SHOPIRO AGENCY INC
We UNDERSTAND Insurance

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.

306 Hawley Avenue
Syracuse, NY 13203
Ph: (315) 913-3722
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Trusted Choice
Independent Insurance Agent

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!