

MAXON ADMINISTRATORS INC. Third Party Administrators since 1955

Mutual of Omaha is pleased to provide Statutory Disability Benefits including Paid Family Leave coverage for your firm.

As you know, New York State requires this coverage which provides cash benefits to a covered employee who is disabled by an off the job sickness or injury (DBL) or for job-protected paid time off for bonding, care of a family member with a serious health condition or to assist family members when a family member is deployed abroad for active military service. Attached are several forms that should be kept readily available.

NY DBL Policy and PFL Rider including Form DB-820 (Certificate of Insurance) This coverage has been filed on your behalf with the New York State Workers' Compensation Board. Your firm's policy number and effective date are on the form.

DB-120 -Notice of Compliance (DBL and PFL). They should be posted in a conspicuous place at each location. Additional forms may be duplicated.

DB- 271 -Statement of Rights (DBL and PFL). For NY DBL the employer is obligated to provide the disabled employee with the "Statement of Rights" and claim forms prior to the 12th day of Disability. For PFL once the employee completes the PFL-1 claim form, the employer has 3 days to complete their section and return it to the employee.

DB- 450 and PFL Claim Forms. Please note, in addition to the employee and physician's statement (for DBL), there is an employer's statement that must be fully completed prior to submission to the claim's office. Be sure to include your company's name and policy number. All claims for NY DBL must be submitted within thirty days of actual date of disability.

Completed claim forms should be sent to:
Maxon Administrators, Inc.
PO Box 606
Neversink, NY 12765 or
disability@maxonco.com
1-800-999-3309

Privacy Notice. Mutual of Omaha's Privacy policies are provided.

The Maxon Company* Maxon Administrators, Inc. * Fringe Plan Administrators, Ltd.

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