

WORKERS' COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS PURSUANT TO WORKERS' COMPENSATION LAW §§ 57 AND 220 (8)

To comply with the provisions of the Workers' Compensation Law ("WCL"), vendors must:

- A) be legally exempt from obtaining workers' compensation and/or disability insurance coverage;
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Sections 57 and 220 (8), all vendors requesting permits or seeking to enter into contracts **MUST provide** the appropriate forms to the government entity issuing the permit or entering into a contract as outlined below.

WORKERS' COMPENSATION COVERAGE

Provide **ONE** of the following forms:

- A) [CE-200](#) Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*
- B) [C-105.2](#) Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3.
- C) [SI-12](#) Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** [GSI-105.2](#) -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS COVERAGE

Provide **ONE** of the following forms:

- A) [CE-200](#) Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*
- B) [DB-120.1](#) Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request).
- C) [DB-155](#) Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

PLEASE NOTE – You must inform your coverage carrier as to the entity requesting proof of coverage: NYS Department of Agriculture and Markets, Division of Agricultural Protection and Development Services – ATTN: 2009 Specialty Crop Block Grant Program, 10B Airline Drive, Albany, NY 12235

Please direct questions to the New York State Workers' Compensation Board at 518-486-6307 or toll free 877-632-4996.