



January 27, 2023

Lincoln Life & Annuity Company of New York
120 Madison Street, Suite 1310, Syracuse, NY 13202-2802

Asahi KASEI America, Inc.
390 Business Blvd.
Concord, NC 28027

Re: New York
Statutory Disability Policy (SDI)
Policy GS4-890-LF0210-NY

Dear Policyholder:

Attached you will find your New York Statutory Disability Policy. The effective date of the policy is January 1, 2023.

Also included in this package you will find the following:

- NY State Notice of Compliance Poster
- A copy of the NY State filing
- Non-Compliance Penalties Information
- A Claim form, which may be copied as needed
- NY State Workers' Compensation Board Statement of Rights
- Lincoln Privacy Practices Disclosure Notice

You must post the notice of compliance in your premises. Keep the other forms on file.

Please carefully review the enclosed information. You will need to be familiar with these forms in the event one of your employees files a claim for benefits under the policy.

If you have any questions or concerns, please contact your Account Service Manager.

Sincerely,

Amanda Kimball
Statutory Compliance Analyst
Group Benefits Customer Administration

Enclosures



Lincoln Life & Annuity Company of New York
 A Stock Company
 Home Office Location: 120 Madison Street, Suite 1310, Syracuse, NY 13202-2802
 Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
 (800) 423-2765 Online: www.LincolnFinancial.com

In Consideration of the Group Policyholder's application for this Policy and payment of all premium when due, Lincoln Life & Annuity Company of New York (the Company) agrees to pay the disability benefit described in this Policy subject to its terms and conditions.

GROUP POLICYHOLDER: Asahi KASEI America, Inc.

POLICY NO.: GS4-890-LF0210-NY

POLICY EFFECTIVE DATE: January 1, 2023

PREMIUM DUE DATES: January 1, 2023 and the first month of each policy anniversary after that.

PREMIUM PAYMENT PERIOD: Premiums are payable monthly in advance.

POLICY ANNIVERSARY: January 1, 2024 and the same day of each calendar year after that.

The provisions and condition set forth on the following pages are a part of this policy, as fully as if recited over the signatures below.

This policy is delivered in the State of New York and subject to the laws of that jurisdiction.

Lincoln Life & Annuity Company of New York has executed this policy at its Group Insurance Service Office.

SECRETARY

PRESIDENT

NOTICE: This Policy is issued and delivered in the State of New York. It is governed by the laws of that state. Nothing in this Policy invalidates or impairs any rights granted to Insured Employees by New York insurance law. The Company's state of domicile is New York. The address of the Company's Group Insurance Service Office is 8801 Indian Hills Drive, Omaha, NE 68114-4066.

**GROUP INSURANCE POLICY
 PROVIDING
 NEW YORK DISABILITY BENEFITS LAW INSURANCE**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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SCHEDULE OF INSURANCE

CLASSIFICATION:	All Employees Eligible Under the Law.
WEEKLY BENEFIT:	50.00% of Employee's Average Weekly Wage, or the Employee's Average Weekly Wage if the Employee's Average Weekly Wage is less than \$20
MAXIMUM WEEKLY BENEFIT:	\$170
DAY BENEFITS BEGIN:	8 th consecutive Day of Disability
MAXIMUM BENEFIT PERIOD:	26 weeks for any one period of Disability; not to exceed 26 weeks for all such periods of Disability combined during 52 consecutive calendar weeks
BENEFIT PAYMENT PERIOD:	weekly
PREMIUM RATE:	Male: \$2.63 per Male Female: \$5.93 per Female
PARTICIPATING EMPLOYERS:	
Asahi Kasei Advance America, Inc.	Veloxis Pharmaceuticals, Inc.
Bionique Testing Laboratories LLC	AKM Semiconductor, inc.
Crystal IS, Inc.	
GRACE PERIOD:	31 days

DEFINITIONS

AVERAGE WEEKLY WAGE means an Employee's weekly wage averaged over the last eight weeks of employment prior to the Disability. If the Disability begins in the last week of employment and would otherwise result in lowering the benefit, this week will not be included in determining the average weekly wage.

BUSINESS DAY means any day that the Company is open for business.

COMPANY means Lincoln Life & Annuity Company of New York, a New York corporation. The address of the Group Insurance Service Office can be found on this Policy's cover page.

CHAIRMAN means the Chairman of the Worker's Compensation Board of the State of New York.

DAY or DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight, standard time, at the Group Policyholder's place of business. When used with regard to effective dates, it means 12:01 a.m. When used with regard to cancellation dates, it means 12:00 midnight.

DAY OF DISABILITY means a Day in which an Employee is prevented from performing work due to a Disability and for which he or she has not received regular wages or remuneration.

DISABILITY means the inability of an Employee, as a result of Injury or Sickness not arising out of and in the course of employment, to perform:

- (1) the regular duties of his or her own employment; or
- (2) the duties of any other employment which the Employer may offer at regular wages, and which Injury or Sickness does not prevent the Employee from performing.

