

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

DISABILITY BENEFITS LAW

WCB Plan No. (Enter number assigned to  
Association, Union or Trustees Plan)

**NOTICE OF TERMINATION OF EMPLOYER'S PARTICIPATION  
IN SELF-INSURED ASSOCIATION, UNION OR TRUSTEES PLAN**

Complete two copies of this form. File original with the Chair,  
Workers' Compensation Board, and mail a copy to the employer.

NAME OF ASSOCIATION, UNION OR TRUSTEES

hereby gives notice that EMPLOYER'S participation in the Disability Benefit Plan identified above is to be terminated, as indicated herein:

A. EMPLOYER'S NAME AND ADDRESS	B. EMPLOYER'S U.I. REGISTRATION NO.
	C. APPROXIMATE NUMBER OF EMPLOYEES COVERED
D. NAME UNDER WHICH EMPLOYER CONDUCTS BUSINESS	E. PAYROLL RECORDS ADDRESS, IF DIFFERENT

1. Date that EMPLOYER'S participation in the Plan identified above is to be terminated.....
2. Date that a copy of this Notice of Termination was sent to the EMPLOYER.....
3. Reason for termination of EMPLOYER'S participation:\*

MONTH, DAY, YEAR

MONTH, DAY, YEAR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date signed \_\_\_\_\_

NAME OF ASSOCIATION, UNION OR TRUSTEES

Tel. Number \_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

\*1. If Reason for Termination is "EMPLOYER out-of-business" give date and supplementary information such as: "seasonal closing", "liquidation", "removed from state", etc.  
2. If Reason for Termination is "EMPLOYER no-longer-subject" (to the NY Disability Benefits Law) - attach completed set of Form DB-118, Employer's Statement for the Purpose of Terminating Status as a Covered Employer, or give date on which previous Form DB-118 filed for the EMPLOYER was approved.  
3. If "change-in-ownership" enter name, address and employer registration number of successor and, if successor-employer is to participate in the Plan, attach completed Form DB-802 for successor-employer.

MAIL ORIGINAL TO :

DISABILITY BENEFITS BUREAU  
PLANS ACCEPTANCE UNIT  
328 STATE STREET  
SCHENECTADY, NY 12305