

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

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.
IMPORTANT: 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 more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

Insured by:

First Unum Life Insurance Company
1225 Franklin Ave, Suite 250
Garden City, NY 11530
1-800-356-5817

Submit claims to:

First Unum Benefits Center
PO Box 100158
Columbia, SC 29202-3158
Phone 1-800-858-6843 / Fax 1-800-447-2498

Policy #: 921815

Effective From: 07/01/2023

To: 08/01/2024

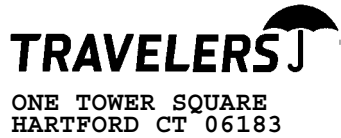
Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees eligible under the New York State Disability Benefits law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.



POLICY NUMBER: UB-6N259033-22-14-G

NEW YORK SECURITY FUND SURCHARGE

Dear Policyholder:

"Companies writing workers compensation insurance business in New York are required to participate in the New York Workers' Compensation Security Fund. If a company becomes insolvent, the security fund settles unpaid claims and assesses each insurance company for its fair share.

New York law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged "NY surcharge", an amount will be displayed on your premium notice."

DATE OF ISSUE: 02-14-22

W31N2E04



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-6N259033-22-14-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

INSURED'S NAME: CHAMPLAIN COLLEGE INCORPORATED

13579-NY

RATE BUREAU ID: 911451999

EXP. MOD. EFFECTIVE DATE: 02-15-22

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 030220266 ENTITY CD 001 00				

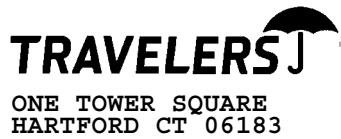
CHAMPLAIN COLLEGE
INCORPORATED

NY- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	391886.00	0.44	1724
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NY MANUAL PREMIUM \$ 1724

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	1724
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		1121
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1121
-10.50% PREMIUM DISCOUNT(0063)		-118
TERRORISM(9740)		125
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		20
TOTAL ESTIMATED PREMIUM		1148
10.20% NY STATE ASSESSMENT		129
TOTAL PREMIUM		1277
DEPOSIT AMOUNT DUE		1277



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 31 03 08 (00)**

POLICY NUMBER: UB-6N259033-22-14-G

NEW YORK LIMIT OF LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New York is shown in Item 3.A of the Information Page.

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to your employees if the bodily injury arises out of and in the course of employment that is subject to and is compensable under the Workers Compensation Law of New York.

POLICY NUMBER: UB-6N259033-22-14-G

**NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT
 PROGRAM EXPLANATORY ENDORSEMENT**

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

Credits are earned for average wages in excess of \$23.24 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit:

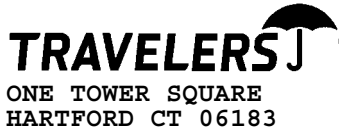
0042	5057	5193	5429	5491	5606	6003	6229	6400	9527
3365	5059	5213	5443	5506	5610	6005	6233	6701	9534
3724	5069	5221	5445	5507	5645	6017	6235	7536	9539
3726	5102	5222	5462	5508	5648	6018	6251	7538	9545
3737	5160	5223	5473	5536	5651	6045	6252	7601	9549
5000	5183	5348	5474	5538	5701	6204	6306	7855	9553
5022	5184	5402	5479	5545	5703	6216	6319	8227	
5037	5188	5403	5480	5547	5709	6217	6325	9526	
5040	5190	5428							

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately four months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York compensation Insurance Rating Board.

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing). For policies with effective dates between January 1 and March 31, the payroll submitted is for the third quarter, as reported to taxing authorities, for the second calendar year preceding the policy effective date. For policies with effective dates between April 1 and December 31, the payroll submitted is for the third quarter, as reported to taxing authorities, for the calendar year preceding the policy effective date. Total payroll (and not limited payroll) is to be reported for employees engaged in the construction of one or two-family residential housing.

Credits are calculated by the New York Compensation Insurance Rating Board. You must submit a completed application to: Attention: Audit Department, New York Compensation Insurance Rating Board, 733 Third Avenue, New York, New York 10017.

The application for credit on a renewal policy must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the renewal policy effective and expiration date, however, it must be accompanied by a letter from the employer stating the reason for the delay.



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 31 03 19 (K)

POLICY NUMBER: UB-6N259033-22-14-G

Under no circumstances will an original application be accepted for any policy if it is received after the expiration date of the policy to which the credit would have applied, nor will a revised application be accepted if it is received later than one (1) year from the expiration date of the policy to which the credit would have applied.

The New York Workers' Compensation and Employers' Liability Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.

For online entry of the information requested on this form refer to: <http://www.nycirb.org/cpap>

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. Endorsement No.
Insured Premium \$
Insurance Company Countersigned by



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 31 04 05 (A)**

POLICY NUMBER: UB-6N259033-22-14-G

**NEW YORK SAFE PATIENT HANDLING ACT PROGRAM EXPLANATORY
ENDORSEMENT (FLAT CREDIT)**

The New York Safe Patient Handling Act Program (NYSPHAP) allows a premium credit for New York employers in the healthcare industry. This credit exists to recognize compliance with Section 2997-k(2) of the New York State Public Health Law.

The Information Page of this policy will show a credit of 2.5% if you are eligible for this credit. You are eligible for a NYSPHAP credit if you are in compliance with the requirements of New York State Public Health Law Section 2997-k(2) and your policy contains classification codes subject to the NYSPHAP, which may include, but are not limited to the following:

- 8829 "Nursing Home-All Employees"
- 8833 "Hospital-Professional Employees"
- 8865 "Alcohol or Drug Rehabilitation Facility – All Employees & Clerical"
- 8866 "Assisted Living Facility – All Employees & Clerical"
- 9040 "Hospital-All Other Employees"

Contact your broker, agent, or insurance carrier if you believe you are eligible for a NYSPHAP credit.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

NEW YORK WORKERS' COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL

Policyholder Disputes

Policyholders are entitled to inquire, challenge and dispute issues relating to classification, ownership, premium auditing and/or other New York Compensation Insurance Rating Board ("Rating Board") rulings or decisions pertaining to this policy. Please refer to the New York Workers' Compensation Policyholder Notice of Right to Appeal process noted below.

Inquiries may also be directed to the New York State Department of Financial Services (DFS) at:
<http://www.dfs.ny.gov/about/contactus.htm#consumer>
or by calling the Consumer Hotline at 800-342-3736 (Monday through Friday, 8:30 AM to 4:30 PM).

New York Workers' Compensation Policyholder Notice of Right to Appeal Process

An insured, or its representative, (hereafter referred to as "insured") may appeal the application of a rule or procedure contained in the New York Workers' Compensation & Employers' Liability Manual. Rules or procedures are defined as those determinations, either by a carrier or the Rating Board, which define the variables which make up, the policy conditions. Examples include: classification codes, ownership information, premium audits, and any other determination which may affect the policy.