During unemployment it is the inability to perform the duties of any employment for which the Employee is reasonably qualified by training and experience.

EMPLOYEE means all of the Employer's employees who are members of a covered class, as shown on the Employer's application for this Policy.

EMPLOYER means the Group Policyholder or Participating Employer. It includes any division, subsidiary, or affiliated company named in the application for this Policy and on the Schedule of Insurance.

INJURY means:

- (1) a bodily Injury that results directly from an accident, and independently of all other causes; and
- (2) requires treatment by a duly licensed health care provider.

LAW means Disability Benefits Law of the State of New York.

POLICY means this group insurance Policy issued by the Company to the Group Policyholder.

SICKNESS means illness, pregnancy or disease.

GENERAL PROVISIONS

ENTIRE CONTRACT. The entire contract between the parties shall consist of:

- (1) this Policy and any endorsements or amendments to it; and
- (2) the Group Policyholder's application (a copy of which is attached).

All statements made by the Employer, and by Employees are representations and not warranties. No statement made by an Employee will be used to contest the coverage provided by this Policy, unless:

- (1) it is contained in a written statement signed by that Employee; and
- (2) a copy of the statement has been furnished to that Employee.

AUTHORITY TO MAKE OR AMEND CONTRACT. Only an Officer of the Company has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in the Company's name;
- (3) amend or waive any provision of this Policy; or
- (4) extend the time for payment of any premium.

No agent has the authority to do so.

No change in this Policy will be valid, unless it is made in writing and signed by such a Company Officer. It must be evidenced by:

- (1) an endorsement to this Policy, which is approved by an Officer of the Company; or
- (2) an amendment to this Policy, which is signed by the Group Policyholder and the Company.

Any change so made will be binding on all persons referred to in this Policy.

NONPARTICIPATION. This is a non-participating Policy. It will not share in the divisible surplus of the Company.

INFORMATION TO BE FURNISHED. The Employer may be required to furnish any information needed to administer this Policy. The Company may inspect the Employer's records that relate to this Policy, at any reasonable time, and within 3 years after the termination of this Policy.

Clerical error by the Employer:

- (1) will not void or terminate insurance that otherwise would be in effect;
- (2) will not result in insurance coverage that otherwise would not be in effect; and
- (3) will not continue insurance that otherwise would be terminated.

Once an error is discovered, a fair adjustment in premium will be made. If a premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period that precedes the date the Company receives proof such an adjustment should be made.

MISSTATEMENT OF FACTS. If relevant facts about any Employee were misstated in a written statement signed by the Employee:

- (1) a fair adjustment of the premium will be made; and
- (2) the true facts will decide if and in what amount insurance is valid under this Policy.

NEW EMPLOYEES. Employees first employed in an eligible class after this Policy takes effect may be covered in accord with the terms of this Policy. (See the Eligibility section.)

CURRENCY. In administering this Policy:

- (1) all Predisability Income will be expressed in U.S. dollars; and
- (2) all premium and benefit amounts must be paid in U.S. dollars.

GENERAL PROVISIONS

(continued)

NOTICE AND JURISDICTION. If the Employer has knowledge or notice of an Employee's Disability, the Company is also deemed to have knowledge or notice. For the purposes of the Law, the jurisdiction of the Employer is the jurisdiction of the Company.

Benefits will be paid as the Law requires.

ENFORCEMENT BY THE CHAIRMAN. The Chairman shall have the right to enforce any liability of the Company for payment of benefits under this Policy. Payment in whole or in part of such benefits by the Employer or the Company shall bar recovery from the other for any such amount.

BANKRUPTCY. Insolvency of the Employer does not relieve the Company of payment of benefits for a Disability suffered by an Employee while covered under this Policy.

INCORPORATION OF THE LAW. This Policy incorporates all provisions of the Law. If any provision of this Policy conflicts with any applicable requirement of the Law, the Policy provision will be deemed to conform to the minimum requirements of the Law.

ELIGIBILITY

Disability benefits are provided for a Disability of an Employee which starts:

- (1) while the Policy is in force, and while the Employee is employed by the Employer; or
- (2) within four weeks from the date the Employee's employment is terminated, and prior to the first day the Employee begins employment with a new Employer who is covered under the Law.

In no event will Disability benefits be provided for a Disability that begins more than four weeks from the date the Employee's employment is terminated.

ASSIGNMENT OF EMPLOYER

Assignment or transfer of the Employer's interest under this Policy will not bind the Company without its written consent.

EMPLOYEE CONTRIBUTIONS

Employee contributions may be collected by the Employer, to be applied to the cost of insurance provided under this Policy. In the event Employee contributions exceed premiums paid by the Employer, the excess balance will be:

- (1) returned to the Employer for the sole benefit of Employees; or
- (2) otherwise disposed of as prescribed in Section 216 of the Law.

