

Transaction Number: 9690605

Your submission was received for processing on 01/20/2023 at 9:45AM. It was submitted by user AKIMBALL1.
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**

A. <u>INSURER/CARRIER</u>			
1/2. INSURER/CARRIER NAME/CODE LINCOLN LIFE & ANNUITY COMPANY - B093250			6. TODAY'S DATE 01/20/2023
B. <u>CURRENT - EMPLOYER INFORMATION</u>			
7. WCB EMPLOYER NUMBER		8. NYS UIER NUMBER	9. EMPLOYER FEIN 770404174
10. EMPLOYER'S NAME Name: AKM Semiconductor, Inc d/b/a: c/o: Attn:			13. LEGAL STATUS Corporation (03)
11. ADDRESS Line 1: 226 Airport Parkway, Suite 470 Line 2:			14. # OF EMPLOYEES
12. CITY STATE ZIP CODE San Jose New York 95110 COUNTRY United States			15. TELEPHONE NO.
C. <u>POLICY</u>			
<i>*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.</i>			
16. POLICY NUMBER* GS4890LF0210NY	16a. COVERAGE TYPE PFL and DB (1)	17. POLICY EFFECTIVE DATE 01/01/2023	18. POLICY FORM NUMBER* LLP-DBL-89.1
19. WCB PLAN NUMBER (Only for Assoc., Union or Trustee with Form DB-801 on file.)			20. ANNUAL PREMIUM AMOUNT
F. <u>POLICYHOLDER - If different from Employer</u>			
27. POLICYHOLDER NAME Name: d/b/a: c/o: Attn:			
28. POLICYHOLDER ADDRESS Line 1: Line 2:			
29. CITY STATE ZIP CODE COUNTRY			
30. POLICYHOLDER FEIN			

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