

INFORMATION REQUIRED

FOR NEW YORK DISABILITY AND PAID FAMILY LEAVE FOR 50 OR MORE NEW YORK LIVES

Case Information:

- › Employer legal name
- › Employer address
- › Nature of business
- › Requested effective date

Census Information:

- › Date of birth
- › Gender
- › Total annual gross salary including tips, bonuses and any other additional income that will be reported on the employee's W2
- › Work state should be New York
- › Class (if benefits are not the same for all, identify them by class)

Experience and Rate History:

- › 3 years of paid claims (in 12 month increments/yearly)
- › 3 years of paid premium (in 12 month increments/yearly)
- › 3 years of rate and lives history
- › Current renewal rate
- › Current number of female and male New York employees

Underwriting Requirements:

- › Data should not be older than 9 months from date of quote
- › Experience periods must be </=12 months
- › Cannot make assumptions on lump sum data
- › Billing will be handled as Direct Bill NOT Pay As You Go

PLEASE EMAIL THIS INFORMATION TO ERIN BARTHOLOMEW.

Include in subject line Your Company Name, Effective Date XX/XX/XXXX,
ADP Quote Request

Email: erin.bartholomew@thehartford.com | Phone: 952-656-6497



Property
Liability
Workers' Comp
Business Auto