To be considered for a review, a written request explaining the reason(s) for the appeal must be submitted to the Rating Board. Upon receipt of the request for review, the following actions will be taken:

1. The Rating Board will review the request and respond to the parties within sixty (60) days, either granting the parties or their authorized representatives their request or sustaining the Rating Board's original ruling.
2. If not satisfied with the outcome of 1. above, the parties may then request, in writing, a conference with members of the Rating Board staff. The request must state the nature of the complaint and supply any supporting documents. The appropriate Department Vice President or his or her designated representative will preside at the conference.
3. If the dispute is not resolved by the conference, the parties may then appeal to the Underwriting Committee of the Rating Board for a hearing to consider the staff ruling. This appeal must be in writing and must specify the reasons for the appeal and the nature of the complaint.

Following the Committee's receipt of the appeal request, the parties will be notified about the time and place for the hearing. The appeal will be heard at the next Underwriting Committee meeting for which appropriate time can be devoted to the matter.

After the hearing, the parties will be advised, in writing, of the Underwriting Committee decision on the complaint.



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 31 06 18 (A)

POLICY NUMBER: UB-6N259033-22-14-G

- 4. If the Underwriting Committee ruling is not satisfactory to either party, then the aggrieved party may request a hearing at the New York State Department of Financial Services to consider the disputed decision.
- 5. The decision of the New York State Department of Financial Services may be appealed to a court of law, by the parties involved or the Rating Board.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

POLICY NUMBER: UB-6N259033-22-14-G

**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE
FOR NEW YORK WORKERS' COMPENSATION INDEMNITY AND MEDICAL BENEFITS**

This medical and indemnity deductible program is being offered to policyholders with an estimated annual premium at inception of twelve thousand dollars or more. Under this deductible program we pay all amounts in their entirety applicable to each compensable claim under Part One of the policy.

We then obtain reimbursement from you, the policyholder, subject to the limits of the deductible amount for each occurrence. You are liable to us for the deductible amount in regard to benefits paid for compensable claims, and failure by you to reimburse any deductible amounts to us shall be treated in the same manner as nonpayment of premium.

The deductibles paid by you during any one year period of insurance shall not exceed the estimated annual premium at inception for such policy of insurance. A policy written under this deductible program shall have attached the New York Benefits Deductible Endorsement WC 31 03 15 (A) to the policy. One of the following deductible amounts, per occurrence, is available for selection by you to activate this program.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days from the effective date of your policy. An endorsement will then be attached to your policy to reflect the change.

If you decide that you do not want the deductible to apply, you may disregard this form. Your policy will continue in force as issued.

For a complete explanation of how this program operates or the savings available, please contact your agent.

DEDUCTIBLE TABLE

**DEDUCTIBLE
PER OCCURRENCE:**

\$ 100	\$1,000
\$ 200	\$1,500
\$ 300	\$2,000
\$ 400	\$2,500
\$ 500	\$5,000

DATE OF ISSUE: 02-14-22

YES, I WANT A DEDUCTIBLE OF \$ _____ APPLIED TO MEDICAL AND INDEMNITY BENEFITS UNDER THE NEW YORK WORKERS COMPENSATION LAW. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

I understand that in accordance with New York law, I have the option of modifying the above deductible program choice at the time of renewal of my Workers' Compensation policy with the insurance company named below .

Date: _____

Employer: _____

Name: _____

Title: _____

Signature: _____

Insurance Company: _____

New York Notice to Employers

The Construction Employment Payroll Limitation Law, enacted under Senate Bill S7744 and Assembly Bill A11294, provides a more equitable distribution of premium between high wage paying and low wage paying employers in the construction industry. One or more classification codes applicable to your policy may be subject to the Payroll Limitation Law. ***See list of eligible classifications below.*** The Law does not, however, apply to employments engaged in the construction of one or two family residential housing.

Your overall premium may increase or decrease depending on geographic territories and/or payroll limitations. The actual weekly payroll of each employee performing the employments subject to an eligible classification code is subject to the following limitations:

- a maximum of \$1,357.11 for the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2018.
- a maximum of \$1,401.17 for the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2019.
- a maximum of \$1,450.17 for the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2020.
- a maximum of \$1,594.57 for the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2021.

The construction employment geographic territories are:

Territory 1 – Counties of the Bronx, Kings, New York, Queens and Richmond

Territory 2 – Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester

Territory 3 – All other counties within the State

Please note that since your operations may be subject to the law, an employer with an eligible classification code is required to maintain true and accurate weekly records for each employee that shows:

1. Each employee's total weekly wages and hours worked;
2. The type of work performed;
3. The geographic territory in which the work was performed; and
4. Whether or not the work was performed on commercial structures or on one/two family residential housing.

Eligible classification codes are those currently contained in the New York Construction Classification Premium Adjustment Program (PAP), with the exception of code 5645, which applies to the construction of one or two family residential dwellings. The specific listing of eligible classification codes is as follows:

0042	5057	5193	5428	5480	5547	6003	6229	6325	9526
3365	5059	5213	5429	5491	5606	6005	6233	6400	9527
3724	5069	5221	5443	5506	5610	6017	6235	6701	9534
3726	5102	5222	5445	5507	5648	6018	6251	7536	9539
3737	5160	5223	5462	5508	5651	6045	6252	7538	9545
5000	5183	5348	5473	5536	5701	6204	6260	7601	9549
5022	5184	5402	5474	5538	5703	6216	6306	7855	9553
5037	5188	5403	5479	5545	5709	6217	6319	8227	
5040	5190								

The definition of the term "construction" as used in the Payroll Limitation Law includes new construction, as well as the remodeling, repair and maintenance work on existing structures.

If you have any questions regarding this law, please contact your agent, broker or insurance carrier underwriter.

State of New York
Determination of Classification Change from 11/1/2020 to 11/1/2021 Rates

Company Name	Company Abreviation	Old Company LCM (for policies effective 11/01/2020 - 10/31/2021)*	New Company LCM (effective 11/1/2021)
Charter Oak Fire Insurance Company	COF	1.025	1.025
Travelers Indemnity Company of America	TIA	1.140	1.140
Travelers Indemnity Company of Connecticut	TCT	1.207	1.207
Travelers Indemnity Company	IND	1.274	1.274
Travelers Casualty and Surety Company	ACR	1.341	1.341
Travelers Property Casualty Company of America	TIL	1.341	1.081
Travelers Casualty Insurance Company of America	ACJ	1.408	1.408
Phoenix Insurance Company	PHX	1.475	1.475

Notes: "If you were insured with a **different carrier** last year, compare the current loss costs and multiplier to those used by your prior carrier."

To obtain the classification percentage change, multiply the loss cost classification percentage change in the attached pages to the company LCM change (Proposed Company / Prior Company). (Small differences may exist due to rounding).

