

# STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

## NOTICE OF COMPLIANCE

### DISABILITY BENEFITS LAW TO EMPLOYEES

1. If you are unable to work because of an illness or injury not work related you may be entitled to receive weekly benefits from your employer, or his or her insurance company, or from the Special Fund for Disability Benefits.
2. **To claim benefits you must file a claim form, within 30 days from the first date of your disability**, but in no event more than 26 weeks from such date.
3. Use one of the following claim forms:
  - If, when your disability begins, you are employed or are unemployed for four weeks or less, use the WHITE claim form (Form DB-450), which you may obtain from your employer, his or her insurance carrier, your health provider or any office of the Workers' Compensation Board, and send it to your employer or the insurance carrier named below.
  - If, when your disability begins, you have been unemployed more than four weeks, use the GREEN claim form (Form DB-300), which you may obtain from any Unemployment Insurance Office, your health provider, or any office of the Workers' Compensation Board. Send completed claim form to the Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241.
- IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the claim form, showing your period of disability.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provides for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271).
7. Other information about Disability Benefits may be obtained by writing or calling the nearest Workers' Compensation Board Office.

**WORKERS' COMPENSATION BOARD OFFICES**

Albany, 12241 - 100 Broadway-Menands - (518) 474-6681  
 Binghamton, 13901 - 113 State Street - (607) 773-7734  
 Buffalo, 14203 - State Office Bldg. - 125 Main St. - (716) 847-3178  
 Hempstead, 11550 - 175 Fulton Avenue - (516) 560-7745  
 New York City, 11248-0005 - 180 Livingston St. - Brooklyn - (718) 802-6964  
 Rochester, 14614 - 130 Main Street West - (716) 238-8300  
 Syracuse, 13202 - State Office Bldg. - East Washington St. - (315) 428-4465

*Barbara Patton*  
**BARBARA PATTON**  
 Chairwoman

The undersigned employer is in compliance with the provisions of the Disability Benefits Law.  
 Disability Benefits, when due, will be paid by:

Name, Address and Telephone Number of Insurance Company
Effective: From <u>1/6/11</u> To <u>1/6/12</u> <u>Self Insured</u>
Policy No. _____
<u>University of Rochester, PO Box 270025</u> <u>Rochester, NY 14627 (585) 275-8747</u>

The benefits provided are

<input checked="" type="checkbox"/> Statutory	<input checked="" type="checkbox"/> Under a Plan or Agreement
---	---

Class(es) of employees covered  
PT, FT, TAR

Name of employer  
 BY University of Rochester

THE WORKERS' COMPENSATION BOARD  
 EMPLOYS AND SERVES PEOPLE WITH  
 DISABILITIES WITHOUT DISCRIMINATION.