



Helpful Hints to the Policyholder Regarding the Administration of Your DBL Plan

The following reminders will assist with the administration of your DBL Plan:

- Include your policy number on all correspondence.
- Notify us, in writing, of any requested changes to your DBL Plan.
- Notify us of your change of name or address immediately.
- Verify that your Unemployment Insurance Account Number (ERNUM) and Federal Identification Number are correct on the Certificate of Insurance (Form DB-820). Notify us immediately of any changes.
- Post a Notice of Compliance (Form DB-120) at each location where employees work.
- Premium should be made payable to Fort Dearborn Life Insurance Company® of New York.
- Payment should be made on a timely basis in order to prevent a lapse in coverage.
- Include the number of covered employees on your billing statement.
- Contributions from employees are limited to ½ of 1 percent of weekly wages to a maximum of \$0.60 per week.

Send administrative correspondence to:

Fort Dearborn Life Insurance Company® of New York
85 Allen Street, Suite 210
Rochester, NY 14608
Telephone: (866) 225-6315
Fax: (585) 482-5132

Send premium payments to:

Fort Dearborn Life Insurance Company® of New York
P.O. Box 30782
New York, NY 10087-0782



Please Read Carefully And Keep This As A Reference

Enclosed you will find several documents and forms which should be maintained in a safe place for easy reference. The following is an explanation of each:

New York Disability Benefits Policy (Form DBL-88)

This reflects the following important information: your firm's 7 digit policy number, effective date of coverage, premium payment schedule, and premium rate.

Certificate of Insurance (Form DB-820)

A copy has been filed with the New York Workers' Compensation Board on your behalf. By purchasing this insurance you have fulfilled your obligation under the law.

Notice of Compliance (Form DB-120)

This notice must be signed by a principal of the firm and be posted at your location in a conspicuous area so that all employees will be able to see and read it. The poster will serve as evidence of your compliance with New York Disability Benefits Law.

Employee Identification Cards (Form DB-126)

These cards are to be issued to an employee only when he/she terminates employment with your firm, as required under the Disability Benefit Law.