* The appropriate 'Old' LCM should be used from the above table, in accordance with the effective date of the expiring policy.

The pages below compare the loss costs revision from 10/01/2020 to 10/01/2021. On 11/01/2021 there was an LCM change as shown in the table above. The following examples illustrate how to determine the impact.

Example 1 (No change in company LCM):

This example assumes a proposed effective date of 11/1/2021 (effective date of previous policy term was 11/1/2020).

Prior Company: TIA
Proposed Company: TIA
Class Code: 3634

Take the change in decimal form for class 3634 from the attached pages (loss cost comparison) which is 0.938 (-0.062+1.000). Then multiply by the company LCM change (Proposed Company LCM / Prior Company LCM).

$$(0.938) \times (1.140 / 1.140) = 0.938 \text{ (-6.2\%)}$$

which indicates a 6.2% decrease from the November 2020 rate. If the result of the multiplication was greater than 1.000, then the result is an increase. If the result of the multiplication is less than 1.000; this implies a decrease.

Example 2 (Change in Company LCM):

This example assumes a proposed effective date of 11/1/2021 (effective date of previous policy term was 11/1/2020).

Prior Company: TIA
Proposed Company: TIL
Class Code: 3634

Take the change in decimal form for class 3634 from the attached pages (loss cost comparison) which is 0.938 (-0.062+1.000). Then multiply by the company LCM change (Proposed Company LCM / Prior Company LCM).

$$(0.938) \times (1.081 / 1.114) = 0.889 \text{ (-11.1\%)}$$

which indicates a 11.1% decrease from the November 2020 rate. If the result of the multiplication was greater than 1.000, then the result is an increase. If the result of the multiplication is less than 1.000; this implies a decrease.

NEW YORK WORKERS' COMPENSATION

November 1, 2021 LOSS COST MULTIPLIER CHANGE

EXPLANATORY MEMORANDUM

Effective November 1, 2021, the company loss cost multiplier was revised for Travelers Casualty Insurance Company of America. The LCMs are multiplied by the appropriate classification loss costs to determine the final rate. The reason for the change in LCM is to create a newly deviated company.

NEW YORK WORKERS' COMPENSATION

OCTOBER 1, 2021 LOSS COST REVISION

EXPLANATORY MEMORANDUM

An overall loss cost decrease of 6.4% has been approved by the New York State Department of Financial Services to become effective on October 1, 2021.

The following is a description of the various components of the approved change:

Loss Experience – The latest two policy years of experience produced an decrease of 1.7% in the overall loss cost level.

Legislative Changes – This revision includes an estimate of the cost impact of the latest increases in the maximum weekly benefits that were set forth in the 2007 workers' compensation reform legislation. This component contributed an increase of 2.0% to the overall change.

Loss Adjustment Expenses – A review of the latest data available resulted in a increase of 0.6% in the Loss Adjustment Expense provision.

Future Trends – The latest analysis of New York claim severity and claim frequency indicates a continuing decrease in claim frequency, an upward trend in indemnity claim costs and a mild upward trend in medical claim costs. Combined with a projected wage trend, the final selected net trend factor is -6.3%.

Catastrophe Provision – This revision contains no changes the loss cost for terrorism to \$0.03 per \$100 of total policy payroll (2.3% of premium for non-payroll classifications), representing a decrease of 33.3% from the previous provision. This revision also changes the loss for natural disasters and catastrophic industrial accidents to \$0.005 per \$100 of total policy payroll(0.4% of premium for non-payroll classifications), representing a decrease of 37.5% from previous provision. These changes contribute a decrease of 1.1% to the overall change.

Classification Loss Costs – Although the average manual loss cost level is decreasing by 5.4%, individual classification loss cost changes are based on the most recently available loss experience for each classification. Both increases and decreases from the current loss costs have been actuarially calculated for each class. This process ensures that each classification loss cost reflects the appropriate level relative to the experience of the other classifications.

Workers' Compensation - New York

Loss Cost Comparison - October 1, 2020 to October 1, 2021

Class Code	Oct. 2021	Oct. 2020	% Change	Class Code	Oct. 2021	Oct. 2020	% Change
0005	1.72	1.91	-9.9%	2089	5.85	6.57	-11.0%
0006	2.32	2.75	-15.6%	2095	5.54	6.25	-11.4%
0007	1.56	1.80	-13.3%	2101	6.77	6.74	0.4%
0031	1.88	2.08	-9.6%	2105	4.69	5.63	-16.7%
0034	3.59	3.82	-6.0%	2111	2.04	2.25	-9.3%
0035	2.47	2.72	-9.2%	2112	6.68	7.84	-14.8%
0042	4.56	4.91	-7.1%	2114	7.17	6.84	4.8%
0050	2.63	3.42	-23.1%	2121	4.79	4.47	7.2%
0106	5.76	6.32	-8.9%	2143	3.10	3.39	-8.6%
0251	13.18	15.14	-12.9%	2150	8.07	9.21	-12.4%
0771	8.11	7.67	5.7%	2157	11.37	12.22	-7.0%
0908	163.50	145.89	12.1%	2172	3.81	3.40	12.1%
0909	211.06	178.26	18.4%	2288	6.02	6.85	-12.1%
0912	993.22	838.87	18.4%	2302	2.70	2.62	3.1%
0913	510.09	430.82	18.4%	2362	1.92	2.11	-9.0%
0917	3.86	4.15	-7.0%	2380	5.71	6.74	-15.3%
1170	2.85	3.25	-12.3%	2387	3.81	4.08	-6.6%
1320	4.02	4.58	-12.2%	2388	2.80	3.15	-11.1%
1430	2.64	3.11	-15.1%	2402	2.07	2.31	-10.4%
1438	8.82	9.52	-7.4%	2413	3.41	3.76	-9.3%
1439	4.06	4.88	-16.8%	2416	2.76	2.43	13.6%
1452	7.50	7.46	0.5%	2417	2.50	2.84	-12.0%
1463	5.38	6.05	-11.1%	2501	0.93	0.94	-1.1%
1470	8.49	9.73	-12.7%	2503	0.97	1.08	-10.2%
1624	3.58	3.98	-10.1%	2534	3.40	4.10	-17.1%
1701	4.07	4.47	-8.9%	2553	2.08	2.19	-5.0%
1710	5.86	5.99	-2.2%	2570	4.27	5.22	-18.2%
1741	7.58	7.36	3.0%	2571	3.23	3.47	-6.9%
1747	14.90	18.19	-18.1%	2576	3.22	3.17	1.6%
1748	7.37	8.12	-9.2%	2578	2.69	2.92	-7.9%
1809	9.30	10.60	-12.3%	2590	2.42	2.61	-7.3%
1810	6.09	7.57	-19.6%	2591	4.95	5.45	-9.2%
1860	6.28	8.58	-26.8%	2593	5.00	5.85	-14.5%
1924	4.14	4.95	-16.4%	2594	5.90	5.90	0.0%
1925	6.51	7.47	-12.9%	2600	6.62	6.91	-4.2%
2001	3.74	4.39	-14.8%	2623	3.26	3.82	-14.7%
2002	4.23	4.09	3.4%	2640	12.36	12.57	-1.7%
2003	5.31	5.37	-1.1%	2660	2.27	2.40	-5.4%
2014	3.77	3.38	11.5%	2670	3.84	3.46	11.0%
2021	3.47	3.46	0.3%	2683	4.61	4.86	-5.1%
2039	7.51	7.04	6.7%	2688	1.39	1.46	-4.8%
2041	3.43	3.82	-10.2%	2689	0.80	0.93	-14.0%
2065	2.51	2.92	-14.0%	2702	9.50	10.31	-7.9%
2070	5.59	5.76	-3.0%	2710	4.47	5.22	-14.4%
2081	8.01	9.38	-14.6%	2714	5.97	7.03	-15.1%

