



DBL & PFL Questionnaire

Employer Information

Employer Name: _____

NY Location
Address: _____

Billing Address: _____

Claims Contact Info

Name & Email Address: _____ Telephone Number: _____

Billing Contact Info

Name & Email Address: _____ Telephone Number: _____

Electronic Billing: YES NO

Federal Tax ID#: _____ NY Unemployment #: _____

Nature of Business & 4-digit SIC code: _____

Requested Effective Date: _____

Number of Employees Working in New York: **Males:** _____ **Females:** _____
(Includes both Part time and Full time employees)

Covered Employees:

All eligible under NYS Disability and Paid Family Leave Benefits Law

All except the following (class or classes to be excluded, union, etc.) _____

Employee DBL contributions (up to a maximum of \$0.60 per week) YES NO

Covered Employees' Total Annual Payroll: _____
PFL: For NY Employees Only; please cap at the NY SAWW <https://paidfamilyleave.ny.gov/>

For Policyholders that are an LLC or LLP, please indicate if coverage for partners is desired YES NO

If yes, please provide the names of all proprietors to be covered:

Names of Subsidiaries or Participating Firms (if any). If yes, Indicate Full Legal Name, FED ID #, NY UI # and # of Employees for Each Subsidiary:

YES NO

Separate billing for the above entities:

Non-Statutory Coverage

DBL Coverage may be extending to employees working outside of New York, excluding CA, RI, PR, HI, NJ, MA, CT, WA & D.C. (PFL Coverage **cannot** be extended to out-of-state employees)

Complete the following chart for any out-of-state employees who wish to be covered:

Non-Statutory State	# of Employees (M&F)	Location Address

For Employers with over 50 eligible employees working in New York:

*Please indicate if ER FICA Match services are desired:

*Optional at an Additional Cost

Current Inforce Insurance Carrier:

Please provide the last 3 years of claims experience:

Year	Premium	Claims	Rate

Additional Information

Does your firm offer Business Travel Accident?	
Who is your worker's comp carrier?	
Who is your Group Life/LTD carrier?	
Do you have employees working in any other Statutory States?	

Please contact our team with any questions:

Anthony Cortese	Abcortese@rwarnerinc.com	718.477.7370
Mark Wintjen	Mwintjen@rwarnerinc.com	718.477.7371
Fitzroy Blackman	Fblackman@rwarnerinc.com	718.477.7374
Kerianne Caprara	Kcapara@rwarnerinc.com	718.477.7379
Gabrielle Balestrieri	Gbalestrieri@rwarnerinc.com	718.737.7282

“Your success is our goal”