



New York State Disability

Claim Filing Procedure

Employee Instructions:

Please follow the steps below.

Failure to follow proper claim procedures can result in the denial of benefits or an interruption in the flow of claim checks:

Claim Procedure:

- **Complete and sign Claimant's Section (A) of the claim form (DB-450).**
- **Have your Physician fully complete and sign the Medical Provider's Section (B) and forward the claim form to you or directly to your employer as soon as possible.**
- When receiving benefit checks, be sure to **look for paperwork requiring completion by you and / or your physician**. The insurance company may stop paying benefits if you or your physician fail to complete and return forms requesting additional information.

If there are any questions, contact us at (315) 913-3722.

Thank You,
Dave Shopiro

David A. Shopiro, AAI, CIC



Complete and give to your Physician with the NY Disability Claim Form

Date: _____

Patient's Name: _____

Patient's Signature: _____

Request to Medical Provider:

Please complete my NY Disability Claim form and return it to:

____ **Me** at the following address. ____ **My Employer** at the following address.

Please note the following:

This claim form **will be rejected** if the Medical Provider's 'signature date' is **prior to** the 'Date Claimant was unable to work because of this disability' that is stated on the Claim Form.

Thank you for your prompt response to this request!