




Learn How to Read Your NYSIF Disability Benefits/ Paid Family Leave Bill

Use this sample guide to help you understand your NYSIF bill.

- A.** This box displays a billing summary for the current statement period. Your **Total Policy Balance** reflects the balance from your last bill and payments, adjustments and fees that occurred during the current billing cycle. Itemized transactions for the current period can be found on the reverse side of your bill under **New Transactions and Payments**. You must pay the **Minimum Payment Due** by the date shown to avoid a late fee.
- B.** **Policy Alerts** provide important information affecting your policy. On disability benefits new policy and renewal bills, the Policy Alert box will display your annual Disability Benefits and Paid Family Leave premium separately.
- C.** The **Message Center** offers details on NYSIF services and latest news.
- D.** NYSIF offers you several **Payment Options**. Go to nysif.com/billpay to enroll in AutoPay or pay online by electronic funds transfer, credit or debit card. You can also pay by check using the remittance slip as shown in the example above.



DISABILITY BENEFITS STATEMENT

ABC CORPORATION
987 MAIN STREET
ANYTOWN, NY 00001

Policy Number: **DB 0123 45-6**
Bill Number: **98765432**
Statement Date: **January 06, 2024**
Representative:
ACME AGENTS, INC.
123 ALBANY AVENUE
ANYTOWN, NY 00001
(518) 555-1212

Previous Policy Balance	\$4,549.34
Premium & Adjustments	\$999.46
Payments	-\$1,599.45
Miscellaneous Fees	\$10.00
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Total Policy Balance:	\$3,959.35
Minimum Payment Due:	\$1,599.45
Payment Due Date:	January 31, 2024

See reverse side for details

Policy Alerts
Payments not received by the due date are subject to a \$10.00 late fee.

Message Center
PFL payroll contribution rate for 2024: 0.373% of an employee's gross wages each pay period, capped at an annual maximum of \$333.25.


To pay your bill electronically:

- Have your policy number available
- Visit nysif.com/billpay OR
- Call 833-844-4704
- Allow up to 2 business days for payment to post

To pay your bill by check:

- Make check payable to: **NYSIF Disability Benefits Fund**
- Write your policy number on your check
- Mail payment and remittance slip 7 days prior to due date

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Total Policy Balance: \$3,959.35
Minimum Payment Due: \$1,599.45
Payment Due Date: **January 31, 2024**

Policy Number: DB 0123 45-6
Bill Number: 98765432

ABC CORPORATION
987 MAIN STREET
ANYTOWN, NY 00001

AMOUNT ENCLOSED: \$


NYSIF DISABILITY BENEFITS FUND
PO BOX 5520
BINGHAMTON, NY 13902-5520

Check box for name or address changes; enter changes on reverse.

552000123456010524642118400001599450000003959355

Sample Disability Benefits Bill

Visit nysif.com/mybill for more information & nysif.com/billpay for online payment options.

E. Deposit is the premium deposit required based on initial information in your application or renewal.

F. Revised Billed Premium reflects any premium deposit adjustment based on new information. This amount must be paid in full.

G. Installments (for policies with payment plans) show remaining installments and current installment due. There is a \$10 installment fee per installment, which is reflected in the Miscellaneous (Misc.) Fees & Credits total.

H. Deferred Premium represents the premium amount due to NYSIF under a separate established payment arrangement. (This is not common.)

I. An Audit Balance or credit may result from a premium audit. Audit balances of more than \$500 may be paid in installments.

J. Adjustments reflect changes made to your total policy balance. Adjustments are itemized under New Transactions and Payments. This amount must be paid in full.

K. Repayment – Section 93 reflects a **portion** of your previous policy balance which must be paid, per NYSIF's Welcome Back Program Terms and Conditions, in order to continue coverage under your new Policy. The Welcome Back Program allows policyholders to secure workers' compensation coverage with NYSIF while simultaneously paying off a previously cancelled policy balance. If you are a participant in the program and wish to obtain your Section 93 payoff balance, please contact WelcomeBack@nysif.com or call us at 888.875.5790.

L. Miscellaneous (Misc.) Fees & Credits reflect the sum of installment fees, interest, late payment fees and other charges and credits. There is a \$10.00 late fee for payments received after the due date.

M. Past Due amounts reflect unpaid charges from your previous bill including prior installments.

N. Total Policy Balance reflects the balance still owed for all policy periods, including remaining installments.

O. Minimum Payment Due is the sum of items (E) through (L). This amount must be paid by the due date to avoid late fees and/or nonpayment cancellation.

P. New Transactions and Payments show all activity for the dates listed.



ABC CORPORATION
Policy Number: DB 0123 45-6

Statement Period: 12/07/23 - 01/05/24

TOTAL POLICY BALANCE

DESCRIPTION	BALANCE DETAILS	REMAINING INSTALLMENTS	MINIMUM PAYMENT DUE
Deposit			
Revised Billed Premium			
Installments	\$2,949.89	4	\$589.99
Deferred Premium			
Audit Balance			
Adjustments			
Repayment - Section 93	\$999.46		\$999.46
Misc. Fees & Credits	\$10.00		\$10.00
Past Due			
TOTAL POLICY BALANCE	\$3,959.35		
MINIMUM PAYMENT DUE			\$1,599.45

The Section 93 repayment amount represents the installment due for your previously cancelled policy. To pay that balance in full, call us at 888.875.5790.

Pay your minimum amount due of \$1,599.45 by 01/31/2024.

P NEW TRANSACTIONS AND PAYMENTS

DATE	REF #	DESCRIPTION	AMOUNT
12/19/23	009011	Payment Received - Thank You	-\$1,599.45
01/05/24	112676	Repayment installment - Section 93	\$999.46
01/05/24	8049889	Installment Fee	\$10.00

Credits are applied to your account.
Visit www.nysif.com/mybill for more information or call Customer Service at 1-888-875-5790.
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If you have checked the box on the reverse side, please enter new information below.

Thank you!

Sample Disability Benefits Bill