



DISABILITY BENEFITS LAW
EMPLOYER IDENTIFICATION INFORMATION

For use by employee when filing a claim for Disability Benefits for off-the-job injury or illness.
DISABILITY BENEFITS HAVE BEEN PROVIDED BY:

Employer Name: Follett Higher Education Group, Inc.
Mailing Address: 3 Westbrook Corporate Center, Suite 200
City: Westchester State: IL Zip Code: 60154
Employer Phone #: Employer FEIN: 36-2593135

Disability Benefits Insurer: Metropolitan Life Insurance Company
Mailing Address: 200 Park Avenue
City: New York State: NY Zip Code: 10166
Insurer Phone #: 800-300-4296 DB Policy #: 212427

If the employer noted above is your last employer and you became disabled while still employed or if you become disabled within four (4) weeks after termination of employment and need to file a claim for Disability Benefits while you are unemployed, you should file a claim Notice and Proof of Claim for Disability Benefits (Form DB-450) with this employer or it's Disability Benefits insurance carrier.

If you become disabled after having been unemployed for more than four (4) weeks file a claim Notice and Proof of Claim for Disability Benefits (Form DB-450) with the NYS Workers' Compensation Board at:

Disability Benefits Bureau
328 State Street
Schenectady, NY 12305

Additional information on Disability Benefits can be found at www.wcb.ny.gov or by calling the Disability Benefits Bureau at (800) 353-3092.