STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE
DISABILITY BENEFITS LAW
TO EMPLOYEES

1. If you are unable to work because of an illness or injury not
work-related, you may be entitled to receive weekly benefits
from your employer, or his or her insurance company, or from
the Agency Special Fund for Disability Benefits.

2. To claim benefits you must file a claim form within 30 days
from the date of your disability, but no later than 30 weeks
from the date of your disability.

3. Use one of the following claim forms:
   a. If, when your disability begins, you are employed and are
      unemployed for four weeks or less, use the "White Claim
      Form" (Form DB-450), which you may obtain from your employer,
      or his or her insurance carrier, your health provider or any office
      of the Workers' Compensation Board, or send it to your
      employer or the insurance carrier named below.
   b. If, when your disability begins, you have been unemployed
      for more than four weeks, use the "Green Claim Form" (Form
      DB-300), which you may obtain from any Unemployment
      Insurance Office, your health provider, or any office of the
      Workers' Compensation Board. Send completed claim form to
      the Workers' Compensation Board, Disability Benefits Bureau,
      Albany, New York 12241.

IMPORTANT: Before filing your claim, your health provider
must complete the "Health Care Provider's Statement" on the
claim form, showing your period of disability.

4. You are entitled to be treated by any physician, chiropractor,
dentist, nurse-midwife, podiatrist, or psychologist of your
choice. However, unless your worker's compensation, your medical
bills will not be paid unless your employer and/or union provide
for the payment of such bills under a Disability Benefits Plan or
Agreement.

5. If you are ill or injured during the time you are receiving
Unemployment Insurance Benefits, file a claim for Disability
Benefits as soon as you sustain the injury or illness, by
following the "White Claim Form" (Form DB-450)

6. If you are out of work in excess of seven days, your employer
is required to send you a Disability Benefits Statement of
Rights (Form DB-271).

7. Other information about Disability Benefits may be obtained
by writing or calling the nearest Workers' Compensation Board
Office.

WORKERS' COMPENSATION BOARD OFFICES
Albany, New York 12241 (518) 457-4300
Binghamton, 13901 - State Office Bldg. - 44 Hawley St. (607) 763-3515
Brooklyn, 11201 - 111 Livingston St. - Brooklyn (718) 694-1735
Buffalo, 14202 - State Tower - Buffalo Ave. - (716) 218-0654
Mauspurguia, 11788 - 220 Rebro Drive - Suite 100 - (668) 681-5354
Hempstead, 11550 - 28 Fulton Ave. - (516) 868-0500
New York, 10027 - 215 W. 125th St. - Manhattan - (212) 777-1373
Peabody, 01961 - 41 North Division St. - (508) 746-0552
Queens, 11432 - 164-49 Blvd. Ave. - Jamaica - (718) 277-0773
Rockville Centre, 11575 - 120 Main Street West - (631) 211-0844
Syracuse, 13203 - 396 James St. - (315) 735-5200

The undersigned employer is in compliance with the provisions of the Disability Benefits Law (El patrón atiende las leyes de Beneficios por Incapacidad). The benefits provided are (Los beneficios proporcionados son):

First Union Life Insurance Company
99 Park Avenue
New York, NY 10016 (1-800-356-5817)

Effective From 01/01/2000 To Until Cancelled
(En Vigor Desde) (Fecha)
Policy No. 4622235
(Poliza No.)

THE WORKERS' COMPENSATION BOARD EMPLOY AND SERVES
PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

THE JUNTA DE COMPENSACION OBGERA EMPLEA Y NERVE
APRASIONES INCAPACITADAS SIN DISCRIMINAR.

DB-120 (8-08)

The benefits provided are (beneficios proporcionados son):

Statutory Under a Plan or Agreement

Class(es) of employees covered (Clase(s) de empleados amparados)
All employees eligible under the NY State Disability
Benefits Law

Name of employer (Nombre del Patrón)

By Rochester Institute of Technology

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND
ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.