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 day 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-271S).

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 - (866) 877-1373
Buffalo, 14203 - 295 Main Street, Suite 405 - (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 - (866) 877-1373
Peekskill, 10566 - 41 North Division St. - (866) 746-0552
Queens, 11432 - 168-46 91st Ave. - Jamaica - (866) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

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

CIGNA LIFE INSURANCE COMPANY OF NEW YORK
2 Grand Central Tower, 101 E 45th St., 39th Fl.
New York, NY 10017-3144 Phone: 1-800-732-1603
Effective: From 04/01/2017 To 01/01/2020
Policy No. NYD075485

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

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 NY Disability Benefits Law.

The Trustees of Columbia University In the City of New York

Name of employer (Nombre del Patron)

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

ROBERT E. BELOTEN
CHAIR/PRESIDENTE

www.wcb.ny.gov

NYD075485

04/01/2017 01/01/2020

DB-120 (1-11)