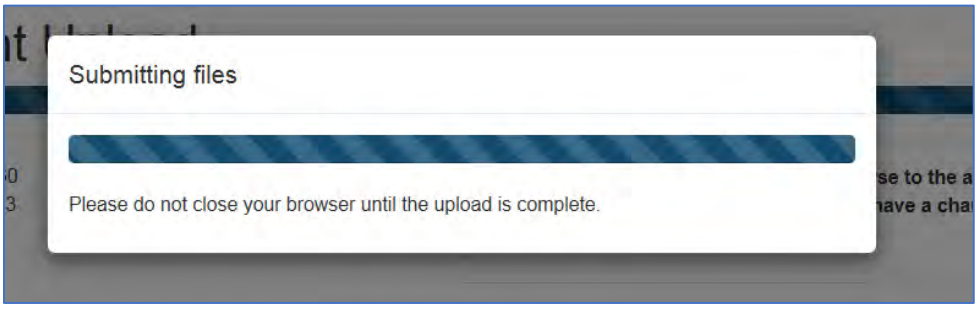


Repeat for additional documents.

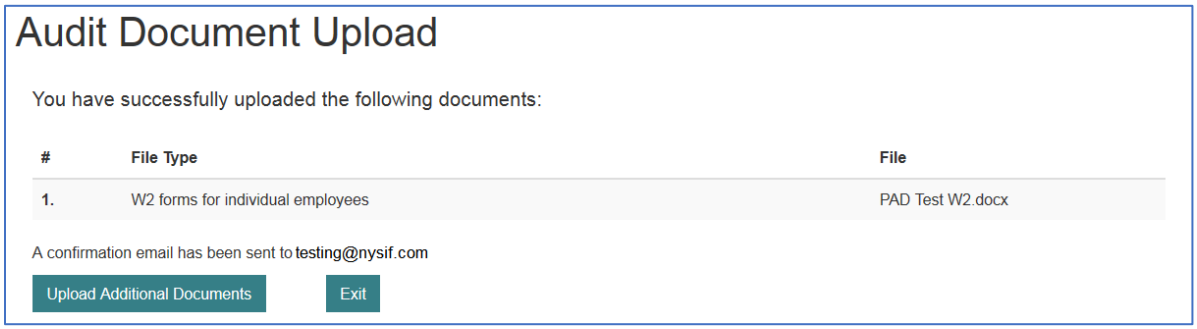


Once you are ready to submit your documents, choose “Yes” and then “Upload Files.”

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



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



Audit Document Upload

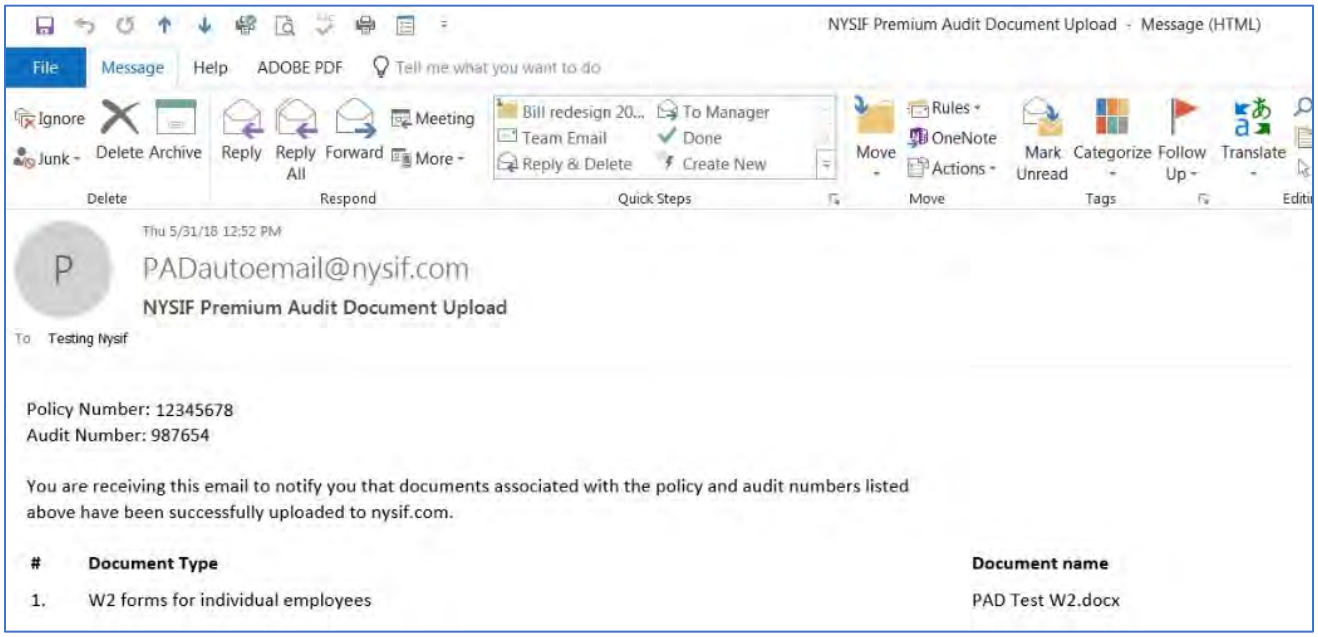
You have successfully uploaded the following documents:

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

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

Upload Additional Documents Exit

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.



NYSIF Premium Audit Document Upload - Message (HTML)

Thu 5/31/18 12:52 PM

PADautoemail@nysif.com

NYSIF Premium Audit Document Upload

To Testing Nysif

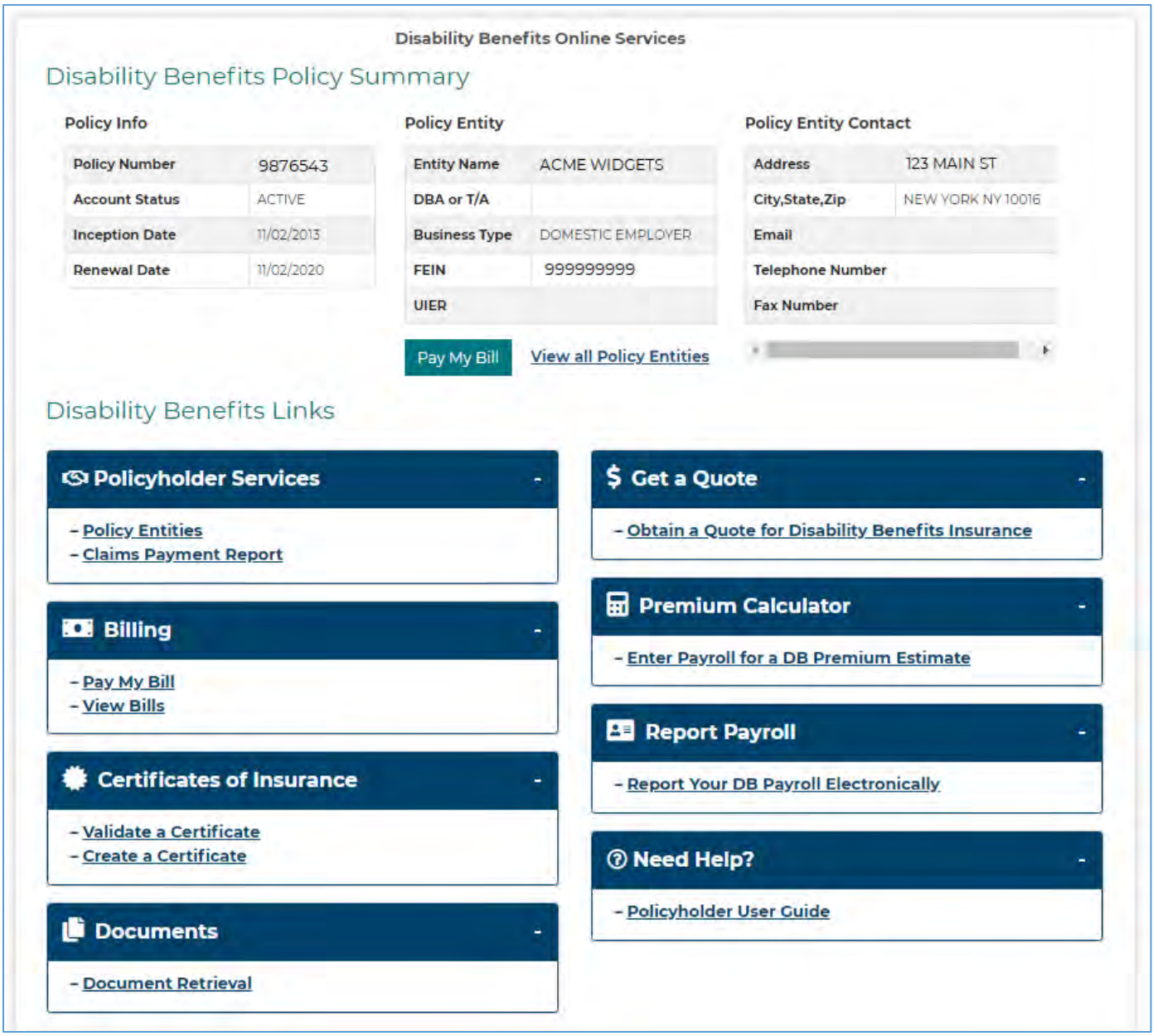
Policy Number: 12345678
Audit Number: 987654

