



POLICY INFORMATION TRANSMITTAL FOR NEW YORK STATUTORY DISABILITY BENEFITS

**SEND COMPLETED TRANSMITTAL TO: (FAX) 860-392-3250 (EMAIL) statutory.disability@thehartford.com
QUESTIONS? CALL: 1-800-454-7020**

Please Note: The employer referenced on this Policy Information Transmittal has confirmed that it has an obligation under the NYDBL to provide coverage to all employees covered under the policy. If your plan offers more than what is required under the NY DBL, you may be creating an ERISA benefits plan. If you have specific questions about ERISA or your obligation to provide NYDBL coverage, including to specific employees given their location or manner of work performed, please consult with your employment or ERISA benefits attorney.

1. EFFECTIVE DATE OF COVERAGE:	
2. FULL LEGAL NAME of Employer as filed with the Workers' Compensation Board Disability Benefits Bureau	
3. Employer's LEGAL Address: Street: _____ City: _____ State: _____ Zip: _____	
4. Case Contact Information and Address (if different from above): Name: _____ Phone #: _____ E-mail: _____ Street: _____ City: _____ State: _____ Zip: _____	
5. Employer's BILLING/MAILING Address: Street: _____ City: _____ State: _____ Zip: _____	
6. Billing Contact: Name: _____ Phone #: _____ E-mail: _____	
7. Electronic Consent: <input type="checkbox"/> I, the policyholder, wish to receive communications electronically from The Hartford and third parties administering my policy/ies on The Hartford's behalf. Policyholder Email Address: _____ Producer Email Address: _____	
8. Employer's Federal Tax ID No. (required): (9 digits) _____	9. Employer's Unemployment Insurance No.: (7 digits) _____
10. Employee Contributions: YES <input type="checkbox"/> NO <input type="checkbox"/> (1/2 of 1% of wages; but not more than 60 cents per week maximum)	11. Nature of Business: _____ Industry Code (SIC): _____
12. Employer Organization: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> _____	
13. Classes of Employees Covered: <input type="checkbox"/> a. All full-time & part-time employees working in the state of New York (as defined in the New York Disability Benefits Law) <input type="checkbox"/> b. Only the following class or classes of employees: _____ <input type="checkbox"/> c. Any Sole Proprietor or Co-Partner who desires to be insured	

14. New York Employees:

Total Number of Male Employees working in NY: _____

Total Number of Female Employees working in NY: _____

Total New York Census: _____

Total Number of Proprietors/Partners working in New York: _____

15. Non-New York Employees:

Total Number of Male Employees working outside of NY: _____

Total Number of Female Employees working outside of NY: _____

Total Non-New York Census: _____

16. Annual Billing: 1-7 employees (E-Bill not available with Annual billing)

Rates (1-7 employees): \$1.78 per male/month & \$4.14 per female/month (\$45 minimum payment)

Rates for employers with 50 employees or more: SEE SALES REPRESENTATIVE

 Quarterly Billing: 8 employees or more

Rates (8-49 employees): \$2.19 per male/month & \$4.47 per female/month (\$11.25 minimum payment)

Rates for employers with 50 employees or more: SEE SALES REPRESENTATIVE

 Monthly Billing: 500 employees or more **Electronic Billing (no paper bills) Enter Email Address here: _____****17. W2 services requested:** Yes No

(If W2 services are requested, you must attach the signed tax agreement. To obtain this agreement, call or email us at the contact information listed at the top of this page.)

18. Coverage requested: Statutory Plan (standard) Enriched Plan (see Enriched Benefits section) **19. Previous Statutory Disability carrier:** _____***AGENTS PLEASE NOTE: All agencies & producers must be properly licensed and appointed with The Hartford before they can be listed on the policy and receive commissions.*****PRODUCER INFORMATION (REQUIRED)****SECTION A: Producer to be listed on this policy**

Full Legal Name:

Agent SS#:

Producer Code:

Address:

City:

State:

Zip Code:

Phone #:

SECTION B: Agency to be listed on this policy

Agency Name:

TAX ID or SS#:

Producer Code:

Address:

City:

State:

Zip Code:

Phone #:

Commission Rate: _____

(IF NO AGENT LIST "NO AGENT")

ADDITIONAL LOCATIONS IN NEW YORK

LOCATION ADDRESS:
LOCATION ADDRESS:

ADDITIONAL EMPLOYER WITH EMPLOYEES WORKING IN NEW YORK

LEGAL NAME OF EMPLOYER:	LEGAL ADDRESS:	BILLING/MAILING ADDRESS:
Total # of Male Employees:	Unemployment Insurance No.: (7 digits)	CONTACT:
Total # of Female Employees:	Federal Tax ID No.: (9 digits)	
Total Census :	To be billed separately? YES <input type="checkbox"/> NO <input type="checkbox"/>	

ADDITIONAL EMPLOYER WITH EMPLOYEES WORKING IN NEW YORK

LEGAL NAME OF EMPLOYER:	LEGAL ADDRESS:	BILLING/MAILING ADDRESS:
Total # of Male Employees:	Unemployment Insurance No.: (7 digits)	CONTACT:
Total # of Female Employees:	Federal Tax ID No.: (9 digits)	
Total Census :	To be billed separately? YES <input type="checkbox"/> NO <input type="checkbox"/>	

ENRICHED BENEFITS

For employers with at least 10 employees working in New York
(Please contact our service team by phone at 1-800-454-7020 to request additional details on coverage options)

Percentage of Weekly Earnings: select	Benefit Duration: select	Maximum Weekly Benefit:
Monthly Rate per \$100 covered salary: \$_____ per male, \$_____ per female		
Volumes: Male: _____, Female: _____		

The Hartford compensates both internal and external producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from The Hartford. Please direct specific questions regarding your insurance producer's compensation directly to your insurance producer. For specific questions on The Hartford's internal producers, please contact our Customer Service 800 number (800-523-2233).

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.