



Office of Human Resources

Memorandum

TO: _____
(Employee's Name)

FROM: Human Resources Administrator

SUBJECT: Disability Benefits

In accordance with the law, enclosed is a notice that describes your rights under the New York State Disability Benefits Law (DBL), Statement of Rights (DB-271S). You are eligible to file for New York State Disability Benefits when unable to work due to an off-the-job illness or injury. If your claim is approved, benefit rights under the plan begin on the eighth consecutive day of disability or when your sick leave is exhausted, whichever is later. In no case will benefits extend beyond 26 weeks from the date the injury or illness requires you to be off the job.

Since you are also enrolled in the Voluntary Short Term Disability Plan (VSTD) through Sun Life, you will receive an additional benefit such that the benefits received under DBL combined with the VSTD benefit shall total your coverage election amount of \$_____ once your sick leave is exhausted.

Your VSTD benefit continues for up to 26 weeks after your sick leave benefit is exhausted, but your DBL benefit is payable only for up to 26 weeks from the date of your illness or injury. Should your disability continue after DBL benefits expire, your VSTD benefit will be increased to make up the difference so that you will continue to receive your elected benefit amount until your VSTD benefits expire or you are no longer disabled, whichever comes first.

Please complete Part A of the enclosed claim form (Notice and Proof of Claim form Disability, DB-450), have your doctor complete Part B, and return it to this office immediately. We will certify your employment and forward the claim to the insurance company. Any payments that are due will be sent directly to you from the insurance company. After the claim is processed, benefits are paid biweekly while the disability continues.

Please contact this office if you have any questions.

Enclosure(s)