



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
 PO Box 5205
 Binghamton, NY 13902-5205
 www.wcb.ny.gov

THIS AGENCY EMPLOYS AND SERVES
 PEOPLE WITH DISABILITIES WITHOUT
 DISCRIMINATION.

CLARISSA M. RODRIGUEZ
 CHAIR

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

February 1, 2018

Your claim for injury(ies) stemming from the accident of 05/28/2017 has been closed at this time since our review indicates that the claimed injuries do not meet the qualifying criteria required by Executive Law as outlined in §160-ddd 'Use of the fund' and referenced below:

'Moneys deposited into the fund shall be used to provide benefits under the workers' compensation law, by purchase of a policy from the state insurance fund, or from a carrier licensed to write workers' compensation insurance to the extent permitted by section three thousand four hundred fifty-one of the insurance law, for livery drivers dispatched by independent livery bases, to provide benefits under the workers' compensation law for deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services either:

1. Resulting from a crime against such livery driver as evidenced by a police report
2. Or for the following conditions:
 - * amputation or loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose
 - * paraplegia or quadriplegia
 - * total and permanent blindness or deafness'

Should you disagree with this evaluation, you may submit additional evidence to help determine your eligibility for benefits.

Because this accident involved a motor vehicle, you are entitled to benefits under the No Fault Insurance Law. You should contact the NYS Department of Insurance at **212-480-5662** to learn more information about your rights under No Fault.

Please note: If you submit a No-Fault claim to an insurance company and the insurer does not respond to your submission within 30 days of their receipt, or if the insurer issues a formal denial of claim form (NF-10) you have several options available to you; these are:

- * You may file a written complaint with the Consumer Services Bureau of the Insurance Department, or
- * You may file for No-Fault arbitration, or
- * You may take the insurer to court.

Case Information

Claimant:	[REDACTED]	Social Security No.:	[REDACTED]
WCB Case No.:	G191 [REDACTED]	Carrier ID No.:	W999002
Date of Accident:	05/28/2017	Carrier Case No.:	LDF01020
Employer:	[REDACTED]	Insurance Carrier:	Hereford Ins. Co. ILDBF % Alicia Jackson