STATUTORY ASSESSMENTS

Under the Law, the Company will pay the assessments levied on the total payrolls of Employees covered under this Policy pursuant to Sections 214-2, 214-3, and 228.

PREMIUMS

PAYMENT OF PREMIUMS. Premiums become due and are payable as described on this Policy's cover page. Premiums are payable on or before their due dates at the Company's Group Insurance Service Office.

PREMIUM RATE. The initial premium rate is shown on this Policy's cover page.

PREMIUMS **(Continued)**

PREMIUM RATE CHANGE. The Company may change any premium rate on any of the following dates:

- (1) the date this Policy's terms are changed; or
- (2) the date the Company's liability is changed due to an amendment in the Law; or
- (3) the date the Company's liability is changed because the Employer (or any covered division, subsidiary or affiliated company):
 - (a) relocates, dissolves or merges, or is added to or removed from this Policy; or
 - (b) ceases to be covered by the state Worker's Compensation program or any other program of like intent; or
- (4) the date any coverage for one or more classes cease to be provided under this Policy; or
- (5) the date the number of Employees changes by 25% or more from the number covered on the date this Policy took effect; or
- (6) on any premium due date on or after this Policy's first anniversary, or any later rate guarantee date agreed upon by the Company.

Unless the Company and the Employer agree otherwise, the Company will give at least 31 days advance written notice of any increase in premium rates.

GRACE PERIOD

Premium must be paid on or before the date it is due or during the grace period listed on the Schedule of Insurance. This Policy will remain in effect during the grace period. The grace period will not apply if cancellation of this Policy is requested by the Employer.

CANCELLATION

Cancellation of this Policy may be effected by the Company, or upon request of the Employer, by giving notice to the other and to the Chairman.

CANCELLATION BY THE COMPANY. The Company may terminate this Policy with respect to the Employees of any Employer if all due premiums are not received by the end of the grace period, or at any other time for any reason other than nonpayment of premium. The Company must provide written notice of cancellation to:

- (1) each Employer whose Employees this Policy covers; and
- (2) the Chairman;

stating when cancellation is effective.

Cancellation will occur no less than 10 days from the date notice is provided for cancellation due to nonpayment of premium, and no less than 30 days from the date notice is provided for any other reason.

Exception. If insurance with another insurance carrier becomes effective prior to the effective date of cancellation stated in the notice, the cancellation will be effective as of the effective date of the other insurance, rather than as of the date stated in the notice.

UNPAID PREMIUM AND PREMIUM REFUNDS. Each Employer is liable to the Company for all unpaid premiums for insurance on its Employees. Any refund due will be made to the Employer as soon as reasonably possible.

EXCLUSIONS

No benefit will be payable for any Day of Disability during which the Employee;

- (1) is not under the care of a duly licensed health care provider; or
- (2) performs work for remuneration or profit.

No benefit will be payable for an Injury or Sickness that results from:

- (1) a willful intention of the Employee to bring about the Injury or Sickness to themselves or another;
- (2) participation in the perpetration of an illegal act; or
- (3) any act of war, declared or undeclared.

CLAIM PROCEDURES

NOTICE OF CLAIM. Notice of a Disability claim must be given:

- (1) within 30 days after the Injury or Sickness causing Disability begins; or
- (2) as soon as reasonably possible after that.

The notice must be sent to the claims office designated by the Company as shown on the claims form. It should include the Employee's name and address and the number of this Policy.

Exception: Failure to give notice of claim within the required time period will not invalidate or reduce the claim if it is shown that the notice was furnished as soon as reasonably possible.

CLAIM FORMS. When notice of claim is received, the Company will send claim forms for filing the required proof. If the Company does not send the forms within 15 days, the Employee may send the Company written proof of Disability in a letter. It should state the date the Disability began, its cause and degree. The Company will periodically send the Employee additional claim forms.

PROOF OF CLAIM. The Company must be given written proof of a Disability claim:

- (1) within 30 days after the Day Benefits Begin; or
- (2) as soon as reasonably possible after that.

Proof of claim must be provided at the Employee's own expense. It must show the date the Disability began, its cause and degree. Documentation must include the following:

- (1) completed statements by the Employee and the Employer;
- (2) a completed statement by the attending physician, podiatrist, chiropractor, dentist, or psychologist which must describe any restrictions on the performance of the duties of:
 - (a) the Employee's regular occupation; or
 - (b) the duties of any other employment which the Employer may offer at regular wages, and which Injury or Sickness does not prevent the Employee from performing;
- (3) proof of any other income received which may affect Policy benefits;
- (4) a signed authorization for the Company to obtain more information; and
- (5) any other items the Company may reasonably require in support of the claim.

Proof of continued Disability, regular care of a physician, podiatrist, chiropractor, dentist, or psychologist affecting the claim must be given to the Company. This must be supplied within 45 days after the Company requests it. If it is not, benefits may be delayed or suspended, until such proof is received.

Exception: Failure to furnish proof of claim within the required time period will not invalidate or reduce the claim if it is shown that the notice was furnished as soon as reasonably possible.

