



Email completed form to: [selfinsurance@wcb.ny.gov](mailto:selfinsurance@wcb.ny.gov)

Employer \_\_\_\_\_ FEIN \_\_\_\_\_

Address \_\_\_\_\_ Self-Insured ID # \_\_\_\_\_

1. Please complete below chart:

	Disability Benefits	Paid Family Leave Benefits
Number of eligible New York employees covered by self-insurance		
Total number of New York employees		
Covered New York payroll (\$)		
Total annual New York payroll (\$)		

2. Corporate Structure/Ownership Update: Have any changes in legal status or ownership, including mergers and name changes, taken place since filing the last report?  Yes  No  
If Yes, attach copies of amended certificate of incorporation, partnership agreement or foundation documents.

3. **DB Primary Contact:**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Additional DB Contact (if applicable):**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**PFL Primary Contact (if different than DB):**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Additional PFL Contact (if applicable):**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

4. Approved active subsidiaries in self-insurance program (attach additional sheets, if necessary):

Name	FEIN
_____	_____
_____	_____
_____	_____

5. Claims Administration:

Self-Administer for:  Disability Benefits  Paid Family Leave Benefits

Administered by a WCB licensed claims administrator for:  Disability Benefits  Paid Family Leave Benefits

**DB Administrator:**

WCB License # \_\_\_\_\_ Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**PFL Administrator (if different):**

WCB License # \_\_\_\_\_ Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

By signing this report, the signer certifies that he/she is authorized to execute this instrument on behalf of the \_\_\_\_\_ for the purposes set forth herein,

(INSERT BUSINESS NAME)

and that, pursuant to that authority, he/she is executing this instrument in the name of and on behalf of said entity as an act and deed of said entity.

\_\_\_\_\_  
Signature of Authorized Official Title Date

\_\_\_\_\_  
Print Name of Authorized Official Phone # Email

**ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ }  
:SS.:  
COUNTY OF \_\_\_\_\_ }

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he/she resides in \_\_\_\_\_, and further that (check one):

**If a corporation:** he/she is the \_\_\_\_\_ of the corporation described in the said instrument; that by authority of the Board of Directors of said corporation, he/she is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

**If a partnership:** he/she is the \_\_\_\_\_ of the partnership described in said instrument; that by the terms of said partnership, he/she is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that pursuant to that authority, he/she executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

**If other** (please specify: \_\_\_\_\_): he/she is the \_\_\_\_\_ of the entity described in said instrument; that he/she is authorized to execute the foregoing instrument on behalf of the entity for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said entity as the act and deed of said entity.

\_\_\_\_\_  
Notary Public

FOR BOARD USE ONLY				
<input type="checkbox"/> Disability Benefits		<input type="checkbox"/> Paid Family Leave Benefits		
Benefit	# of Employees	Required Deposit	Present Deposit	Difference
DB				
PFL				
Examined By: _____			Date: _____	