

New York State (NYS) Workers' Compensation & Disability Benefits Insurance Requirements

Section 57 of the New York State Workers' Compensation Law (WCL) requires that State and municipal entities prior to entering into a contract must ensure that the contractor applying for that contract has appropriate New York State Workers Compensation Insurance coverage.

Section 220(8) of the New York State Workers' Compensation Law (WCL) requires that State and municipal entities prior to entering into a contract must ensure that the contractor applying for that contract has appropriate New York State Disability Benefits Insurance coverage.

To comply with the coverage provision of the WCL, the Workers' Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of Workers' Compensation and New York State Disability Insurance to the State agency issuing the contract. Therefore, effective immediately, contractors must submit proof of insurances to the Office of Mental Health (OMH) with **all** contract transactions, both new contracts and contract renewals and/or amendments. **Failure to submit proof of insurances with your contract package will result in non-approval of your contract.**

The following forms are acceptable in order to meet this requirement:

Proof of Workers' Compensation Coverage:

- 1) **C-105.2** Certificate of Workers' Compensation Insurance provided by your insurance carrier. **Please Note:** The New York State Insurance Fund provides its own version of this form, the **U-26.3**.

OR

- 2) **SI-12** - Certificate of Workers Compensation Self-Insurance obtained by calling the New York State Workers' Compensation Board's Self-Insurance Office at 518-402-0247.

OR

- 3) **GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self- Insurance provided by the Contractors Group Self-Insurer.

OR

- 4) **CE-200** – **Certificate** of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Proof of Disability Benefits Coverage:

- 1) **DB-120.1** - Certificate of Disability Benefits Insurance provided by your insurance carrier.

OR

- 2) **DB-155** - Certificate of Disability Benefits Self Insurance obtained by calling the New York State Workers' Compensation Board's Self-Insurance Office at 518-402-0247.

OR

- 3) **CE-200** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Please note: The Name and Address of the Entity Requesting Proof of Coverage should be the Office of Mental Health, 44 Holland Avenue, 7th floor, Albany, NY 12229.

The Legal Name and Federal Employer Identification Number (FEIN) on the Workers' Compensation board website of the insured and/or on all proof of insurance documentation **must match** the name that is on the contract.

For additional information regarding workers' compensation and disability benefits requirements, please refer to the New York State Workers' Compensation Board website at:

<http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp> .

If you have any questions, please contact OMH's [Contract and Claims Unit](#).