

NEW JERSEY TEMPORARY DISABILITY INSURANCE CURRENT MAILING ADDRESS

We have recently received information indicating that your company may have had an address change. New Jersey Temporary Disability Insurance mailings can be sent to an address that is different from the one that is used for your Employer's Quarterly Report (NJ927). In addition, you can designate one mailing address for your Notice of Disability Benefits Charged or Credited (DS-7C) and another mailing address (or multiple addresses) for your wage request forms and determination notices.

If you wish to change your mailing address you must complete the items listed below:

1. Employer Name: _____

Federal Employer Identification Number: _____

2. Please give your address as you would like it to appear on your Employer's Quarterly Report (NJ927).

3. I would like to have my mailing address for New Jersey Temporary Disability wage requests and determination notices changed to: (you may enter multiple addresses per FEIN)

4. I would like to have my mailing address for the Notice of Disability Benefits Charged or Credited (DS-7C) changed to: (enter only one address per FEIN)

Return the completed form to the address listed below or fax it to (609) 292-5059.

Division of Temporary Disability Insurance
PO Box 387
Trenton, NJ 08625-0387

If you have any questions, please contact the Employer Charge Unit at (609) 984-3747.

IMPORTANT: A request to change a Temporary Disability Insurance address will not affect your tax file address of record or an exception address for Unemployment Insurance. If you have any questions regarding your tax file address, contact the Division of Revenue, Client Registration Section at (609) 292-1730.

Signature: _____ Date: _____

Title: _____ Telephone: _____ Fax: _____