You are receiving this email to notify you that documents associated with the policy and audit numbers listed above have been successfully uploaded to nysif.com.

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

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.

NYSIF Disability and Paid Family Leave Benefits Insurance Quote System

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

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

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

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

Get a New Quote

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

Get a New Quote

Retrieve a Quote

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

Reference Number*

Email Address*

Retrieve a Quote

1. Business Information

Legal Business Name*

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

Address

City, State, Zip, Country*

City | NY | Zip Code | United States

Contact Information*

First Name | Last Name | Telephone

Email

Legal Entity Type

Business Type

Sole Proprietor | Corporation | LLC | Partnership | LLP | Union

1. Confirm Employer Information

Your reference number is 012345

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

Please confirm your contact information.

Contact Information

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

1. Business Information

$ 2. Payroll Information

3. View Quote

$ 2. Payroll Information

Your reference number is 012345

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

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

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

Disability Benefits (DB)

Males	Females
Number of Covered Employees: 3	Number of Covered Employees: 8
Total Wages for All Employees: $ 53040	Total Wages for All Employees: $ 133760
Subject to an annual cap of $17680, per employee	*Subject to an annual cap of $17680, per employee*
Total Gross Annual Payroll: $ 500000	Total Gross Annual Payroll: $ 710000

Paid Family Leave (PFL)

Males	Females
Number of Covered Male Employees: 0	Number of Covered Female Employees: 0
Total Wages for All Covered Male Employees: $ 0	Total Wages for All Covered Female Employees: $ 0
(Subject to an annual cap of PFL $70569.72, per employee)	*(Subject to an annual cap of PFL $70569.72, per employee)*

1. Employer Information

2. Payroll Information

3. View Quote

3. View Quote

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

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

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

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

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

*PFL rates change annually based on calendar year.

View Quote Letter | Continue to DB/PFL Insurance Application

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

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

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

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

Retrieve a Quote

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

You will be taken to Step 3, shown above, to complete your quote or application.

Retrieve a Quote

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

Reference Number*

012345

Email Address*

NYSIFTESTERS@NYSIF.COM

Retrieve a Quote

Apply for a DB/PFL Policy

New York State Disability and Paid Family Leave Benefits Application

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

1. Employer Information

Your reference number is 012345.

Legal Business Name*

NYSIF TESTING, INC.

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

Trade Name or Doing-Business-As-Name

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

15 COMPUTER DRIVE WEST

City, State, Zip, Country*

Albany	NY	12206	USA

Contact Information*

MARY	TESTER	1234567890	TESTING@NYSIF.COM

Mailing Address (if different than above)

Select Country

Select A Country

Address

City, State, Zip, Country

City	Select A State	Zip	Select A Country

Policy Inception Date

Future Inception Date*

12/06/2017

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

Legal Entity Type

Business Type*

○Sole Proprietor ◉Corporation ○LLC ○Partnership ○LLP ○Union ○Other

Are you a Not For Profit Corporation?*

○ Yes ◉ No

Nature Of Business

Testing software

Standard Industrial Classification (SIC) Code

Do you have additional entities to add to this policy?

○Yes

◉No

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

3. Coverage Information

Your reference number is 012345.

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

○Yes ○No

Current Insurance Provider Information (if applicable)

Name of current Workers' Compensation Insurance provider

Name of current Disability Benefits Insurance provider

Dollar amount of Disability claims in the last 3 years

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

4. Payroll Information

Your reference number is 012345.

Coverage Options For Disability Claim Benefit Levels

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

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

Employee Contributions for Disability Benefits only

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

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

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

Disability Benefits (DB)

Males	Females
Number of Covered Employees: 3	Number of Covered Employees: 8
Total Wages for All Employees: 53040	Total Wages for All Employees: 133760
Subject to an annual cap of 17680 per employee	*Subject to an annual cap of 17680 per employee*
Total Gross Annual Payroll: 500000	Total Gross Annual Payroll: 710000

Paid Family Leave (PFL)

Males

Number of Covered Male Employees

0

Total Wages for All Covered Male Employees

$ 0

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

Females

Number of Covered Female Employees

0

Total Wages for All Covered Female Employees

$ 0

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

Do you wish to list a broker?

