



AmTrust North America
An AmTrust Financial Company

Claimants

Our claim center is available to you and staffed by dedicated claims examiners. Once a claim is reported you can also check its status online by registering and logging onto <https://ao.amtrustgroup.com>.

New York DBL Claims

The forms required when an employee becomes disabled in NY and may be entitled to disability benefits are:

- [DB-271S—Statement of Rights](#): The NY DBL law requires an employer to send a “Statement of Rights” – entitlement of benefits under the Disability Benefits Law to an employee, within 5 days after the employee has been absent from work for more than 7 consecutive days. This statement is in standardized format approved by the Worker’s Compensation Board.
- [DB-450—Notice and Proof of Claim](#): After the disability begins, Part A – Claimant and Part B – Health Care Provider statements should be completed, signed and the form returned to the employer for completion of Part C – Employer Statement. The form should then be submitted to Wesco Insurance Company. Claims should be filed within 30 days after the employee last worked and the physician has certified the employee is totally disabled. Failure to submit the claim within 30 days may result in a partial or total rejection of the claim.

New Jersey TDB Claims

The forms required when an employee in NJ becomes disabled and may be entitled to disability benefits is:

- [DS-I – Division of Temporary Disability Insurance Claim for Disability Benefits](#): Claim form is used to file a New Jersey TDB claim when an employee becomes totally disabled while employed. Claim must be filed within 30 days of disability. The employer must send the employee a Disability Form (Form DS-1), containing the worker’s name, address, Social Security number and wage information needed to determine the worker’s eligibility for temporary disability benefits.

Disability Claim:

Send a completed claim form for NY and NJ to:

Wesco Insurance Company
PO Box 980, Bowling Green Station
New York, NY 10274 **OR**
FAX: (800) 584-9303 **OR**
Email: DBClaims@amtrustgroup.com

Questions: **800.535.2710**
[NY and NJ Claim Forms](#)