



## E. Employer Responsibilities

Among the responsibilities of employers of child performers are:

### Trust Account

New York State law requires that a child performer's employer transfer fifteen percent (15%) of a child performer's gross earnings for placement into a trust for the child performer established by the child performer's parent/guardian. In order to do this the employer must:

- Obtain from the child performer's parent/guardian or custodian the information required to make the transfers.
- Transfer the appropriate amounts for placement into the trust account.
  - When the employment contract is for 30 days or less, transfer 15% of gross earnings within thirty (30) days following the final day of the child performer's employment.
  - When the employment contract is for longer than 30 days, transfer 15% of gross earnings at the end of each payroll period.
  - By request of the parent/guardian or custodian, the amount transferred can be increased to more than 15%.
  - If the parent/guardian or custodian has not provided the necessary information within 15 days of the start of employment, or no such account has been established, transfer the money together with the child performer's name and last known address to the State Comptroller for placement into the child performer's holding fund. The State Comptroller may be contacted at (518) 486-1255.

### Academic Performance

New York State law requires that all child performers maintain satisfactory academic performance as determined by their school of enrollment. Whenever a child performer is not receiving instruction as required by New York State Education law due to his/her employment schedule, the employer must:

- Provide a teacher, who either is certified or has credentials recognized by the State of New York, to provide the required instruction.

### Certificates and Permits

New York State law requires that all employers of child performers have a valid Certificate of Eligibility to Employ Child Performers from the Department and that all child performers they employ have a valid Employment Permit for a Child Performer from the Department. Therefore, the employer must:

- Obtain a Certificate of Eligibility to Employ Child Performers (valid for three years) prior to employing any child performers.
- Renew this certificate prior to expiration.
- Make sure all child performers it employs have a valid Employment Permit for a Child Performer.
- Keep copies of all relevant certificates and permits on file and available for inspection at the location of employment.

### Other Requirements

- Maintain appropriate New York State Workers' Compensation/Disability Insurance and Unemployment Insurance Coverage; and
- Observe Safety, Health, Wage and Hour laws.

## F. Declaration

I, the undersigned, affirm that I am authorized to submit this application on behalf of:

\_\_\_\_\_  
(Employer name)

The employer agrees to abide by all laws, rules and regulations covering the employment of child performers including the responsibilities listed above.

I affirm that the information in this application and all attachments is complete and accurate to the best of my knowledge.

By filing this application, I authorize the Unemployment Insurance Division to release the records of:

\_\_\_\_\_ to the Division of Labor Standards.  
(Employer name)

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Name (Please Print)

\_\_\_\_\_  
Title



**Verification of  
Workers' Compensation/Disability  
Insurance Coverage**

New York State Department of Labor  
Division of Labor Standards  
Permit and Certificate Unit, Room 266A  
State Office Campus, Building 12  
Albany, NY 12240

To be completed by Payroll Services  
for applicants for Certificates of Eligibility to Employ Child Performers  
and submitted with the application along with  
forms C-105.2 and DB-120.1 from insurance carriers.

The employees of (enter name and address of applicant)

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are covered under the  Workers' Compensation Policy  Disability Insurance Policy of

(enter name and address of the Payroll Service whose policies cover the employees of the applicant listed above)

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I, the undersigned, affirm that I am authorized to submit this verification on behalf of the applicant and Payroll Service shown above.

I certify under penalty of perjury that the information in this verification and all attachments is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Name (*Please Print*)

\_\_\_\_\_  
Title