

**NOTICE TO EMPLOYER OF BENEFIT DETERMINATION
ON COMBINED WAGE CLAIM (CWC)**

STATE OF NEW JERSEY
DIVISION OF UNEMPLOYMENT AND
DISABILITY INSURANCE
BUREAU OF UNEMPLOYMENT BENEFITS
COLLATERAL CLAIMS SECTION
PO BOX 075
TRENTON, NEW JERSEY 08625-0075

3. CLAIMANT'S S.S. NO.

4. DATE OF CLAIM

5. CLAIMANT'S NAME

6. CLAIMANT'S WORK NAME (IF DIFFERENT)

1. EMPLOYER'S NAME AND ADDRESS:

7. CITY OF EMPLOYMENT

8. DATE OF MAILING OF THIS FORM (IB43HR)

2. YOUR N.J. EMPLOYER IDENTIFICATION NO:

9. BASE YEAR: FROM _____ TO _____

10. TO THE EMPLOYER: THE DETERMINATION SET FORTH BELOW WITH RESPECT TO THE CLAIM FOR UNEMPLOYMENT BENEFITS FILED BY THIS CLAIMANT IS BASED UPON AVAILABLE INFORMATION COVERING HIS/HER EMPLOYMENT AND WAGES IN THE BASE-YEAR PERIOD.

MONETARY DETERMINATION

11. AN 'X' IN THIS BOX INDICATES THIS IS A MONETARY REDETERMINATION BASED ON THE RECEIPT OF SUPPLEMENTAL INFORMATION.

12. WEEKLY BENEFIT RATE (FULL WEEK)	13. MAXIMUM BENEFITS IN BENEFIT YEAR PAYABLE AS RETRIABLE WEEKS ARE ESTABLISHED		14. BASE-YEAR EMPLOYMENT AS REPORTED BY YOU	
	BASED ON BASE-YEAR EMPLOYMENT WITH ALL EMPLOYERS (IF MORE THAN ONE)	BASED ON BASE-YEAR EMPLOYMENT WITH YOU	BASE WEEKS	TOTAL WAGES
\$	A \$ AMOUNT	B \$ AMOUNT	A WEEKS	B \$ AMOUNT

15. IMPORTANT NOTICE TO EMPLOYER

- THE CLAIMANT'S ENTITLEMENT WAS BASED ON NEW JERSEY WAGES IN COMBINATION WITH THOSE EARNED IN ANOTHER STATE OR STATES IN ACCORDANCE WITH INTERSTATE ARRANGEMENTS FOR COMBINING EMPLOYMENT AND WAGES.
- CHARGES TO YOUR ACCOUNT ARE PRORATED BASED ON WAGES FROM ALL STATES WITHIN THE PAYING STATE'S BASE YEAR. ANY QUESTIONS ON CHARGES TO YOUR ACCOUNT SHOULD BE DIRECTED TO THIS DIVISION AT THE ADDRESS SHOWN ABOVE OR BY TELEPHONE TO: (609) 984-2289.
- NEW JERSEY HAS NO JURISDICTION OVER THIS CLAIM ONCE WAGES ARE OFFICIALLY TRANSFERRED. ANY SEPARATION ISSUE WILL BE RESOLVED BY THE PAYING STATE (). YOUR INQUIRY CONCERNING ELIGIBILITY SHOULD BE DIRECTED TO THE ADDRESS BELOW.

16. MAXIMUM WEEKLY CHARGE TO YOUR EXPERIENCE RATING ACCOUNT WILL BE \$ _____ PER WEEK.

CHARGES TO YOUR ACCOUNT WILL BE MADE QUARTERLY BY FORM 9-187 (UNEMPLOYMENT BENEFITS CHARGED TO EXPERIENCE RATING ACCOUNT). WEEK ENDING DATES WILL NOT APPEAR. CHARGES WILL BE IDENTIFIED CWC MAXIMUM CHARGE TO YOUR ACCOUNT IS SHOWN IN ITEM 13(B) ABOVE.

APPEAL NOTICE:

THE DETERMINATION COVERED BY THIS NOTICE WILL BECOME FINAL UNLESS AN APPEAL IN WRITING IS RECEIVED (AT THE NEW JERSEY, ADDRESS SHOWN ABOVE) OR POSTMARKED WITHIN 10 DAYS AFTER THE DATE OF MAILING OF THIS NOTICE, AS SHOWN IN ITEM 8 ABOVE.