Workers' Compensation - New York

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Class Code	Oct. 2021	Oct. 2020	% Change	Class Code	Oct. 2021	Oct. 2020	% Change
2731	4.05	4.49	-9.8%	3191	2.59	3.14	-17.5%
2737	5.65	5.79	-2.4%	3200	3.02	3.10	-2.6%
2759	8.79	10.30	-14.7%	3220	2.54	2.61	-2.7%
2790	1.22	1.43	-14.7%	3227	28.44	29.89	-4.9%
2802	5.23	6.39	-18.2%	3241	5.60	4.90	14.3%
2817	3.52	3.88	-9.3%	3257	2.76	3.11	-11.3%
2835	2.13	2.43	-12.3%	3270	1.90	2.24	-15.2%
2841	4.41	4.78	-7.7%	3307	2.51	3.01	-16.6%
2881	3.30	3.01	9.6%	3315	12.02	11.48	4.7%
2883	2.95	3.41	-13.5%	3336	2.48	2.55	-2.7%
2913	6.83	6.26	9.1%	3365	7.31	7.54	-3.1%
2916	3.19	3.41	-6.5%	3372	2.68	2.57	4.3%
2923	3.07	2.66	15.4%	3381	1.62	1.87	-13.4%
2942	1.99	2.40	-17.1%	3383	0.49	0.53	-7.5%
3004	4.17	4.42	-5.7%	3384	0.25	0.24	4.2%
3018	8.46	9.57	-11.6%	3385	0.86	0.99	-13.1%
3022	6.12	6.96	-12.1%	3400	11.17	11.41	-2.1%
3027	2.12	2.58	-17.8%	3507	3.53	3.88	-9.0%
3028	7.54	8.65	-12.8%	3515	3.17	3.53	-10.2%
3030	8.73	9.33	-6.4%	3548	1.86	1.93	-3.6%
3040	8.15	7.72	5.6%	3559	4.24	4.30	-1.4%
3041	4.43	4.59	-3.5%	3561	2.84	2.75	3.3%
3042	4.64	4.91	-5.5%	3574	1.03	0.96	7.3%
3060	8.26	9.86	-16.2%	3581	1.53	1.68	-8.9%
3064	4.00	4.96	-19.4%	3612	2.69	2.64	1.9%
3066	3.58	3.60	-0.6%	3620	4.35	4.68	-7.1%
3067	3.11	3.27	-4.9%	3629	1.71	1.91	-10.5%
3076	3.22	3.47	-7.2%	3632	3.02	3.32	-9.0%
3081	4.03	4.46	-9.6%	3634	1.80	1.92	-6.2%
3085	7.02	7.61	-7.8%	3635	1.81	2.08	-13.0%
3110	7.90	10.04	-21.3%	3638	2.41	2.97	-18.9%
3111	3.66	4.39	-16.6%	3642	1.12	1.44	-22.2%
3113	2.00	2.04	-2.0%	3643	2.78	2.76	0.7%
3114	2.31	2.78	-16.9%	3647	4.87	4.40	10.7%
3118	2.12	2.26	-6.2%	3648	2.26	2.18	3.7%
3122	5.23	5.28	-0.9%	3681	1.10	1.26	-12.7%
3126	12.67	15.05	-15.8%	3685	1.41	1.54	-8.4%
3129	4.17	4.15	0.5%	3686	1.57	1.76	-10.8%
3132	1.78	2.03	-12.3%	3724	4.42	4.56	-3.1%
3145	2.22	2.26	-1.8%	3726	4.86	6.76	-28.1%
3146	1.59	1.64	-3.0%	3737	4.64	4.48	3.6%
3169	4.18	4.41	-5.2%	3807	4.26	4.84	-12.0%
3179	2.23	2.45	-9.0%	3808	3.95	4.16	-5.0%
3188	3.00	3.06	-2.0%	3821	6.67	7.48	-10.8%
3190	2.83	2.92	-3.1%	3823	3.97	4.45	-10.8%

