



**NYSIF PAYGO Terms and Conditions**

NYSIF is now offering eligible Policyholders the ability to pay their NYSIF’s workers’ compensation insurance premium by utilizing a payroll administration service (“NYSIF PAYGO”). To be eligible to use the services of NYSIF PAYGO Policyholders (hereinafter referred to as “you” “your” “their” and “Company”) must agree to these NYSIF PAYGO Terms and Conditions (“Terms and Conditions”) as well as a separate agreement with their payroll provider authorizing NYSIF and our software provider, Insurelinx to impound funds to pay premium amounts directly to NYSIF

If deemed eligible, Company will select a NYSIF PAYGO payment plan that coincides with their payroll reporting cycle.

By signing below, Company agrees:

1. That it is responsible for all fees to their payroll company resulting from NYSIF PAYGO.
2. That enrollment and continued participation in and termination from NYSIF PAYGO is at NYSIF’s discretion and is also subject to the terms and conditions of Company’s separate agreement with it’s payroll provider
3. That it authorizes NYSIF and its payroll provider to share payroll data and information related to your workers’ compensation policy.
4. To pay NYSIF’s workers’ compensation insurance premium for each payroll period based upon the payroll submitted by Company (“Associated Payroll Premium”) by authorizing NYSIF and Insurelinx to withdraw Associated Payroll Premium from Company’s designated bank account and to remit Associated Payroll Premium to NYSIF.
5. That failure to report and provide payroll and payroll premium and failure to have sufficient funds available in Company’s designated bank account to pay the Associated Payroll Premium for each payroll cycle will constitute non-payment of premium and may result in removal from NYSIF PAYGO, NYSIF changing Company’s policy to a Direct Bill Plan and/or Company’s policy may be placed into non-payment cancellation, subject to compliance with applicable state law.
6. That NYSIF retains the right to perform an in person audit at a time determined by NYSIF, and any additional premium due resulting from the audit will be billed to Company directly. Company agrees that NYSIF will charge at audit for all individuals deemed to be employees for workers’ compensation purposes and subcontractors unless verifiable New York state workers’ compensation coverage is provided by another carrier for the applicable policy period. Final premium due will be based on audited payrolls.
7. That removal from NYSIF PAYGO by NYSIF for Company’s failure to meet these Terms and Conditions may prevent future participation in NYSIF’s PAYGO.
8. To notify NYSIF if Company chooses to terminate use of NYSIF PAYGO where then NYSIF may rebill Company’s policy to a Direct Bill Plan.
9. That if the agreement between NYSIF and your payroll provider to provide eligible employers the ability to pay their NYSIF’s workers’ compensation insurance premium by utilizing your payroll company’s payroll administration service is terminated, NYSIF is hereby authorized to move Company’s policy to a Direct Bill Plan.
10. That if Company is not an existing NYSIF policyholder, signing these Terms and Conditions does not constitute NYSIF’s workers’ compensation insurance coverage or the promise of NYSIF’s workers’ compensation insurance coverage.
11. That the Terms and Conditions only applies to NYSIF’s NYSIF PAYGO and all other agreements and terms and conditions that constitute a fully executed NYSIF’s workers’ compensation policy still apply.

Your signature below indicates that you are authorized to sign on behalf of Company.

**Company Name:** \_\_\_\_\_ **Policy/Application Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



**Does your Company have Seasonal Payroll resulting in no anticipated payroll for a certain period of time?**  
No \_\_\_ Yes \_\_\_. If yes, please provide the anticipated non-payroll periods on the back of this form.

**Anticipated Seasonal Payroll Periods (\$0 Payroll)**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_