

**Transaction Number: 9655898**

Your submission was received for processing on 12/19/2022 at 3:11PM. It was submitted by user MCOBBA. It has been accepted and processed.

**STATE OF NEW YORK WORKERS' COMPENSATION BOARD  
DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW  
CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

**Transaction Type: Initial**

**Transaction Effective Date: 01/01/2023**

<b>A. INSURER/CARRIER</b>			
<b>1/2. INSURER/CARRIER NAME/CODE</b> FIRST RELIANCE STANDARD - B069441			<b>6. TODAY'S DATE</b> 12/19/2022
<b>B. CURRENT - EMPLOYER INFORMATION</b>			
<b>7. WCB EMPLOYER NUMBER</b>		<b>8. NYS UIER NUMBER</b>	<b>9. EMPLOYER FEIN</b> 450233470
<b>10. EMPLOYER'S NAME</b> Name: Banner Health d/b/a: c/o: Attn:			<b>13. LEGAL STATUS</b> Other (99)
<b>11. ADDRESS</b> Line 1: 2901 N Central Ave. Line 2: Suite 150			<b>14. # OF EMPLOYEES</b>
<b>12. CITY STATE ZIP CODE</b> Phoenix Arizona 85012 <b>COUNTRY</b> United States			<b>15. TELEPHONE NO.</b>
<b>C. POLICY</b>			
<i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i>			
<b>16. POLICY NUMBER*</b> DBL253003	<b>16a. COVERAGE TYPE</b> PFL and DB (1)	<b>17. POLICY EFFECTIVE DATE</b> 01/01/2023	<b>18. POLICY FORM NUMBER*</b> DBL0896
<b>19. WCB PLAN NUMBER</b> (Only for Assoc., Union or Trustee with Form DB-801 on file.)			<b>20. ANNUAL PREMIUM AMOUNT</b>
<b>F. POLICYHOLDER - If different from Employer</b>			
<b>27. POLICYHOLDER NAME</b> Name: d/b/a: c/o: Attn:			
<b>28. POLICYHOLDER ADDRESS</b> Line 1: Line 2:			
<b>29. CITY STATE ZIP CODE COUNTRY</b>			
<b>30. POLICYHOLDER FEIN</b>			

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204) OR benefits under a plan accepted by the Chairman.

**THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION**

DB-820/829 rev. 5/01