

**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 121)

**IF YOU HAVE DIFFICULTY IN OBTAINING A COPY OF THIS STATEMENT OF RIGHTS, YOU MAY CONTACT THE
NEW YORK STATE WORKERS' COMPENSATION BOARD. IF YOU HAVE AN OTHER QUESTION OR PROBLEM ABOUT A NON-OCCUPATIONAL INJURY OR ILLNESS, YOU MAY CONTACT THE
NEW YORK STATE 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: