

TOWN OF NISKAYUNA

Disability Claim Instructions

At the Time of Injury/Illness:

Present a DB-450 to your physician, after you complete Part A, and request that he/she mail the completed form to; Sandy Busino c/o Town of Niskayuna, One Niskayuna Circle, Niskayuna, NY 12309. This form must be submitted to our insurance carrier within thirty (30) days after you become sick or disabled.

Provide a copy of your job description to your treating physician at the onset of your injury/illness to allow them to gauge when you may be able to return to work based upon your work activities. You can request a copy of your job description from Sandra Busino if either you, or your Department Head, do not have one available.

Prior to Returning to Work:

Present a completed Release to Work Statement, completed by your physician based upon your job description, to Sandra Busino in the Comptroller's Office. This document must be submitted **before** returning to work.

Please direct any questions to Sandra Busino (386-4508).