○ Yes

◉ No

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

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

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

Officer 1

◉ Application Signer

Country

USA

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

123 MAIN STREET

City, State, Zip, Country*

ALBANY | NEW YORK | 12208 | USA

Contact Information*

MARY | TESTER | CEO | TESTING@NYSIF.COM

Covered in Policy?*

◉ Yes ○ No

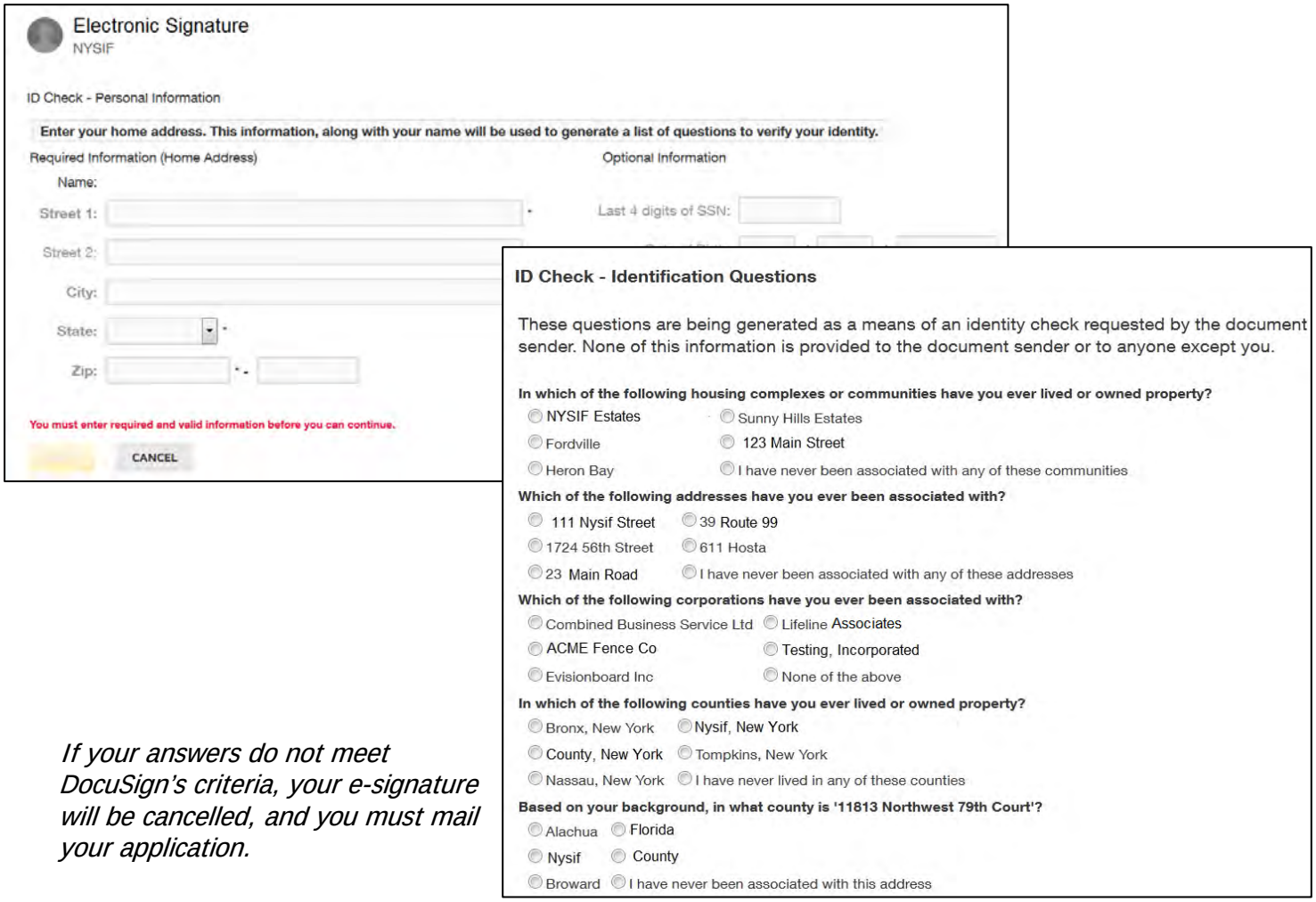
NOTE: To submit this document online, instead of by mail, you must respond to identity affirming questions posed on the Docusign website. If you do not wish to respond to these questions, please submit this form by mail. All applications must be submitted by an officer or owner of the business.

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

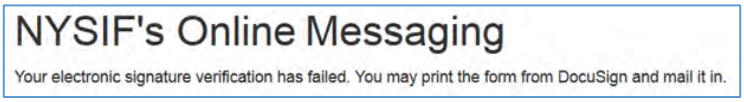
Print Application For Mailing | Submit Application Online

Previous

DocuSign

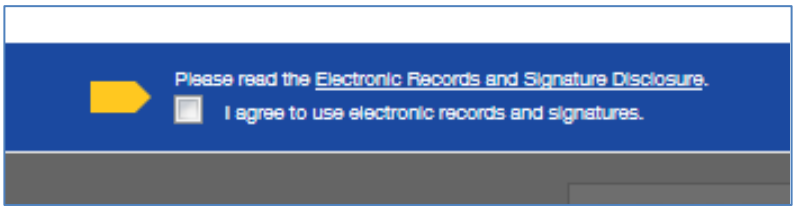


If your answers do not meet DocuSign's criteria, your e-signature will be cancelled, and you must mail your application.

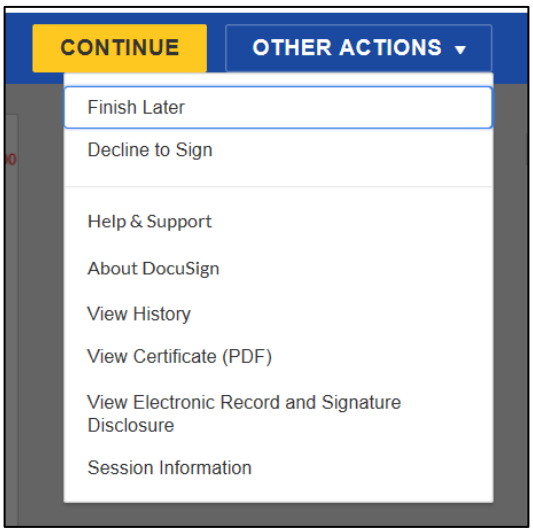


After successfully answering the questions on the ID Check, the user will advance through DocuSign.

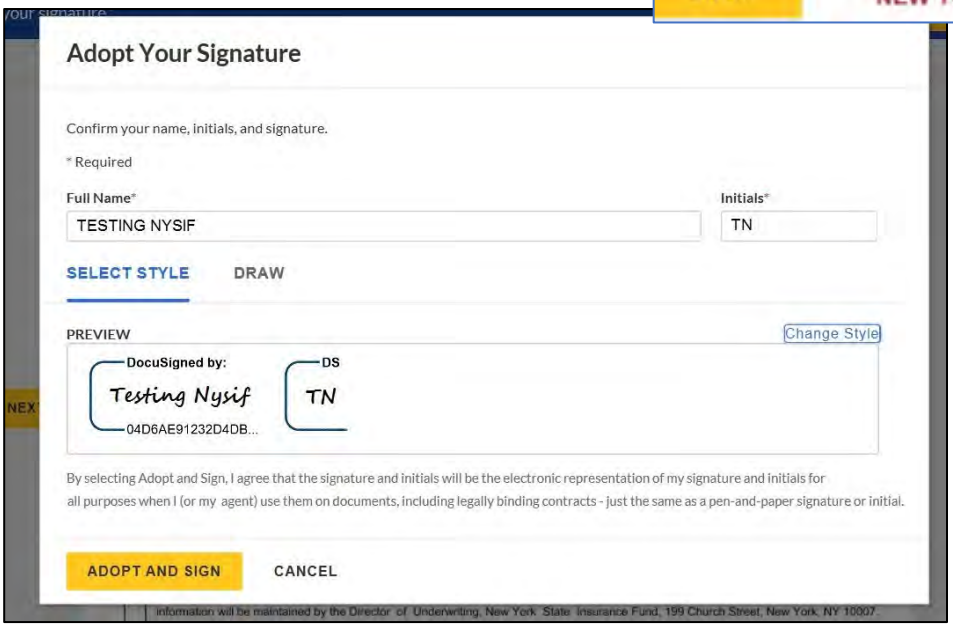
The user must check the box to agree to use electronic records and signature, and then click the yellow CONTINUE button to proceed.



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.

