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, the Workers’ Compensation
Board’s website (www.wcb.ny.gov) or any office of the 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 any Unemployment Insurance
Office, your health provider, the Workers’ Compensation
Board’s website (www.wcb.ny.gov) or any office of the 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-2715).

7. Other information about Disability Benefits may be obtained by
writing or calling the Workers’ Compensation Board Office.

NYS Workers’ Compensation Board
Centralized Mailing
PO Box 5205
Binghamton, NY 13902-5202

Customer Service: 877-632-4996

Employers must post DB-120s so that all classes of their employees know who will pay their Disability Benefits.

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):

RENSSLEAER POLYTECHNIC INSTITUTE

Name of employer (Nombre del Patron)

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