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Class Code	Oct. 2021	Oct. 2020	% Change	Class Code	Oct. 2021	Oct. 2020	% Change
3824	4.05	4.51	-10.2%	4410	5.16	5.58	-7.5%
3826	1.47	1.61	-8.7%	4420	11.90	12.31	-3.3%
3827	3.92	4.73	-17.1%	4431	4.02	4.50	-10.7%
3830	1.70	2.37	-28.3%	4432	1.96	2.06	-4.9%
3832	2.26	2.51	-10.0%	4439	3.63	3.73	-2.7%
3865	2.63	2.82	-6.7%	4452	2.81	3.28	-14.3%
3881	3.56	(a)	0.0%	4459	3.71	4.06	-8.6%
4000	4.96	5.88	-15.6%	4470	4.32	4.68	-7.7%
4024	6.49	5.97	8.7%	4475	2.29	2.54	-9.8%
4034	8.38	8.88	-5.6%	4476	1.95	1.99	-2.0%
4038	2.52	2.89	-12.8%	4479	2.35	2.53	-7.1%
4053	3.26	3.99	-18.3%	4493	3.88	4.68	-17.1%
4061	3.09	3.72	-16.9%	4511	0.70	0.71	-1.4%
4062	7.08	6.85	3.4%	4557	1.18	1.31	-9.9%
4101	2.60	3.04	-14.5%	4558	3.90	4.35	-10.3%
4111	2.17	2.34	-7.3%	4568	2.23	2.46	-9.3%
4112	1.22	1.50	-18.7%	4583	6.95	6.57	5.8%
4114	2.61	2.67	-2.2%	4597	1.80	2.08	-13.5%
4130	5.18	6.37	-18.7%	4611	2.04	2.17	-6.0%
4131	4.64	4.37	6.2%	4628	2.06	1.96	5.1%
4133	3.21	3.26	-1.5%	4635	6.24	6.14	1.6%
4150	1.55	1.77	-12.4%	4653	3.39	2.99	13.4%
4207	0.89	1.03	-13.6%	4665	10.25	10.87	-5.7%
4239	2.68	2.80	-4.3%	4692	1.07	1.20	-10.8%
4240	3.79	4.48	-15.4%	4693	2.15	2.24	-4.0%
4243	3.31	3.67	-9.8%	4710	2.00	2.53	-20.9%
4244	2.85	3.00	-5.0%	4712	1.97	2.03	-3.0%
4250	2.72	2.81	-3.2%	4720	2.62	3.09	-15.2%
4251	2.08	2.33	-10.7%	4751	2.04	2.37	-13.9%
4263	3.55	4.05	-12.3%	4771	2.49	2.94	-15.3%
4273	3.47	3.43	1.2%	4825	0.79	0.86	-8.1%
4279	4.30	4.72	-8.9%	4828	2.50	2.39	4.6%
4282	0.32	0.37	-13.5%	4829	2.26	2.28	-0.9%
4298	1.93	2.20	-12.3%	4902	2.62	3.26	-19.6%
4299	2.26	2.33	-3.0%	4923	1.21	1.30	-6.9%
4301	6.56	7.29	-10.0%	5000	12.19	14.89	-18.1%
4304	11.52	11.16	3.2%	5022	18.14	19.23	-5.7%
4307	2.90	3.15	-7.9%	5037	29.64	29.54	0.3%
4310	2.44	2.71	-10.0%	5040	21.38	23.03	-7.2%
4312	2.98	3.16	-5.7%	5057	10.42	13.61	-23.4%
4351	2.09	2.11	-0.9%	5059	32.87	42.24	-22.2%
4352	0.56	0.66	-15.2%	5069	31.55	30.89	2.1%
4360	0.33	0.31	6.5%	5102	13.44	14.12	-4.8%
4361	0.52	0.59	-11.9%	5160	5.13	5.26	-2.5%
4362	0.39	0.48	-18.8%	5183	6.58	6.77	-2.8%

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Class Code	Oct. 2021	Oct. 2020	% Change	Class Code	Oct. 2021	Oct. 2020	% Change
5184	6.71	7.12	-5.8%	6204	7.91	7.20	9.9%
5188	5.71	6.11	-6.5%	6216	8.61	9.08	-5.2%
5190	4.83	4.94	-2.2%	6217	5.92	6.75	-12.3%
5191	1.28	1.34	-4.5%	6229	3.73	4.14	-9.9%
5192	5.07	4.88	3.9%	6233	4.39	4.85	-9.5%
5193	6.90	8.51	-18.9%	6235	6.56	6.59	-0.5%
5213	20.55	19.73	4.2%	6251	16.31	17.54	-7.0%
5221	11.32	11.28	0.4%	6252	2.44	2.81	-13.2%
5222	12.11	11.18	8.3%	6306	9.35	9.57	-2.3%
5223	6.24	6.99	-10.7%	6319	4.13	5.19	-20.4%
5348	8.34	8.64	-3.5%	6325	7.37	7.21	2.2%
5402	5.67	6.98	-18.8%	6400	5.62	5.48	2.6%
5403	13.72	13.75	-0.2%	6504	4.15	4.45	-6.7%
5428	7.07	7.15	-1.1%	6701	15.48	16.09	-3.8%
5429	7.01	7.12	-1.5%	6801	28.55	30.97	-7.8%
5443	9.60	8.32	15.4%	6811	4.29	4.55	-5.7%
5445	9.20	9.08	1.3%	6824	10.81	11.53	-6.2%
5462	7.37	8.16	-9.7%	6826	3.90	4.64	-15.9%
5473	28.17	29.64	-5.0%	6834	3.01	3.74	-19.5%
5474	9.74	9.63	1.1%	6836	3.17	3.29	-3.6%
5479	6.10	7.07	-13.7%	6843	10.28	12.15	-15.4%
5480	11.04	11.53	-4.2%	6854	2.59	2.77	-6.5%
5491	2.04	2.28	-10.5%	6872	12.77	15.79	-19.1%
5506	13.00	13.74	-5.4%	6874	46.02	52.90	-13.0%
5507	7.71	8.32	-7.3%	6875	92.33	97.43	-5.2%
5508	3.96	4.37	-9.4%	6882	8.02	6.83	17.4%
5536	6.02	6.56	-8.2%	6884	40.20	42.55	-5.5%
5538	7.35	6.95	5.8%	6885	57.96	61.14	-5.2%
5545	18.11	19.87	-8.9%	7016	10.37	9.59	8.1%
5547	8.97	10.34	-13.2%	7024	11.52	10.67	8.0%
5606	3.34	3.75	-10.9%	7038	3.02	3.32	-9.0%
5610	9.15	9.62	-4.9%	7046	2.53	2.91	-13.1%
5645	8.46	8.78	-3.6%	7047	20.16	18.97	6.3%
5648	12.89	15.49	-16.8%	7050	5.88	6.45	-8.8%
5651	7.80	7.64	2.1%	7090	3.36	3.69	-8.9%
5701	13.72	15.28	-10.2%	7098	2.81	3.24	-13.3%
5703	13.61	17.21	-20.9%	7099	4.92	5.66	-13.1%
5709	24.37	24.41	-0.2%	7133	4.53	4.66	-2.8%
5951	0.64	0.75	-14.7%	7197	7.35	7.92	-7.2%
5954	4.71	4.93	-4.5%	7201	2.74	3.40	-19.4%
6003	10.46	10.71	-2.3%	7207	3.65	4.14	-11.8%
6005	4.05	4.01	1.0%	7219	10.04	9.99	0.5%
6017	3.72	3.39	9.7%	7231	8.84	9.59	-7.8%
6018	8.61	9.67	-11.0%	7309	3.98	4.30	-7.4%
6045	4.41	4.64	-5.0%	7313	2.44	2.56	-4.7%

