## AB1B5 >6 =5D E>@9 D>@95@A! 3><?5=A1B8>= 2>1@4 =>B835 >6 3><?; 81=35 New York State Disability Benefits

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- 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, his or her insurance carrier, 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. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits) You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board. 8<?>@B1=B0 Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
  - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed
    form to your employer or the insurance carrier named below.
  - If you have been unemployed <u>more than</u> four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disabilit