

The Fiduciary Insurance Company of America

45- 18 Courth Square, Suite 401, Long Island City, New York 11101 • (718) 706-7114

APPLICATION FOR NEW YORK DISABILITY BENEFITS POLICY – PART 1

The undersigned employer hereby applies for a policy of group insurance to provide benefits in accordance with Section 204 of the New York **Workers' Compensation** Law to be effective: _____, 20_____.

1. **LEGAL NAME OF EMPLOYER:** _____ **LOCATION ADDRESS:** _____ **BILLING ADDRESS: (If different)** _____

2. Additional Insured/Location

Previous Carrier: _____ Nature of Business: _____

3. Tel. Number: (____) _____ Contact Person: _____

4. NY U.I.NUMBER: _____ 5. Federal Employer I.D. Number: _____ 6. Type of Organization:
 Corporation
 Partnership
 Proprietorship
 Other: _____

7. No. of Employees to be Insured: [____] Males
[____] Females

8. Include these Partners or Proprietors Name _____
 Exclude all Partners or Proprietors Name _____

9. Covered Employees: All eligible under Section 204 of N.Y. DBL
 Only the following class(es): _____
 All except _____

10. Coverage: Required Voluntary 11. Benefits: Statutory
 Other _____

12. Mode of Payment: Quarterly
 Monthly
 Annually 13. Employee Contributions:
 None
 Yes, Maximum
 Yes, Other _____

THE UNDERSIGNED EMPLOYER HEREBY UNDERSTANDS AND AGREES:

That in reliance upon the above statements, a New York Disability Benefits Policy bearing the same number as this application, shall be binding upon the Company as of 12:01 A.M. Eastern Standard Time on the effective date indicated above, provided this application is received by the Company within 10 days after said date.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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.

Signed at _____ this _____ day of _____, 20_____

Policy No. _____ Employer: _____

RATE: \$ _____ By _____ Title: _____

Per-Capita Payroll

Soliciting Agent

General Agent

APPLICATION FOR NEW YORK DISABILITY BENEFITS POLICY – PART 2

I: BENEFITS:

Weekly benefits for each employee eligible under the Law and insured under the policy shall be those prescribed by Section 204 of the New York *Workers' Compensation* Law concerning Disability Benefits, which provides as follows:

- (1) Disability benefits shall be payable to an eligible employee for disabilities commencing after June 30, 1950, beginning with the eighth consecutive day of disability and thereafter during the continuance of disability, subject to the limitations as to maximum and minimum amounts and duration and other conditions and limitations in this section and in sections 205 and 206. Successive periods of disability caused by the same or related injury or sickness shall be deemed a single period of disability only if separated by less than three (3) months.
- (2) The weekly benefit which the disabled employee is entitled to receive for disability commencing on or after May 1, 1989 shall be one-half (1/2) of the employee's weekly wage, but in no case shall such benefit exceed one hundred seventy dollars (\$170.00); except that if the employee's average weekly wage is less than twenty dollars (\$20.00), the benefit shall be such average weekly wage. The weekly benefit which the disabled employee is entitled to receive for disability commencing on or after July 1, 1984 shall be one-half (1/2) of the employee's weekly wage, but in no case shall such benefit exceed one hundred forty-five dollars (\$145.00); except that if the employee's average weekly wage is less than twenty dollars (\$20.00), the benefit shall be such average weekly wage. The weekly benefit which the disabled employee is entitled to receive for disability commencing on or after July 1, 1983 and prior to July 1, 1984 shall be one-half (1/2) of the employee's average weekly wage, but in no case shall such benefit exceed one hundred thirty-five dollars (\$135.00) nor be less than twenty dollars (\$20.00); except that if the employee's average weekly wage is less than twenty dollars (\$20.00) the benefit shall be such weekly wage. The weekly benefit which the disabled employee is entitled to receive for disability commencing on or after July 1, 1983, shall be one-half (1/2) of the employee's average weekly wage, but in no case shall such benefit exceed ninety-five dollars (\$95.00) nor be less than twenty dollars (\$20.00); except that if the employee's average weekly wage is less than twenty dollars (\$20.00), the benefit shall be such average weekly wage. The weekly benefit which the disabled employee is entitled to receive for disability commencing on or after July 1, 1970 and prior to July 1, 1974 shall be one-half (1/2) of the employee's average weekly wage, but in no case shall such benefit exceed seventy-five dollars (\$75.00) nor be less than twenty dollars (\$20.00); except that if the employee's average weekly wage is less than twenty dollars (\$20.00) the benefit shall be such average weekly wage. For any period of disability less than a full week, the benefits payable shall be calculated by dividing the weekly benefit by the number of the employee's normal work days per week and multiplying the quotient by the number of normal work days in such period of disability. The weekly benefit for a disabled employee who is concurrently eligible for benefits in the employment of more than one covered employer shall, within the maximum and minimum herein provided, be one-half (1/2) of the total of the employee's average weekly wages received from all such covered employers, and shall be allocated in the proportion of their respective average weekly wage payments.

II: PREMIUM:

GROUP A: When the number of employees to be covered is 50 or more:

Based on the data furnished to the Company, the premium rate is shown on Part 1 of this application. The payroll premium rate is calculated per \$100 of monthly payroll, subject to a maximum of \$340.00 per week for each insured employee.

GROUP B: When the number of employees to be covered is less than 50:

Monthly Premium Rates:	(payable quarterly)			Minimum Quarterly Premium
Male Employees \$3.25	Female Employees \$7.00	Partner/Proprietors \$9.25		\$15.00
Annual Premium Rates: (payable in advance)				Minimum Quarterly Premium
Male Employees \$35.10	Female Employees \$75.60	Partner/Proprietors \$100.00		\$60.00

Where premiums, as designated herein, are payable to the Company quarterly, the first premium is due on the last day of the calendar quarter commencing with the effective date of the policy, to cover the period of that calendar quarter.

Successive premiums are thereafter due the last day of the calendar quarter for the insurance in force during the calendar quarter.

The maximum employee contribution permitted under the Law is 1/2 of 1% of wages, not to exceed \$.60 per week or the equivalent if paid other than weekly.

Insurance coverage for Partners or Proprietorships will be billed separately.