

**REPORT TO THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
FOR DISABILITY BENEFITS LAW INSURANCE
FOR THE YEAR ENDING **DECEMBER 31, 2011****

ONE TYPED HARD COPY MUST BE FILED NOT LATER THAN **APRIL 15, 2012**
(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, Part II - Disability Benefits Law Statistical Summary for the Calendar Year, and Part III - Reserve Workers' Compensation Board Assessment for the Disabled Unemployed **December 31, 2011**. Parts I, II, and III are to be submitted on or before **April 15, 2012** 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 2011

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 2011**

| Premium | | < 50 Life Groups | ≥ 50 Life Groups | Total |
|---|---|----------------------------|-------------------------|-------------------------------|
| (1) | Direct Premiums Earned | _____ | _____ | _____ |
| (2) | Dividends and/or Experience Rating Refunds to policyholders | _____ | _____ | _____ |
| (3) | (1) - (2) | _____ | _____ | _____ |
| Losses | | Paid | Adjustments (b) | Incurred (Paid + Adj.) |
| (4) | Weekly Indemnity Benefit - | _____ | _____ | _____ |
| | Direct Losses per Statistical Summary | _____ | _____ | _____ |
| | (a) Total | _____ | _____ | _____ |
| (5) | Weekly Indemnity Benefit - | _____ | _____ | _____ |
| | Direct Losses, Other Losses | _____ | _____ | _____ |
| | Total | _____ | _____ | _____ |
| (6) | All Other Benefits - Direct | _____ | _____ | _____ |
| | Losses per statistical summary | _____ | _____ | _____ |
| | (a) Total | _____ | _____ | _____ |
| (7) | All Other Benefits Direct | _____ | _____ | _____ |
| | Losses - Other Losses | _____ | _____ | _____ |
| | Total | _____ | _____ | _____ |
| (8) | W.C. Board assessment for disabled unemployed | _____ | _____ | _____ |
| | (d) | _____ | _____ | _____ |
| (9) | Total Losses Incurred (4) + (5) + (6) + (7) + (8) | _____ | _____ | _____ |
| Expenses Incurred | | < 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) | _____ | _____ | _____ |
| Surplus and Contingency Reserves | | | | |
| (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 2011

| 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 2011 | | | |
| 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 2011 regardless of the date of disability.

+ Include all payments actually made in 2011 regardless of the date of disability.

Amount of Covered Payrolls shall be based on the first \$7,000 of earnings of each employee during 2011 (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.

Company: _____
 NAIC #: _____

3b.

PART II

Section B: Female Data
Disability Benefits Law Statistical Summary for the Calendar Year 2011

| 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 2011 | | | |
| 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 2011 regardless of the date of disability.

+ Include all payments actually made in 2011 regardless of the date of disability.

Amount of Covered Payrolls shall be based on the first \$7,000 of earnings of each employee during 2011 (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 2011

| 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 2011 | | | |
| 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 2011 regardless of the date of disability.

+ Include all payments actually made in 2011 regardless of the date of disability.

Amount of Covered Payrolls shall be based on the first \$7,000 of earnings of each employee during 2011 (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.

Company: _____
 NAIC #: _____

PART III

**RESERVE FOR WORKERS' COMPENSATION BOARD
 ASSESSMENT FOR THE SICK UNEMPLOYED**

December 31, 2011

| | Column 1 | Column 2 | Column 3 |
|--|--------------------------------------|----------|-------------------|
| | Amount of Covered Payrolls (*) | | (Col. 1 x Col. 2) |
| Calendar Year 2009 | _____ | 0.00025 | _____ |
| Calendar Year 2010 | _____ | 0.00025 | _____ |
| Calendar Year 2011 | _____ | 0.00025 | _____ |
| Total | | | _____ (a) |
| 2010 Assessment for the Disabled Unemployed | _____ | 0.3333 | _____ (b) |
| 2011 Assessment for the Disabled Unemployed | _____ | 0.6667 | _____ (c) |
| Net Minimum Reserve December 31, 2011 (a) – (b) – (c)..... | | | ===== |
| Reserve for Assessments for the Disabled Unemployed reported in the 2011 Annual Statement as a liability as of December 31, 2011..... | | | ===== |

(*) Covered payrolls are defined as the first \$7,000 of the earnings of each employee for each calendar year.