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 date 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, or the Workers’ Compensation
     Board’s website (www.wcb.state.ny.us) 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.state.ny.us) 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 - 225 Main Street, Suite 400 - (866) 211-0246
Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
New York, 10027 - 219 W. 125th St. - Manhattan - (800) 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) 211-0244
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. Disability Benefits, when due, will be paid by (Los Beneficios por Incapacidad, cuando debidos, serán pagados por):

The benefits provided are (Los beneficios provistos son):

The Johns Hopkins University

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

This notice must be posted conspicuously in and
about the employer’s place or places of business.

ROBERT E. BELOTEN
CHAIR/PRESIDENT

www.wcb.state.ny.us

The benefits provided are (Los beneficios provistos son):

X Statutory Under a Plan or Agreement

Class(es) of employees covered (Clase(s) de empleados amparados)

All employees eligible under New York State Disability Benefits Law

Name of employer (Nombre del Patron)