



How to Show Proof of Workers' Compensation and Disability Insurance

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

<p>Workers' Compensation Insurance</p>	<p>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 coverage dates starting on the date of licensure and maintained through the grant period. If a provider becomes licensed but does not have employees, they are required to establish insurance starting on the day the first employee works. A sample form is provided on page 3 of this document.</p> <ol style="list-style-type: none"> 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) 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 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.
<p>What Do I Do Next?</p> <ol style="list-style-type: none"> 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. Request OCFS be listed as the certificate holder using the following information: NYS OCFS, 52 Washington Street 202S, Rensselaer, NY 12144 Request coverage for the grant time period. Insurance will need to be renewed throughout the grant with updated forms submitted to NYS OCFS. 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. <p>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.</p> <ul style="list-style-type: none"> ➤ If your organization does not have Workers' Compensation Insurance, you need to set it up to start the day when the first employee starts work. 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 coverage dates starting on the date of licensure and maintained through the grant period. If a provider becomes licensed but does not have employees, they are required to establish insurance starting on the day the first employee works. **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 to start the day when the first employee starts work. 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 ABC Boys and Girls Club 119 First Street New York, NY 10029		CERTIFICATE HOLDER NYS OCFS 52 WASHINGTON STREET ROOM 202 SOUTH RENSSELAER NY 12144	
POLICY NUMBER A1234 56-7	CERTIFICATE NUMBER 656789	POLICY PERIOD 07/27/2018 TO 07/27/2019	DATE 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 RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF A CHANGE IN POLICY INFORMATION, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERTIFICATE](https://www.nysif.com/certificate). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATION.

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

NEW YORK STATE INSURANCE FUND

 DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 12345678

U-26.3


The **Policy Period** dates must cover the start date of the grant or for new providers when the first employee is hired.

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.

 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 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	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
4. Policy provides the following benefits: <input checked="" type="checkbox"/> A. Both disability and paid family leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid family leave benefits only. 5. Policy covers: <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. <input type="checkbox"/> B. Only the following class or classes of employer's employees: <hr/>	
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 <u>Rami Cameron</u> <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small> Telephone Number <u>(212)555-5555</u> Name and Title <u>SUPERVISOR</u>	
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 _____ <small>(Signature of Authorized NYS Workers' Compensation Board Employee)</small> Telephone Number _____ Name and Title _____	
<small>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.</small>	

DB-120.1