

# NOTIFICATION OF INFORMATION CHANGE - DDU

Division of Temporary Disability Insurance Disability During Unemployment PO Box 956 Trenton, NJ 08625-0956	Name:
	Social Security Number: 
	Date of Claim:

**Complete this form and return it to the address listed above to report changes to the information submitted on your Application for Benefits (form DS-1).**

My name has changed to: \_\_\_\_\_

My new mailing address is: Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I recovered from my disability on: \_\_\_\_\_  
(Month Day Year)

I returned to work on: \_\_\_\_\_  
(Month Day Year)

I have applied for or I am receiving:

a. Salary, Paid Time Off, Wages  Yes  No If yes, provide:

Employer's Name: \_\_\_\_\_

Dates Paid: From: \_\_\_\_\_ To: \_\_\_\_\_

b. Pension  Yes  No If yes, provide:

Employer's Name: \_\_\_\_\_

Date Pension Began \_\_\_\_\_  Monthly  Lump Sum

c. Federal Social Security Disability Benefits  Yes  No (If yes, you must supply our office with a clear photocopy of your social security award/entitlement letter **immediately**)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## NOTE:

If you have recovered and have not returned to work and wish to claim unemployment benefits, you must contact your Regional Reemployment Call Center or file online at [www.njuifile.net](http://www.njuifile.net) as soon as possible. No credit will be given for periods of unemployment prior to the date you claim unemployment benefits.