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Class Code	Oct. 2021	Oct. 2020	% Change	Class Code	Oct. 2021	Oct. 2020	% Change
7317	25.13	26.42	-4.9%	8008	0.97	0.97	0.0%
7327	26.88	28.29	-5.0%	8012	1.72	1.81	-5.0%
7333	5.58	6.09	-8.4%	8013	0.28	0.31	-9.7%
7335	6.20	6.76	-8.3%	8016	0.67	0.64	4.7%
7337	10.86	11.82	-8.1%	8017	1.31	1.45	-9.7%
7364	0.69	1.00	-31.0%	8018	3.36	3.58	-6.1%
7366	5.55	6.68	-16.9%	8021	5.62	6.02	-6.6%
7367	6.50	7.15	-9.1%	8025	0.91	1.00	-9.0%
7368	6.17	6.75	-8.6%	8031	1.96	2.10	-6.7%
7370	(c)	(c)	-14.6%	8032	0.99	1.02	-2.9%
7377	5.81	6.35	-8.5%	8033	3.41	3.71	-8.1%
7380	8.38	8.80	-4.8%	8034	4.53	4.72	-4.0%
7390	15.65	16.65	-6.0%	8039	1.93	2.03	-4.9%
7394	3.41	4.32	-21.1%	8043	1.04	1.18	-11.9%
7395	3.79	4.80	-21.0%	8044	3.43	3.64	-5.8%
7398	6.63	8.39	-21.0%	8046	2.69	2.98	-9.7%
7403	5.81	6.24	-6.9%	8047	1.28	1.41	-9.2%
7405	1.30	1.26	3.2%	8048	4.62	5.17	-10.6%
7421	0.59	0.64	-7.8%	8068	0.16	0.19	-15.8%
7422	1.61	1.97	-18.3%	8069	0.40	0.48	-16.7%
7431	0.54	0.55	-1.8%	8072	0.71	0.81	-12.3%
7445	0.27	0.30	-10.0%	8090	0.66	0.63	4.8%
7453	0.26	0.29	-10.3%	8102	4.53	5.75	-21.2%
7502	2.15	2.04	5.4%	8103	3.52	4.15	-15.2%
7515	2.10	1.86	12.9%	8105	2.00	2.22	-9.9%
7520	5.71	6.50	-12.2%	8106	6.27	6.75	-7.1%
7536	6.75	6.59	2.4%	8107	3.07	3.31	-7.3%
7538	4.15	4.82	-13.9%	8111	3.99	3.94	1.3%
7539	1.37	1.49	-8.1%	8116	1.37	1.64	-16.5%
7542	3.51	4.27	-17.8%	8199	3.63	3.53	2.8%
7580	3.80	4.47	-15.0%	8209	5.82	6.71	-13.3%
7590	7.99	7.67	4.2%	8215	4.28	5.00	-14.4%
7600	7.86	7.27	8.1%	8227	11.06	12.86	-14.0%
7601	4.23	4.03	5.0%	8232	5.29	5.58	-5.2%
7610	0.20	0.23	-13.0%	8235	5.23	5.94	-12.0%
7710	3.56	3.26	9.2%	8263	6.21	7.46	-16.8%
7711	(e)	(e)	2.8%	8264	5.99	6.85	-12.6%
7716	(e)	(e)	2.8%	8265	7.42	7.83	-5.2%
7720	3.43	2.78	23.4%	8280	13.68	14.53	-5.8%
7723	1.52	1.50	1.3%	8288	4.27	4.06	5.2%
7855	5.16	4.26	21.1%	8291	5.77	6.26	-7.8%
7998	1.62	1.53	5.9%	8292	4.69	5.65	-17.0%
7999	1.96	2.12	-7.5%	8293	8.92	8.95	-0.3%
8001	2.16	2.52	-14.3%	8350	9.60	10.34	-7.2%
8006	1.54	1.80	-14.4%	8353	5.44	4.97	9.5%

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Class Code	Oct. 2021	Oct. 2020	% Change	Class Code	Oct. 2021	Oct. 2020	% Change
8381	1.66	1.94	-14.4%	9019	2.89	3.39	-14.7%
8382	1.50	1.70	-11.8%	9025	14.53	15.67	-7.3%
8385	10.81	10.89	-0.7%	9026	4.06	4.37	-7.1%
8391	2.83	3.14	-9.9%	9027	12.31	10.40	18.4%
8392	2.49	2.46	1.2%	9028	3.03	3.20	-5.3%
8394	4.86	5.20	-6.5%	9029	4.60	5.26	-12.5%
8500	6.23	6.72	-7.3%	9030	4.51	4.95	-8.9%
8601	0.42	0.45	-6.7%	9040	4.41	5.46	-19.2%
8709	25.53	26.76	-4.6%	9044	3.19	3.99	-20.1%
8719	1.89	2.13	-11.3%	9048	2.38	2.43	-2.1%
8720	1.83	2.01	-9.0%	9051	2.63	3.12	-15.7%
8723	0.12	0.12	0.0%	9052	3.14	3.15	-0.3%
8726	2.02	2.45	-17.6%	9055	1.08	1.07	0.9%
8731	2.15	2.55	-15.7%	9058	4.84	4.87	-0.6%
8742	0.27	0.29	-6.9%	9059	8.56	8.73	-1.9%
8745	5.60	6.30	-11.1%	9060	1.35	1.45	-6.9%
8747	0.18	0.16	12.5%	9061	1.82	1.90	-4.2%
8748	0.99	1.05	-5.7%	9063	0.94	0.92	2.2%
8751	3.53	3.70	-4.6%	9065	0.97	1.05	-7.6%
8755	0.74	0.75	-1.3%	9071	1.65	1.78	-7.3%
8800	1.84	1.92	-4.2%	9072	1.78	1.98	-10.1%
8802	0.99	1.13	-12.4%	9074	1.02	1.15	-11.3%
8803	0.04	0.05	-20.0%	9088	7.51	9.08	-17.3%
8809	0.17	0.19	-10.5%	9089	0.34	0.38	-10.5%
8810	0.12	0.12	0.0%	9093	1.18	1.47	-19.7%
8820	0.11	0.12	-8.3%	9101	2.78	2.97	-6.4%
8829	3.18	3.33	-4.5%	9102	2.92	3.31	-11.8%
8831	1.10	1.21	-9.1%	9149	0.98	1.17	-16.2%
8832	0.37	0.39	-5.1%	9157	4.26	4.31	-1.2%
8833	1.14	1.19	-4.2%	9158	1.89	2.06	-8.3%
8838	0.59	0.59	0.0%	9159	1.20	1.26	-4.8%
8840	0.45	0.48	-6.2%	9160	1.50	1.52	-1.3%
8854	3.94	4.53	-13.0%	9178	3.90	3.82	2.1%
8855	0.12	0.12	0.0%	9179	6.26	6.77	-7.5%
8857	2.51	2.71	-7.4%	9180	2.71	2.58	5.0%
8864	3.09	3.30	-6.4%	9182	1.62	1.46	11.0%
8865	2.81	3.04	-7.6%	9186	4.49	5.35	-16.1%
8866	2.26	2.42	-6.6%	9220	6.77	7.42	-8.8%
8868	0.41	0.44	-6.8%	9402	5.00	5.71	-12.4%
8869	0.81	0.93	-12.9%	9403	10.40	10.76	-3.3%
8871	0.12	0.16	-25.0%	9410	7.19	7.39	-2.7%
8901	0.15	0.13	15.4%	9501	1.90	1.93	-1.6%
9014	4.21	4.59	-8.3%	9505	3.51	4.03	-12.9%
9015	1.80	1.83	-1.6%	9519	3.35	3.53	-5.1%
9016	3.48	3.75	-7.2%	9521	3.34	3.84	-13.0%

Workers' Compensation - New York

Loss Cost Comparison - October 1, 2020 to October 1, 2021

<u>Class Code</u>	<u>Oct. 2021</u>	<u>Oct. 2020</u>	<u>% Change</u>	<u>Class Code</u>	<u>Oct. 2021</u>	<u>Oct. 2020</u>	<u>% Change</u>
9522	1.63	1.54	5.8%	9585	0.79	0.87	-9.2%
9526	11.12	12.37	-10.1%	9586	0.62	0.66	-6.1%
9527	30.13	28.19	6.9%	9600	2.04	2.06	-1.0%
9534	10.13	10.07	0.6%	9610	0.88	0.97	-9.3%
9539	8.80	9.92	-11.3%	9620	1.35	1.55	-12.9%
9545	13.88	15.76	-11.95%				
9549	3.16	3.49	-9.5%				
9552	11.34	12.92	-12.2%				
9553	4.69	5.41	-13.3%				

Legend:

(c) - Refer to Miscellaneous Values in the manual for loss costs.

