

Workers' Compensation Certificate Request Form

Type of Certificate:

SI-105.2P- Certificate of Participation in Workers' Compensation County Self-Insured plan

CE-200- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefit Insurance Coverage. (The Workers' Compensation Department can only fill out this form if the plan participant requesting the form is a Department within Oneida County. Municipalities/Colleges in the Consortium must complete this form internally).

Information required for completion of above forms

Legal name and address of participant in County Self- Insurance Plan (Full Address)

Name and Address of the Entity Requesting Proof of coverage (Full Address)

Please send completed form to Oneida County Workers' Compensation Department
800 Park Ave
Utica, NY 13501
Email: acaternoloviscardi@ocgov.net
Fax: 315-798-5924

Signature

Date

*****From the date of submittal of the request form, please allow 3-5 business days for completion of certificates.