

NEW YORK DISABILITY BENEFITS AND PAID FAMILY LEAVE INSURANCE EMPLOYER APPLICATION TO ARCH INSURANCE COMPANY (A Missouri Corporation)

Application is hereby made to Arch Insurance Company ("Company") for Disability Insurance in satisfaction of the New York Disability Benefits Law and Paid Family Leave Benefits Law. This application must be accepted and approved by the Company or its authorized representative prior to any Disability Insurance Contract being in existence.

1. Full Legal Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

DBA: _____ Attn: _____ Phone: _____

2. Mailing/Billing address if different than above:

Address: _____

City: _____ State: _____ Zip: _____

3. Form of Organization: Corporation 501(c)(3) LLC/LLP (Members Excluded from Coverage) Other

4. Employer Tax Identification Number (FEIN) _____ - _____

5. Employers Unemployment Insurance Account Number: _____

6. Industry: _____ SIC Code: _____

7. Are subsidiary or affiliate companies (companies under common control through stock ownership, contract or otherwise) to be included?
 No Yes If YES, list legal last name and addresses of such companies on the back of this application.

8. Classes Covered:

All employees eligible under NY Disability Benefits Law and Paid Family Leave Benefits Law

All employees eligible under NY Disability Benefits Law and Paid Family Leave Benefits Law except those classes of employees eligible to receive benefits under another policy or plan accepted by the Chair.

List Excluded Class(es): _____

Only the following class or classes of employees: _____

9. Additional Covered:

Voluntary: Executive Officer(s) Teacher(s) Clergy Part-time Domestic(s) Other _____

Please complete form DB-135 or DB-136 for any voluntary selection above.

If you are offering Voluntary DBL Coverage, do you wish to extend voluntary Paid Family Leave coverage for NY workers? Yes No
Paid Family Leave does not cover out of state employees.

10. Number to be insured – New York Employees: # of Males _____ # of Females _____

11. Does employer deduct for DBL: No Yes – % _____

12. Employee contributions: None Maximum Permitted by Law Other Amount: \$ _____ Per _____

13. Prior Carrier Name: _____ Termination Date: _____ Policy # _____

14. Billing Mode: Annually in advance (1 – 49 employees), Quarterly in arrears

15. Requested Effective Date: _____

16. Coverage Options: Benefits must be at least as great as Statutory Benefits in all respects. (Paid Family Leave covers ONLY NY Workers.)

Statutory DBL Benefits: 50% of weekly wage up to \$170 per week for 26 weeks after 7-day elimination period.
Statutory PFL Benefits: 67% of weekly wage, not to exceed 67% of the statewide average weekly wage, for up to 12 weeks.

Enhanced DBL Benefits: 50% 60% of average weekly wage after a 7-day elimination period up to
Maximum Benefit: \$170 \$255 \$340 \$425 \$510 \$680 \$850 per week for
Maximum Benefit Period: 26 52 weeks.

***Please note: PFL coverage is provided at the benefit amounts and duration required under WCL §204(2). Enhanced PFL benefits are not available.**

In Hospital Benefit - 1st day Hospital waive waiting period due to accident or sickness.

In Hospital Benefit - 1st day Hospital plus excess Benefit after 7 days if hospital confined due to accident only.

ARCH INSURANCE COMPANY (A MISSOURI COMPANY)

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Authorized Company Agent: _____
Printed Name

Address: _____ Phone #: _____

Subsidiary or affiliate companies (companies under common control through stock ownership, contract or otherwise)

Name	Address, City, State, Zip Code	Unemployment Insurance Account Number / Fed Tax ID FEIN	Number of Employees		Subsidiary Billed Separately	
			M	F	Y	N

Arch Administrative Address: Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311
 Tel: (866) 413-5550