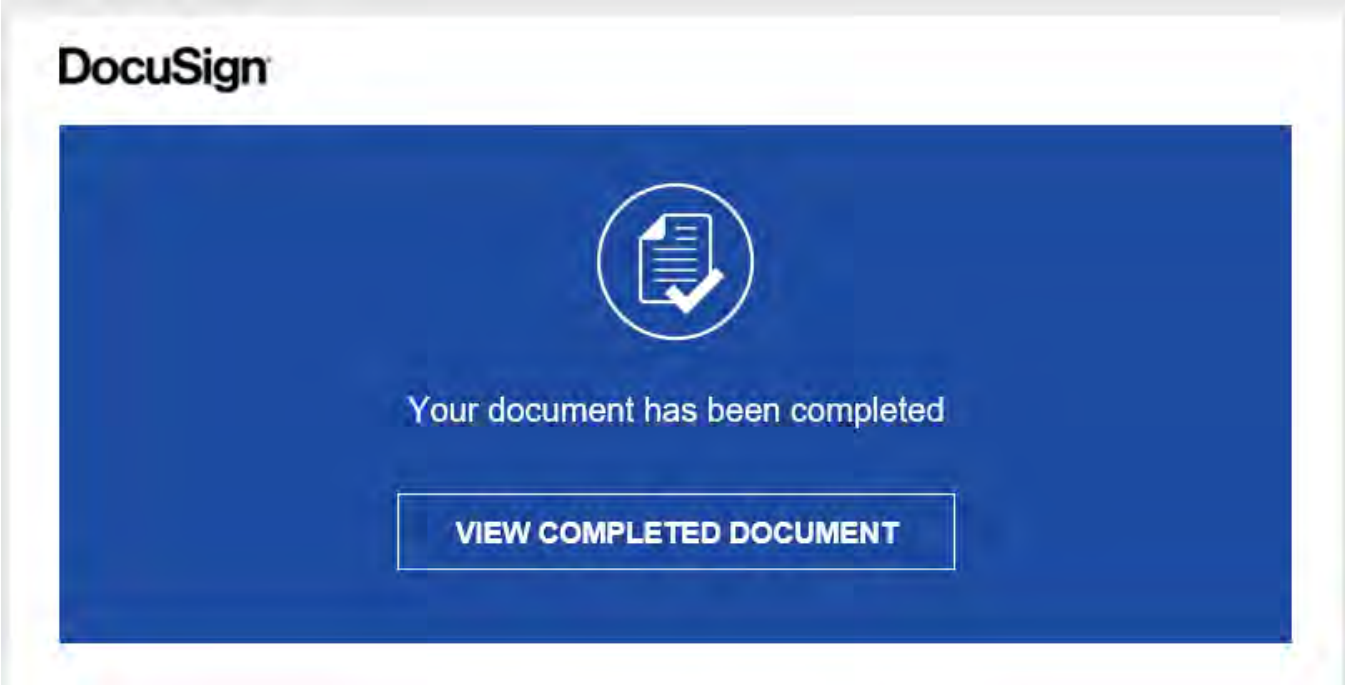


Click on START or the Sign box.



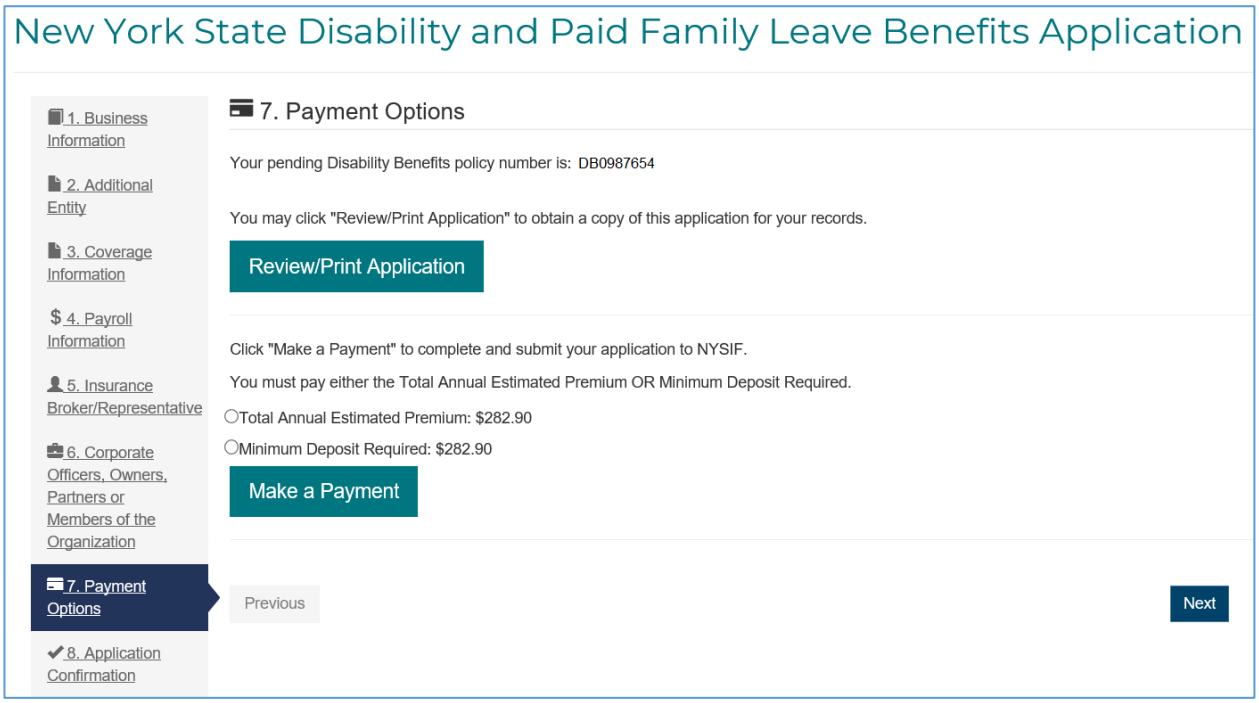
The screen will again gray out the document, and a pop-up box will open with the user's name pre-populated. DocuSign will convert the name into a signature. There is also an option to create a free-hand signature by selecting the Draw option. Once a signature has been created, the user must choose **ADOPT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

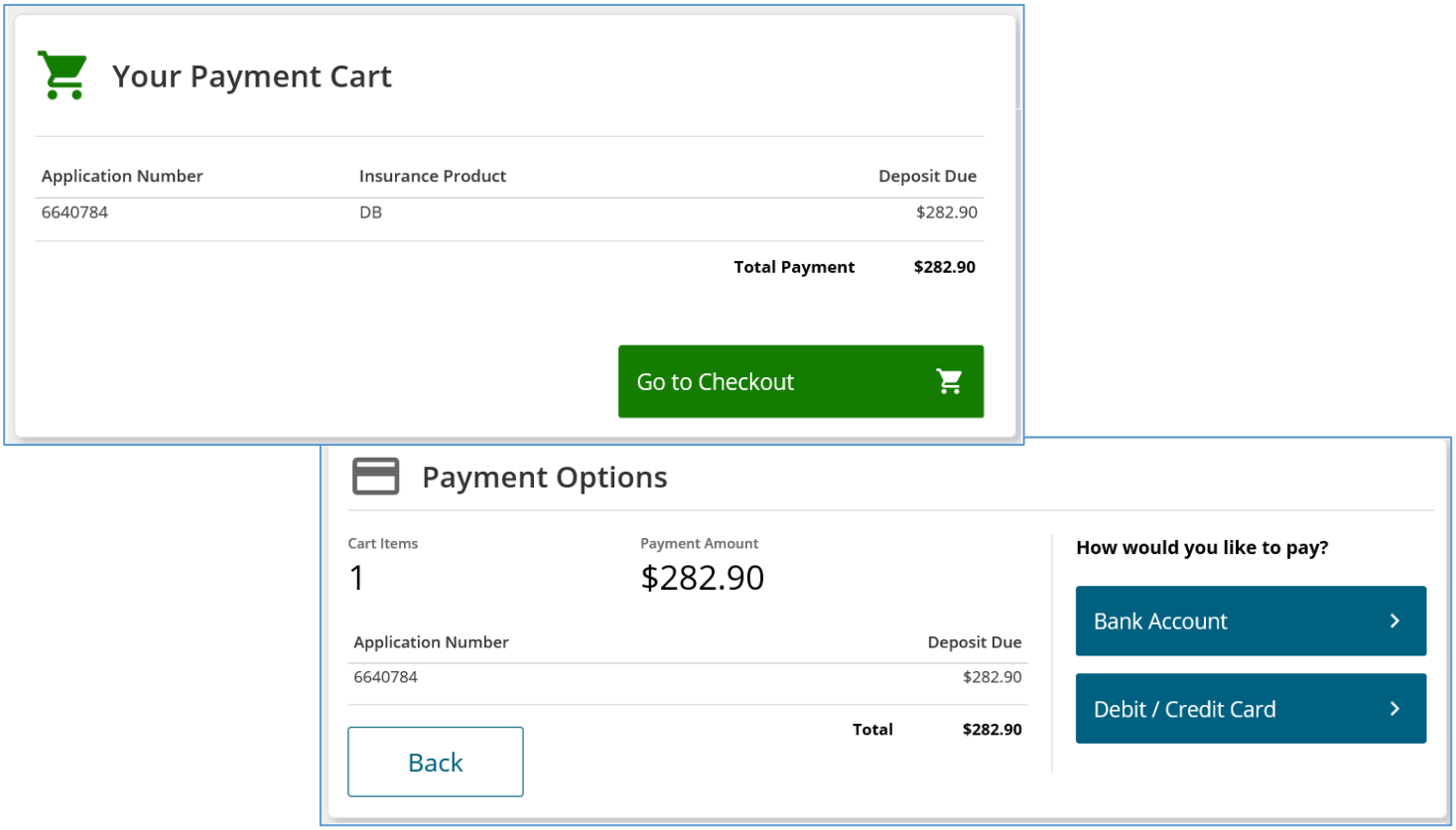


Pay Your Deposit Online

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**."