(e) - Refer to Volunteer Firefighters schedule for loss costs. Loss cost change is the same for all population groups in this class.

IMPORTANT NOTICE – PAYOR COMPLIANCE PROGRAM – NEW YORK

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

In April 2015, the New York State Workers' Compensation Board issued Subject No. 046-760 to all employers, employees, insurance carriers providing benefits under the Workers' Compensation Law, attorneys and licensed representatives appearing before the Board regarding the Board's Payor Compliance Program. The subject number states that all payors (including carriers, third-party administrators [TPAs], self-insureds, self-insured trusts/groups and governmental subdivisions) will receive a quarterly report, starting in January 2016, of their performance in each of the following areas:

- Timeliness of the First Report of Injury Filing;
- Timeliness and Reporting of Initial Payment of Compensation;
- Timeliness of Notice of Controversy Filing; and
- Percentage of Claims Controverted.

Your timely reporting of claims is CRITICAL to ensuring compliance with this program. As mandated by WCL 110(2) and NYCRR 300.22, you, as an employer, must report any injury meeting either of the following criteria:

- Injury which has caused, or will cause, a loss of time from regular duties of one day beyond the work shift in which the accident occurred.
- More than ordinary first aid treatment, defined as a single treatment and subsequent observation of minor cuts, scratches, burns, splinters and the like, which do not ordinarily require medical care.

YOU MUST IMMEDIATELY REPORT ALL INJURIES THAT MEET EITHER OF THESE TESTS TO TRAVELERS OR YOUR TRAVELERS AUTHORIZED THIRD - PARTY CLAIMS ADMINISTRATOR.

For more information please visit the Workers' Compensation Board's website, www.wcb.ny.gov, to obtain detailed educational materials, including webinars and other training regarding the Payor Compliance Program.

IMPORTANT NOTICE – SAFE PATIENT HANDLING PROGRAM AFFIDAVIT – NEW YORK

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The New York Safe Patient Handling Act Program allows a 2.5% premium credit for New York health care facilities that comply with the requirements of New York State Public Health Law Section 2997-k(2). If you are an employer that wishes to apply for this premium credit, please complete and sign the attached affidavit W31N4J17 and mail it to your Travelers representative. We will require an updated affidavit at each subsequent renewal. If we do not receive the executed affidavit within thirty (30) days of the policy's inception date no credit will be allowed for that policy period.

**NEW YORK SAFE PATIENT HANDLING ACT
AFFIDAVIT OF COMPLIANCE**

AFFIDAVIT OF: _____ (name of health care facility)

STATE OF: New York

COUNTY OF: _____

I _____ [NAME OF AFFIANT], being duly sworn, hereby attest to the following:

1. I am over the age of 18, and I reside in the State of _____ ;
2. I have personal knowledge of the facts stated herein, and, if called upon as a witness, will testify completely thereto;
3. I suffer no legal disabilities;
4. On or before _____ POLICY EFFECTIVE DATE],
_____ [NAME OF HEALTH CARE FACILITY] (the "Facility")
established a safe patient handling program;
5. The Facility has implemented a safe patient handling program;
6. The Facility conducts patient handling hazard assessments;
7. The Facility has developed a process to identify the appropriate use of the safe patient handling policy;
8. The Facility provides initial and on-going yearly training and education on safe patient handling for all employees involved in patient handling or movement;
9. The Facility has established procedures to ensure that retraining for any employee found deficient is provided as needed;
10. The Facility has set up and utilizes a process for incident investigation and post-investigation review, which may include a plan of correction and implementation of controls;
11. The Facility conducts annual performance evaluations of the program to determine its effectiveness;
12. The Facility considers the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date when developing architectural plans for constructing or remodeling a health care facility;
13. The Facility has developed a process by which an employee may refuse to perform or be involved in patient handling or movement that the employee reasonably believes in good faith will expose a patient or the employee to an unacceptable risk of injury.

I declare that the information stated herein is true, correct, and complete, to the best of my knowledge, information and belief.

Executed this _____ day of _____, 20_____.

Signature

Printed name

Title

NOTARY ACKNOWLEDGEMENT

STATE OF _____, COUNTY OF _____,

Notary Public

My commission expires

IMPORTANT NOTICE TO NEW YORK POLICYHOLDERS

If you have New York employees meeting either of the following conditions, you must take action to obtain a specific posting notice:

1. If you own or operate an automotive or horse drawn vehicle, and have no minimum staff of regular employees who are required to report for work at your established place or business; or
2. If you engage in the business of moving household goods or furniture.

If you meet either of these conditions, New York statute requires you to post and maintain notice C-105.1 in every vehicle owned or operated by you. New York may fine you \$250 for each violation.

Please contact your agent and request the number of copies of this notice that you need. A sample copy of the notice is included.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NOTICE OF COMPLIANCE
TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED
OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

NYS Workers' Compensation Board
Centralized Mailing

PO Box 5205
Binghamton, NY 13902-5205

Customer Service Line: 877-632-4996

AVISO DE CUMPLIMIENTO
A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN
LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL
MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico ó psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener el tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podrá ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina más cercana de la Junta.

