

STEP 1 – Go to [www.shelterpoint.com](http://www.shelterpoint.com) and click on ePay

shelterpoint.com

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## Submit NEW claims for NY & NJ State Disability and NY Paid Family Leave Here!

[Upload your claim online now](#)  
Click here to get started.

### Statutory Benefit Programs

Learn more about state-mandated Short-Term Disability and/or Paid Family Leave Programs.

[Visit PFML Resource Center >>](#)

### Interactive State Comparison Guide

Get a side-by-side comparison of state-mandated Short-Term Disability and/or Paid Family Leave (PFML) Programs across states.

[Compare Now >>](#)

### New PFML Rates and Benefits for 2026

As we step into 2026, several states have updates to their Paid Family & Medical Leave (PFML) programs. These changes....

[Learn more here](#)

### 24/7 Claim Help

For your statutory benefit claim:

- Downloadable claim forms
- Checklist with step-by-step instructions
- Tips and instructions on filing your claim
- Check your claim status online
- and much more!

[Get Started now](#)

[Submit NEW Claims](#)

### Premium Payment

Click here to pay your bill for DBL/PFL, BaseLine products, Vision, 24 Hour Accident.

- Fast and Easy
- Calculates your premium automatically
- Save on postage

[Pay Now](#)

### Manage Your Claims and Policies

- Claim Status (Disability/PFL)
- Duplicate DBL/PFL Bill
- Certificate of Insurance (DB120.1)
- Posting Notice (DB/PFL 120)
- DBL Claim Form (DB-450)
- NY PFL Bonding Claim Form
- NY PFL Caregiving Claim Form

[More Resources](#)

Step 2 Enter your policy # and zip code and click Submit to Start



**WARNING: PLEASE READ CAREFULLY & ACKNOWLEDGE BEFORE CONTINUING.**

Use of the system will result in an ACH Payment to ShelterPoint.

**PLEASE MAKE SURE THE ACCOUNT BEING USED FOR PAYMENT DOES NOT HAVE AN ACH DEBIT BLOCK. ALL FAILED TRANSACTIONS WILL RESULT IN A BOUNCED PAYMENT FEE.**

Please confirm with the account holder that our merchant number 0000240668 is authorized to debit the account being used for this payment.

I have confirmed that the account being used today does not have an ACH Debit Block that will prohibit this payment transaction and the payment will be authorized.

**What documents you will need** - If you are making a premium payment for NY DBL, Paid Family Leave, or Paid Family Medical Leave, you should have your payroll records handy before you begin.

Policy Number:  ⓘ

Zip Code:  ⓘ

Submit to start

### Quick Tips Before You Begin



**How much time you'll need\*** - Please allow for about 7-8 minutes of uninterrupted time to complete your payment. The system times out after 60 minutes of inactivity, and you will NOT be able to save your work and come back and pick up where you left off at a later time.




**Use OUR continue/back buttons to navigate** - Please do not use browser back/forward buttons to move from screen to screen. If you do, the information you have already provided will be lost, and you'll have to start again.



**What documents you will need** - For NY DBL/PFL, have your NYS-45 or payroll records handy before you begin.

*\*Your experience may vary depending on your internet speed, browser and operating system configuration on your device. It is recommended to use stable internet connection and the latest version of browser supported by the respective providers.*

Step 3 – Enter Employee count for each month then click Continue

 Employee Census      Calculation Summary      Payment Information      Confirmation

### Part 1: Employee Census

Step 1: PFML - Employee Count - Required

Please indicate the number of Colorado employees covered each month for the past quarter broken down by gender - including part-time employees, covered proprietors, and voluntarily covered employees at all Colorado locations in the boxes below. The SUM of all months will be shown in the Total column.

Month	Jan 2024	Feb 2024	Mar 2024	Quarterly Total			
Males	5	5	5	15	Second Quarter	Third Quarter	Fourth Quarter
Females	2	2	1	4			
Total:				19			

[Continue](#)

Step 2: Payroll Information - Required

Step 3: Certification

Step 4 – Enter YTD Employee capped wages total and click Continue

Employee CensusCalculation SummaryPayment InformationConfirmation

### Part 1: Employee Census

Step 1: PFML - Employee Count - Required +

Step 2: Payroll Information - Required -

Please use your payroll records to determine the year-to-date capped wages for each employee covered. Please note these numbers must include all capped wages paid to employees since **January 01, 2024**. Prior premiums paid for the current calendar year will be deducted from your amount due calculated below.

**YTD Employee capped wages**

**\$**

*Year to Date Taxable Wage Base capped at \$168,600.00\* per employee*

[Hide example](#)

Employee	Gross Annual Wages (Excluding Bonuses)	1st Quarter Wages	Year-to-Date Taxable Wage Base Capped At \$168,600*
Barbara	\$209,000	\$52,250	\$52,250
Bill	\$129,000	\$32,250 + \$35,000 Bonus = \$67,250	\$67,250
Bob	\$79,000	\$19,750	\$19,750


**Year-to-Date Capped Total Paid Wages: \$139,250**

\*Social Security Taxable Wage Base. Subject to annual revision.

