




How to Read Your NYSIF Workers' Compensation 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.
- 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.



WORKERS' COMPENSATION STATEMENT

STATEWIDE CORP
456 OAK STREET
ANYTOWN, NY 00001

Policy Number: N 9876 543-2
Bill Number: 12345678
Statement Date: July 04, 2024
Representative:
BROKERAGE INC
123 ELM STREET
ANYTOWN, NY 00001
(518) 555-1212

Previous Policy Balance	\$73,362.95
Premium & Adjustments	\$6,334.87
Payments	-\$11,067.90
Miscellaneous Fees	\$40.00
Total Policy Balance:	\$68,669.92
Minimum Payment Due:	\$21,339.60
Payment Due Date:	July 17, 2024

See reverse side for details

Policy Alerts
Your payment is past due. Payment of \$21,339.60 must be received by 07/17/2024 to avoid cancellation.
This statement includes monthly charges due from your previously cancelled policy 09876543 in accordance with your Section 93 repayment agreement.

Message Center
Innovative safety - see the new NYSIF Risk Control Resource Center at nysif.com.


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 Workers' Compensation**
- Write your policy number on your check
- Mail payment and remittance slip 7 days prior to due date

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Policy Number: N 9876 543-2
Bill Number: 12345678
STATEWIDE CORP
456 OAK STREET
ANYTOWN, NY 00001

Total Policy Balance: \$68,669.92
Minimum Payment Due: \$21,339.60
Payment Due Date: July 17, 2024

AMOUNT ENCLOSED: \$

NYSIF WORKERS' COMPENSATION
PO BOX 5519
BINGHAMTON, NY 13902-5519

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

1234987654320703246497160700021239600000067569923

Sample Workers' Compensation Bill

Visit nysif.com/mybill for more information and 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. Adjustment charges of more than \$1,000 may be paid in installments.

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 \$1,000 may be paid in installments. Unpaid audit balances are charged monthly interest of 1%. Interest charges are included in Miscellaneous (Misc.) Fees & Credits.

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. OSC Installments (could also display **OSC Deposit** or **OSC Audit Balance**) reflect premium owed to NYSIF for workers' comp insurance under NYSIF's Out-of-State coverage program.


M. Miscellaneous (Misc.) Fees & Credits reflect the sum of installment fees, interest, late payment fees and other charges and credits. There is a \$30.00 late fee for payments received after the due date.

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

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

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

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

STATEWIDE CORP				
Policy Number: N 9876 543-2				
Statement Period: 06/05/24 - 07/03/24				
TOTAL POLICY BALANCE				
DESCRIPTION	BALANCE DETAILS	REMAINING INSTALLMENTS	MINIMUM PAYMENT DUE	
E Deposit				
F Revised Billed Premium				
G Installments	\$50,963.35	10		\$4,633.03
H Deferred Premium				
I Audit Balance				
J Adjustments				
K Repayment - Section 93	\$16,566.57			\$6,334.87
L OSC Installments	\$1,100.00	10		\$100.00
M Misc. Fees & Credits	\$40.00			\$40.00
N Past Due				\$10,231.70
O TOTAL POLICY BALANCE	\$68,669.92			
P MINIMUM PAYMENT DUE				\$21,339.60
Q NEW TRANSACTIONS AND PAYMENTS				
DATE	REF #	DESCRIPTION	AMOUNT	
06/10/24	009024	Payment Received - Thank You		-\$11,067.90
07/03/24	933961	Repayment installment - Section 93		\$6,334.87
07/03/24	0465467	Installment Fee		\$10.00
07/03/24	0465920	Late Fee		\$30.00
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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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 \$21,339.60 by 07/17/2024.

Sample Workers' Compensation Bill

Not all bills will display all lines in Total Policy Balance. Some lines will only display if they are relevant to the policy.