New York State

Disability Insurance Enrollment Form

NEW YORK STATE RESTAURANT SERVICES

Name of Corporation:
Restaurant Name/DBA:
Location Address:
Mailing Address (if different from above):
Effective Date of Coverage:

Current Insurance:

Disability Insurance Carrier:
Workers' Compensation Carrier:
Number of Employees: Males Females
N.Y.S. Unemployment#:
Federal I.D. #:

Which benefits you are applying for? (All rates are monthly rates/employee)

State Mandated Benefit:

☐ $2.70 Females; $1.65 Males (50% of salary up to $170 per/week)

*Rates applicable to 50 lives and Under.
Rates appliable to 50 lives and above $2.70 Male/Female

Enriched Options

☐ 1 1/2 x State (50% of salary up to $225 pr/week) $3.90
☐ 2 x State (50% of salary up to $340 per/week) $5.00
☐ 3x State (50% of salary up to $510 per/week) $6.50

Under a Corporation, do officers wish to be covered

☐ Yes ☐ No

If Officers do not elect for coverage, please be advised additional officer exclusion form will be required.

Do your employees currently contribute? ☐ Yes ☐ No

Contact: Title:
Phone: Fax:

Signature: _____

Administrated by: New York State Restaurant Services
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