



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.

Please complete Part A of the enclosed claim form (Notice and Proof of Claim for 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.

The amount of the benefit is 50 percent of your average weekly wage, with a maximum payment of \$170 per week. The maximum benefit period is 26 weeks from the date the illness or injury first requires you to be off the job, regardless of the amount of sick leave used. Please contact this office if you have any questions.

Enclosure(s)