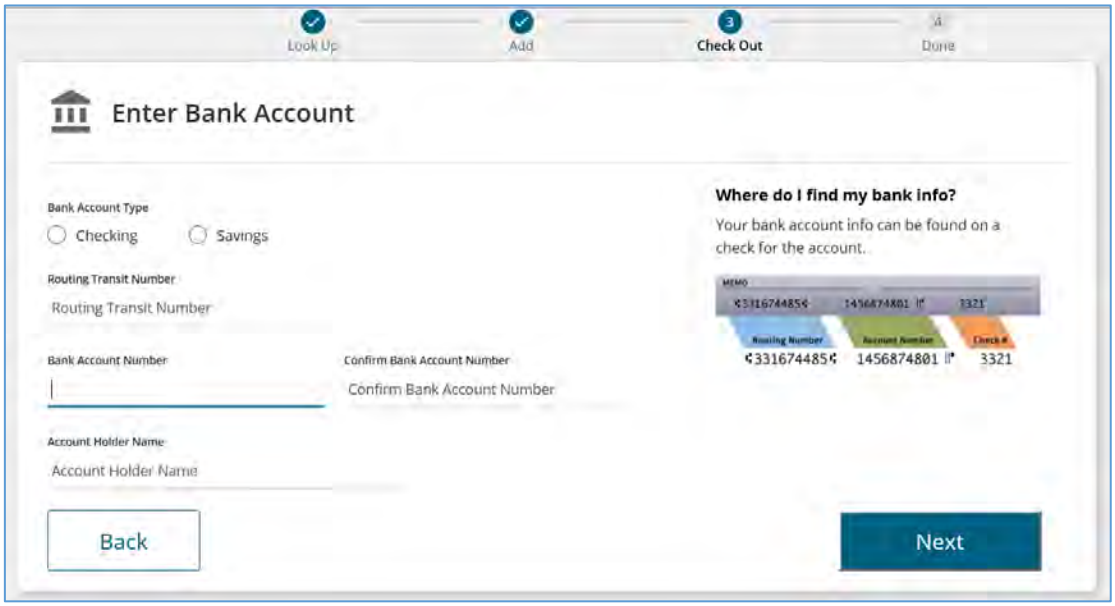


You will be directed to the **KUBRA** website. Click "Go to Checkout."

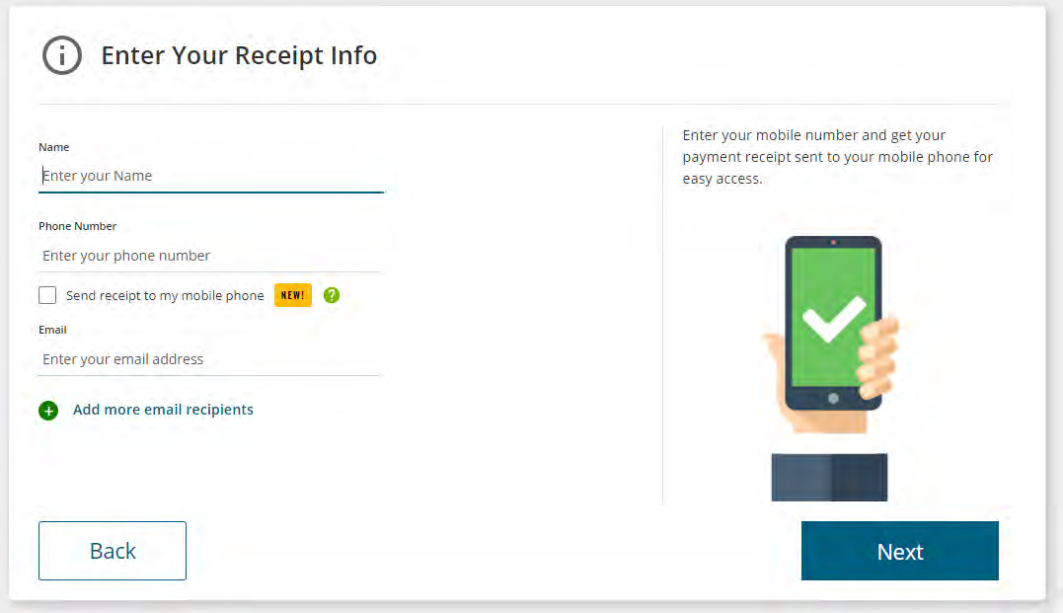


Add your bank or credit/debit card information.

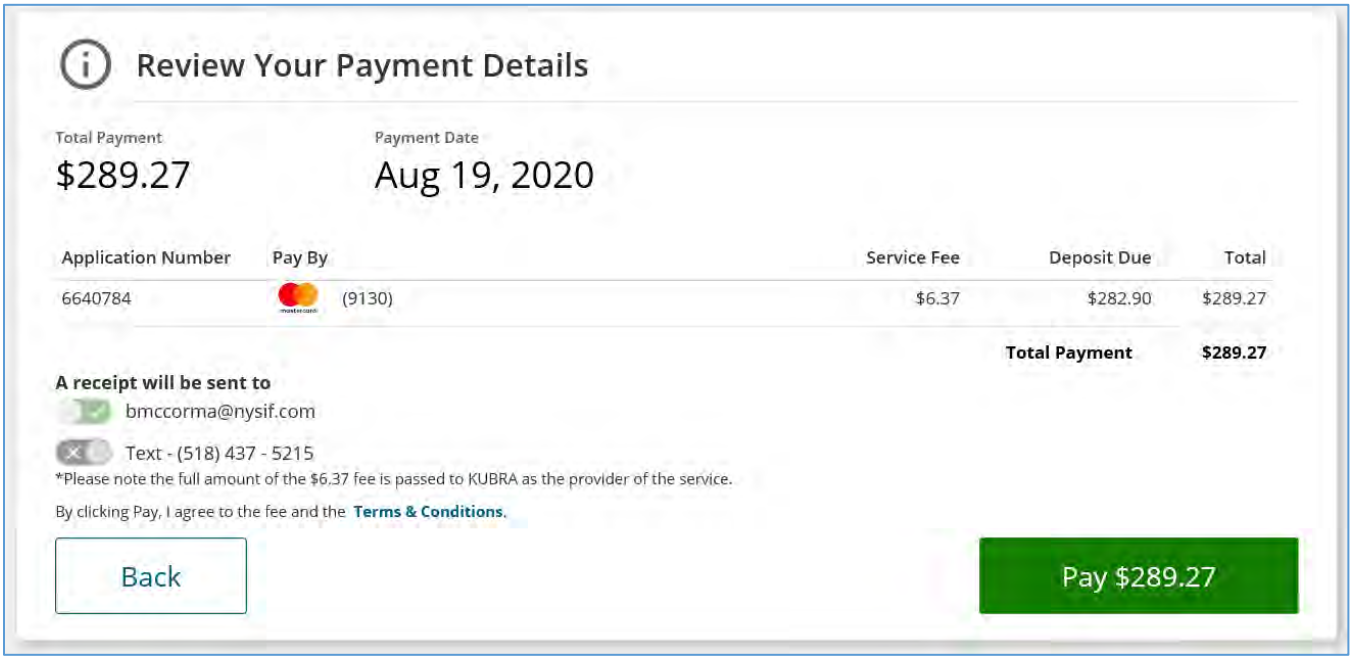
Please note that KUBRA charges a 2.25% convenience fee for each credit card transaction.



