

Informed Marketing Serives Inc. – Disability Insurance Information

Carrier: New York State Insurance Fund, 225 Oak Street, Buffalo, NY 14203
Policy# 5154795

Disability Benefits Claim Forms

Forms to Be Filed by the Disabled Employee

Notice and Proof of Claim for Disability Benefits by Employed Claimant

DB-450

DB-300 **Notice and Proof of Claim for Disability Benefits by
Unemployed Claimant**

Forms to Be Filed by the Employer

CDB-22 **Employer's Statement**

**NYSIF has preprinted the Employer Statement on the
reverse side of form DB-450.**

**It is imperative that the Employer's Statement portion be
completed on the same day received from the employee,
and mailed to: NYSIF following the Mailing Directions
below.**

Mailing Directions

Claimants and employees please mail disability forms to:

**New York State Insurance Fund
225 Oak Street
Buffalo, New York 14203**