- Add the cumulative year-to-date amounts across all employees for each respective taxable wage base, i.e. your calculation must include all capped wages paid to employees since January 01, 2024.
- Prior premiums paid to ShelterPoint for the current calendar year will be deducted from the amount calculated based on the capped wages above.
- Reported payroll may be audited at any time.

**Continue**

Step 5 – Select suitable 'I work at' option and enter contact details for receipt email and check box. Then click Continue with Payment.



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Employee Census      Calculation Summary      Payment Information      Confirmation

### Part 1: Employee Census

Step 1: PFML - Employee Count - Required +

Step 2: Payroll Information - Required +

Step 3: Certification -

\*Indicates required

Please provide your contact information below.


*I work at the:	Third Party ▼		
*Your First Name:	JOHN	*Your Last Name:	DOE
*Your Work Email:	johndoe@gmail.com	*Confirm Email:	johndoe@gmail.com

**Notice:**  
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I have read the above fraud notice, and certify that I am the above named person having the authority to make this payment.

Cancel Continue with Payment

Step 6 – You have the option to Print to PDF and mail along with a check. Otherwise click Continue with Online Payment.




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Employee Census    **Calculation Summary**    Payment Information    Confirmation

### Part 2: Calculation Summary

Using the information provided in **Part 1** we have calculated your amount due. Figures are shown below.


 **Navigation Tip: Use Our Continue/Back Buttons to Navigate** - Please do not use the browser back/forward buttons to move from screen to screen. If you do, the information you have already provided will be lost, and you'll have to start again.

#### CO PFML Premium

PFML premium for prior quarter coverage				
<u>Quarterly covered wages</u>		<u>Rate</u>		<u>Due</u>
\$253,000.00	X	\$0.0080	=	\$2,024.00
<b>Total PFML Premium \$2,024.00</b>				

#### Invoice Summary

Total PFML Premium	\$2,024.00
<b>Total Amount Due: \$2,024.00</b>	

 **Printing Tip:** Once you complete your payment, you'll get a print-friendly, detailed receipt (including census information) on the confirmation page to print for your records.

#### Pay by Mail

If you **DO NOT** want to continue with online payment, you can print this page as a record and submit it with your check and mail it to:

ShelterPoint Life Insurance Company  
P.O. BOX 9340  
Garden City, NY 11530

[Go Back & Edit](#)    [Print to PDF](#)    [Continue with Online Payment](#)

Step 7 – Enter ACH information and Click Box. Credit Card Payment is NOT available (NOTE This information is not retained by ShelterPoint).

Employee CensusCalculation SummaryPayment InformationConfirmation

**System Warning**  
If you leave this page and want to pick up at a later time, your information will not be saved.

### Part 3: Payment

Payment Method:  Electronic Check (ACH)  
 Credit / Debit Card

Payment Amount: \$2,024.00  
Payment Date: 4/2/2024  
**Total Amount: \$2,024.00**

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**Banking Information**\* Indicates Required

Quick Tip: In order to prevent payment declines and potential bank fees for a bounced check, please pay close attention when inputting your routing and account number!


\* Routing #:

\* Account #:

\* Re-Type Account #:

Bank Name:

State:



Routing Number    Account Number    Check Number

**WARNING - ACH Debit Blocks on Banking Account**

If there is an ACH Debit Block/Filter on the account you're using for this transaction, please exit this transaction and contact your financial institution and provide them with our merchant number to allow ACH debits by ShelterPoint Life Insurance Company.

Our merchant number is 0000240668.

Failure to remove an ACH block on your account will result in a failed transaction. As a result, potential fees or lapse of coverage may occur.

certify that the account entered above does not have an ACH Debit/Block filter that WILL prevent this transaction.

Step 8 – Enter Contact Address Information and click Continue with Payment  
Step

**Contact Information**

Who is the billing contact?  Myself  
 Someone else

\* I work at the: Covered Employer ▼

\* First Name: JOHN

\* Last Name: DOE

\* Work Email: johndoe@gmail.com

\* Address 1: 123 ANYSTREET

Address 2:

\* Zip: 80120

\* City: LITTLETON

\* State: Colorado ▼

\* Phone: 877-444-3214

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**Receipt**

Confirmation will be sent to the following address(es):

Recipient 1: johndoe@gmail.com

Do you want to send a copy of the receipt to additional people?

YES  NO

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[Go Back & Edit](#) [Continue with Payment](#)

Step 9 – Follow on screen instructions to complete payment and an email receipt will be sent to email address provided.