



NEW YORK STATE DISABILITY BENEFITS LAW POLICY APPLICATION

All statements are true and correct to the best of the Applicant's knowledge and belief. This application becomes part of the policy.

1. Employer (Policyholder/Insured): _____

2. Business Address: _____

City / State / Zip: _____

Telephone Number: _____ Attn: _____

3. Mailing Address, if different: _____

City / State / Zip: _____

4. Nature of business: _____

Form of organization: Corporation Partnership Sole Proprietor Other _____

5. Unemployment Insurance # (UIN): _____ Federal Taxpayer Identification # (TIN): _____

6. Covered subsidiaries or affiliated companies:

<u>Name</u>	<u>Address</u>	<u>UIN</u>	<u>TIN</u>

7. All employees, pursuant to New York Disability Benefits Law Section 203, are covered: Yes No

If NO is checked, please list excluded classes of employees:

8. Total # of employees to be insured, including Corporate Officers: Male _____ ; Female _____ ; Voluntary _____ ; Proprietors (list) _____

9. Requested effective date: 12:01 A.M. Eastern Standard Time on _____ and continues in force until canceled in accordance with the policy provisions.

10. Workers' compensation insurance carrier _____

11. Employee Contribution Non -Contributory Contributory _____ % of premium contributed by employer.

An employee's contribution for statutory DBL coverage shall not exceed the lesser of 1/2 of 1% of wages received on or after the effective date of this policy, up to a maximum of 60 cents (\$0.60) per week or the actual premium per employee.

POLICY NUMBER _____

12. Billing options:

- Groups of 1 to 10 employees (billed annually in advance)
- Groups of 11 to 49 employees
 - Billed quarterly in arrears
 - Billed annually in advance
- Groups of 50 or more employees (billed quarterly in arrears)
 Monthly Rate based on covered payroll (maximum covered payroll of \$340.00 per week per employee)
 Monthly per capita rates: Male _____ ; Female _____
 Payroll Rate Factor \$ _____

13. Additional benefit options:

- Statutory Benefits*
- Enriched Benefits*
 - 1.5 x Statutory Benefit
 - 2.0 x Statutory Benefit
 - 3.0 x Statutory Benefit
- In-Hospital Benefits*
- Accidental Death & Dismemberment (AD&D) Benefits*

No one except the President, a Vice President or the Secretary of THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA may make or modify any contract on behalf of THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA. No waiver is valid unless it is in writing and signed by one of these officers.

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Dated _____ Signature of Policyholder _____

Name _____

Title _____

Dated _____ Signature of Producer _____

Producer's Name _____

Producer's Address _____

Producer Number: _____