

New York Disability Benefit (“DBL”)

Total Ben LLC (“TotalBen”) is an employee benefits provider, licensed in many states, including New York. Founded in 2005, the focus of the company is to bring corporate level benefits to the small and mid-sized market. With over 60 years of Fortune 100 experience on staff, including some senior IT staff, TotalBen is uniquely positioned to do just that. The background and experience of the staff gives TotalBen the ability to create and market unique products.

TotalBen now offers its vision and perspective for New York DBL. We have the ability to save our clients in a variety of ways:

- **Reduce or eliminate the employer contribution of DBL**
- Migrate the employer to an approved plan with more competitive rates
- Reduce the burden of paperwork at the time of application by providing signature ready documents and assistance with the written election
- Eliminate or reduce the burden of paperwork and interaction with the state or private carrier in the event of a claim
- **Reduce or eliminate the liability of the employer-matching FICA payment on benefits paid**
- Debit ACH the funds from the client automatically, on a per-quarter (or per month) basis, based on payroll reporting, done through TotalBen

Why not let TotalBen help reduce your costs?

- **Want us to do all the work to determine what can be done to reduce your existing expense? Simply complete the following two pages and fax back to us at 718-535-7073.**

For more information or to refer clients, please contact Moishe Miller via email – moishe.miller@totalben.com or via telephone, at **718-535-7070**. For a comprehensive list of our services, see www.totalben.com/services



1374 East 28th Street
Brooklyn, NY 11210
T: 718-535-7070
F: 718-535-7073
info@totalben.com

NY DBL New Case Questionnaire

Date _____

Name of Business _____

Nature of Business _____ Contact Name _____

Phone Number _____ Fax Number _____

Email _____

NOT NEEDED if supplying DBL Policy Dec pages:

Mailing Address _____

City _____ State _____ Zip _____

Current DBL Carrier _____

Total Number of Employees _____ Male _____ Female _____

FEIN# (Federal ID #) _____

Current Payroll Provider _____

Document Requirements:

Carrier Renewal Notice

- ❖ Carrier Renewal Notice
- ❖ Fax it back to TotalBen at 718-535-7073

No Carrier Renewal Notice

- ❖ **Rate:** Current and renewal (if known).
- ❖ **Premium:** Most recent carrier invoice and confirmation of premium paid for prior calendar years
- ❖ **Claims:** 4th Qtr 3PSP (3rd Party Sick Pay) payroll reports (depending on payroll provider, we can assist in obtaining the 3PSP report) from last 2 years and all current quarters of the current year

<place on your letterhead>

<insert date here>

<carrier name>

<carrier address>

<carrier address2>

<carrier city, state, zip>

RE: NY DBL - *<insert your carrier name here>*

Policy Number: *<insert your number here>*

To whom it may concern:

Per the captioned account(s), please be advised that we wish to name the broker listed below as our exclusive BOR :

**TotalBen LLC
1374 East 28th Street
Brooklyn, NY 11210
52-2442832**

Please note, this authorization replaces any previous authorization that may have been submitted and applies to the stated policy and/or line(s)s of coverage.

Sincerely,

<sign here>

<type your name here>