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 of the 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 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 provide for the payment of such bills under a Disability Benefits Plan or Agreement.

5. If you are ill or injured during the period 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-Memando’s (518) 474-6881
Binghamton, 13901 - State Office Bldg-44 Hawley St. - (607) 721-8353
Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Buffalo, 14202 - Statler Towers - 107 Delaware Ave. - (716) 842-2166
Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (631) 952-6000
Hempstead, 11550 - 175 Fulton Avenue - (516) 560-7745
New York, 10027 - 215 W. 125th St. - Manhattan - (800) 877-1373
Peekskill, 10566 - 41 North Division St. - (914) 786-5775
Queens, 11432 - 168-46 91st Ave. - Jamaica - (800) 877-1373
Rochester, 14614 - 130 Main Street West - (716) 238-8300
Syracuse, 13203 - 935 James St. - (315) 423-2932

The undersigned employer is in compliance with the provisions of the Disability Benefits Law (El patron abaixo firmante esta en conformidad con las disposiciones de la ley de Beneficios por Incapacidad). Disability Benefits, when due, will be paid by (Los Beneficios por Incapacidad, cuando debidos, seran pagados por):

The benefits provided are (Los beneficios provistos son):

Class(es) of employees covered (Clase(s) de empleados amparados)

Each employee eligible under the New York State Disability Benefits Law.

Name of employer (Nombre del Patron) The Research Foundation for the State University of New York

This notice must be posted conspicuously in and about the employer’s place or places of business.