How to Show Proof of Workers' Compensation and Disability Insurance

This user guide is for the *Invest in New York: Child Care Deserts Grants* and includes sample certificates.

Workers' Compensation Insurance	NYS Workers' Compensation Law requires all organizations provide proof of Workers' Compensation coverage when it seeks to enter into a grant contract with OCFS. For a new grant, the organization must submit ONE of the following forms as proof of appropriate Workers Compensation Insurance coverage with OCFS listed as the certificate holder and policy period dates covering the grant period. **A sample form is provided on page 3 of this document.** 1. **Form *C-105.2 - Certificate of Workers' Compensation Insurance*** The business' insurance carrier will send this form to the government entity upon request. **Please note:** The State Insurance Fund provides its own version of this form, the **U-26.3 Certificate of Workers' Compensation Ins** *(NYS Insurance Fund only)* 2. **Form *SI-12 - Certificate of Workers' Compensation Self-Insurance*** Businesses that are self-insured in NYS for Workers' Compensation Insurance should call the Workers' Compensation Board's Self-Insurance Office at (518) 402-0247 to obtain this form; or 3. **Form GSI-*105.2 - Certificate of Group Workers' Compensation Self-Insurance*** The business' Group Self-Insurance Administrator will send this form to the government entity upon request.

What Do I Do Next?

1. Call or email your insurance carrier for Workers' Compensation Insurance and request proof of insurance. If they are not sure what you need, they will recognize the form numbers listed above.
2. Request OCFS be listed as the certificate holder using the following information:
   NYS OCFS, 52 Washington Street 202S, Rensselaer, NY 12144
3. Request coverage for the grant time period. Insurance will need to be renewed throughout the grant with updated forms submitted to NYS OCFS.
4. Once proof is received from the carrier, submit the document within the Grant Portal. If you encounter issues submitting the proof, your local CCR&R can provide guidance.

Form U-26.3 Certificate of Workers' Compensation Insurance from the NY State Insurance Fund (NYSIF) is the most common insurance form submitted by organizations. A sample form is provided on page 3 of this document.

- If your organization does not have Workers' Compensation Insurance, you need to set it up. Within New York State, the NYS Insurance Fund (NYSIF) is able to support many organizations. Information about the NYSIF is available at: https://ww3.nysif.com/, 888-875-5790, or via email customerservice@nysif.com

Disability Benefits Coverage	NYS Workers' Compensation Law requires all organizations to provide proof of Disability and Paid Family Leave Benefits coverage when it seeks to enter into a grant contract with OCFS. For a new grant, the organization must submit ONE of the following forms as proof of appropriate Disability Benefits and Paid Family Leave Benefits Insurance coverage with OCFS listed as the certificate holder and policy period dates covering the grant period. **A sample form is provided on page 4 of this document.** **1. Form *DB-120.1 - Certificate of Insurance Coverage Disability and Paid Family Leave Benefits*** **2. Form *DB-155 - Certificate of Self-Insurance Coverage under the NYS Disability and Paid Family Leave Benefits Law***

What Do I Do Next?

1. Call or email your insurance carrier for Disability and Paid Family Leave Benefits coverage and request proof of insurance. If they are not sure what you need, they will recognize the form numbers listed above.
2. Request OCFS be listed as the certificate holder using the following information: **NYS OCFS, 52 Washington Street 202S, Rensselaer, NY 12144**
3. Request coverage for the grant time period. Insurance will need to be renewed throughout the grant with updated forms submitted to NYS OCFS.
5. Once proof is received from the carrier, submit the document within the Grant Portal. If you encounter issues submitting the proof, your local CCR&R can provide guidance.

Form DB-120.1 Certificate of Insurance Coverage is the most common insurance form submitted by organizations. A sample form is provided on page 4 of this document.

- If your organization does not have Disability and Paid Family Leave Benefits coverage, you need to set it up. Within New York State, the NYS Insurance Fund (NYSIF) is able to support many organizations. Information about the NYSIF is available at: https://ww3.nysif.com/, 888-875-5790, or via email customerservice@nysif.com

Sample Certificate of Workers' Compensation Insurance

There are three forms that are acceptable to submit to OCFS as proof of Workers' Compensation Insurance for the *Invest in NY Child Care Deserts Grants*. The form below, U-26.3, is an example of one of those forms. Please see page 1 for a complete list of forms that are acceptable to submit to OCFS as proof of Workers' Compensation Insurance.

NYSIF **New York State Insurance Fund**
Workers' Compensation & Disability Benefits Specialists Since 1914
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^ 01234567

ABC Boys and Girls Club
119 First Street
New York, NY 10029

SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER	CERTIFICATE HOLDER
ABC Boys and Girls Club 119 First Street New York, NY 10029	NYS OCFS 52 WASHINGTON STREET ROOM 202 SOUTH RENSSELAER NY 12144

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
A1234 56-7	656789	07/27/2018 TO 07/27/2019	3/19/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1460 397-1, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOY

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFIC OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/C YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH N

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

The **Policy Period** dates must cover the start date of the grant.

NEW YORK STATE INSURANCE FUND

DIRECTOR,INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 12345678

26.3

U-26.3

Sample Certificate of Insurance Coverage for Disability and Paid Family Leave Benefits

There are two forms that are acceptable to submit to OCFS as proof of Disability and Paid Family Leave Benefits for the *Invest in NY Child Care Deserts Grants*. The form below, *DB-120.1*, is an example of one of those forms. Please see page 2 for a complete list of forms that are acceptable to submit to OCFS as proof of Disability Insurance.

NEW YORK STATE | Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
ABC BOYS AND GIRLS CLUB
119 FIRST STREET
NEW YORK, NY 10029

Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)*

1b. Business Telephone Number of Insured
(212)555-5555

1c. Federal Employer Identification Number of Insured or Social Security Number
M123456

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
New York State Office of Children & Family Services
52 Washington Street, Room 202 South
Rensselaer, NY 12144

3a. Name of Insurance Carrier
Standard Security Life Insurance Company of New York

3b. Policy Number of Entity Listed in Box "1a"
44-8792-000

3c. Policy effective period
9/30/2018 to 3/19/2020

The **Policy effective period** dates must cover the start date of the grant.

4. Policy provides the following benefits:
- [x] A. Both disability and paid family leave benefits.
- [ ] B. Disability benefits only.
- [ ] C. Paid family leave benefits only.

5. Policy covers:
- [x] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- [ ] B. Only the following class or classes of 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 and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed ____________ By Rani Cameron
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212)555-5555 Name and Title SUPERVISOR-

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B 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 and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed ____________ By ____________
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number ____________ Name and Title ____________

Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1