



**NEW YORK STATE DISABILITY BENEFITS LAW POLICY APPLICATION**

*All statements are true and correct to the best of the Applicant's knowledge and belief.  
 This application becomes part of the policy.*

1. Employer (Policyholder/Insured): \_\_\_\_\_

2. Business Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Attn: \_\_\_\_\_

3. Mailing Address, if different: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

4. Nature of business: \_\_\_\_\_

Form of organization:  Corporation  Partnership  Sole proprietor  Other \_\_\_\_\_

5. Unemployment insurance number (UIN): \_\_\_\_\_ Federal Employer Identification number (TIN) \_\_\_\_\_

6. Covered subsidiaries or affiliated companies:

Name	Address	UIN	TIN

7. All employees, pursuant to New York Disability Benefits Law Section 203, are covered:  Yes  No  
 If NO is checked, please list excluded classes of employees:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Total number of employees to be insured, including Corporate Officers: Male \_\_\_\_\_ ; Female \_\_\_\_\_  
 Proprietors (list names) \_\_\_\_\_

Total number of Voluntary Employees (employees for whom DBL coverage is not mandatory) \_\_\_\_\_

9. Requested effective date: 12:01 A.M. Eastern Time on \_\_\_\_\_ and continues in force until canceled in accordance with the policy provisions.

10. Workers' compensation insurance carrier \_\_\_\_\_

11. Employee Contribution:  Non-Contributory  Contributory \_\_\_\_\_% of premium contributed by employer.

*An employee's contribution for statutory DBL coverage shall not exceed the lesser of 1/2 of 1% of wages received on or after the effective date of this policy, up to a maximum of 60 cents (\$0.60) per week or the actual premium per employee.*

POLICY NUMBER \_\_\_\_\_

12. Billing options:

- Groups of **1 to 10 employees** (billed **annually in advance**).
- Groups of **11 to 49 employees**
  - Billed quarterly in arrears
  - Billed annually in advance
- Groups of **50 or more employees** (billed **quarterly in arrears**)  
**Monthly Rate** based on covered payroll (maximum covered payroll of [ \_\_\_\_\_ ] per week per employee)  
Monthly per capita rates: Male: \$ \_\_\_\_\_ ; Female: \$ \_\_\_\_\_  
Payroll Rate Factor: \$ \_\_\_\_\_

13. Additional benefit options:

- Statutory Benefits*
- Enriched Benefits*
  - 1.5 x Statutory Benefit
  - 2.0 x Statutory Benefit
  - 3.0 x Statutory Benefit
- In-Hospital Benefits*
- Accidental Death & Dismemberment (AD&D) Benefits*

No one except the President, a Vice President or the Secretary of THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA may make or modify any contract on behalf of THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA. No waiver is valid unless it is in writing and signed by one of these officers.

***NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.***

Dated \_\_\_\_\_ Signature of Policyholder \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Dated \_\_\_\_\_ Signature of Producer \_\_\_\_\_

Producer's Name \_\_\_\_\_

Producer's Address \_\_\_\_\_

Producer Number \_\_\_\_\_

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