



## State Disability - Frequently Asked Questions

### Billing/Other

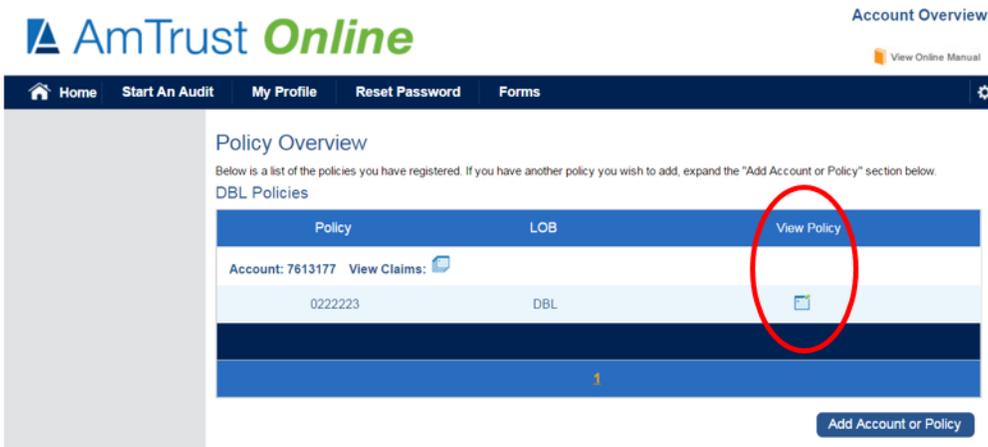
#### Was my premium payment received?

Login into your AmTrust Online account to view your payment details any time of day or feel free to call 1-855-380-9986 and an agent can assist you.

1. Login in: <https://ao.amtrustgroup.com/ANANexus/Login.aspx>



2. Click on the Icon under the "View Policy" section.



3. Scroll down to the bottom and select the "Policy Receivables" tab. We list all invoices and if the "Status" shows "Complete" then your payment was received. Also the "Date Entered" field is the date received and the "Payment Date" field is the date the payment was applied to a policy.



Endorsement History	Policy Installments	Policy Receivables			
Payment Date	Description	Amount	Date Entered	Payment Made By	Status
11/1/2016	DBL Cash Payment	\$43,892.55	10/28/2016	19668	Complete
8/1/2016	DBL Cash Payment	\$43,486.29	7/29/2016	mgriffin	Complete
4/12/2016	DBL Cash Payment	\$42,547.50	4/12/2016	abercier	Complete
1/26/2016	DBL Cash Payment	\$42,009.48	1/26/2016	mgriffin	Complete
11/6/2015	DBL Cash Payment	\$50,232.60	11/6/2015	abercier	Complete

### How can I get a Certificate of Insurance (DB120.1)?

Login into your AmTrust Online account to obtain a copy of your Certificate of Insurance any time of day or feel free to call 1-855-380-9986 and an agent can assist you.

1. Login in: <https://ao.amtrustgroup.com/ANANexus/Login.aspx>



2. Click "Forms" in the top navigation bar



3. Click the PDF Icon associated with the "DB-120.1 REQ" under the Form ID

### New York Disability Benefits Law (DBL) Forms

You can now complete and print the DB120.1 Certificates of Compliance forms and DB120 posters ONLINE. Get started Today.

#### DBL Policy Administration

Form ID	Form Name	Description	PDF
DB-120.1 REQ	Request for DB-120.1 Certificate of Insurance Coverage under the NYS Disability Benefits Law	Used to request a DB-120.1 the certificate of insurance that provides proof of NYS DBL coverage. Request may be submitted to Wesco by Fax or Email.	
DB-120.1 POSTER	Poster for DB-120.1 Certificate of Insurance Coverage under the NYS Disability Benefits Law	Poster for a DB-120.1 the certificate of insurance that provides proof of NYS DBL coverage.	

#### DBL Claims

Form ID	Form Name	Description	PDF
DB-450	Notice and Proof of Disability Benefits Law Claim	Claim frm used to file a NY DBL claim when an employee becomes disabled while employed or within 4 weeks after termination. Must be filed with Wesco within 30 days of disability.	

- Type in all the information by the red arrows and click "Add".

### DB 120.1 Certificate Holders

Entity Name	Address	Added	Effective	Download
001 Testing 8/6/14	Testing 8/6/14 New York, NY 10038	8/6/2014	8/6/2014	
001 Testing 8/18/14	test New York, NY 10038	8/18/2014	8/18/2014	

Entity	Location	
001 - KATHY I	37 C	
Certificate Holder Name	Business Telephone of Insured	
AmTrust	2168888888	
Adr1	Adr2	
1234 Test Street		
City	St	Zip
Any City	NY	10001
Effective		
11/3/2016 12:00:00 AM		
<b>Add</b>		

- Click on the latest entry PDF Icon that just appeared to view and print your new certificate.



