



ShelterPoint Life Insurance Company

1225 Franklin Avenue, Ste. 475

Garden City, NY 11530

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Phone: 800.365.4999 (516.829.8100)

www.shelterpoint.com

November 1, 2019

TOWN OF WOODBURY
PO BOX 1004
511 ROUTE 32
HIGHLAND MILLS, NY 10930-5133



Re: Replacement of your Statutory Disability and Paid Family Leave Policy from your Current Carrier

Dear Policyholder:

Your current carrier has agreed to allow ShelterPoint Life Insurance Company (ShelterPoint Life) the opportunity to offer you coverage to fulfill the need for New York statutory short-term disability (DBL) and Paid Family Leave (PFL) insurance due to their **exit from the statutory market** in New York. We are ready to **replace** your DBL/PFL policy from your current carrier with a ShelterPoint Life DBL/PFL policy effective 01/01/2020.

Please let us introduce ourselves to you:

- Founded in 1972, ShelterPoint Life has grown into New York's **largest statutory insurance carrier**:
 - More than **160,000 New York employers** trust us to help them strike the right balance between compliance, coverage, and cost to complete their DBL/PFL equation.
 - Over **1.6 million members** rely on us with their DBL/PFL coverage.
- Providing DBL for **over 45 years** as our core product, has helped us build deep expertise in statutory coverages. Let us help you with **uninterrupted coverage** as your current carrier is no longer offering this product.
- Access the following free online resources and help at **www.shelterpoint.com/welcome:**
 - Guide on how to complete our premium bill
 - FAQs
 - Claim forms & guides
 - And much more!
- Once you are part of the ShelterPoint Life family of policyholders:
 - You can easily and securely **pay your premium online** via our e-Pay feature (no roster or census needed) to keep your new policy active;
 - Your employees can manage their DBL/PFL claims easily in our **online claims portal and mobile app** when they are out because of a covered disability or paid family leave.

If you wish to purchase a DBL/PFL policy from ShelterPoint Life, here are the next steps:

- Once coverage is confirmed, we will send your DBL/PFL policy.
- You will subsequently receive a premium invoice directly from ShelterPoint Life.
- Keep your new policy active to **remain compliant with New York's statutory requirements.**

We look forward to welcoming you to the ShelterPoint Life family soon!

Sincerely,

ShelterPoint Life



NOTICE TO EMPLOYEES:

Important Information about Your New York Disability Benefits Law (DBL) and/or Paid Family Leave (PFL) Insurance

Wesco Insurance Company (Wesco) currently provides your New York Disability Benefits Law (DBL) and/or Paid Family Leave (PFL) insurance policy. Wesco has made the decision to discontinue offering coverage for DBL and PFL benefits in New York (except with respect to certain PFL-only benefits) and has cancelled all existing New York DBL/PFL policies, including yours, effective as of December 31, 2019.

If you are currently receiving benefits based on a claim submitted under your Wesco DBL/PFL policy, Wesco will continue to handle your claims according to the terms of your policy, including any claims that may arise prior to the December 31, 2019 termination date. Please check with your employer for information on available offers for replacement group DBL/PFL insurance beginning January 1, 2020.

Sincerely,



Wesco Insurance Company
An AmTrust Financial Company
P.O. Box 94557, Cleveland, OH 44101-4557

October 30, 2019

TOWN OF WOODBURY
PO BOX 1004, 511 ROUTE 32
HIGHLAND MILLS, NY 10930

**RE: Coverage termination
0139799-001 TOWN OF WOODBURY**

Dear Policyholder,

As a valued policyholder, we wanted to make you aware that Wesco Insurance Company will no longer offer coverage for the Disability Benefits Law (DBL) and Paid Family Leave (PFL) benefits in New York as of January 1, 2020, except with respect to certain PFL-only benefits. This letter is to inform you that we will be cancelling coverage for your DBL and/or PFL policy issued in New York effective December 31, 2019 and we have enclosed the required Notice of Cancellation. Any other insurance you have with us will not be impacted. Pursuant to this cancellation, any due and unpaid premiums associated with this policy will be billed accordingly and due upon receipt. Any adjustments and premium refunds will be made in accordance with the terms of your policy.

