STATEMENT OF RIGHTS - DISABILITY BENEFITS LAW

IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS

1. Your employer is required by law to provide for the payment of Disability Benefits to his/her employees.

2. Statutory Disability Benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.

3. TO CLAIM BENEFITS you should file written notice and proof of disability (Claim Form DB-450) with your employer or the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, its insurance carrier, your health care provider or any office of the Workers’ Compensation Board. (See addresses and telephone numbers below.) Do not assume that your employer has filed a claim on your behalf; claim filing is your responsibility.

4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers’ compensation, your medical bills will not be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan or Agreement.

5. Disability Benefits are to be paid directly to you by the insurance carrier, not through your employer, unless your employer is an approved self-insurer.

6. If your employer or the insurance carrier contends that you are not entitled to the payment of Disability Benefits, they are required to send you a Notice of Rejection, within 45 days of the filing of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers’ Compensation Board. IMPORTANT: If within 45 days of filing your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact any office of the Workers’ Compensation Board.

7. If your disability is the result of an automobile accident and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurance carrier.

8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. You cannot be discharged or discriminated against for filing a claim for disability benefits.

IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE WORKERS’ COMPENSATION BOARD.

This information is a simplified presentation of your rights as required by Section 229 of the Disability Benefits Law. Your employer’s disability benefits insurance carrier is:

Aetna Life Insurance Company
P.O. Box 14560
Lexington, KY 40512-4560
1-866-282-8495, Portland, OR
1-800-488-2386, Tampa, FL
1-877-465-0424, Portland, ME

ROBERT E. BELOTEN
CHAIR

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ROBERT E. BELOTEN
CHAIR
DECLARACION DE DERECHOS – LEY DE BENEFICIOS POR INCAPACIDAD

SI USTED NO PUEDE TRABAJAR A CAUSA DE ENFERMEDAD O LESIÓN NO RELACIONADA CON EL TRABAJO, PUEDE TENER DERECHO A BENEFICIOS POR INCAPACIDAD

1. Su patrono está obligado por ley a proveer pagos de Beneficios por Incapacidad a sus empleados.

2. Beneficios por Incapacidad establecidos por ley son pagados por cualquier lesión o enfermedad no relacionada con el trabajo (incluyendo incapacidad debida a embarazo) comenzando a partir del octavo día consecutivo de incapacidad. Los beneficios son pagados por 26 semanas. Los pagos de beneficios por incapacidad se basan en el promedio de su sueldo semanal durante las ocho semanas inmediatamente anteriores a su incapacidad y están limitados al máximo permitido por ley el día inicial de su incapacidad. Su patrono ó unión podran proveer en un plan o en un convenio beneficios diferentes que sean al menos tan favorables como los establecidos por ley.

3. PARA RECLAMAR BENEFICIOS usted deberá radicar una notificación y prueba de incapacidad (Formulario DB-450) con su patrono ó con la compañía de seguros nombrada abajo dentro del plazo de 30 días desde el primer día de incapacidad o toda parte de su reclamación podrá ser rechazada. Bajo ninguna circunstancia usted debe esperar más de 26 semanas desde esa fecha para radicar su reclamación. El formulario DB-450 lo puede conseguir a través de su patrono, la compañía de seguros, el proveedor de servicios médicos o cualquier oficina de la Junta de Compensación Obrera. (Direcciones y teléfonos mas abajo). No asuma que su patrono ha radicado la reclamación por usted. La radicación de la reclamación es su responsabilidad.

4. Usted tiene el derecho de ser atendido por cualquier médico, quiropractico, dentista, enfermera-partera, podiatra, o psicólogo que usted seleccione. Contrario como ocurre en compensación obrera sus cuentas médicas no seran pagadas por su patrono o su compañía de seguros a menos que el patrono y o la unión lo hayan dispuesto mediante un plan de beneficios o convenio.

5. Los beneficios por incapacidad le seran pagados a usted directamente por la compañía de seguros, no a través de su patrono, salvo en los casos en que su patrono sea aprobado como auto asegurado.

6. Si su patrono ó la compañía de seguros reclama que usted no tiene derecho al pago de Beneficios por Incapacidad ellos tienen la obligación de enviarle un Aviso de Rechazo, dentro de los 45 días siguientes a la radicación de su reclamación, explicándole las razones para no pagar los beneficios. Si usted no está de acuerdo con el rechazo, tiene el derecho de solicitar una revisión del mismo por la Junta de Compensación Obrera. IMPORTANTE: Si dentro del término de 45 días de haber radicado su reclamación no recibe los beneficios ni tampoco recibe un Aviso de Rechazo (Formulario DB-451), comuníquese inmediatamente con cualquier oficina de la Junta de Compensación Obrera.

7. Si su incapacidad es el resultado de un accidente automovilistico usted ha radicado una declaración para beneficios por “no-fault“ también deberá radicar una declaración (Formulario DB-450) para beneficios por incapacidad. Si no radica declaración para beneficios por incapacidad, la compañía de seguro podría reducir los pagos “no-fault” que le correspondan. IMPORTANTE: en estos casos, si no tiene derecho a beneficios por incapacidad, avise inmediatamente a la compañía de seguros.

8. Su patrono no puede pedirle que renuncie a su derecho de recibir beneficios por incapacidad ni tampoco puede descontar más de 60 centavos semanales (a menos que la contribución adicional sea parte de un acuerdo) de su paga para contribuir al pago de las primas de seguro para los beneficios por incapacidad. Usted no puede ser despedido ni discriminado por radicar una declaración de beneficios por incapacidad.

SI TIENE DIFICULTAD EN CONSEGUIR UN FORMULARIO DE RECLAMACIÓN O NECESITA AYUDA PARA LLENARLO, O TIENE CUALQUIER OTRO PROBLEMA ACERCA DE UNA LESION O ENFERMEDAD NO RELACIONADA CON EL TRABAJO COMUNÍQUESE CON CUALQUIER OFICINA DE LA JUNTA DE COMPENSACIÓN OBRERA.

Este es un breve resumen de sus derechos como lo requiere la Sección 229 de la Ley de Beneficios por Incapacidad. La compañía de seguro de su patrono para beneficios por incapacidad es:

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ROBERT E. BELOTEN
CHAIR

Esta entidad emplea y sirve a personas con impedimentos sin discriminar en su contra. This notice is written in English on the reverse side.

www.state.ny.us
GC-156 (1-11) A-POD