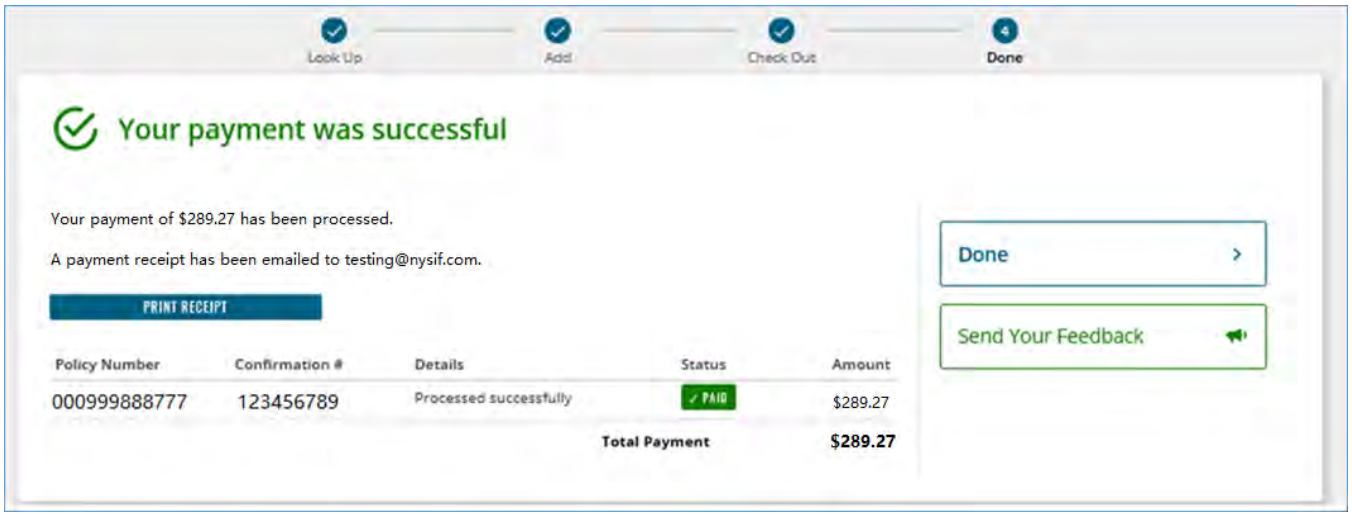
Enter your receipt information; an email address is required. Check the box and add your mobile number if you would like text verification.



Review your payment details.



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

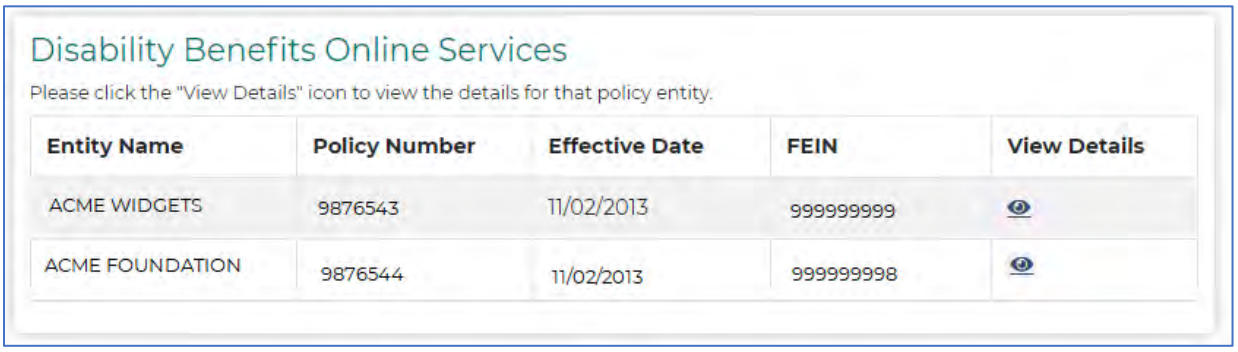


You will receive an email confirmation of payment. Click “Done” to return to nysif.com.

Policyholder Services

View Entities

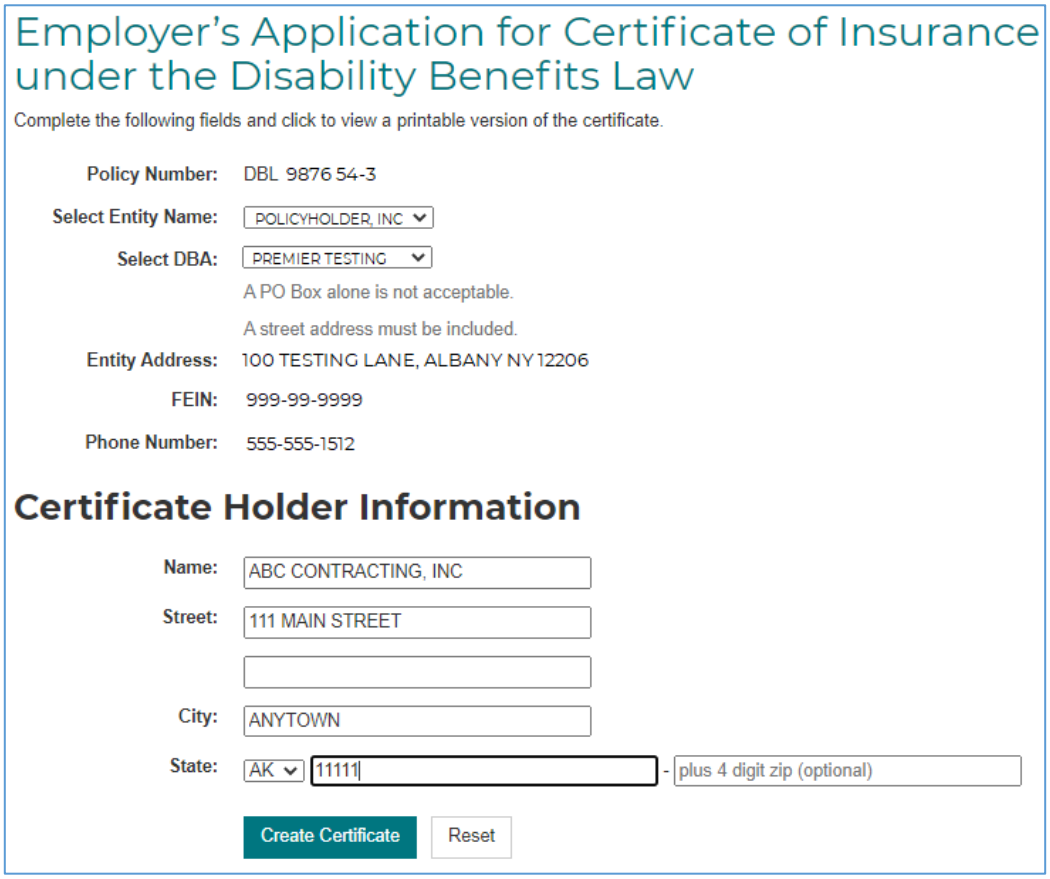
Choose the “View all Policy Entities” link in the middle of your home page.