CLAIM PROCEDURES
(Continued)

EXAMINATION. The Company may have the Employee examined:

- (1) by a Physician, specialist or vocational rehabilitation expert of the Company's choice;
- (2) as often as reasonably required, but in no event more than once per week, while a claim or appeal is pending.

Any such exam will be at the Company's expense.

The Company may determine that (in its opinion) the Employee has:

- (1) failed to cooperate with an examiner;
- (2) failed to take an exam scheduled by the Company; or
- (3) postponed such an exam more than twice.

In that event, benefits may be delayed or suspended, until the required exam is completed.

REJECTION OF CLAIM. If an Employee's claim for benefits is rejected by the Company, notice of such rejection will be mailed in triplicate to the Employee.

TIME OF PAYMENT OF CLAIMS. The first Weekly Benefit payable under this Policy will be paid within 4 Business Days from the later of the day the Company receives complete proof of claim and confirms liability, or the completion of the first week of Disability following the Day Benefits Begin. Thereafter, such benefits will be paid as shown on the Schedule of Insurance, during any period for which the Company is liable. If benefits are due for less than a week, they will be paid on a pro rata basis. The daily rate will equal the Weekly Benefit divided by the number of the Employee's normal work days per week. Any balance which remains unpaid at the end of the period of liability will be paid immediately after the Company receives complete proof of claim and confirms liability.

TO WHOM PAYABLE. All Weekly Disability Income Benefits are payable to the Employee, while living. After the Employee's death, such benefits will be payable to his or her estate.

Notwithstanding the above, some or all of the Weekly Disability Income Benefits may be payable to an Employer if, during any period of Disability, an Employer:

- (1) makes advance payments of Weekly Disability Income Benefits to the Employee; or
- (2) makes payments to the Employee in like manner as wages.

Any payment of Weekly Disability Income Benefits to the Employer shall be considered a reimbursement to the Employer for payments it made to the Employee during the current period of Disability.

Such reimbursement will be made out of any benefits due for the Employee's existing Disability; provided, however, that the Employer must seek reimbursement prior to the payment by the Company of Weekly Disability Income Benefits to the Employee. If the Company has made payment of Weekly Disability Income Benefits to the Employee, the Employer has no right of reimbursement from the Company for such benefits.

Lincoln Life & Annuity Company of New York

A Stock Company Home Office Location: Syracuse, NY
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066 (800) 423-2765

RIDER

TO BE ATTACHED TO AND MADE A PART OF THE NEW YORK DISABILITY BENEFITS LAW (DBL) INSURANCE POLICY NO.: GS4-890-LF0210-NY

ISSUED TO: Asahi KASEI America, Inc.

FOR: All employees who work in New York and are subject to New York's Disability Benefits Law

FAMILY LEAVE BENEFITS

This rider amends your New York Statutory Disability Benefits Law (DBL) policy to provide family leave (PFL) benefits as required by law and described below. This rider replaces any previous family leave benefits rider. This rider is subject to all of the provisions of the DBL policy except as specifically modified by this rider. This rider and the DBL policy to which it is attached are governed by the laws of New York State.

This rider is effective January 27, 2023.

I. DEFINITIONS

ARBITRATION means the submission of a dispute to one or more impartial persons (as selected by the Chair) for a final and binding decision, known as an award.

AVERAGE WEEKLY WAGE means for the purpose of computing the PFL benefit, the amount determined by dividing either the total wages of the employee in the employment of his last covered employer for the eight weeks or portion thereof that the employee was in such employment immediately preceding and including his last day worked prior to the first day of PFL, or the total wages of the last eight weeks or portion thereof immediately preceding and excluding the week in which PFL began, whichever is the higher amount, by the number of weeks or portion thereof of such employment.

For a sole proprietor, a member of a limited liability company, a member of a limited liability partnership, or other self-employed person who elects coverage under Article 9 of the Workers' Compensation Law (WCL), *average weekly wage* shall be determined by computing such person's total net income in the 52 week period immediately preceding the period of leave and dividing such total wages by 52.

CHAIR means the Chair of the NYS Workers' Compensation Board (WCB).

CHILD means a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis.

**FAMILY LEAVE BENEFITS
(Continued)**

I. DEFINITIONS (Continued)

FAMILY MEMBER means a child, parent, grandparent, grandchild, spouse, or domestic partner.

FORESEEABLE QUALIFYING EVENTS include an expected birth, placement for adoption or foster care, planned medical treatment for a serious health condition of a family member, the planned medical treatment for a serious injury or illness of a covered service member, or other known military exigency.

GRANDCHILD means a child of the employee's child.

GRANDPARENT means the parent of the employee's parent.

PARENT means a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

PROVIDING CARE may include necessary physical care, emotional support, visitation, assistance in treatment, transportation, arranging for a change in care, assistance with essential daily living matters, and personal attendant services.