As required by law, Wesco will send notification of the cancellation to the New York Workers' Compensation Board. In the event that you do not replace coverage you may be subject to penalties. In addition, if a DBL and/or PFL120.1 Certificate of Insurance has been issued, it is no longer valid after the coverage cancellation date of December 31, 2019.

We regret any inconvenience this may cause, however there are numerous other carriers that provide DBL and PFL coverage in New York. You will be receiving an offer from another carrier to replace your DBL/PFL policy effective as of January 1, 2020. In the meantime, we have provided a letter for you to send to your employees. You may wish to supplement the employee notice with information regarding your new DBL/PFL carrier.

Sincerely,

AmTrust State Disability Policy Administration Team
Phone number: 800-535-2711
Email: DLAmTrust@amtrustgroup.com

STATE OF NEW YORK WORKERS' COMPENSATION BOARD
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW
CERTIFICATE/CANCELLATION OF INSURANCE

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law
 Initial Cancellation Reinstatement Supersedes Transaction Effective Date: 12/31/2019

1. INSURER NAME Wesco Insurance Company - 800 Plaza 2, 8th Floor, Jersey City, NJ 07311-1104		2. INSURER CODE B904698	3. INSURER PHONE # (800) 535-2711
4. CONTACT NAME Lydia De La Rosa-Pena		5. TITLE Associate VP	6. DATE 10/30/2019
7. WCB EMPLOYER NUMBER		8. NYS UIER NUMBER	9. EMPLOYER FEIN 146002511
10. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA) TOWN OF WOODBURY		13. LEGAL STATUS (SEE BACK OF FORM) Other	
11. EMPLOYER STREET ADDRESS PO BOX 1004, 511 ROUTE 32		14. NUMBER (#) OF EMPLOYEES	
12. EMPLOYER CITY, STATE and ZIP CODE HIGHLAND MILLS, NY 10930		15. EMPLOYER PHONE #	
16. POLICY NUMBER 0139799-001		17. POLICY EFFECTIVE DATE 1/1/1993	18. POLICY FORM NUMBER * AH990118NY
19. WCB PLAN NUMBER (Only for Association, Union or Trustee with Form DB-801 on file.)			20. PREMIUM AMOUNT

D. REASONS FOR CANCELLATION

- Non-Payment of Premium
 - Other Carrier withdrawal from DBL and PFL Benefits market.
 - Not Subject/No Eligible Employees Date
 - Out of Business Date
 - Seasonal Date
- DATE CANCELLATION OR TERMINATION SENT TO EMPLOYER: 10/30/2019

E. Complete if SUPERSEDES box is checked at top of form		F. POLICYHOLDER if different from Employer	
21. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA)		27. POLICYHOLDER NAME	
22. EMPLOYER'S STREET ADDRESS		28. POLICYHOLDER ADDRESS	
23. CITY, STATE and ZIP CODE		29. CITY, STATE and ZIP CODE	
24. EMPLOYER FEIN	25. POLICY EFFECTIVE DATE	30. POLICYHOLDER FEIN	
26. POLICY NUMBER			

G. 1. The policy covers Employer's employees as follows:

- a. The policy provides coverage for
 - Both disability and paid family leave benefits
 - Disability benefits only
 - Paid family leave benefits only
- b. The policy covers the following class or classes of employees:
 - All employees
 - Only the class or classes of employees listed here
- 2. The employee contributions required and benefits insured are:
 - The same in all respects as under Section 204 and not in excess of those authorized under Section 209.
 - As described in attached supplement, Form DB-820.1
 - As described in Employer's Application for Acceptance of a Plan, Form DB-800, filed with and accepted by the Chair
 - As described in Certificate of Insurance, Form DB-820.3, filed on behalf of the Association, Union or Trustees (policyholders) on or amended Form DB-820.3 filed thereafter

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204), OR benefits under a plan accepted by the Chair.

Wesco Insurance Company
An AmTrust Financial Company
P.O. Box 94557
Cleveland, OH 44101-4557

USPS CERTIFIED MAIL



9207 1902 6065 7125 5569 85



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*****AUTO**SCH 5-DIGIT 10917



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