

Learn About NYSIF's Redesigned Bill

NYSIF is pleased to present our new, simplified bill, which is redesigned to include the details you wanted most. Use this sample guide to help you understand your new bill.

SAMPLE WORKERS' COMPENSATION BILL

How to Read Your New Bill

A This box displays a billing summary for the current billing 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 pay online by electronic funds transfer, credit or debit card, or by phone. You can also pay by check using the remittance slip (right).



New York State Insurance Fund

WORKERS' COMPENSATION STATEMENT

ACME WIDGETS
890 MAIN STREET
ANYTOWN, NY 12345

Policy Number: N 1234 567-8
Bill Number: 12345
Statement Date: August 19, 2018

Representative:
ABC BROKERAGE
123 ELM STREET
ANYTOWN, NY 12345
(518) 555-1212

Previous Policy Balance	\$2,999.18
Premium & Adjustments	\$3,986.88
Payments	- \$191.96
Miscellaneous Fees	\$40.00

Total Policy Balance: \$6,834.10
Minimum Payment Due: \$1,174.89
Payment Due Date: September 01, 2018

See reverse side for details

Policy Alerts

Your payment is past due. Payment of \$1,174.89 must be received by 09/01/2018 to avoid cancellation.

Payments not received by the due date are subject to a \$30.00 late fee.

Message Center

Visit nysif.com to create an online account or log in to print certificates, manage claims, obtain audit details, view information pages and more.

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New York State Insurance Fund

Policy Number: N 1234 567-8

ACME WIDGETS
890 MAIN STREET
ANYTOWN, NY 12345

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

Total Policy Balance: \$6,834.10
Minimum Payment Due: \$1,174.89
Payment Due Date: September 01, 2018

AMOUNT ENCLOSED: \$



NYSIF WORKERS' COMPENSATION
PO BOX 5238
NEW YORK, NY 10008-5238

123456780308185487239200000022562000000411242

THIS IS NOT AN ACTUAL BILL.

Sample for illustrative purposes only.

Visit nysif.com/billpay for online payment options.

NYSIF

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E Deposit/Rebill is the premium deposit required based on initial information in your application. A rebill reflects any premium deposit adjustment based on new information. This amount must be paid in full.

F 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.

G 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.

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

I Miscellaneous (Misc.) Fees & Credits reflect the sum of installment fees, interest, late payment fees and other charges and credits.

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

K Total Policy Balance reflects the remaining premium balance, including remaining installments.

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

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

N This amount is the sum of your current installment, your full audit balance, any miscellaneous fees or adjustments that are immediately due and any amount past due.

SAMPLE WORKERS' COMPENSATION BILL

ACME WIDGETS

Policy Number: N 1234 567-8

Statement Period: 07/20/18 - 08/17/18

TOTAL POLICY BALANCE

DESCRIPTION	BALANCE DETAILS	REMAINING INSTALLMENTS	MINIMUM PAYMENT DUE
E Deposit/Rebill			
F Installments	\$2,807.22	6	\$373.65
G Audit Balance	\$3,986.88	6	\$569.55
H Adjustments			
I Misc. Fees & Credits	\$40.00		\$40.00
J Past Due			\$191.69
K TOTAL POLICY BALANCE	\$6,834.10		

L MINIMUM PAYMENT DUE \$1,174.89

M NEW TRANSACTIONS AND PAYMENTS

DATE	REF #	DESCRIPTION	AMOUNT
07/30/18	000001	Payment Received - Thank You	-\$191.96
08/15/18	900000	Estimated Audit Premium Adjustment (6/19/17 - 6/19/18)	\$3,986.88
08/16/18	900001	Late Fee	\$30.00
08/17/18	900002	Installment Fee	\$10.00

Credits are applied to your account.

Visit 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!

NYSIF New York State Insurance Fund

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Visit nysif.com/mybill for more information.

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