

**STATEMENT OF RIGHTS
NEW YORK STATE DISABILITY BENEFIT**

**IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL
ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS.**

1. Your employer is required by law to provide payment of disability benefits (MNUWI - C 21)

**IF YOU HAVE DIFFICULTY IN OBTAINING A COPY OF THIS STATEMENT, YOU HAVE AN OTHER
QUESTION OR PROBLEM ABOUT A NON-OCCUPATIONAL DISABILITY BENEFIT, OR POLICY OF THE
WORKERS' COMPENSATION BOARD.**

This information is a simplified presentation of your rights under the provisions of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is: