

Application for Hardship Payment Plan

In order to demonstrate undue hardship a member must be able to show that payment of the assessment per the terms of the Memorandum of Understanding would threaten their ability to continue in business. To qualify for a Hardship Payment Plan, please complete this application and provide the documents listed in block six (6) below.

Each field on the application must be completed and all requested documentation must be provided to qualify for hardship payment plan consideration.

Please remit all requested documents to:

Katherine Dingman
NYS Workers' Compensation Board
Litigation Unit
328 State Street
Schenectady, NY 12305

Please Note: Minimum monthly installments must continue to be remitted until a determination of hardship is reached by the WCB.

Do not file this form if either of the following criteria apply:

- Average monthly receipts are MORE THAN average monthly expenses plus minimum monthly assessment installment; or
- Ratio of current assets to current liabilities is MORE THAN 2 to 1

1. Member's legal name and address	
2. FEIN or SSN	
3. Name, address, and phone number of contact person	
4. Business information: Years in business _____ No. of employees _____	5. Financial Information Current Workers' Compensation Premium \$ _____ Estimated Monthly Receipts (12 month average) \$ _____ Estimated Monthly Operating Expense (12 month average) \$ _____

6. Submit the following documents with the application

- a. Most recent two years' financial statements, including balance sheet, income statement, and cash flow statement.
- b. Federal income tax returns for the latest two years.

7. Hardship certification

I hereby certify, on behalf of the above member, that payment of the cash assessment by the due date would constitute an undue hardship and likely threaten our ability to continue in business.

Signature and title

8. Certification and authorization

I hereby certify that all information in this application and all information provided in support of this application are true and complete to the best of my knowledge and belief. I authorize the Workers' Compensation Board to obtain business credit reports and conduct any other inquiries deemed necessary to determine the creditworthiness of the applicant member. The person signing below certifies that an undue hardship exists and will likely threaten the member's ability to continue in business.

Signature and title

Notary State of New York

County of _____)

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public