

**REPORT TO THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
FOR DISABILITY BENEFITS LAW INSURANCE
FOR THE YEAR ENDING **DECEMBER 31, 2015****

ONE TYPED HARD COPY MUST BE FILED NOT LATER THAN **APRIL 15, 2016**
(LATE SUBMISSION SUBJECT TO PENALTIES)
EACH INSURER MUST USE THIS EXACT FORMAT FOR ITS SUBMISSION.

Name of Insurance Carrier: _____	
Address: _____ _____	
Signature of Company Officer: _____	
Typed Name of Officer: _____	
Title of Officer: _____	
Phone # : _____	Fax # : _____
E-Mail Address: _____	
Date: _____	NAIC # : _____

INSTRUCTIONS

1. All insurance carriers, including insurance companies and State Insurance Fund, are required to report Part I - Statement of Disability Benefits Law Operating Results and Part II - Disability Benefits Law Statistical Summary for the Calendar Year ending **December 31, 2015**. Parts I and II are to be submitted on or before **April 15, 2016** to:

**New York State Department of Financial Services
Accident and Health Rating Section
One Commerce Plaza
Albany, NY 12257**

2. Statement of Operating Results, Part I, shall cover only the New York State portion of all policies, endorsements, or riders that provide any coverages which have to be filed with the Workers' Compensation Board of the State of New York (See Interpretive Bulletin D.B. No. 27 dated April 7, 1950 and any amendments thereto). Coverage of New York State Employees under the New York Disability Benefits Law shall be included in the statement, together with the New York State portion of any other accident and health coverage provided by the policy, endorsement, or rider. The New York State portion of policies, endorsements, or riders that do not provide any coverages which have to be filed with the Workers' Compensation Board of the State of New York shall not be included in the statement. Coverage with respect to employees outside of New York State may also be included optionally, in those cases where the total number of employees covered is less than 500 and the majority of the employees are located in New York State.
3. Only employees covered under the New York DBL Law and the benefits and covered payrolls with respect to them will be included in Part II, the Statistical Summary.
4. Items 1(b), 1(c), and 1(d) of Part II are related to items 1(a) and 1(e) in such a way that if one of the first three is known, the remaining two are completely determined. Specify which one of these items was derived from actual data on New York Disability Benefits Law claims by entering an asterisk after the data so derived.
5. The data reported in Part II shall be the same as that reported to the Workers' Compensation Board of the State of New York.
6. All carriers are to report the data in Part II separately for men and women. Section A is for male data, Section B is for female data, and Section C is for combined data.

Company: _____
NAIC #: _____

Regulation 71, Section 241.6
Disclosure of Disability Benefits Law Report for the Calendar Year 2015

Do you wish to except this report from disclosure?
Please give your answer in the box below:

Please give the contact information of the company officer completing this page	
Date:	_____
Typed Name of Officer:	_____
Title of Officer:	_____
Address:	_____ _____
Phone #:	_____
Fax #:	_____
Email Address:	_____
Signature of Company Officer:	_____

Company: _____
 NAIC #: _____

PART I

**Statement of Disability Benefits Law Operating Results
 for the Calendar Year 2015**

<u>Premium</u>	< 50 Life Groups	≥ 50 Life Groups	Total
(1) Direct Premiums Earned	_____	_____	_____
(2) Dividends and/or Experience Rating Refunds to policyholders	_____	_____	_____
(3) (1) – (2)	_____	_____	_____
<u>Losses</u>	Paid	Adjustments (b)	Incurred (Paid + Adj.)
(4) Weekly Indemnity Benefit - < 50 Life	_____	_____	_____
Direct Losses per ≥ 50 Life	_____	_____	_____
Statistical Summary (a) Total	_____	_____	_____
(5) Weekly Indemnity Benefit - < 50 Life	_____	_____	_____
Direct Losses, Other Losses ≥ 50 Life	_____	_____	_____
Total	_____	_____	_____
(6) All Other Benefits – Direct < 50 Life	_____	_____	_____
Losses per statistical summary ≥ 50 Life	_____	_____	_____
(a) Total	_____	_____	_____
(7) All Other Benefits Direct < 50 Life	_____	_____	_____
Losses - Other Losses ≥ 50 Life	_____	_____	_____
Total	_____	_____	_____
(8) W.C. Board assessment for disabled unemployed (d)	_____	_____	_____
(9) Total Losses Incurred (4) + (5) + (6) + (7) + (8)	_____	_____	_____
<u>Expenses Incurred</u>	< 50 Life Groups	≥ 50 Life Groups	Total
(10) Commissions (c)	_____	_____	_____
(11) Other Acquisition Expenses	_____	_____	_____
(12) W. C. Board assessment for administration	_____	_____	_____
(13) Taxes	_____	_____	_____
(14) Other expenses	_____	_____	_____
(15) Total Expenses Incurred (10) + (11) + (12) + (13) + (14)	_____	_____	_____
<u>Surplus and Contingency Reserves</u>			
(16) Net Contribution (3) - (9) - (15)			_____