## DB 120.1 Certificate Holders

Entity Name	Address	Added	Effective	Download
001 Testing 8/6/14	Testing 8/6/14 New York, NY 10038	8/6/2014	8/6/2014	
001 Testing 8/18/14	test New York, NY 10038	8/18/2014	8/18/2014	
001 AmTrust	1234 Test Street Any City, NY 10001	11/3/2016	11/3/2016	

Entity	Location	
<input type="text" value="001 - KA1"/>	<input type="text" value="37 OVER"/>	
Certificate Holder Name	Business Telephone of Insured	
<input type="text"/>	<input type="text"/>	
Adr1	Adr2	
<input type="text"/>	<input type="text"/>	
City	St	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Effective	<input type="text" value="11/3/2016 12:00:00 AM"/>	
<input type="button" value="Add"/>		

### What are the payment methods available for my premium?

Policy premium can be submitted via check. We are working towards accepting other forms of payment.

### How do I obtain an additional copy of my policy?

Login into your AmTrust Online account to obtain a copy of your policy any time of day or feel free to call 1-855-380-9986 and an agent can assist you.

1. Login in: <https://ao.amtrustgroup.com/ANANexus/Login.aspx>





### Workers' Compensation

Commercial Package Coverage

### Welcome To AmTrust Online

User Name:

Password:

Save User Name on This Computer

Policy Holders: Register | Retrieve Password | Retrieve User Name



2. Click on the Icon under the "View Policy" section.

Home Start An Audit My Profile Reset Password Forms

### Policy Overview

Below is a list of the policies you have registered. If you have another policy you wish to add, expand the "Add Account or Policy" section below.

DBL Policies

Policy	LOB	View Policy
Account: 7613177 View Claims: 		
0222223	DBL	

1

[Add Account or Policy](#)

3. Endorsement 0 is always the policy. Click on the PDF file on the right and your policy will pull up for you to print.

Endorsement History		Policy Installments		Policy Receivables				
Endmt	Effective Date	Type	Description	Non-Pay Description	By	Date Done	View PDF	
0	5/1/1989	Bind	Policy Imported		NblbigBang	8/4/2016		
1	11/8/2015	Canc	Cancelled Entities 001 effective 11/8/2015 12:00:00 AM for Non-Payment		System	10/19/2015		
2	11/8/2015	Reinst	Reinstated entity 001 as legal entity - Test policy		16924	7/21/2016		
3	8/10/2016	Supersede	address correction		16914	8/10/2016		
4	9/12/2016	Canc	Cancelled Entities 001 effective 9/12/2016 for Non-Payment		System	8/22/2016		
5	9/12/2016	Reinst	Reinstated entity 001 - non-pay		16938	11/3/2016		

## Claims

### Did you receive my paperwork?

Login into your AmTrust Online to create account to view claim status information any time of day or feel free to call 1-855-380-9986 and an agent can assist you.

1. Login in: <https://ao.amtrustgroup.com/ANANexus/Login.aspx>  
And click "Register" to create an account.

**Workers' Compensation**



Commercial Package Coverage

**Welcome To AmTrust Online**

User Name:

Password:

Save User Name on This Computer

[Login](#)

Policy Holders | [Register](#) | [Retrieve Password](#) | [Retrieve User Name](#)



2. Select "Claimant" in the radial button. Please read the privacy policy and click on the box to provide agreement. Click "Continue".



AmTrust North America, Inc. Amtrust Online

[View Online Manual](#)

Welcome

Please select the applicable registration portal:

Insured (Policyholder) ?

Claimant ?

Claimant Privacy Statement:

By entering the Claimant Portal, you represent that you are the Claimant or you have been given full power and authority by the Claimant to access and view the information within the Claimant Portal. You will be held responsible for any unauthorized access or improper use of the information contained within the Claimant Portal.

I have read and agree to the Privacy Policy

3. Fill in all fields in the "Register" box to create your own login. All information is required for validation purposes. Click "Register" after all fields are filled in.



Register

User Name

First Name

Last Name

Date of Birth

Email Address

Confirm Email

Password

Confirm Password

PassWord Hint

Hint PassPhrase

SSN  
XXX XX

4. Please read the privacy policy and click on the box to provide agreement. Click "Continue".

Welcome

Please select the applicable registration portal:

Claimant ?

Claimant Privacy Statement:

By entering the Claimant Portal, you represent that you are the Claimant or you have been given full power and authority by the Claimant to access and view the information within the Claimant Portal. You will be held responsible for any unauthorized access or improper use of the information contained within the Claimant Portal.

