



REQUEST FOR INCLUSION OF AN ADDITIONAL INTEREST / ENTITY

Complete this form and send to: Document Control Center
NYSIF - Disability Underwriting
1 Watervliet Avenue Extension
Albany, NY 12206-1649

Tel 866.697.4332 / Fax 518.437.5278

DATE: _____

We, the undersigned, hereby request that the entity named below be included in the NYSIF Disability Benefits Insurance coverage of:

Policy Number: _____ to be effective, 12:01 A.M., Date: _____

Name of Entity to be included: _____

Mailing Address: _____

Federal Tax Identification Number FEIN: _____ *

Number of Employees to be added: Male(s) _____ Payroll \$ _____, Female(s) _____ Payroll \$ _____

(Payroll is to be reported as actual annual wages up to a maximum annual wage of \$17,680 per employee)

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

Table with 3 columns: Question, Present Entity, and Additional Interest / Entity. Rows include Name of Entity, Sole Proprietor/Partnership/Corporation/Unincorporated Association or Fiduciary, Ownership (a, b, c), and Total number of Shares of voting Stock the Corporation issued.

In consideration of the inclusion of the additional entity named above under the coverage of the Policy, we the undersigned, jointly and severally do hereby assume full liability and responsibility for any and all premiums that may become due the New York State Insurance Fund for coverage extended to either or both the entity now covered and the additional entity to be covered by the Policy from its inception to cancellation date.

(PRINT) _____
TRADE NAME OF PRESENT ENTITY

(PRINT) _____
TRADE NAME OF ADDITIONAL INTEREST / ENTITY

SIGNED BY _____
OWNER OR OFFICER

SIGNED BY _____
OWNER OR OFFICER

PHONE NUMBER: _____
UDB-112 (REV 06_2016)

PHONE NUMBER: _____