CHAIR/PRESIDENTE
Workers' Compensation Board

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación obrera, cuando debidos, serán pagados por):

Name, address and telephone number of licensed insurance carrier, authorized group self-insurer or main office of authorized self-insurer

CHAMPLAIN COLLEGE INCORPORATED
THE TRAVELERS INSURANCE COMPANIES
ONE TOWER SQUARE
HARTFORD, CT 06183
(800) 238-6225

For Insurance Carriers ONLY: Policy No **6N259033**
Policy in Force from **02-15-22** to **02-15-23**

Name of employer (Nombre del patrono)

**THIS NOTICE MUST BE POSTED
CONSPICUOUSLY IN AND ABOUT THE
EMPLOYER'S PLACE OR PLACES OF
BUSINESS.**

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

C-105 (9-17)

Workers' Compensation Board
Prescribed by Chairman
State New York

www.wcb.ny.gov

STATEMENT OF RIGHTS

TO ALL WORKERS WHO ARE INJURED WHILE WORKING OR WHO SUFFER FROM AN OCCUPATIONAL DISEASE

YOU MAY BE ENTITLED TO WORKERS' COMPENSATION BENEFITS

1. You should file a claim for benefits within two years of the date you are injured, unless your injury is very minor, requiring no medical treatment and causing no lost time from work. If you do not file within two years your right to benefits may be lost. Obtain and file a claim form (Form C-3, or VF-3 for volunteer firefighters, or VAW-3 for volunteer ambulance workers) with the nearest Workers' Compensation Board office (see addresses below).
2. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work. (In volunteer firefighters' and volunteer ambulance workers' cases, compensation for lost time or loss of earning capacity may be payable from date of injury.)
3. You are entitled to obtain any necessary medical treatment related to your injury and you should do so immediately.
4. For the treatment of your work-related injury or illness, you may choose any physician, podiatrist, chiropractor, or psychologist (upon referral from an authorized physician) who is Board authorized and who is accepting workers' compensation patients. If, however, your employer is involved in a certified preferred provider organization (PPO) arrangement, you must obtain initial treatment for any workers' compensation injury or illness from the preferred provider organization. Employers participating in this statutory program are required to provide their employees with written notification describing their employees' rights and obligations under the program.
5. You should inform your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and your employer's insurance company, which is indicated at the bottom of this form.
6. You should not pay any medical providers directly for treatment of your work-related injury or illness. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
7. The employer is liable for the replacement or repair of an employee's prosthesis (e.g., artificial members, false teeth, eyeglasses), which has been lost or damaged in the course of employment, whether or not there was bodily injury to the employee. You are also entitled to be reimbursed for drugs, crutches or any apparatus properly prescribed by your doctor, and transportation and other necessary expenses going to and from your doctor's office or hospital. (You should get receipts for all such expenses.)
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire an attorney or licensed representative, you should not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. Lost time and medical benefits are payable directly without a formal direction from the Board, unless your claim is disputed. If your claim is disputed on the grounds that your injury is not work-related or did not arise in the line of volunteer firefighter or ambulance worker duties, then you may qualify for disability benefits for non-work injuries. For more information on entitlement to disability benefits, contact the Workers' Compensation Board office nearest you.
10. You should go back to work as soon as you are able; compensation is never as high as your wage. If you need help returning to work, or with family or financial problems because of your injury, you should contact the nearest Board office and ask for a rehabilitation counselor or social worker.
11. Your employer may not ask you to waive your right to compensation nor may your employer deduct any money from your pay to contribute to the payment of workers' compensation insurance premiums. Further, you cannot be discharged or discriminated against because you filed a claim for workers' compensation benefits.

IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.

This information is a simplified presentation of your rights under the Workers' Compensation Law. It is provided, as required by Section 110 of the Workers' Compensation Law, by your employer's insurance carrier:

THE TRAVELERS INSURANCE COMPANIES
P.O. BOX 4614
BUFFALO, NY 14240-4614

CHAIR
WORKERS' COMPENSATION BOARD

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

THE WORKER'S COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DECLARACION DE DERECHOS

A TODO EMPLEADO LESIONADO EN EL TRABAJO O QUE SUFRA DE ENFERMEDAD OCUPACIONAL: USTED PUEDE TENER DERECHO A BENEFICIOS DE COMPENSACION OBRERA

1. Usted deberá presentar una reclamación de beneficios dentro del término de dos años del día en que fue lesionado, a menos que la lesión sea tan pequeña que no requiera tratamiento médico y que no cause interrupción en su jornada de trabajo. Si no radica dentro del término de dos años, puede perder sus derechos a beneficios. Consiga y radique una forma de reclamación (Forma C-3, o VF-3 para bomberos voluntarios, o VAW-3 para empleados voluntarios de ambulancias) en la oficina más cercana de la Junta de Compensación Obrera (direcciones más abajo).
2. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo. (Bomberos voluntarios y Trabajadores de Ambulancia Voluntarios pueden ser compensados desde el mismo día de su lesión.)
3. Usted tiene derecho a recibir tratamiento médico relacionado con su lesión y debe obtenerlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico ó psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en esta programa establecida por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
7. El patrono es responsable de la sustitución y reparación de aquellos implementos médicos que han sido perdidos o se han deteriorado como consecuencia del empleo, sin que importe el que el empleado haya onosufrido lesión (Ej. miembros artificiales, dentadura postiza, espejuelos). Usted también tiene derecho a ser reembolsado por medicinas, muletas, o cualquier otro implemento debidamente recetado por su médico y por transportación u otro gasto necesario para ir al médico ó al hospital. (Obtenga recibos para justificar gastos.)
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. La compensación se paga inmediatamente, sin esperar por la adjudicación del caso, excepto cuando la reclamación es cuestionada. Si la reclamación es cuestionada en base a que la incapacidad no fue causada por un accidente relacionado con su trabajo ó por una enfermedad ocupacional ó por una lesión en el cumplimiento de su deber como bombero voluntario ó como miembro voluntario del cuerpo de ambulancia, usted puede tener derecho a recibir beneficios por incapacidad (para lesiones fuera del trabajo). Si su reclamación es cuestionada y no está recibiendo beneficios por incapacidad, comuníquese con cualquier oficina de la Junta.
10. Regrese a su trabajo tan pronto pueda. La compensación nunca es tan alta como su sueldo. Si necesita ayuda para regresar al trabajo ó para resolver problemas financieros ó personales por causa de la lesión sufrida, comuníquese con la oficina más cercana de la Junta y solicite hablar con un trabajador social o con un consejero de rehabilitación.
11. Su patrono no puede solicitar que usted le releve de su derecho a compensación, ni puede descontar cantidad alguna de su paga para contribuir al pago de las primas del seguro. Usted no podrá ser despedido ni penalizado por radicar una reclamación en la Junta.

SI TIENE DIFICULTAD EN CONSEGUIR UN FORMULARIO DE RECLAMACIÓN O NECESITA AYUDA PARA LLENARLO Ó TIENE DUDAS SOBRE CUALQUIER SITUACIÓN RELACIONADA CON UNA LESIÓN O ENFERMEDAD COMUNIQUESE CON LA OFICINA MAS CERCANA DE LA JUNTA.

Este resumen es una compilación de los puntos más importantes de sus derechos bajo la ley de compensación obrera. La sección 110 de la ley requiere de su patrono ofrecerle esta información.

THE TRAVELERS INSURANCE COMPANIES
P.O. BOX 4614
BUFFALO, NY 14240-4614

PRESIDENTE
WORKERS' COMPENSATION BOARD

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205