

# New York State Disability Benefits

## STATEMENT OF RIGHTS



Workers'  
Compensation  
Board

### If you are unable to work due to a non-occupational illness or injury, you may be entitled to disability benefits.

1. You may be entitled to statutory disability benefits for a non-work-related injury or illness (including disability due to pregnancy) beginning with the eighth consecutive day of disability. Disability benefits are paid **directly to you** by your employer's insurer, **not** through your employer, unless your employer is an approved self-insurer. You can take up to 26 weeks of disability at 50% of your average weekly wage, capped at \$170 per week. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting disability. Your employer or union may provide different benefits, at least as favorable as statutory, under an approved disability benefits plan or agreement.
2. If you also take Paid Family Leave, your combined total disability leave and Paid Family Leave in any consecutive 52-week period may not exceed 26 weeks. You cannot take Paid Family Leave and disability leave at the same time.
3. You can be treated by any physician, podiatrist, chiropractor, dentist, nurse midwife, or psychologist who can certify your disability. Your medical bills are not covered, unless your employer and/or union provides for the payment of medical bills under an approved disability benefits plan or agreement.
4. Your employer may **not** ask you to waive your right to disability benefits. Employers may collect a maximum contribution of 60 cents/week to offset the insurance premium (unless the additional contribution is part of an approved plan). **You cannot be discriminated or retaliated against for requesting or taking disability benefits.**
5. If your claim is denied, your employer or employer's insurer is required to send you a **Notice of Rejection (Form DB-451)**, within 45 days of your claim filing, with the reason(s) benefits are not being paid. If you disagree, you have a right to request a review by the NYS Workers' Compensation Board (Board), which you can request by writing the Board at the bottom right address.

**IMPORTANT:** If, within 45 days of filing your claim, you do not receive benefits and do not receive a **Form DB-451**, promptly contact the Board at **(877) 632-4996**.

### To file a claim:

1. Obtain a **Notice and Proof of Claim for Disability Benefits (Form DB-450)**, either from the Board at [wcb.ny.gov](http://wcb.ny.gov), or from your employer, your employer's insurer, or your health care provider.
2. Follow instructions to complete/submit the form, which includes a section your health care provider must complete.
3. Submit the form within 30 days of your first day of disability. If your claim is not paid promptly, contact your employer or their insurer. If you file late, you may not be paid for any disability period more than two weeks before the date you filed. Late filings may be excused if you can show it wasn't reasonably possible to file earlier. No benefits are payable if you file more than 26 weeks after your disability begins, or after you return to work.

### Do not assume that your employer has filed a claim on your behalf: filing a claim is your responsibility.

Note: If your disability is the result of an automobile accident, and you have filed a claim for no-fault benefits, **you must** also file a **Form DB-450** for disability benefits. If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments.

**IMPORTANT:** In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurer.

FOR HELP OBTAINING A CLAIM FORM OR FILLING IT OUT, OR OTHER QUESTIONS ABOUT BENEFITS FOR YOUR NON-WORK-RELATED INJURY OR ILLNESS, PLEASE CALL (877) 632-4996. A BOARD REPRESENTATIVE WILL HELP.

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is:

PRESCRIBED BY THE CHAIR,  
WORKERS' COMPENSATION BOARD  
NYS Workers' Compensation Board  
Disability Benefits Bureau  
PO Box 9029, Endicott, NY 13761-9029

[WCB.NY.GOV](http://WCB.NY.GOV)