



ORISKA INSURANCE COMPANY

1310 UTICA STREET, PO Box 855, ORISKANY, NY 13424 • TELEPHONE (800) 358-3513 • FAX (888) 884-2193

Oriska Insurance Company and its affiliates (collectively, "we", "our" or "us") are pleased to announce the availability of direct deposit for your New York workers' compensation indemnity or death benefits beginning on. Should you wish to participate, please thoroughly review the information and instructions below.

To begin, change, or cancel the deposit of workers' compensation benefit checks and/or proceeds from a settlement agreement under Section 32 of the Workers' Compensation Law (hereinafter "settlement proceeds") directly to a financial institution, complete the enclosed form and mail or e-mail to:

Oriska Insurance Company
Workers Compensation Claims Department
P.O. Box 855, 1310 Utica Street
Oriskany, NY 13424
claims@oriska.com

Do not send the form to the Workers' Compensation Board.

YOUR OPTIONS CONCERNING DIRECT DEPOSIT

You may receive your workers' compensation indemnity benefits or death benefits by direct deposit or by paper check in the mail.

You may cancel direct deposit at any time by checking the appropriate box on the enclosed form, completing the remainder of the form, and forwarding the completed form to the address shown above. Your request to cancel direct deposit will be implemented within forty-five days of our receipt of a completed form, and thereafter payment of benefits will be sent to you by paper check to the mailing address indicated on the form.

You may have your indemnity or death benefits directly deposited into up to two bank accounts either as a percentage of the total benefit or a fixed dollar amount for each deposit. We require a minimum amount of \$20 to be deposited into each bank account.

YOUR AUTHORIZATIONS, UNDERSTANDINGS, AND ACKNOWLEDGEMENTS

By electing direct deposit payments for your indemnity or death benefits, you agree to be bound by all terms of the process, which includes specific terms and limitations that we and the New York State Workers' Compensation Board may set for this process.

Your initial direct deposit payment will be for a \$1.00 test payment, which will be deducted from your indemnity or death benefits due. Upon receiving your confirmation that you received the initial direct deposit of \$1.00, we will update your account information to have your future indemnity or death benefits paid by direct deposit. Should you elect to deposit into two accounts, an initial direct deposit test payment of \$1.00 will be required for each account. Please be advised that it could take up to 45 days to complete the direct deposit process. You will continue receiving payments by regular mail until the process is completed.

By electing direct deposit payments for your indemnity or death benefits, you are expressly:

- Authorize us to directly deposit your workers' compensation indemnity benefits or death benefits into the bank account(s) identified on the enclosed form.
- Authorize us to debit your account or otherwise lawfully proceed to recover any credit(s) deposited in error. **IMPORTANT:** This consent does not authorize GNY to recover alleged over payments of established and awarded benefits.
- Understand and acknowledge that any change in your employment status may affect your right to receive benefits.
- Understand and acknowledge that any false statement or failure to disclose a material fact in order to obtain or increase your benefits may result in criminal prosecution, disqualification from benefits, and

repayment of any funds deposited to your account.

- Understand and acknowledge that the failure to notify us of any change in financial institution or account may delay receipt of your benefits or settlement proceeds.
- Understand and acknowledge that you must submit a new completed form to us to change or cancel the direct deposit of your workers' compensation indemnity or death benefits.
- Understand and acknowledge that you have an obligation to immediately notify us should you no longer be entitled to payments, or of any change in circumstances that may affect your entitlement to payment.
- Understand and acknowledge that we may require you to certify annually that you continue to elect the receipt of indemnity or death benefits by direct deposit, and that we may discontinue direct deposit and thereafter provide benefits by paper check should you fail to timely provide us with the requested certification.