SERIOUS HEALTH CONDITION means an illness, injury, impairment, or physical or mental condition, including transplantation preparation and recovery from surgery related to organ or tissue donation, that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or continuing supervision by a health care provider.

STATEWIDE AVERAGE WEEKLY WAGE means the average weekly wage of employees in this State for the previous calendar year as reported by the NYS Commissioner of Labor.

SUPERINTENDENT means the Superintendent of the NYS Department of Financial Services.

WAGES means the money rate at which employment with a covered employer is recompensed by the employer as more fully set forth in 12 NYCRR 357.1 and in the case of a self-employed person, the person's self-employment income as defined in 26 U.S.C. § 1402(b).

**FAMILY LEAVE BENEFITS
(Continued)**

II. ELIGIBILITY: ELIGIBLE EMPLOYEES

- A.** A New York employee of a New York covered employer whose regular employment schedule is 20 or more hours per week will become eligible to receive PFL benefits during employment with such employer if:
- (1) the employee has been in employment of the covered employer for at least 26 consecutive work weeks preceding the first full day leave begins;
 - (2) the employee has been in employment of the covered employer during the work period usual to and available during the entirety of at least 26 consecutive weeks preceding the first full day leave begins in any trade or business in which the employee is regularly employed and in which hiring from day to day is the usual employment practice; or
 - (3) the employee has been in employment of the covered employer during the work period usual to and available during the entirety of at least 26 consecutive weeks preceding the first full day leave begins and such consecutive weeks are tolled by the employer during periods of absence that are due to the nonconsecutive nature of that employment and employment is not terminated during those periods of absence.
- B.** A New York employee of a New York covered employer whose regular employment schedule is less than 20 hours per week will become eligible to receive PFL benefits during employment with such employer if the employee has been in employment of the covered employer and has worked 175 days in such employment preceding the first full day leave begins.
- C.** The use of scheduled vacation time; the use of personal, sick or other time away from work that has been approved by the employer; or other periods where the employee is away from work but is still considered to be an employee by the employer are counted as days/weeks of employment for purposes of determining eligibility to receive PFL benefits during employment, so long as the required PFL premium is paid by the employee during such periods of time.
- D.** Periods of temporary disability taken pursuant to DBL shall not be counted as days/weeks of employment for purposes of determining eligibility to receive PFL benefits during employment.
- E.** An employee who is eligible for both DBL benefits and PFL benefits during the same period of 52 consecutive calendar weeks shall not receive more than 26 total weeks of combined DBL benefits and PFL benefits during that period of time.
- F. FMLA.** In the event that a period of PFL benefits received by an eligible employee is concurrently designated as leave pursuant to the Family and Medical Leave Act (“FMLA”) by an employer, the employer shall comply with the notification requirements pursuant to 12 NYCRR 380-2.5(g).

III. PREMIUM

- A.** The employer is responsible to collect the premium contributions for the statutory PFL coverage from each covered employee. The employer is not required to fund any portion of the statutory PFL benefit.
- B.** The employer may collect employee premium contributions for PFL while an employee is receiving PFL benefits.
- C.** The employer may not collect employee premium contributions for PFL if an employee is taking DBL leave and has not yet acquired eligibility for PFL benefits.

**FAMILY LEAVE BENEFITS
(Continued)**

IV. STATUTORY PFL BENEFITS

A. An eligible employee may be entitled to benefits for leave taken from work for the following qualifying events:

- (1) To participate in providing care, including physical or psychological care for a family member of the employee made necessary by a serious health condition of the family member;
- (2) For the employee to bond with the employee's child:
 - during the first 12 months after the child's birth;
 - during the first 12 months after the placement of the child for adoption or foster care; or
 - before the actual placement or adoption of a child if an absence from work is required for the placement for adoption or foster care to proceed; or
- (3) Due to any qualifying exigency pursuant to FMLA, arising out of active duty or an impending call or order to active duty in the Armed Forces of the United States for the spouse, domestic partner, child or parent of the employee.

B. The weekly benefit for family leave commencing between January 1, 2022 - December 31, 2022, shall be:

- up to 12 weeks during any 52 consecutive week period; and
- paid at 67% of the employee's average weekly wage, not to exceed 67% of the statewide average weekly wage.

The weekly benefit for family leave commencing on or after January 1, 2023 shall be:

- up to 12 weeks during any 52 consecutive week period; and
- paid at 67% of the employee's average weekly wage, not to exceed 67% of the statewide average weekly wage.

The benefit rate for the employee's period of family leave shall be the rate that is in effect on the first day of family leave taken. 52 consecutive weeks is computed retroactively to the first day for which benefits are currently being claimed. A single claim may not cover more than 52 consecutive weeks.

C. LIABILITY OF LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK (THE COMPANY).

The liability for PFL benefits payable for a single qualifying event in a 52-week period shall be the liability of the Company if the Company was providing coverage on the first day of family leave.

