

# DISABILITY BENEFITS POLICYHOLDER USER GUIDE

## E-CERTIFICATES

Log in to your NYSIF disability benefits policyholder online customer account.

Select “Policyholder Services” from the Account Type drop down. Enter the policy number and click Submit.

The screenshot shows the 'Disability Benefits Super User Log In' page. At the top, there are navigation links for 'Policyholder Services', 'Claim Services', and 'Broker Services'. The main content area has a title 'Disability Benefits Super User Log In'. Below the title, there is a form with two input fields: 'Choose Account Type:' with a dropdown menu set to 'Policyholder Services', and 'Enter Account Number:' with the text '1234567'. Below these fields are three buttons: a yellow 'Submit' button, a grey 'Reset' button, and a smaller 'Click To Log In' button. On the right side of the page, there is a sidebar with a 'what's New' section containing links for 'Broker Access to DB Policyholder Services' and 'Claims Payment Report'. Below that is a 'report Payroll' section with a link 'Report Your DB Payroll Electronically'. Further down is a 'get a Quote' section with a link 'Obtain a Quote for Disability Benefits Insurance'.

This is home page for this policy. Click “Obtain a DB Certificate.”

The screenshot shows the 'Policy Account Information' page. The title is 'Policy Account Information' and it says 'Welcome ACME'. Below this, there is a list of policy details: Policy Number: 1234567, Account Status: ACTIVE, Entity Name: ACME FENCE COMPANY, DBA or T/A: ACME FENCE CO INC, Address: 87-08 NYSIF LANE, City, State, Zip: NYSIF, NY 11111, Business Type: INDIVIDUAL, Phone Number: (518-555-1212), Fax Number: No Number Available, FEIN: 000011112, UIER: 9988776, Inception Date: 8/3/1994, and Renewal Date: 7/1/2017. On the right side, there is a sidebar with a 'what's New' section containing links for 'Broker Access to DB Policyholder Services' and 'Claims Payment Report'. Below that is a 'report Payroll' section with a link 'Report Your DB Payroll Electronically'. Further down is a 'get a Quote' section with a link 'Obtain a Quote for Disability Benefits Insurance'. Below that is a 'premium Calculator' section with a link 'Enter Payroll for a DB Premium Estimate'. At the bottom of the sidebar is an 'insurance Certificate' section with a link 'Validate a DB Certificate' and a sub-link 'Obtain a DB Certificate'. A red arrow points to the 'Obtain a DB Certificate' link.

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.)

## Employer's Application for Certificate of Insurance under the Disability Benefits Law

Complete the following fields and click to view a printable version of the certificate.

**Policy Number:** DBL 1234567

**Select Entity Name:** Choose One  
ACME FENCE CO

### Certificate Holder Information

**Name:**

**Street:**

**City:**

**State:**   -

what's New

[Broker Access to DB Policyholder Services](#)  
[Claims Payment Report](#)

report Payroll

[Report Your DB Payroll Electronically](#)

get a Quote

[Obtain a Quote for Disability Benefits Insurance](#)

premium Calculator

[Enter Payroll for a DB Premium Estimate](#)

insurance Certificate

[Validate a DB Certificate](#)  
[Obtain a DB Certificate](#)

Enter name and address of the certificate holder. Click "Preview Certificate."

	<b>Workers' Compensation Board</b>	<b>CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW</b>
<b>PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier</b>		
<b>1a. Legal Name &amp; Address of Insured (use street address only)</b>  ACME FENCE COMPANY 87-08 NYSIF LANE NYSIF, NY 11111  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b> (518) 555-1212  <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b> 9988776  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 000011112	
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  NYSIF TEST123 123 MAIN STREET ALBANY, NY 12205	<b>3a. Name of Insurance Carrier</b> New York State Insurance Fund (NYSIF)  <b>3b. Policy Number of Entity Listed in Box "1a"</b> DBL 1234567  <b>3c. Policy effective period</b> 08/03/1994 to 07/01/2017	
<b>4. Policy covers:</b> <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the New York Disability Benefits Law <input type="checkbox"/> B. Only the following class or classes of employer's employees:		
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.		
Date Signed 6/12/2017		By  Joseph J. Masi <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small>
Telephone Number (866) 697-4332      Title Director of NYSIF Disability Benefits Insurance		