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.)

NEW YORK STATE | Workers' Compensation Board

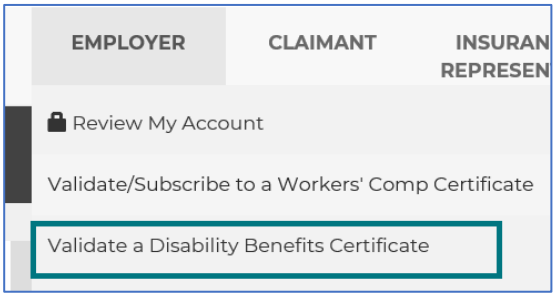
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) POLICYHOLDER, INC. DBA PREMIER TESTING 100 TESTING LANE ALBANY, NY 12208 Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)*	1b. Business Telephone Number of Insured (518) 555-1212 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 000000000
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) ABC CONTRACTING, INC. 111 MAIN STREET ANYTOWN, AK 11111	3a. Name of Insurance Carrier **New York State Insurance Fund (NYSIF)** 3b. Policy Number of Entity Listed in Box "1a" DBL 00000-6 3c. Policy effective period 03/13/2009 to 03/13/2018

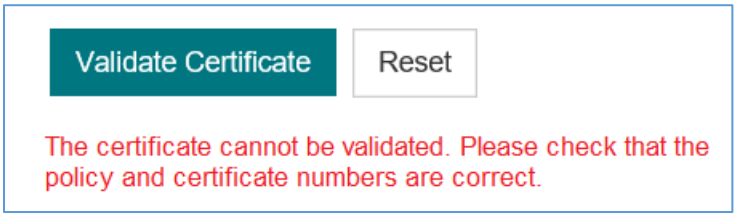
4. Policy covers:

- [x] A. All of the employer's employees eligible under the New York Disability Benefits Law
- [ ] B. Only the following class or classes of employer's employees:



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.

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



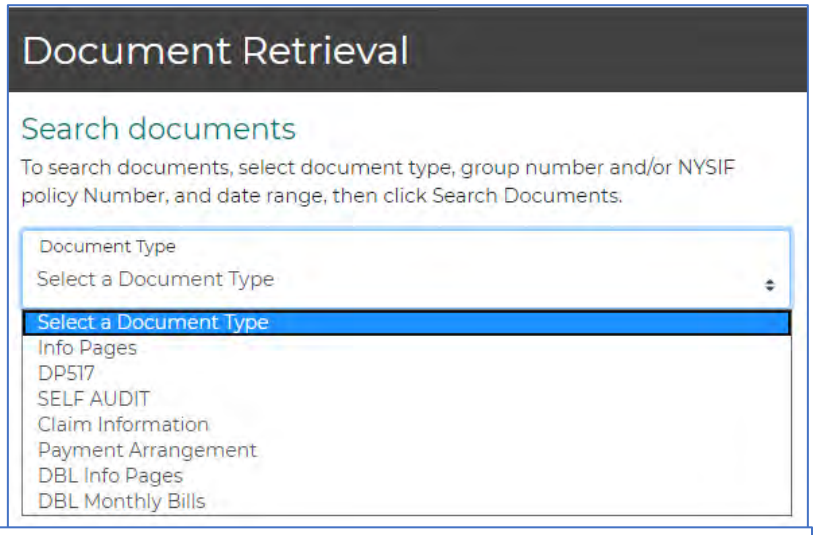
Pay My Bill

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.)

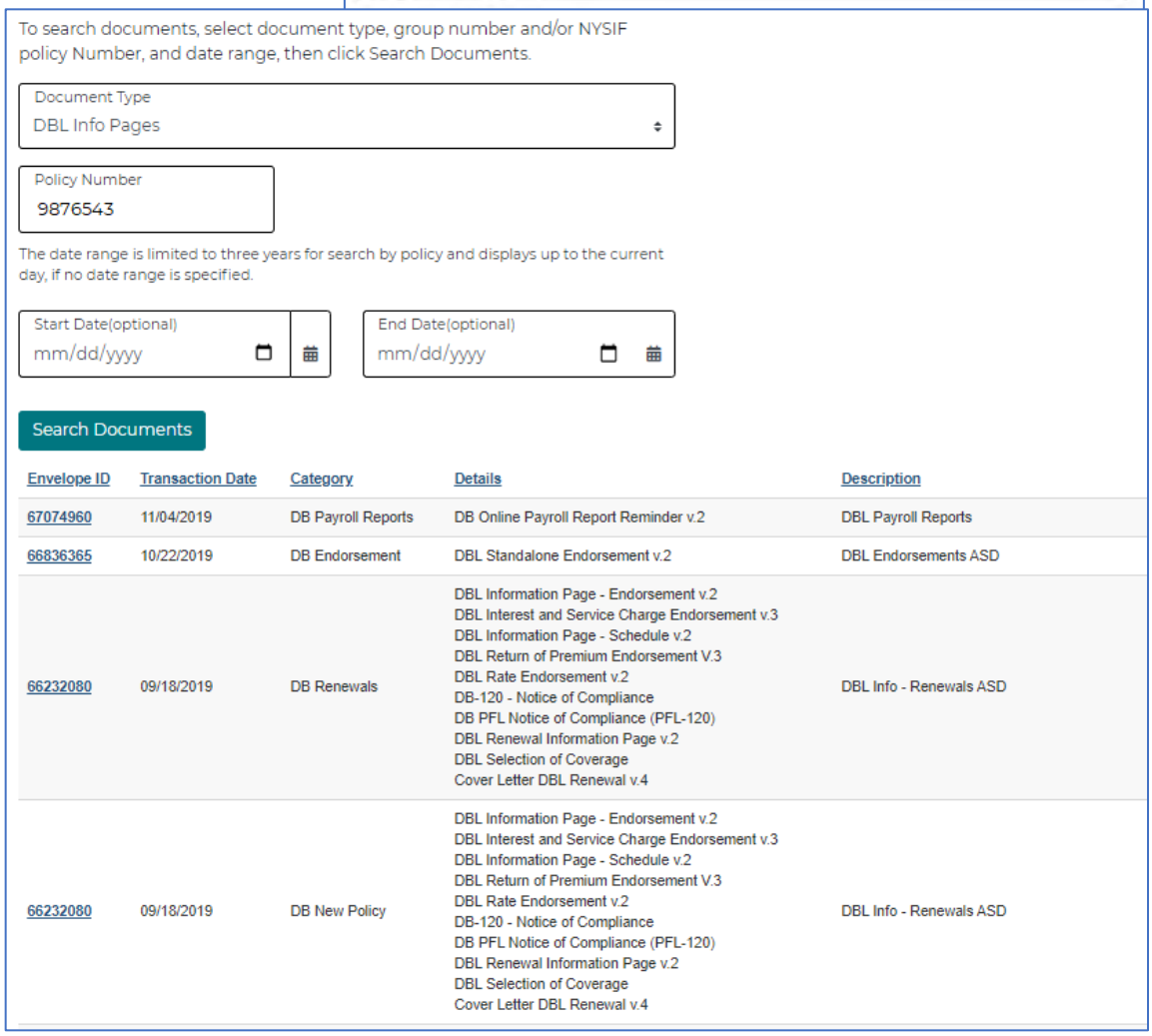
For instructions on how to make a one-time payment or enroll in AutoPay, please view the step-by-step instructions in the worker’s comp section.

