Workers' Compensation Board

Employee's Statement of Exempt Status

Workers' Compensation Board, Disability Benefits Bureau, PO Box 9029, Endicott, NY 13761-9029

Annually, eligible employees must reaffirm the Employee's Statement of Exempt Status. Upon receipt of a completed Exempt Status form, the application shall be deemed filed and the employee shall be exempt from withholding for the upcoming rate year. Additionally, in order to maintain an exempt status if you change employment, an Employee's Statement of Exempt Status (DB-130), must be executed and filed with each new employer and with the Chair of the Workers' Compensation Board.

Two copies of this form must be completed and signed in the presence of a notary public. Mail one copy to the Workers' Compensation Board and file one notarized copy with your employer.

Social Security #: _____

I (please print full name), _____

residing at _____

an employee of (Name of Employer) _____

at (Place of Employment) _____

do herby certify that I am now receiving, or am entitled to receive, primary old-age insurance benefits under Title Two of the Social Security Act, and it is based on prior deductions from my own wages.

I hereby claim exemption from the provisions of the Disability and Paid Family Leave Benefits Law pursuant to Section 235 for the reason stated above and I waive my right to benefits under the said Law.

I further certify that on (date) _____, I filed a signed duplicate of this statement with my employer.

Date signed _____ Signed by _____

State of New York
County of _____ } ss

On this _____ day of _____ 20____, before me personally came _____ to me known and known to me to be the person describe in and who executed the foregoing instrument, and duly acknowledged to me that _____executed the same.

_____
Notary Public