

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
 DISABILITY BENEFITS LAW

THIS AGENCY EMPLOYS AND SERVES
 PEOPLE WITH DISABILITIES WITHOUT
 DISCRIMINATION.

SUPPLEMENT TO CERTIFICATE OF INSURANCE

This supplement is attached to and made a part of the Certificate of Insurance, Form DB-820/829, filed for _____ by _____
Name of Employer Name of Carrier
 and said carrier certifies that benefits are payable to eligible employees at least to the extent described herein.

W.C.B. Plan No.	Employer's U. I. Reg. No.
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SCHEDULE OF BENEFITS AND CONTRIBUTIONS

WAGE OR OTHER CLASSIFICATION	WEEKLY CASH				HOSPITAL		SURGICAL	MEDICAL			EMPLOYEE CONTRIBUTIONS
	Weekly Benefit	Maximum Duration (Weeks)	Waiting Period		Daily Benefit	Maximum Duration (Days)	Largest Scheduled Payment (Attach Schedule)	Per Visit			
			\A	\S				Hospital	Doctor's Office	Home	

1. The definition of "disability," and the provisions for determining benefits payable for successive periods of disability, are at least as favorable as those specified in the Disability Benefits Law.

2. The weekly cash benefits are subject to the limitations specified in Secs. 205 and 206 of the Disability Benefits Law, except _____
(If no exceptions, enter "NONE")

3. Are there any restrictions or limitations on the payment of benefits which are other than those specified in the Disability Benefits Law? Yes No If Yes, list below: