

Form SI-12



JEFFREY R. SWEET
ACTING CHAIRMAN

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
238 STATE STREET
SCHENECTADY, NY 12305

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

Office of the Secretary

I, _____, Secretary to the Workers' Compensation Board of the State of New York DO HEREBY CERTIFY, that _____ has secured compensation to its employees as a self-insurer in the following manner:

_____ Pursuant to Section 50, subdivision 3 of the Workers' Compensation Law.

_____ Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law.
(County, city, village, town, school district, fire district or other political subdivision)

_____ Pursuant to Article 5 of the Workers' Compensation Law. (County Self-Insurance Plan)

The status of the self-insurer was effective as of _____ and such status remains in full force.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the Workers' Compensation
Board thisday of _____ 20_____

STATUS CONFIRMED

by

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Secretary to the Board

SI-12 (10-03)