

NEW YORK DISABILITY BENEFITS LAW (DBL)

State-mandated, non-occupational disability coverage for your employees



WHILE EMPLOYEES RECOVER
PROVIDE THEM PEACE OF MIND

RATES EFFECTIVE 07/01/2012

GROUPROTECTORSM



Nationwide[®]
On Your Side

Illness and injuries will happen. BUT THEY DON'T HAVE TO PUT EMPLOYEES ON THE SPOT.

Let Nationwide Specialty InsuranceSM help. When an injury or illness prevents an employee from working for a while, our non-occupational disability insurance provides much-needed benefits so they can focus on recuperation. While New York law requires you to have disability coverage, you can choose your provider. Nationwide Specialty Insurance offers unique options and benefits that make our coverage an easy choice.

The New York State Disability Benefits Law (DBL)

This law is designed to provide a weekly cash benefit to your employees for disabilities caused by non-occupational illness or injury. Statutory benefits are equal to 50% of your insured employee's average weekly wage up to a maximum of \$170 per week.

Statutory benefits are payable starting at the eighth day of disability for non-occupational illness or injury. Benefits are payable for up to 26 weeks during a 52 week period that starts with the first week of benefits.

An employer is allowed by law to deduct one half of one percent (0.5%) of an employee's weekly wage not to exceed sixty cents per week towards the cost of this coverage. The employer pays the balance of the premium.

Nationwide Specialty Insurance's program is designed for employer groups with fewer than 50 eligible employees.

For groups with 50 or more eligible employees, please see page 5 for the information needed. Call us at 1-800-525-8669 for assistance.

Important Notice

Coverage is provided under policy form No. DBL-GR-5990-D. Certain provisions of the policy and the Disability Benefits Law are summarized in this brochure. All benefits are subject to the terms of the policy and the law.

First Advance Premium Calculation

Number of employees to be covered (excluding partners and proprietors)					
A	B	C	D	E	F
Number of Corporate Officer Employees ¹	Number of Regular Employees ²	Total Number of Employees	Advance Premium Factor (see chart below)	Rate per Employee per Month	First Advance Premium ³
Males	+	=	x	x\$ 2.59	\$
Females	+	=	x	x\$ 5.52	\$
Total Quarterly Advance Premium Due ³					\$

¹ Complete column A for Corporations only.

² Please see page 5 for information on pricing for 50 or more employees.

³ The minimum advance premium is \$16 for quarterly or \$64 annually.

Advance Premium Factor Chart

Policy Effective Date	Advance Premium	Next Premium Due Date	Advance Premium Factor-Annual	Next Premium Due Date
1/1 to 1/15	3	April 1	12	January 1
1/16 to 1/31	2	April 1	11	January 1
2/1 to 2/15	2	April 1	11	January 1
2/16 to 2/29	4	July 1	10	January 1
3/1 to 3/15	4	July 1	10	January 1
3/16 to 3/31	3	July 1	12	April 1
4/1 to 4/15	3	July 1	12	April 1
4/16 to 4/30	2	July 1	11	April 1
5/1 to 5/15	2	July 1	11	April 1
5/16 to 5/31	4	October 1	10	April 1
6/1 to 6/15	4	October 1	10	April 1
6/16 to 6/30	3	October 1	12	July 1
7/1 to 7/15	3	October 1	12	July 1
7/16 to 7/31	2	October 1	11	July 1
8/1 to 8/15	2	October 1	11	July 1
8/16 to 8/31	4	January 1	10	July 1
9/1 to 9/15	4	January 1	10	July 1
9/16 to 9/30	3	January 1	12	October 1
10/1 to 10/15	3	January 1	12	October 1
10/16 to 10/31	2	January 1	11	October 1
11/1 to 11/15	2	January 1	11	October 1
11/16 to 11/30	4	April 1	10	October 1
12/1 to 12/15	4	April 1	10	October 1
12/16 to 12/31	3	April 1	12	January 1

Use this chart when applying for coverage. Select the correct advance premium factor, and write it into column D of the First Advance Premium Calculation section. Also, make note of the next premium due date. We will send you a bill prior to that date.

To obtain a quote for coverage on groups of 50+ employees...

THE FOLLOWING INFORMATION FOR EMPLOYEES WHO WORK IN NEW YORK MUST BE PROVIDED.

- The legal name and address of all entities (employers) including a brief description of the business and the SIC code, if available.
- A census list with gender, date of birth and weekly salary for all full-time and eligible part-time employees. For hourly employees, average weekly wages should be provided.
- The original effective date of the current carrier's New York DBL policy. If two years or fewer from the requested effective date with Nationwide, the effective date and carrier of the previous plan will also be needed.
- A copy of the current carrier's Schedule of Benefits or complete policy.
- Premium, claims, in-force rates, and rate histories from the current carrier(s) for at least two years, if available. Experience may not always be available on groups of less than 100 employees but should be available on groups of 100 or more employees.
- A copy of the current carrier's renewal letter, if available.
- The amount of contribution an employee will contribute toward the insurance premium, if any.
- Additional information may be required by our underwriters for groups of 250 or more employees.
- If the quote is accepted, a fully completed and signed NYDBL application along with a check for premium, will be required before the policy can be issued.


The applicant should not cancel their in-force policy until final approval is received from Nationwide.


To receive a quote for a group of 50 or more lives, please fax information requested above to Nationwide Specialty Insurance, 413-214-7761.


How do you apply for coverage?

1. Complete ALL fields on the application. Be sure to sign and date where indicated.
2. Complete first advanced premium report on page 4 to calculate amount due.
3. Mail the application with a check made payable to Nationwide Insurance to the address listed below. **Be sure to mail before the desired policy effective date.**
4. Upon approval of received completed application and premium payment, we will send your policy, claim forms and instructions.

How do you contact us?

 800-525-8669
(8:00 a.m. – 5:00 p.m. ET, M-F)

 413-214-7761

 Nationwide Specialty Insurance,
P.O. Box 1970, Springfield, MA 01101

 grouprotector@consolidatedhealthplan.com

 nationwide.com/grouprotector

Submitting the application

There are 3 ways to submit an application for coverage.

Fax: Fax the completed application and automated clearing house (ACH) form found at nationwide.com/ach to:

Nationwide Specialty Insurance
413-214-7761

Phone: Call 800-525-8669. You will be asked to fax your application to 413-214-7761 and submit payment by check, Visa® or MasterCard®.

(8:00 a.m. – 5:00 p.m. ET, M-F)

Mail: Mail the completed application, Premium Report and premium payment to:

Nationwide Specialty Insurance
PO Box 1970
Springfield, MA 01101

Fraud Warnings

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTE: This product is ONLY available in NY

Please read these important notices and warnings

This sales literature contains only general descriptions of coverages and is not intended to be a statement of contract. All coverages are subject to the deductibles, exclusions and conditions in the actual policy.



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Underwritten by Nationwide Life Insurance Company.

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