

NYSIF Online Account User Guide

Workers' Compensation Claimants & Beneficiaries Aggregate Trust Fund (ATF) Claimants & Beneficiaries Disability Benefits/Paid Family Leave Claimants (Includes Direct Deposit Instructions)

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****Claimants without a Social Security Number cannot create a NYSIF online account.****

WC = Workers' Compensation (on-the-job injuries)

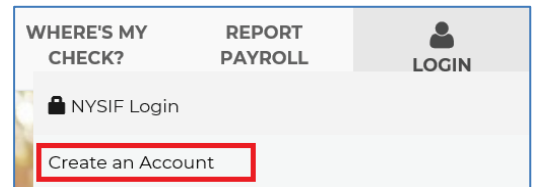
ATF = Aggregate Trust Fund (on-the-job injuries, paid from the ATF)

DB = Disability Benefits (off-the-job injuries)

Please note if an application is mailed to NYSIF, the changes will not become effective until the application is both received and processed by NYSIF staff. Payments will continue to be sent to the bank account on file in the interim.

Create an Online Account

Go to nysif.com, click "Login" and choose "Create an Account" from the dropdown menu. All NYSIF recipients of claims benefits should **choose "Claimant/Beneficiary"** for the Account Type.



A NYSIF claimant is defined as one of the following:

- Workers' Compensation or Aggregate Trust Fund (ATF) Claimant {person injured on the job}
- Workers' Comp or ATF Beneficiary {dependent of a worker killed on the job}
- Disability Benefits Claimant {individual injured off the job}

WC, ATF and DB Claimants

You will need:

- Your NYSIF **claim number** (You can find your claim number on correspondence or benefit check you've received from NYSIF.)
- The **last four digits** of your social security number
- Your mailing **Zip Code**
- Your **Date of Birth** (This field must be entered as mm/dd/yyyy format – include zeroes if applicable.)
- **First Name, Middle Initial, Last Name** (If the claimant's middle initial is included on check payments, it must be included here.)
- **Telephone Number**
- A valid **email address**

Business Relationship

All fields are required unless otherwise stated.

Account Type

Claimant/Beneficiary

Claim Services

Claim Number

Enter only the string of numbers prior to or following the dash:
12345678-123 would be entered as 12345678
6D-789876 would be entered as 789876

Last 4 Digits of SSN

Numbers only, no dashes

Mailing Zip Code

Date Of Birth

MM/DD/YYYY

Next

Contact Information

All fields are required unless otherwise stated.

Your Information

First Name

Middle Initial (optional)

Last Name

Telephone Number

Numbers only - include area code

Email

Verify Email

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DB Claimants: Go to [Page 4](#).

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