I have read and agree to the Privacy Policy

5. Type in your "User Name" and "Password" you just created and click "Login".



Welcome To AmTrust Online

VERSION 1.0.102.0

Please Login:

User Name:

Password:

6. Click "View" to show all information related to your claim.



Welcome Mike Test

Home

Claimant Menu

Claim Listing

### Claim Listing

Claims

Claim #	Seq	Last Name	First Name	Loss Date	Status	Policy	Incurred		
View	1336914	1	TEST	MIKE J	10/1/2013	Closed	0222223	0.00	<input checked="" type="button" value="View"/>

#### **When was my check issued and when is my next check?**

Login into your AmTrust Online to create account to view claim status and checks issued any time of day or feel free to call 1-855-380-9986 and an agent can assist you. Please note that checks are issued bi-weekly and sent through the United States Postal Services so please allow 3-4 business days for delivery.

1. Login in: <https://ao.amtrustgroup.com/ANANexus/Login.aspx>



AmTrust Online

**Workers' Compensation**

Commercial Package Coverage

Welcome To AmTrust Online

User Name:

Password:

Save User Name on This Computer

Login

Policy Holders: Register | Retrieve Password | Retrieve User Name

2. Click "View" to show all information related to your claim.

AmTrust Online

Welcome Mik Test

Home

Claimant Menu

Claim Listing

**Claim Listing**

Claims

Claim #	Seq	Last Name	First Name	Loss Date	Status	Policy	Incurred		
View	1336914	1	TEST	MIKE J	10/1/2013	Closed	0222223	0.00	<a href="#">View</a>

3. Click the "Checks" link on the right navigation box. Scroll down and you can see all checks issued and mailed.

AmTrust Online

Welcome Mike Test

Home

Claim Summary

Claimant Info

Disability Info

**Checks**

Employment Status

Disability Status

New Address

Return to Listing

**Claim Summary**

Claim Number: 1336914-1      Claimant: MIKE TEST

Insured: KATHY

Policy: 0222223      Policy Effective Date: 5/1/1989

Adjuster: Francesco

Adjuster Phone:      Adjuster E-mail:

Supervisor:      Supervisor E-mail:

**Loss Information**

Date of Disability: 10/1/2013      Jurisdiction: NEW YORK      Status: Closed

Received Date: 10/11/2013      Reported Date: 10/11/2013      Closed Date: 10/11/2013

**Financial Summary**

Benefits From	Benefits To	Benefit Rate	Gross	# Weeks	# Days	Net
10/8/2013	10/14/2013	170.0000	0.00	0.0	0.0	0.00

**Checks**

Check#	Issue Date	Payee	Amt	Begin DOS	End DOS	Paid Weeks	Paid Days	Gross	Status	
View	10232670	10/11/2013	MIKE TEST	156.99	10/8/2013	10/14/2013	1.0	0.0	170.00	Voided

**How often should I receive a check?**

There is a 7 day waiting period. After the waiting period has ended we will process your first check if eligible.



Please note that checks are issued bi-weekly and sent through the United States Postal Services so please allow 3-4 business days for delivery.

**How many more checks do I have left?**

Login into your AmTrust Online to view your payable disability time frame any time of day or feel free to call 1-855-380-9986 and an agent can assist you.

1. Login in: <https://ao.amtrustgroup.com/ANANexus/Login.aspx>



2. Click "View" to show all information related to your claim.

Welcome | Test



3. Click the "Checks" link on the right navigation box. In the "Financial Summary" section you will be able to view the "Benefits To" date which shows the last day of your disability benefits.

Claim Summary

- Claimant Info
- Disability Info
- Checks
- Employment Status
- Disability Status
- New Address
- Return to Listing

## Claim Summary

<b>Claim Number:</b>	1336914-1	<b>Claimant:</b>	MIKE	TEST
<b>Insured:</b>	KATHY I	<b>Policy Effective Date:</b>	5/1/1989	
<b>Policy:</b>	0222223	<b>Adjuster:</b>	Francesco	
<b>Adjuster Phone:</b>		<b>Adjuster E-mail:</b>		
<b>Supervisor:</b>		<b>Supervisor E-mail:</b>		

### Loss Information

**Date of Disability:** 10/1/2013    **Jurisdiction:** NEW YORK    **Status:** Closed  
**Received Date:** 10/11/2013    **Reported Date:** 10/11/2013    **Closed Date:** 10/11/2013

### Financial Summary

Benefits From	Benefits To	Benefit Rate	Gross	# Weeks	# Days	Net
10/8/2013	10/14/2013	170.0000	0.00	0.0	0.0	0.00

### Checks

Check#	Issue Date	Payee	Amt	Begin DOS	End DOS	Paid Weeks	Paid Days	Gross	Status		
view	10232670	10/11/2013	MIKE	TEST	156.99	10/8/2013	10/14/2013	1.0	0.0	170.00	Voided