



Attention Miscellaneous Industry Employees

Minimum Wage hourly rates effective 1/1/2024 – 12/31/2024

New York City	
Large Employers (11 or more employees)	Small Employers (10 or less employees)
Minimum Wage \$16.00	Minimum Wage \$16.00
Overtime after 40 hours \$24.00	Overtime after 40 hours \$24.00
Tipped workers \$16.00	Tipped workers \$16.00
Overtime after 40 hours \$24.00	Overtime after 40 hours \$24.00
Long Island and Westchester County	
Minimum Wage \$16.00	Minimum Wage \$15.00
Overtime after 40 hours \$24.00	Overtime after 40 hours \$22.50
Tipped workers \$16.00	Tipped workers \$15.00
Overtime after 40 hours \$24.00	Overtime after 40 hours \$22.50
Remainder of New York State	

If you have questions, need more information or want to file a complaint, please visit www.labor.ny.gov/minimumwage or call: **1-888-469-7365**.

Credits and Allowances that may reduce your pay below the minimum wage rates shown above:

- **Tips** – Beginning December 31, 2020, your employer must pay the full applicable minimum wage rate, and cannot take any tip credit.
- **Meals and lodging** – Your employer may claim a limited amount of your wages for meals and lodging that they provide to you, as long as they do not charge you anything else. The rates and requirements are set forth in wage orders and summaries, which are available online.

Extra Pay you may be owed in addition to the minimum wage rates shown above:

- **Overtime** – You must be paid 1½ times your regular rate of pay (no less than amounts shown above) for weekly hours over 40 (or 44 for residential employees).
Exceptions: Overtime is not required for salaried professionals, or for executives and administrative staff whose weekly salary is more than 75 times the minimum wage rate.
- **Call-in pay** – If you go to work as scheduled and your employer sends you home early, you may be entitled to extra hours of pay at the minimum wage rate for that day.
- **Spread of hours** – If your workday lasts longer than ten hours, you may be entitled to extra daily pay. The daily rate is equal to one hour of pay at the minimum wage rate.
- **Uniform maintenance** – If you clean your own uniform, you may be entitled to additional weekly pay. The weekly rates are available online.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACIÓN OBRERA
NOTICE OF COMPLIANCE
TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain first aid or other necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

NYS Workers' Compensation Board
Centralized Mailing
P O Box 5205
Binghamton, NY 13902-5202

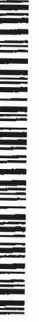
Customer Service Line: 877-632-4996

AVISO DE CUMPLIMIENTO
A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concierne a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad, relacionada con el trabajo usted puede escoger cualquier médico, podiatra, quiropractico ó psicólogo (si es refendo por un médico autonzado) que este autonzado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquier de estos programas establecidos por ley estan obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su case o la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.
9. Si tiene usted dificultad en conseguir un formulario de reclamación o necesita ayuda para llenalo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuniguese con la oficina mas cercana de la Junta.

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CHAIR/PRESIDENTE

Workers' Compensation Board

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, seran pagados por):

Name, address and telephone number of licensed insurance carrier, authorized group self-insurer or main office of authorized self insurer	
Twin City Fire Insurance Company	
One Park Place, 300 South State Street, 8th Floor	
Syracuse, NY 13202	
(800)-327-3636	
For Insurance Carriers ONLY: Policy No.	22 WE BC3HSS
Policy in Force from:	01/01/24 to 01/01/25

Name of employer (Nombre del patrono)
 SPENCER ARL NEW YORK INC

**THIS NOTICE MUST BE POSTED
 CONSPICUOUSLY IN AND ABOUT THE
 EMPLOYER'S PLACE OR PLACES OF BUSINESS.**

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

SHELTERPOINT LIFE INSURANCE COMPANY

SPENCER ARL NY INC.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

SHELTERPOINT LIFE INSURANCE COMPANY
1225 FRANKLIN AVENUE, STE 475
GARDEN CITY, NY 11530

PHONE: 800-365-4999

Policy #: DBL494056

Effective From: 10/1/2023

To: 9/30/2024

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under New York State Disability Benefits Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.



Paid Family Leave

NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

SHELTERPOINT LIFE INSURANCE COMPANY

Covering Employees of:

SPENCER ARL NY INC.

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes leave

FOR MORE INFORMATION AND HELP:
 Visit ny.gov/PaidFamilyLeave
 or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- *Your employer,*
- *The insurance carrier below, or*
- *ny.gov/PaidFamilyLeave*

SHELTERPOINT LIFE INSURANCE COMPANY
 1225 FRANKLIN AVENUE, STE 475
 GARDEN CITY, NY 11530
 PHONE: 800-365-4999

Policy #: DBL494056

Effective From: 10/1/2023

To: 9/30/2024

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:
 All Employees Eligible Under New York State Disability Benefits Law

NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.