

NY Statutory Disability & Paid Family Leave Employee Wage Census



Wesco Insurance Company
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Complete form and return to AmTrust/Wesco.

Upon our receipt we will contact you regarding Premium Payment.

Email to: dlamtrust@amtrustgroup.com Please include word "Census" in subject line.

Fax to: 800-584-9370

Mail to: P.O. Box 980 at Bowling Green Station New York, NY 10274

Policy number: _____ FEIN number: _____

Employer name: _____ Employer billing address:

Contact Name: _____ Contact phone: _____

Information required	Field definition
List of all employees	Each employee has a unique PFL contribution and status that is used to calculate premiums
Class Name	Only applicable if your DBL Policy has differing classes of employees, please indicate them here. Example may be "Union" "Non-Union." Most policies have a single class & will enter 'All Employees' as the default for this field.
Dates Worked	Specific months of employment worked during the billing term. Determines the period worked to determine the DBL and PFL premium that is charged.
Full time or Part time	State requirement (Full time = 20 hours/week Part time = Less than 20 hours / week)
Officer or PSM (Partner/Sole proprietor / Member)	If the employee is a considered an officer and they are on the existing Disability policy please list them here and check "Yes" box. For all other employees check the "No" box.
PFL Waiver status	State requirement – check the box if that employee has signed a PFL waiver form
Male or Female	State requirement and determines Disability rates
Employee Wages	Total gross wages earned within the billing period – (Premium is based on employees' unique wages.)
Employee Frequency	Enter the frequency that matches the information entered in the Wage field. ex. If total wage for the Quarter have been entered in Wage field, write 'Quarter' as the Wage Frequency.

Employee or Employee Identifier	Class Name	Dates Worked (during applicable billing period)		Part time or Full time (PT/ FT)	Officer (Y/N)	PFL Waiver (Y/N)	Gender (M/F)	Wage	Wage Frequency
		1/01/2017	12/31/2017						
Ex. John Johnson	All Employees	1/01/2017	12/31/2017	<input type="checkbox"/> PT <input checked="" type="checkbox"/> FT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	\$45,000	Annual
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F		

