



**NY STATE MANDATED DBL/PFL  
Additional Information Questionnaire**

(Required Supplement to NY DBL/PFL Master Application)

**Employer Name:** \_\_\_\_\_ **GUARDIAN NY DBL Policy #:** \_\_\_\_\_  
*Guardian Use Only*

**BILLING CONTACT INFORMATION:**

(For all related billing inquiries and designated recipient of the Guardian premium billing statements.)

**Contact Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address (required):** \_\_\_\_\_

**Billing Address:**  Same as mailing address listed on Master Application  
\_\_\_\_\_  
\_\_\_\_\_

**TAX REPORTING OPTIONS:** (Please check one)

- Tax Reports Only**  
Quarterly and Yearend Tax Reports will be mailed to Primary Plan Holder Contact. Reports will also be available online via the employer’s Guardian Anytime account. Self-Registration required.
- W-2 Printing AND Tax Reports**  
Guardian prints W-2. Policyholder files W-2 using Policyholder Fein as provided on the Master Application.

**NY REGULATION 194 Requirement:** (Applicable for NY situs employers only - Required for all Field Reps and Full Time Agents)

Regulation 194 Form Included  Not Required

**Teleguard Claim Service\*** (Guardian Office Use Only)

- Included  Not Eligible
  - Plan Registered (via PFM Email)
  - Customized ID Cards Ordered (via Group Forms)

\*Eligibility Requirements – Estimated annual disability premium on policy must exceed \$15,000. Applies to DBL Claims only. Paid Family Leave Claims will still require completion of PFL Claim form even if Teleguard service is included on the policy.

**ADDITIONAL COVERAGE OPTIONS:**

**Corporate Officers Coverage Exclusion/NY situs Employer** – (only applicable to Corporations with 2 or less Corporate Officers)

Officers are deemed to be included in coverage for disability and paid family leave under the issued policy as they are considered employees. However, Corporations with 2 or less Corporate Officers may elect to exclude one or both of the Corporate Officers from the statutory coverage. In order to file for exclusion, Form DB212.3 must be submitted with the Master Application. Form may be found on the NY WCB website, <http://www.wcb.ny.gov/content/main/forms/db212-3.pdf>  
Coverage exclusion will be limited to the Officers named on the DB212.3 Form and listed below:

\_\_\_\_\_

**OUT OF STATE EMPLOYEE COVERAGE** (DBL only – PFL excluded from coverage)  
 Employers situated in New York State may elect to cover their employees working in other **Non-Mandated Disability** states with the same DBL benefit provisions, billed under separate division of their DBL policy, at the same billing address as noted on page one of this form. **Coverage is subject to prior UW approval** and limited to Disability coverage only, since under NY State Law, PFL may not be offered to any non-NY covered employees working outside the State of NY. Also, since the Out of State employees would not be considered NY covered employees, they are NOT protected under NY State law.  
 If elected, list the applicable states where the employees work and number of employees (M/F) per state:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

In lieu of this option, Guardian would recommend traditional Short-Term Disability coverage.

**PARTNER/PROPRIETOR VOLUNTARY COVERAGE\* for Sole Proprietors and Partners (LLC and LLP) with NY Covered Employees**

Under NY Disability Law, sole proprietors and partners of LLC or LLP that have employees, are automatically excluded from disability and PFL coverage. However, they may, voluntarily, elect to be included under the same policy, providing they obtain prior approval from the NY Workers Compensation Board (NY WCB) to be approved for Voluntary Coverage for both disability and paid family leave coverage.

Requirements for Issuance of Coverage under Guardian Policy:

- Submit application for Voluntary Coverage (DB-135 or DB-136) to NY WCB.  
 Forms available on NY WCB website; <http://www.wcb.ny.gov/content/main/forms/db135.pdf> ;  
<http://www.wcb.ny.gov/content/main/forms/db136.pdf>
- Upon receipt of Approval from NY WCB (DB-140), submit copy of DB-140 to Guardian for coverage to be issued as an amendment to policy, effective as of date noted on the DB-140. PP coverage will be issued as separate billed division under the existing DBL/PFL policy. PP coverage subject to separate billing rates as noted below, based on the policy billing mode.  
 DB-140 Form Attached     DB-135/136 submitted to NY WCB, DB-140 Approval Pending
- Partner/Proprietor Rates: Disability (DBL) – \$6.85/mo. (Payable Quarterly in Arrears); \$68.86/yr. (Payable Annual in Advance); Paid Family Leave (PFL) – same as all other eligible employees. Rates are established by NYS DFS and can be found at, [www.guardiananytime.com/NY-paid-leave](http://www.guardiananytime.com/NY-paid-leave)

\*Guardian does not offer Partner/Proprietor Coverage for Sole Proprietors with no employees.

Important Requirement Guidelines Concerning Approved Voluntary Coverage (Per NY State Law):

- Coverage must include both disability and paid family leave. DBL only or PFL only is NOT an option.
- A member of a limited liability partnership or other self-employed person shall be subject to a waiting period of 2 years before benefits are payable, unless the policy is issued on or before 1/1/18 or within 26 weeks of when the employer first becomes a sole proprietor, limited liability company, limited liability partnership, or other self-employed person.
- Following NY WCB approval, coverage must remain active for at least one (1) year. Request to terminate voluntary coverage, must be submitted directly to NY WCB providing 90-day advance notice of requested termination date.

Check box to acknowledge that you have read and fully understand the requirements of approved Voluntary Coverage as dictated under NY State regulations and noted above.

**Employer Signature**(required) \_\_\_\_\_ **Date** \_\_\_\_\_