



**NEW YORK DBL  
State Disability  
Claim Packet**

**Instructions for filing your Guardian - New York DBL Claim (NY DB-450)**

This packet contains the forms that are needed to process your claim for New York State Disability Benefits. Please keep this page for future reference and for the Guardian contact information.

**Employee / Claimant Responsibilities:**

- 1). It is your responsibility to file your claim within 30 days following the start of your disability. Late filing could result in a claim denial or reduction.
- 2). Your employer should complete and sign their portion (Part C) of the claim form and return it to you for your completion and filing.
- 3). You should fully complete your portion of the claim form (Parts A and questions 1 through 3 in Part B), and then supply your treatment provider with the form so that they can fully complete their section (Part B).
- 4). We recommend that you submit ALL sections of the claim (employee, employer, and treatment provider) at the same time. Separate submissions could delay the handling of your claim.
- 5). It is very important that ALL sections are completed fully, accurately, and legibly. Missing, incomplete, or illegible information could delay payment of your claim.
- 6). Your signature acknowledges that, to the best of your knowledge, the forms have been completed accurately and truthfully.

**Employer Responsibilities:**

- 1) As the employer, you should fully complete your portion (Part C) of the claim and return it to your employee for further completion and submission.
- 2) It is very important that ALL sections are completed fully, accurately, and legibly. Missing, incomplete, or illegible information could delay payment of the claim.
- 3) To ensure the correct calculation of your employee's NY DBL benefit amount, use the table in Part C to accurately enter the gross wages they earned during the last eight weeks prior to disability.
- 4) If your employee has Guardian Short Term Disability coverage, you should also complete the STD-PML Supplement portion. This enables us to capture the employee's earnings, taxability, effective date, and job duties as related to the Short Term Disability coverage.

**Guardian Contact / Claim Filing Information**

**Guardian Insurance  
State Disability Claims  
P.O. Box 14332  
Lexington KY 40512**

**Customer Service # 1-800-268-2525 Fax # 610-807-2953 Email: [State\\_Disability\\_Claims@glic.com](mailto:State_Disability_Claims@glic.com)**