

GMHC Client Fact Sheet

NEW YORK STATE DISABILITY (NYSD)

What is New York State Disability?

A worker who has recently left his or her job due to ill health may be eligible for New York State Disability (NYSD). Most employers are required by state law to provide for payment of Disability Benefits. Federal, State and City government employees are not covered by this law. Some teachers in private institutions are covered by agreement with their schools. Board of Education employees are not covered.

NYSD pays 50% of your average weekly wages to a maximum of \$170.00 a week for 26 weeks, *counted from the first day of disability* (which is usually the eighth day from when you stopped working). The amount paid is based on your average weekly wage during the last 8 weeks of employment. No more than \$170 can be paid per week, no matter what you earned. You will receive only money. NYSD does not include any medical benefits. Benefits are **payable** for any non-work related injury or illness *beginning with the eighth consecutive day (1 waiting week) of disability*.

How will I be paid?

Benefits are paid directly to you by the employer's insurance company. Checks are usually mailed every two weeks. The checks should start 4 to 6 weeks after filing the application. If you don't get the checks, call the insurance company. If they don't answer your inquiry satisfactorily, then call the Disability Benefits Infoline: 718/802-6964, 6965 or 6966.

If you are a client, call the GMHC Advocacy Helpline to follow up for you: 212/367-1125.

How do I apply for benefits?

To claim benefits, an application needs to be filed. The white form, DB-450, is used if you became sick or disabled WHILE EMPLOYED, or WITHIN four weeks of stopping work. Your application must be filed within 30 days from the last day worked. The 26 weeks counts from the last day worked.

The green form, DB-300, is used *only* when you

➤ became sick or disabled *after four weeks of being unemployed* and have been collecting unemployment insurance.

If you are receiving Unemployment Insurance, the 26 weeks of disability benefits is counted from the first day of disability, so long as you have not signed for your unemployment checks. There is no waiting week. The application must be filed within 26 weeks of the last day of work. You cannot wait for the unemployment insurance to run out. You must file for NYSD within 26 weeks of the last day you actually worked. You will not be eligible if your first day of disability occurs more than 4 weeks from the last day worked and you were not collecting unemployment insurance. (This information still applies even though unemployment can be extended to one year.)

To file, you complete the Claimant's Statement. Ask your physician to complete the Doctor's Statement.

Note: Keep a photocopy of the completed forms for your records.

Both forms are sent directly to your employer's or your former employer's disability insurance carrier. This is usually a different company than the one that supplies the company's health insurance. Your employer's personnel office will have this information.

How do I find out what insurance carrier my employers uses?

There are two alternatives for finding out who your employer's insurance carrier is. The application can be sent to the Worker's Compensation Board in Albany, which will forward it to the insurance carrier, even if you don't know which company it is. It will take longer to get the benefits this way. The address is:

Worker's Compensation Board
Disability Benefits Board
100 Broadway—Menands
Albany, New York 12241

Or you can call the Disability Benefits Infoline and ask them to find out who the carrier is. If the information is on file it will not take very long to find out. This number can also be called to ask questions: 718/802-6964, 6965 or 6966.

What if I have a family?

The procedures and benefits are the same for single individuals and people with spouses and/or children. The payment rate is also the same.

What else do I need to know?

Although it rarely happens, the employer's insurance carrier has the right by law to require weekly recertification of disability. IF you are asked to recertify your continued disability, it is likely that a letter from your doctor on his/her letterhead stationary will be good enough, or the insurance carrier may have a form that must be filled out by your doctor. They can also ask that you be examined by their physicians. If the insurance company requires this examination, they should pay for it. However, the insurance companies RARELY ask for this kind of recertification. This almost never happens with an AIDS diagnosis. Keep a copy of the application.

To follow up for a decision, call the insurance company, which is required to notify you within 45 days of the filing of the application.

What if my application is rejected?

If you are rejected by the insurance company, you have the right to a hearing before a law judge. Write:

Worker's Compensation Board
Disability Benefits Board
100 Broadway—Menands
Albany, New York 12241

Questions?

Call: Worker's Compensation Board, 518/474-6681,
Disability Benefits Infoline, 718/802-6964, 6965, 6966.

The Client Advocacy Unit at GMHC is available to assist you. For more information, please call our Helpline: 212/367-1125, Wednesdays, 2:00 to 5:30 P.M. Walk-in services are available Tuesdays and Thursdays, 10:00 A.M. to 1:00 P.M.