By submitting to us the enclosed form and accepting workers' compensation indemnity or death benefits by direct deposit, the payee, under penalty of fine and/or imprisonment, certifies entitlement to the payment for benefits or services, circumstances affecting such entitlement have not changed, and no false statements or representations have been made in support of the claim for payment. False representations could result in civil and criminal penalties. Your failure to notify us within 14 days of a change in your eligibility status for continuing indemnity payments may result in the legal procedures provided in sections 300.23(a)(2) or 300.23(b)(3) of the NYCRR.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

DIRECT DEPOSIT AUTHORIZATION FORM

Directions: NYS Workers' Compensation Law allows for the direct deposit of certain workers' compensation payments into your account at certain financial institutions. To begin, change or cancel the transmittal of workers' compensation benefit checks and/or proceeds from a settlement agreement pursuant to WCL § 32 (hereinafter settlement proceeds) directly to a financial institution: fill out the DD-1 form enclosed, or obtain a form from www.oriskainsurnace.com and submit the form directly to the address at the bottom of the form. **Do not send to the Workers' Compensation Board.**

CLAIMANT'S RIGHTS TO DIRECT DEPOSIT

- This form is optional, but you have the right to receive your workers' compensation indemnity benefits or death benefits in the form of direct deposit. You also have the right to receive your workers' compensation indemnity benefits or death benefits by paper check in the mail.
- You have the right to cancel the direct deposit at any time by checking the appropriate box on this form and forwarding the completed form to the claim administrator responsible for the workers' compensation claim. The request will be implemented within forty-five days of receipt of notice, and thereafter payment of benefits will be sent by paper check.
- Beginning July 1, 2021, you have the right to have such payments deposited into at least two bank accounts at your request, either as a percentage of the total benefit or a fixed dollar amount for each deposit. The claim administrator may require a minimum amount of up to \$20 into each bank account.

AUTHORIZATIONS & UNDERSTANDINGS

- I authorize the claim administrator to directly deposit my workers' compensation indemnity benefits or death benefits into the specified bank account(s).
- I authorize the claim administrator to debit the account in order to recover any credits deposited in error. The claim administrator may recover credits deposited in error by any lawful means. **IMPORTANT:** This consent does not authorize the claim administrator to recover alleged over payments of established and awarded benefits.
- I understand that any change in my employment status may affect my right to receive benefits.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase my benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to my account.
- I understand that the failure to notify the insurance carrier, self-insured employer, or third-party administrator (TPA) (claim administrator) of any change in financial institution or account may delay receipt of my benefits or settlement proceeds.
- I understand that in order to change or cancel the direct deposit for my workers' compensation indemnity benefits or death benefits, I need to submit this form to the claim administrator.
 - I understand that I have an obligation to immediately notify the claim administrator if I am no longer entitled to such payments, or of changes in circumstances which affect my entitlement to such payment.
 - I understand that the claim administrator may require me to certify annually that I continue to elect the receipt of such benefits by direct deposit, and that if I fail to do so, the claim administrator may discontinue direct deposit and thereafter provide benefits by paper check.



**Workers'
Compensation
Board**

DIRECT DEPOSIT AUTHORIZATION FORM

Do not send to the Workers' Compensation Board.

NEW ENROLLMENT

CHANGE

CANCEL

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Depositor/Claimant's Name (last, first):	WCB Claim Number:
Phone Number (including area code):	E-mail Address:
Address: 	

DEPOSITOR/CLAIMANT/Joint ACCOUNT HOLDER CERTIFICATION

I certify that I am entitled to receive the underlying compensation payments or death benefits and circumstances entitling me to benefits or death benefits have not changed. I understand that the claim administrator may request an annual certification of continued entitlement to such payments or benefits and that such certification must be provided within sixty days in order to continue payments by direct deposit.

Depositor/Claimant Certification Signature	Date
Joint Account Holder Certification Signature	Date

SECTION 2

Please check with your financial institution to complete the requested information in this section. Direct deposit is only available if your financial institution is part of the New York State Automated Clearinghouse. In addition, the depositor's name **MUST** appear on the account.

Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount or Percentage to be deposited: _____
Depositor's Account Number (EFT Format):	Routing Number:

Name of Second Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount or Percentage to be deposited: _____
Depositor's Account Number (EFT Format):	Routing Number:

RETURN FORM TO:

Oriska Insurance Company
P.O. 855, 1310 Utica Street ,
Oriskany, NY 13424

If you wish to change or discontinue this election, please e-mail claims@oriska.com to obtain a new form
For more information call 800-358-3513 or email info@oriska.com