

REQUEST FOR DB-120.1 CERTIFICATE OF INSURANCE
UNDER THE NYS DISABILITY BENEFITS LAW

TO: National Benefit Life Insurance Company
Attn: NY DBL Certificate of Insurance Unit

FAX: 800 584-9370
Email: DB120.1Request@nationalbenefitlife.com

DATE:

REQUESTOR:

FAX:

PHONE:

INSTRUCTIONS: Please complete all sections below. The Name of Insured must be the same as NBL records. The DB-120.1 can only be issued to the policyholder of record.

Forms received by 3:00 pm will be processed on the same day. The original DB-120.1 will be mailed to the insured employer. A copy will be faxed to the requestor.

The DB-120.1 Certificate of Insurance will be effective for one (1) year from the date of request.

<p>Legal Name and Address of Insured (use street address only):</p>	<p>Business Telephone Number () -</p> <p>NYS Unemployment Insurance Employer Registration Number:</p> <p>Federal Employer Identification Number (FEIN) or Social Security Number:</p>
<p>Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder i.e. Dept of Buildings):</p>	<p>NBL DBL Policy #8-910-</p>

List additional Certificate Holders on next page.

Name and Address of additional Entities requesting Proof of Coverage (Entity being listed as the Certificate Holder):

Policy #8-910- _____
