

S A M P L E

SIF * NY STATE INSURANCE FUND - COMPENSATION PAYMENT SYSTEM
 CBEMP/INFO INFORMATION FROM C8 WITH DETAILS
 OF EMPLOYER REIMBURSEMENT

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 DATE: 11/13/92

P A Y M E N T H I S T O R Y

Claim: 23456789 Unit 69
 Jones Jill E.
 123 Maple Avenue
 Anytown, NY 12345

① NY State Agency 50120
 ST LAWRENCE PSYCHIATRIC CENTER
 OGDENSBURG NY 13669
 OGDENSBURG NY00000136

② 1/A: 07/17/86 Soc. Sec.: 987654321 ③ Off Days: TUE,WED Barg Unit 05

Pay CD	Start-Date	End-Date	LDW	Num Wks	Comp Rate	Amount
TPD	10/25/92	11/08/92	④	2.0000	150.00	300.00
TPD	07/04/92	10/25/92		16.2000		0.00
TPD	04/01/92	07/04/92	N	13.6000	150.00	2040.00
TTD	11/27/91	04/01/92	N	18.0000	300.00	5400.00
NLT	03/12/88	11/27/91				0.00
TTD	03/08/88	03/12/88	N	.6000	300.00	180.00
NLT	08/18/86	03/08/88				0.00
TTD	07/19/86	08/18/86	N	4.4000	300.00	1320.00
NLT	07/18/86	07/19/86				0.00
NYS Special weeks paid = 36.6000					GROSS TOTAL	\$9240.00

⑤ DETAIL OF NEW YORK STATE CREDIT

Pay Code	Start-Date	End-Date	Num Wks	Rate	Amount
PAY	02/06/92	02/19/92	A		270.00
GROSS TOTAL					\$270.00
Less Liens					\$75.00-
Net NYS Lien					\$195.00