



Workers' Compensation Board

ANDREW M. CUOMO
Governor

KENNETH J. MUNNELLY
Chair

IMPORTANT NOTICE
To Self-Insurers Providing Benefits
Under the Disability Benefits Law

All Self-Insurers are required to report to the Chair specific information relating to approved self-insurance under Article 9 of the Workers' Compensation Law (otherwise known as the Disability Benefits Law) as follows:

1. (a) A report of claims, benefits, employee contributions, covered payrolls, and the number of employees covered, on prescribed form DB-681, is to be filed each calendar year no later than January 31 of the following year.
(b) The amount of covered payrolls to be reported on the DB-681 (Item 2e) should include only the first \$7,000 of earnings of each employee which was paid by the employer as a self-insurer during the calendar year.
2. **A list of office and plant locations in New York State for employees reported in Item 2d on Form DB-681 is required. Submit a single, original list with Form DB-681 reporting:**
 - (a) **The number of employees at, and the address of, the main office in New York State.**
 - (b) **The number of employees at, and the address of, each additional location in New York State indicating by asterisk those locations where disability benefits claims and/or payment records are maintained.**

List also, addresses of any locations outside New York State where New York records are maintained.

3. A report of excess employee contributions, on prescribed form DB-681.1, is required to be filed by all Self-Insurers who collect employee contributions for each calendar year.

Paragraph 3 does not apply to associations, union welfare funds or trustees who have filed disability benefits plans in behalf of their participating employers.

FAILURE TO FILE THESE REPORTS MAY RESULT IN THE REVOCATION OF YOUR SELF-INSURANCE STATUS.

Questions regarding the proper completion and filing of these forms should be sent to:

(518) 402-0247
selfinsurance@wcb.ny.go

DB-691 (11-16)