

**NOTICE OF ELIGIBLE DETERMINATIONS- STATE PLAN (D20)**

1. Issued By: New Jersey Department of Labor and Workforce Development Division of Temporary Disability Insurance PO Box 387 Trenton, New Jersey 08625-0387	6. Claimant's S.S. No.	7. Seq. No.	8. Date of Claim	9. Claim Rec'd
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2. EMPLOYER'S NAME AND ADDRESS:	10. Mailing Date	11. Det. No.	12. Exam No.
	13. Claimant's Base Year From: _____ To: _____		
	14. Minimum Requirements For Valid Claim Wages = \$ _____ or Base Weeks _____ Base Week Amount = \$ _____		

SAMPLE

3. EIN	4. CHG%	15. Claimant's Covered NJ Earnings in Base Year A. Wages = \$ _____ B. Base Weeks = _____
5. CLAIMANT'S NAME AND ADDRESS:		16. Claimant Entitlement: (Payable as eligible periods are established)
		A. Weekly Benefit Rate: \$ _____ B. Max. Benefit Amt: \$ _____
		17.

WE HAVE REVIEWED THIS CLAIM AND DETERMINED THAT THE CLAIMANT IS ELIGIBLE FOR BENEFITS.

YOU WILL RECEIVE A COPY OF ALL DETERMINATIONS ISSUED ON THIS CLAIM. YOU AND THE CLAIMANT HAVE THE RIGHT TO APPEAL OR DISAGREE WITH ANY DETERMINATION THAT YOU RECEIVE.

THE INFORMATION LISTED BELOW EXPLAINS CONDITIONS THAT MAY REDUCE OR TERMINATE THE CLAIMANT'S BENEFITS.

Benefits have been reduced by the amount received under a temporary disability law of another state.

**GENERAL INFORMATION**

DISABILITY BENEFITS WILL NOT BE PAID FOR ANY PERIOD:

- The claimant worked.
- The claimant was not under medical care of a licensed doctor.
- The claimant received:
  - Unemployment Compensation.
  - Workers' Compensation.
  - Regular Weekly Wages

(CONTINUED ON REVERSE ->)

  
 Ronald L. Marino  
 Assistant Commissioner

**RIGHT OF APPEAL**

IF YOU DISAGREE WITH ANY PART OF THIS DETERMINATION, YOU MAY FILE AN APPEAL BY WRITING TO THE ADDRESS GIVEN ABOVE IN ITEM 1. THIS DETERMINATION WILL BECOME FINAL UNLESS AN APPEAL IS RECEIVED OR POSTMARKED WITHIN SEVEN DAYS AFTER DELIVERY OR TEN DAYS AFTER THE DATE OF MAILING OF THIS NOTICE GIVEN ABOVE IN ITEM 10.

ESTA DETERMINACION AFECTA SU ELIGIBILIDAD PARA BENEFICIOS Y DESCRIBE SU DERECHO DE APELACION. SI USTED NO HABLA INGLES, BUSQUE, DE INMEDIATO, A UNA PERSONA QUE PUEDA INTERPRETAR ESTA DETERMINACION...

Social Security Disability Benefits  
Sick Leave Injury Benefits (New Jersey State Employees Only)  
Maintenance & Cure Benefits.

**THE CLAIMANT'S DISABILITY BENEFITS MAY BE REDUCED IF HE/SHE RECEIVES:**

A pension from the most recent employer.  
Disability benefits through the most recent employer.  
Sick pay, vacation pay, or other salary continuation. This pay plus temporary disability benefits cannot be more than the claimant's regular weekly wage.

**ESTABLISHING A VALID CLAIM:** If the disability began in 2012, the claimant must have had at least 20 base weeks or earned \$7,300 in the base year period. A base week is any week in which the claimant earned \$145 or more. The base year is the 52 calendar weeks immediately before the week in which he/she became disabled. All earnings must be in New Jersey covered employment.

**CLAIMANT'S WEEKLY BENEFIT RATE:** The weekly benefit rate is based on the claimant's average weekly wage. To calculate the average weekly wage, total base week earnings for the eight weeks immediately before the disability began are divided by the total number of base weeks in the same eight week period.

The weekly benefit rate is two-thirds (2/3) of the claimant's average weekly wage. The maximum weekly rate for 2012 is \$572. The claimant cannot receive more than \$572 per week regardless of his/her salary.

If the claimant feels the average weekly wage used to calculate his/her weekly benefit rate is too low, he/she can request a recalculation of the average based on the 26 weeks wages prior to his/her claim. This request must be in writing.

**CLAIMANT'S MAXIMUM BENEFIT AMOUNT:** The maximum benefit amount will be one-third (1/3) of the claimant's total earnings in New Jersey covered employment in his/her base year or 26 times the weekly benefit rate, whichever is the lesser amount. However, it is important to understand that the total amount of benefits the claimant receives will be based on the duration of the disability.

**HOW BENEFITS WILL BE PAID:** In most cases, the claimant should receive his/her payment seven to ten days after receiving this determination. There will be a seven day difference between the date of the payment and the date the claimant is paid through. The amount of the payment may cover more than one week of benefits. Generally, payments are issued every two weeks.

Benefits are paid based on a seven day week. Each day of benefits paid to the claimant is one-seventh (1/7) of the weekly benefit rate.

**WAITING WEEK:** The waiting week is the first seven consecutive days of the claimant's disability period. The claimant will not be paid for the waiting week until he/she is eligible to be paid for all or some part of each of the three weeks immediately following the waiting week.

FEDERAL LAW provides that Social Security (F.I.C.A.) contributions must be deducted from the taxable portion of the claimant's temporary disability benefits. These benefits are also subject to federal income tax.

**INQUIRING ABOUT THIS CLAIM:** If you have questions about this claim, write to the address on the front of this form. You must include the claimant's name, and Social Security number.

As the most recent employer, you are an interested party to this determination as a matter of law, with the rights of objection and appeal. You will receive a statement documenting any benefits payments charged to your account.

It is your responsibility to notify us within two working days of receiving this notice of any information which may affect the claimant's benefits. You may call our Customer Service Unit at 609-292-7060. This is in accordance with N.J.A.C.12:18-3.7(D).

If you wish to disagree with or wish to appeal this determination, you must do so in writing. You must include the claimant's name, social security number and address. We cannot accept requests for appeals over the telephone. Your appeal must be received or postmarked within seven days after delivery or ten days after the date of mailing of this notice. If the last day allowed for the appeal occurs on a Saturday, Sunday or legal holiday, the appeal will be accepted on the next business day. The appeal period will be extended if good cause for late filing is shown. Good cause exists in situations where it can be shown that the delay was due to circumstances beyond the control of the appellant which could not have been reasonably foreseen or prevented.

Esta determinacion afecta su elegibilidad para beneficios y describe su derecho de apelacion. Si usted no habla ingles, busque, de inmediato, a una persona que pueda interpretar esta determinacion.