

Disability Benefits

Employers must obtain this form from either their NYS statutory disability benefits insurance carrier or a licensed NYS insurance agent of that carrier. Disability Benefit Requirements under the Workers' Compensation Law, one of the following documents must be provided:

- A. CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; OR
- B. DB-120.1, Certificate of Disability Benefits Insurance (vendors' insurance carrier will send this form to the State Fair upon vendors' request); OR
- C. DB-155, Certificate of Disability Benefits Self Insurance (vendor can call the Board's Self-Insurance Office at 518-402-0247).

Please direct all questions to the New York State Workers' Compensation Board at 518-486-6307 or their toll free number 877-632-4996 or the New York State Workers' Compensation Board's Website: www.wcb.ny.gov.

Below is a sample of Form DB-120.1 that you must provide.

STATE OF NEW YORK WORKERS' COMPENSATION BOARD CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW	
PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
1a. Legal Name and Address of Insured (Use street address only)	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier 3b. Policy Number of entity listed in box "1a": 3c. Policy effective period: _____ to _____
4. Policy covers: a. <input type="checkbox"/> All of the employer's employees eligible under the New York Disability Benefits Law b. <input type="checkbox"/> Only the following classes of the employer's employees:	
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits Insurance coverage as described above. Date Signed _____ By _____ <small>(Signature of insurance carrier, authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small> Telephone Number _____ Title _____	
<small>IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier, authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.</small>	
PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)	
State Of New York Workers' Compensation Board	
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees. Date Signed _____ By _____ <small>(Signature of NYS Workers' Compensation Board Employee)</small> Telephone Number _____ Title _____	
<small>Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.</small>	

Policy dates must be effective August 15, 2013 through September 9, 2013.

A licensee's exempt from such NYS insurance coverage, may find the appropriate form (WC/DB Exemptions Form CE-200) on the NYS Workers' Compensation Board's web site at www.wcb.ny.gov

The CE-200 must be approved by the NYS Workers' Compensation.

CE-200 Exemption for Workers Compensation AND/OR Disability Insurance


Licensee's exempt from such New York State insurance coverage, may find the appropriate form (WC/DB Exemptions Form CE-200) on the New York State Workers' Compensation Board's website at www.wcb.ny.gov.

Instructions:

- Go to www.wcb.ny.gov
- Scroll to the bottom and on the right hand side of the page click
- Fill in information about your business as required



Below is an Example of the CE-200 Exemption Form



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.


Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p>In the Application of (Legal Entity Name and Address): JOHN J. SMITH 581 STATE FAIR BLVD SYRACUSE, NY 13209 PHONE: 315-555-5555 FEIN: XXXXX0000</p>	<p>Business Applying For: Contract with Government Agency From: NEW YORK STATE DEPARTMENT OF AG AND MARKETS</p>
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Workers' Compensation Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN J. SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment in connection with this Certificate of Attestation of Exemption may constitute a crime under the laws of New York State and may result in felony criminal prosecution, including jail and civil liability in New York State. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change such that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately obtain appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish the appropriate forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: _____	Date: _____	<p>Received December 1, 2011 NYS Workers' Compensation Board</p>
Exemption Certificate Number 2011-063664			

The CE-200 must be approved by the New York State Workers' Compensation.

- A. This exception must be done during the current year.
- B. Be sure the licensee signs the bottom of the form or it is invalid.
- C. The issuing department must be New York State Department of Ag and Markets