**FAMILY LEAVE BENEFITS
(Continued)**

V. REQUESTING PFL BENEFITS

A. FORESEEABLE LEAVE.

- (1) The employee must provide 30-days advance notice to the employer prior to the first day of leave taken for a foreseeable qualifying event. If 30-days advance notice is not practicable, then notice must be given as soon as practicable. A sole proprietor, member of a limited liability company, member of a limited liability partnership or other self-employed person, must provide 30-days advance notice to the Company prior to the first day of leave taken for a foreseeable qualifying event or as soon as practicable.
- (2) The advance notice must include the anticipated timing and duration of the leave for:
 - (a) continuous leave; or
 - (b) intermittent leave.

The employee should consult the employer on whether the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave. The employee shall advise the employer and the Company of the schedule of intermittent leave. The Company may withhold payment pending submission of a request for payment together with the dates of intermittent leave.

- (3) The employee shall advise the employer of any change in the timing and/or duration of the leave. The sole proprietor, member of a limited liability company, member of a limited liability partnership or other self-employed person shall advise the Company of any change in the timing and/or duration of the leave.
- (4) If the employee fails to give 30-days advance notice of foreseeable leave to the employer, the employer may request that the Company delay the payment of benefits to the employee (known as a partial denial) for a period of up to 30 days from when the notice was given.

B. UNFORESEEABLE LEAVE.

- (1) When the need for continuous leave is unforeseeable, the employee must provide notice to the employer as soon as practicable. When the need for leave is unforeseeable, the sole proprietor, member of a limited liability company, member of a limited liability partnership or other self-employed person must provide notice to the Company as soon as practicable.
- (2) When the need for intermittent leave is unforeseeable, the employer may require the employee to provide notice as soon as practicable before each day of intermittent leave. The employee shall advise the employer and the Company of the schedule of intermittent leave. The Company may withhold payment pending submission of a request for payment together with the dates of intermittent leave.

**FAMILY LEAVE BENEFITS
(Continued)**

V. REQUESTING PFL BENEFITS (Continued)

C. REQUIREMENTS FOR FILING A CLAIM.

- (1) The employee requests PFL benefits by completing the request for PFL which is either the PFL-1 claim form available on the New York State Paid Family Leave website or from the Company, or the format designated by the Company.
- (2) The employee provides the employer with the request for PFL to complete the employer information section. The employer must complete its section and return the completed request to the employee within 3 business days. The Company may not deny a claim for failure of the employer to complete its section.
- (3) The employee completes the appropriate certifications or proof of claim documentation. No benefits are required to be paid by the Company until the completed request for PFL together with the necessary certifications or proof of claim documentation have been submitted to the Company. (See item H. Certification/Proof of Claim Documentation below for additional information.)
- (4) The employee submits the completed request for PFL together with the necessary certifications or proof of claim documentation to the Company no later than 30 days from the first day of leave. For a previously unspecified day of intermittent leave, the request for payment must be made within 30 days of the leave. If the Chair agrees that it was not reasonably possible to furnish the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days, then it must be submitted as soon as possible within the period of actual leave taken pursuant to Section IV. B. above.
- (5) Once the Company receives the completed request for PFL together with the necessary certifications or proof of claim documentation, the Company must pay or deny the claim within 18 days.
- (6) The Company shall make all reasonable efforts, consistent with the principles set forth in Executive Order 26, issued October 6, 2011, to communicate with respect to the PFL claim in the language identified by the employee in the request for PFL.

D. ALTERNATE REQUEST FOR PFL (NOT USING THE PFL-1 CLAIM FORM).

- (1) The Company will immediately provide an acknowledgment of receipt and a claim identification number when the Company receives a request for PFL in a format designated by the Company other than the PFL-1 claim form.
- (2) Within 5 business days of receipt of an incomplete alternate request for PFL, the Company will provide the employee with a list of the required missing information and the following:
 - (a) information on how to properly complete the request for PFL; and
 - (b) information regarding arbitration.
- (3) When a PFL claim is denied without prejudice because it is incomplete, the employee must refile within 30 days of the first day of leave. If the employee does not refile the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days of the first day of leave, the Company may deny the claim.
- (4) Once the Company receives the completed request for PFL together with the necessary certifications or proof of claim documentation, the Company must pay or deny the claim within 18 days.

**FAMILY LEAVE BENEFITS
(Continued)**

V. REQUESTING PFL BENEFITS (Continued)

E. INCOMPLETE REQUEST FOR PFL USING THE PFL-1 CLAIM FORM.

- (1) The Company may deny a claim for PFL without prejudice within 18 days if:
 - (a) the claim is incomplete; or
 - (b) the certification or proof of claim documentation is insufficient.
- (2) The Company must notify the employee of each piece of required missing information.
- (3) When a PFL claim is denied without prejudice, the employee must refile within 30 days of the first day of leave. If the employee does not refile the completed request for PFL together with the necessary certifications or proof of claim documentation within 30 days of the first day of leave, the Company may deny the claim.
- (4) Once the Company receives the completed request for PFL together with the necessary certifications or proof of claim documentation, the Company must pay or deny the claim within 18 days.