- (a) These amounts must check with the totals of the losses paid as reported on the Statistical Summary, Part II.
- (b) Adjustment for the difference between the reserves for pending claims and incurred but unreported claims at the end and beginning of the calendar year.
- (c) The amount reported as commissions shall be the actual amount incurred on the New York State portion of the policies, endorsements, or riders included in the Statement.
- (d) The amount reported shall include the amount of any reserve required to be established by the Department of Financial Services for fluctuations in future assessments for the disabled unemployed (See Department circular letter dated January 9, 1979).

PART II

Section A: Male Data
Disability Benefits Law Statistical Summary for the Calendar Year 2015

1. Benefits	Statutory Coverage	Plan Coverage	Total
a. Number of initial weekly indemnity claims allowed *			
b. Number of weeks for which weekly indemnity benefits were paid +			
c. Average rate of weekly indemnity benefits paid (e ÷ b)			
d. Average duration of weekly indemnity benefits paid (b ÷ a)			
e. Amount of weekly indemnity benefits paid +			
f. Amount of all other plan benefits paid +			
g. TOTAL BENEFITS PAID (e + f)			
2. Amount of covered payrolls for the calendar year 2015			
3. Number of employees covered			
a. 1st calendar quarter			
b. 2nd calendar quarter			
c. 3rd calendar quarter			
d. 4th calendar quarter			
e. Average for year (a + b + c + d) ÷ 4			
4. Average covered payroll per employee (2 ÷ 3e)			

* Include all claims initially allowed in 2015 regardless of the date of disability.

+ Include all payments actually made in 2015 regardless of the date of disability.

Amount of Covered Payrolls shall be based on the first \$7,000 of earnings of each employee during 2015 (not necessarily the same as the payroll used to compute DBL premiums).

Number of Employees Covered is defined as the number covered during the payroll periods nearest the 15th of the second calendar month of each calendar quarter.

PART II

**Section B: Female Data
 Disability Benefits Law Statistical Summary for the Calendar Year 2015**

1. Benefits	Statutory Coverage	Plan Coverage	Total
a. Number of initial weekly indemnity claims allowed *			
b. Number of weeks for which weekly indemnity benefits were paid +			
c. Average rate of weekly indemnity benefits paid (e ÷ b)			
d. Average duration of weekly indemnity benefits paid (b ÷ a)			
e. Amount of weekly indemnity benefits paid +			
f. Amount of all other plan benefits paid +			
g. TOTAL BENEFITS PAID (e + f)			
2. Amount of covered payrolls for the calendar year 2015			
3. Number of employees covered			
a. 1st calendar quarter			
b. 2nd calendar quarter			
c. 3rd calendar quarter			
d. 4th calendar quarter			
e. Average for year (a + b + c + d) ÷ 4			
4. Average covered payroll per employee (2 ÷ 3e)			

* Include all claims initially allowed in 2015 regardless of the date of disability.

+ Include all payments actually made in 2015 regardless of the date of disability.

Amount of Covered Payrolls shall be based on the first \$7,000 of earnings of each employee during 2015 (not necessarily the same as the payroll used to compute DBL premiums).

Number of Employees Covered is defined as the number covered during the payroll periods nearest the 15th of the second calendar month of each calendar quarter.

PART II

**Section C: Combined Data
 Disability Benefits Law Statistical Summary for the Calendar Year 2015**

1. Benefits	Statutory Coverage	Plan Coverage	Total
a. Number of initial weekly indemnity claims allowed *			
b. Number of weeks for which weekly indemnity benefits were paid +			
c. Average rate of weekly indemnity benefits paid (e ÷ b)			
d. Average duration of weekly indemnity benefits paid (b ÷ a)			
e. Amount of weekly indemnity benefits paid +			
f. Amount of all other plan benefits paid +			
g. TOTAL BENEFITS PAID (e + f)			
2. Amount of covered payrolls for the calendar year 2015			
3. Number of employees covered			
a. 1st calendar quarter			
b. 2nd calendar quarter			
c. 3rd calendar quarter			
d. 4th calendar quarter			
e. Average for year (a + b + c + d) ÷ 4			
4. Average covered payroll per employee (2 ÷ 3e)			

* Include all claims initially allowed in 2015 regardless of the date of disability.

+ Include all payments actually made in 2015 regardless of the date of disability.

Amount of Covered Payrolls shall be based on the first \$7,000 of earnings of each employee during 2015 (not necessarily the same as the payroll used to compute DBL premiums).

Number of Employees Covered is defined as the number covered during the payroll periods nearest the 15th of the second calendar month of each calendar quarter.