



New York Farm Bureau Member Services, Inc. • 159 Wolf Road Suite 300 • Albany, New York 12205 • (518) 436-8495 Fax: (518) 431-5656

## New York Farm Bureau- Safety Group 486 Memorandum of Understanding

As a member of New York Farm Bureau Workers Compensation Safety Group 486, I/we understand that New York Farm Bureau Member Services, Inc. is the Group Manager and sole representative concerning my/our workers compensation insurance with Safety Group 486, and that no other third party or independent representative will play any role in managing or servicing my/our workers compensation account or policy. I/we also understand that the sole provider of the workers compensation insurance coverage through Safety Group 486 is the New York State Insurance Fund (NYSIF).

As a policyholder in NYFB Safety Group 486, the only authorized representative that I/we recognize in regard to my/our workers compensation policy with Safety Group 486 is NYFB Member Services as the Group Manager. The Group Manager will provide any and all information relating to matters concerning claims, audits, class codes, and all other servicing needs that may arise relating to my/our workers compensation policy through SG 486.

Any third party that may have a relationship with the insured is not the endorsed authorized representative in regard to managing and servicing my/our workers compensation policy with Safety Group 486, will not be provided any policy-related information in regard to the insured's workers compensation policy, and will not be endorsed as a representative on the NYSIF workers compensation policy.

I also understand that as a policyholder in NYFB Safety Group 486 through the NYSIF, the following workers compensation-related services will automatically be available to me/us free of charge through NYFB staff and NYSIF representatives:

- Claims management
- Risk Management Services (i.e., Loss Control Services)
- Calculation of experience modifications
- Safety-related training and education
- On-Line Safety Services

X \_\_\_\_\_ Date \_\_\_\_\_  
Policyholder Signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Group Manager Signature