F. ADVANCE REQUEST FOR PFL FOR FORESEEABLE QUALIFYING EVENTS.

- (1) An Advance Request for PFL for a foreseeable qualifying event shall not be denied on the grounds that the request for PFL is incomplete.
- (2) Within 5 business days of receipt of an incomplete request for PFL, the Company will provide the employee with:
 - (a) notice that the claim is pending;
 - (b) a list of the required missing information;
 - (c) instructions for how to submit the missing information; and
 - (d) contact information.
- (3) Once the Company receives a completed request for PFL, the Company shall provide the employee a confirmation of receipt of the completed claim within 3 business days.
- (4) If a completed request for PFL is received more than 18 days before the occurrence of a qualifying event, the Company shall send payment to the employee within 5 days following the qualifying event.

G. DENIAL OF PFL BENEFITS. If the Company denies a request for PFL for reasons other than the claim is incomplete or the certification or proof of claim documentation is insufficient, the employee may not refile. A PFL denial must state the reason, repeat any relevant information filed in the request and include any other information considered by the Company in making the decision.

**FAMILY LEAVE BENEFITS
(Continued)**

V. REQUESTING PFL BENEFITS (Continued)

H. CERTIFICATION/PROOF OF CLAIM DOCUMENTATION.

- (1) **Certification Updates.** The Company may require updates to the request for PFL, certifications, or proof of claim documentation for subsequent periods of PFL not covered by the initial documentation during the 52-week period following the initial request for PFL.
- (2) **Bonding Certification.** For PFL taken to bond with the employee's child, the required information to be included in the certification is contained in the PFL-2 form available on the New York State Paid Family Leave website or from the Company.
- (3) **Certification of a Serious Health Condition.**
 - (a) It is the employee's responsibility to obtain a medical certification from a health care provider and to provide the Company with the complete and sufficient certification for PFL taken due to the serious health condition of a family member. Failure to provide the certification may result in the denial of PFL benefits.
 - (b) The required information to be included in the certification from the health care provider is contained in the PFL-4 form available on the New York State Paid Family Leave website or from the Company.
- (4) **Certification Relating to a Qualifying Military Exigency.**
 - (a) It is the employee's responsibility to submit a certification for PFL taken due to a qualifying military exigency. The information to be included in the certification is contained in the PFL-5 form on the New York State Paid Family Leave website or from the Company.
 - (b) The Company may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on active duty or called to active duty status, and the dates of the military member's active duty service.
 - (c) If the qualifying military exigency involves rest and recuperation leave, the employee must provide a copy of the military member's rest and recuperation orders, or other documentation issued by the military which indicates that the military member has been granted rest and recuperation leave and the dates of the military member's rest and recuperation leave.
 - (d) The Company may independently verify the employee's appointments with third parties and may verify the military member's active duty status.

VI. PAYMENT OF BENEFITS

A. The first payment of benefits shall be paid within 18 days of receipt of a completed request for PFL with the necessary certification or proof of claim documentation. Thereafter, PFL benefits shall be paid biweekly. In the event a completed request for PFL is received more than 18 days before the occurrence of a qualifying event, the Company shall send payment to the employee within five days following the qualifying event.

**FAMILY LEAVE BENEFITS
(Continued)**

VI. PAYMENT OF BENEFITS (Continued)

B. Payment of PFL benefits may be made in the same manner as the employee is paid wages from the employer (such as debit card, direct deposit, or check).

C. PAYMENT OPTIONS. If the Company offers a choice of method of payment, the Company will contact the employee upon the receipt of the request for PFL and may require the employee to choose between debit card or direct deposit as the method of payment, unless the employee certifies the need for payment by check. If the employee fails to choose a method of payment, the Company may elect to make payment using either a debit card or a check. The employee may elect at a later time to change the default method of payment.

D. If the Company provides for payment methods in addition to a check, the Company must provide employees with written notice that meets the requirements of 12 NYCRR 380-5.6(e).

VII. EMPLOYEE USE OF ACCRUALS AND EMPLOYER REQUEST FOR REIMBURSEMENT

Where an employer provides an option to employees to charge all or part of unused accruals or other paid time off to receive full salary during the period of family leave and the employee exercises that option, and the employee does not file a request for PFL benefits with the Company, the employer may request reimbursement from PFL benefits due by filing its claim for reimbursement with the Company in accordance with Workers' Compensation Law §205(2)(c).

VIII. DISPUTE RESOLUTION

A. INFORMAL RESOLUTION. The employee and the Company shall make every effort to informally resolve a denial of PFL benefits.

B. ARBITRATION. In the event an informal resolution is unsuccessful, any party may seek a formal resolution through arbitration. Any claim-related dispute, including eligibility, benefit rate, and duration of family leave, is subject to arbitration pursuant to procedures promulgated or approved by the Chair of the Workers' Compensation Board. Awards are made in writing and are final and binding on the parties in the case subject to Article 75 of the Civil Practice Law and Rules.

