

**STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE
DISABILITY BENEFITS LAW
TO EMPLOYEES**

**ESTADO DE NUEVA YORK
JUNTA DE COMPENSACION OBRERA
AVISO DE CUMPLIMIENTO
LEY DE BENEFICIOS POR INCAPACIDAD
A LOS EMPLEADOS**

1. If you are unable to work because of an illness or injury not work-related, you may be entitled to receive weekly benefits from your employer, or his or her insurance company, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Use one of the following claim forms:
-If, when your disability begins, you are employed or are unemployed for four weeks or less, use WHITE claim form (Form DB-450), which you may obtain from your employer, his or her insurance carrier, your health provider or any office of the Workers Compensation Board, and send it to your employer or the insurance carrier named below.
-If, when your disability begins, you have been unemployed more than four weeks, use the GREEN claim form (Form DB-300), which you may obtain from any Unemployment Insurance Office, your health provider, or any office of the Workers Compensation Board. Send completed claim form to the Workers Compensation Board, Disability Benefits Bureau, Albany, New York 12241.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the claim form, showing your period of disability.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271).
7. Other information about Disability Benefits may be obtained by writing or calling the nearest Workers' Compensation Board Office.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway-Menands- (866) 750-5157
 Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604
 Brooklyn, 11201 - 111 Livingston St.- Brooklyn - (800) 877-1373
 Buffalo, 14202 - Statler Towers - 107 Delaware Ave. - (866) 211-0645
 Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
 Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
 New York, 10027 - 215 W.125th St. - Manhattan -(800) 877-1373
 Peekskill, 10566 - 41 North Division St. -(866) 746-0552
 Queens, 11432- 168-46 91st Ave. - Jamaica -(800) 877-1373
 Rochester, 14614 - 130 Main Street West - (866)211-0644
 Syracuse, 13203 - 935 James St.- (866) 802-3730



**DONNA FERRARA
CHAIR/PRESIDENTE**

www.wcb.state.ny.us

The undersigned employer is in compliance with the provisions of the Disability Benefits Law (El patron abajo firmante esta en conformidad con las disposiciones de la ley de Beneficios por Incapacidad).

Disability Benefits, when due, will be paid by (Los Beneficios por Incapacidad, cuando debidos, seran pagados por):

Sun Life and Health Insurance Company (U.S.)

One Sun Life Executive Park
Wellesley Hills, MA 02481

Effective From: 1/1/2023 To: 12/31/2023

(En Vigor Desde) (Hasta)

Policy No 947780-001
(Poliza No.)

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.
LA JUNTA DE COMPENSACION OBRERA EMPLEA Y SIRVE A PERSONAS INCAPACITADAS SIN DISCRIMINAR.

DB-120 (8-06)

Prescribed by Chair
Workers' Compensation Board
State of New York

The benefits provided are (Los beneficios provistos son)

Statutory Under a Plan or Agreement

Class(es) of employees covered (Clase(s) de empleados amparados)

All Employees eligible under New York state law

Name of employer (Nombre del Patron)

Trustees of Union College dba Union College

By _____

**THIS NOTICE MUST BE POSTED CONSPICUOUSLY
IN AND ABOUT THE EMPLOYER'S PLACE OR
PLACES OF BUSINESS.**