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:



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

DB Bills

Search documents

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

Document Type
DBL Monthly Bills

Policy Number
9876543

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

Start Date(optional)
mm/dd/yyyy

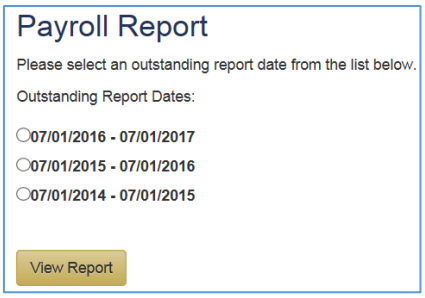
End Date(optional)
mm/dd/yyyy

Search Documents

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

Report Payroll

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



Section I – Disability Benefits

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

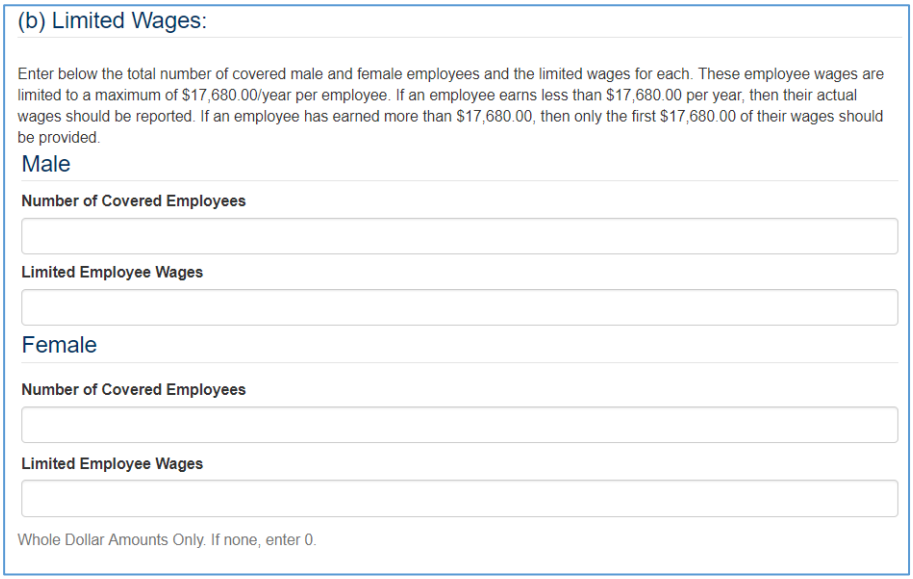
Calculating Wages: The capped wage* for an employee is limited to a maximum of $17,680 per year. If an employee's annual wage is less than $17,680, please use the employee's actual wages.

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

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

(b) Limited Wages

- Enter the total number of male employees covered for the period indicated
- Enter the total capped wages for male employees covered for the period indicated
- Enter the total number of female employees covered for the period indicated
- Enter the total capped wages for female employees covered for the period indicated



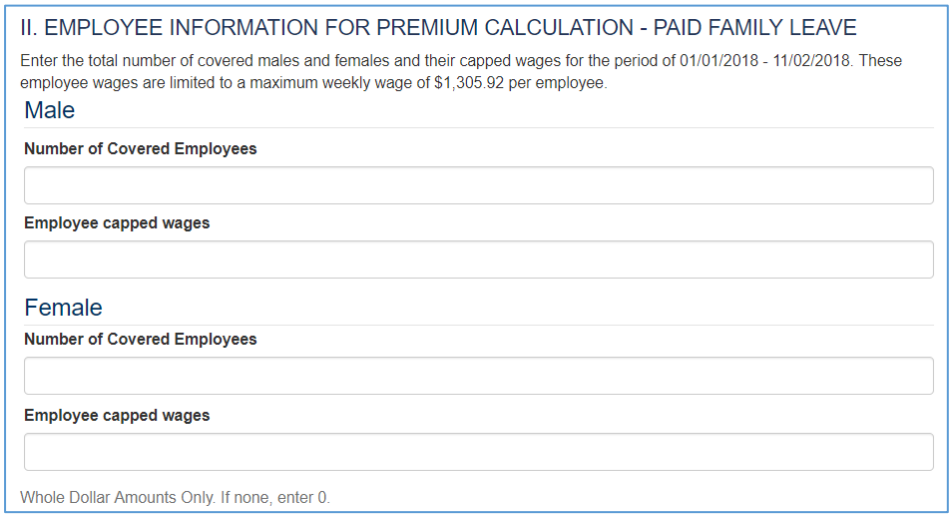
Section II – Paid Family Leave

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).

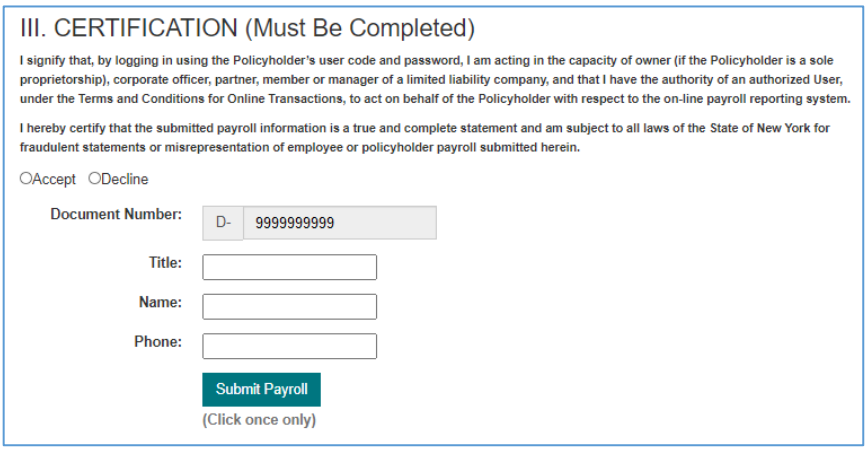
Example B: A business has three (3) male employees during a 4-week period: Two (2) of them earn more than $1,401.17 per week and one (1) earns $1,000 per week. Total capped wages would be $15,209.36 ($1,401.17 + $1,401.17 + $1,000 = $3,802.34 x 4 weeks = $15,209.36).



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 appopriate box.

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



Estimate Premium

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

Premium Calculator

Disability Payroll

STATUTORY
Disability insurance claim benefits equal ½ the average weekly wage of the employee, up to a maximum of $170 per week for 26 weeks (if required) within a 52 week period.
ENRICHED
Disability insurance claim benefits equal ½ the average weekly wage of the employee, for the "Selection of Coverage" at the "Maximum Weekly Claim Benefit", for 26 weeks (if required) within a 52 week period.

Choose One

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

Male

Enter number of covered employees

Enter limited* employee wages

Female

Enter number of covered employees

Enter limited* employee wages

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

Paid Family Leave (PFL) Payroll

Male

Enter number of covered employees

Enter limited** annual wages

Female

Enter number of covered employees

Enter limited** annual wages

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

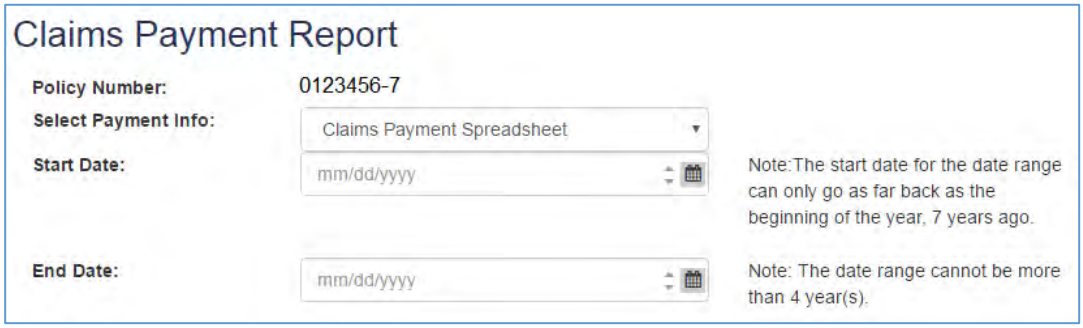
Calculate Premium | Reset

Claims Services

Claims Payment Report

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

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



DB Claims Payment Report

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