



## ***Explanation Of New York Statutory Disability Benefits Please Read Carefully And Keep This As A Reference.***

**Form No. DB-271: A supply of Statement of Rights is enclosed.**

**Form No. DB-450: A supply of Claim Forms is enclosed.**

You, the Employer, must provide your employee with a "Statement of Rights" and DB-450 Claim Form whenever an employee is absent for more than seven consecutive days from work due to an OFF-THE-JOB sickness or accident. The Statement of Rights and DB-450 Claim Form must be mailed or hand-delivered to the disabled employee prior to the twelfth day (including Saturday and Sunday) of disability.

The claim must be filed within 30 days of the date of disability. Claims filed late are not necessarily rejected but an employee will not be paid for any disability period more than two weeks before the claim was filed unless the claimant can show that it was not reasonably possible to file earlier. No benefits will be payable if a claim is filed more than 26 weeks after the disability began.

The New York Disability Law provides 50% of a claimant's average weekly wage to a maximum of \$170.00 per week and a minimum of \$20.00 per week for duration of 26 weeks. However, if you have purchased a plan which provides a greater benefit than required by law, please refer to your group policy and any amendments to determine benefits due.

In order for a claimant to receive disability benefits, the Health Care Provider must certify, in writing, the diagnosis, the date he/she feels the claimant was first unable to work, and an estimated date the claimant may return to work.

If the claim is properly completed, an employee should receive the first payment within four business days after the 14th day of disability, or four business days after receipt of the claim, whichever is later. Further benefits are payable every two weeks, provided there is medical documentation to substantiate the disability.

If a claim is rejected, an employee has the right to ask the Workers' Compensation Board for a review.

Disability benefits payments are subject to withholding of Social Security and Medicare taxes. As an employer, you are required to match these contributions. If your employees contribute to the cost of the insurance, benefits will not be taxed at 100%.

We will notify you of the amounts that are withheld for the employees' portion of the taxes. You have a liability to pay the Employer's portion of these taxes and to prepare W-2 forms for your employees which include the amount of disability benefits paid.



## ***Helpful Hints to the Policyholder Regarding Claims***

***The following items should help prevent delays and/or rejection in filing claims.***

**Please be sure that:**

- The 7-digit policy number is on the claim. The policy number is located on the cover page of your policy.
- All portions of the DB-450 are complete.
- No section of the claim is pre-dated. This is a common mistake. A pre-dated claim form will be rejected automatically and the claimant will have to resubmit at the actual time he/she becomes 100% disabled.
- The DB-450 is submitted within thirty days of the first day of disability. Failure to submit within 30 days may adversely affect the benefits payable. If the claimant is unable to file the DB-450 within 30 days, please contact us at the number shown below.
- If the disability is a result of an injury, the claimant must explain how, when, and where the injury occurred.
- If the disability is work related and the workers' compensation claim is controverted, please include a copy of the Notice of Compensation is Controverted (Form C-7) with the completed DB-450.
- If the claimant chooses to voluntarily leave the work force prior to the actual disability date, either you or the claimant should contact us at the number shown below. Leaving early can, in some cases, cause the claimant to lose eligibility entirely.
- You inform us when your employee returns to work. This will help prevent overpayment which later must be reimbursed.
- You inform the employee that there will be supplemental medical reports that must be submitted throughout the entire period of disability. Failure to return these reports may result in the suspension of benefits.
- You have a taxable percentage on file with us if the employees share in the cost of insurance with after tax dollars.

**Send Claims/Claims Correspondence to:**

Fort Dearborn Life Insurance Company® of New York  
85 Allen Street, Suite 210  
Rochester, NY 14608  
Telephone: (800) 421-3711  
Fax: (585) 482-5132