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

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 claim 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 claim Form DB-300, which you
     may obtain from your insurance carrier, 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, unless your 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, claim a disability 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-Merchants - (866) 765-5157
Binghamton, 13924 18 Hawley Office Bldg - (866) 802-3604
Brooklyn, 11201 - 111 Livingston St - Brooklyn - (800) 877-1373
Buffalo, 14202 - Stater Towers - 107 Delaware Ave - (866) 211-0645
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

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):

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 ELIGIBLE EMPLOYEES

Name of employer (Nombre del Patron)

Rensselaer Polytechnic Institute

By

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