**FAMILY LEAVE BENEFITS
(Continued)**

IX. EXCLUSIONS AND LIMITATIONS

- (1) **Prohibition on concurrent payments.** DBL and PFL benefits are not payable concurrently.
- (2) No employee shall be entitled to PFL benefits:
 - (a) for any disability occasioned by the willful intention of the employee to bring about injury to or the sickness of himself or another, or resulting from any injury or sickness sustained in the perpetration by the employee of an illegal act;
 - (b) for any day of PFL during which the employee performed work for the employer for remuneration or profit; or
 - (c) for any family leave commencing before the employee becomes eligible for PFL benefits.
- (3) A sole proprietor, a member of a limited liability company, a member of a limited liability partnership, or other self-employed person who elects coverage under Article 9 of the WCL shall be subject to a waiting period of 2 years from the effective date of this rider before PFL benefits are payable. During the 2 year waiting period, premium contributions for PFL coverage shall be payable.

X. RENEWAL/CANCELLATION/TERMINATION

The renewal/cancellation/termination provision of the DBL policy shall apply to this PFL rider. The benefits contained within this PFL rider shall renew or cancel/terminate on the same renewal date or cancellation/termination date as the DBL policy.

XI. DISCONTINUANCE

If the Company elects to discontinue all DBL/PFL policies in one or more group sizes (small, medium, large), the Company will provide written notification of the proposed discontinuance to the Superintendent, in accordance with 11 NYCRR 363.6(l) and (m), at least 90 days prior to the date of discontinuance of the coverage. This notification shall be in addition to the notification to the employer required in the underlying DBL policy.

LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK



Officer of the Company

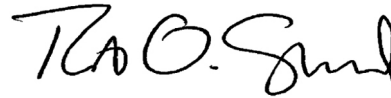
**POLICY AMENDMENT
TO BE ATTACHED AND MADE A PART OF THE POLICY**

The Policy is amended as follows.

Changes	Additions	Deletions
Add associated company.	NYDBL-AMEND.PFL-PC20,NYDBL-POL 11	NYDBL-AMEND.PFL-PC20,NYDBL-POL 11

This Amendment takes effect on the later of January 1, 2023, or the EFFECTIVE DATE of the Policy. In all other respects, the Policy remains the same.

Accepted for the Group Policyholder by: LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK



Officer of the Company

Signature

Typed or Printed Name

Title

Asahi KASEI America, Inc.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

Lincoln Life & Annuity Company of New York
120 Madison Street, Suite 1310
Syracuse, NY 13202-2802
1-800-210-0268

Policy #: GS4-890-LF0210-NY Effective From: 01/01/2023 To: 12/31/2023

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under The Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

Lincoln Life & Annuity Company of New York

Covering Employees of:

Asahi KASEI America, Inc.

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes leave

FOR MORE INFORMATION AND HELP:
 Visit ny.gov/PaidFamilyLeave
 or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- Your employer,
- The insurance carrier below, or
- ny.gov/PaidFamilyLeave

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NOTICE OF COMPLIANCE

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Asahi Kasei Advance America, Inc.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
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Paid Family Leave

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Lincoln Life & Annuity Company of New York

Covering Employees of:

Asahi Kasei Advance America, Inc.

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- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

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- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

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NOTICE OF COMPLIANCE

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Bionique Testing Laboratories LLC

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

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2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
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Lincoln Life & Annuity Company of New York
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Customer Service: (877) 632-4996
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Employers must post DB-120 so that all classes of their employees know who will pay their benefits.



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

Lincoln Life & Annuity Company of New York

Covering Employees of:

Bionique Testing Laboratories LLC

Paid Family Leave is insurance that provides job protected paid time off to:

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- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

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Crystal IS, Inc.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

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Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

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Covering Employees of:

Crystal IS, Inc.

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THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Veloxis Pharmaceuticals, Inc.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

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THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

Lincoln Life & Annuity Company of New York

Covering Employees of:

Veloxis Pharmaceuticals, Inc.

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes leave

FOR MORE INFORMATION AND HELP:
 Visit ny.gov/PaidFamilyLeave
 or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- Your employer,
- The insurance carrier below, or
- ny.gov/PaidFamilyLeave

Lincoln Life & Annuity Company of New York
 120 Madison Street, Suite 1310
 Syracuse, NY 13202-2802
 1-800-210-0268

Policy #: GS4-890-LF0210-NY Effective From: 01/27/2023 To: 12/31/2023

Statutory Under a Plan or Agreement

Class(es) of Employees Covered: All Employees Eligible Under The Law

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

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AKM Semiconductor, inc.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

Lincoln Life & Annuity Company of New York
120 Madison Street, Suite 1310
Syracuse, NY 13202-2802
1-800-210-0268

Policy #: GS4-890-LF0210-NY Effective From: 01/01/2023 To: _____

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under The Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
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