



# TEMPORARY DISABILITY BENEFITS

## SELF-INSURED PRIVATE PLAN

New Jersey Department of Labor and Workforce Development  
Division of Temporary Disability Insurance  
Private Plan Compliance Section  
PO Box 957  
Trenton, New Jersey 08625-0957

(609) 292-2720

FAX: (609) 292-2537

<https://www.myleavebenefits.nj.gov>

To the Employer:

Thank you for your inquiry regarding the establishment of a self-insured Private Plan under the New Jersey Temporary Disability Benefits Law.

Any covered employer may establish a private plan for the payment of disability benefits in lieu of the benefits of the New Jersey State plan by specifically applying to be a self-insurer. A self-insured Private Plan is one in which the benefits are provided by the employer alone, rather than by an insurer or union. Each such private plan must be submitted in detail to our Private Plan Compliance Section for approval and will take effect as of the first day of the next calendar quarter following our receipt of your application, or as of an earlier date if requested and approved. The temporary disability plan you propose must provide wage replacement benefits for non-work-related disabilities for your New Jersey employees equal to or better than the benefits offered by the New Jersey State Plan.

Enclosed are forms, instructions and information for your use in applying for approval of your Plan. The "Items Required for Submission" should be reviewed to determine which forms and other documents will be required for your filing.

The sample "Private Plan Description" is enclosed to aid you in writing the required description of your Private Plan. The "sample" Plan Description is statutory and is equal to the New Jersey State Plan. We require that certain language, definitions, guarantees and appeal rights contained in this document be included in your proposed plan document. If your proposed private plan is more generous than the statutory plan, you can utilize our sample outline and insert those specific enrichments.

A link to the New Jersey Private Plan Claims Manual is provided in this packet, which describes important portions of the Law and the claims processing procedures that should be used by you after your Plan is approved.

We recommend that you review the enclosed material and complete the application, description, and other documents carefully before submittal to us. Please allow sufficient time for processing. If questions arise, please call us for assistance at (609) 292-2720, fax us at (609) 292-2537, or consult our website at: [www.myLeaveBenefits.nj.gov](http://www.myLeaveBenefits.nj.gov) under the Information for Employers tab.

Sincerely,

Private Plan Compliance Section  
Division of Temporary Disability Insurance

## General Terms and Information

A **private plan** is specific and in lieu of the mandated State Plan and is only for New Jersey covered employment; it is not related to other short (STD) or long (LTD) disability plans.

**Approval** - New plan, transition to private plan from the mandated State Plan temporary disability through the application review process. New private plan approval dates are the first day of a calendar quarter after the receipt date of the application, for example January 1, April 1, July 1 October 1.

**Retroactive Requested Plan Effective Dates** - May be requested accompanied by a succinct explanation supporting the request. Some examples for consideration: a newly activated entity or a bargaining agreement date. All retroactive effective dates require a State Plan claim check to determine if the State paid any claims that require reimbursement prior to plan approval.

**Modification** - Any change to an existing private plan through the application review process, including class of worker(s) covered, contribution requirements or benefits.

**Termination** - A private plan is only withdrawn through formal request made to the Division of Temporary Disability, Private Plan Compliance Section (Division), a plan may also be withdrawn by the Division "for cause". A private plan is terminated based on a calculated date from the postmark or email date at the earliest, although a date beyond that calculated date may be requested. A private plan cannot be terminated retroactively.

**Claim Reporting** - The Private Plan Claims Manual, Chapter Six, Denials and Overpayments, informs the documentation for all denied claims must be forwarded to the Claims Review Unit for review. Consult our website at: [www.myLeaveBenefits.nj.gov](http://www.myLeaveBenefits.nj.gov) under the Information for Employers tab.

If a **Third-Party Administrator (TPA) or Administrative Services Only (ASO)** is utilized, the TPA/ASO's direct contact information must be provided to the Section for claim inquiries. An ASO/TPA telephone number is also required to be included on claimant correspondence if the number is other than the employer's Human Resource Section.

**Note: The employer is responsible for maintaining a compliant self-insured private plan.**

## Items Required for Submission

The following material must be submitted for consideration of a self-insured Private Plan:

- \_\_\_1. **Form DP-2, Application for Approval or Modification of Self-Insured Private Plan**  
- The instruction sheet should be reviewed prior to completing the Application. The earliest effective date we may approve for the Plan is the beginning of the next calendar quarter following our receipt of this application (with certain exceptions). You may request a later date if you wish.
- \_\_\_2. **Form DP-1A, Statement of Exclusions Under Proposed Private Plan** - This form must be submitted only if the Private Plan will exclude some employees.
- \_\_\_3. **Private Plan Description – The plan description, in narrative form, must be specific to New Jersey and detail the selections indicated on the DP-2 application.** A sample statutory description is included, containing the required statutory language to be used.
- \_\_\_4. **Form DP-2A, Statement of Financial Responsibility Under Proposed Private Plan**  
- Some form of security may be required.
- \_\_\_5. **Audited Financial Statement** - This item is required if you wish to be considered for an exemption from posting security based **on the entity or guaranteeing entity's financial stability**. The **Audited Financial Statement** is not required if you will be posting security.
- \_\_\_6. **Agreement of Indemnity** - If the employer requesting approval is a wholly owned subsidiary which does not have its own audited financial statement, Form DP-2A and the audited financial statement of the parent corporation may be submitted.
- \_\_\_7. **For a private plan providing temporary disability coverage for Bargaining Unit Employees-Signed Consent of Employees, or Original Election Ballots** - If the Private Plan will be contributory on the part of the employees, this evidence of an election must be submitted. The election must be held prior to the requested effective date of the Private Plan.

## **Instructions for Specific Classes of Employees to be Covered**

You must indicate the exact class of employees to be covered under the Private Plan on the "Application for Approval" (Form DP-2), the "Statement of Exclusions" (Form DP-1A), and in the Private Plan description. You may cover all your New Jersey employees, or you may exclude a class or classes of employees. You may not exclude a class determined by age, sex, or race.

If you choose to cover all employees, everyone employed by you in New Jersey will be covered by the plan, whether they are salaried, hourly, permanent, temporary, full-time, part-time, work at one location or several locations, work in one division or several divisions, etc. No New Jersey employees are excluded when your plan states "all employees" are covered.

If you wish to exclude a class or classes of employees from the plan, you must give a clear definition of that class or those classes.

**EXAMPLE:** An employer wishes to exclude part-time employees working less than 20 hours per week from his plan.

Application for Approval (Form DP-2), item 3(b), would read: "Covers all employees except part-time employees working less than 20 hours per week".

Statement of Exclusions (Form DP-1A), item 3, would read: "Part-time employees working less than 20 hours per week".

The plan description, in the section entitled "Private Plan Coverage", would contain the statement: "This Private Plan covers all employees except part-time employees working less than 20 hours per week".

Classes of employees who are not covered under the Private Plan will be covered under the State Plan, or under another Private Plan if you establish it. For example, if you cover only salaried employees under the Private Plan, the hourly employees will be covered under the State Plan or under another Private Plan.

If you do not intend to employ any other classes of employees other than the class for which you are seeking approval, you may want to write your Private Plan to cover all employees.

### **Instructions for Private Plan Description**

**Please note that a Private Plan description and a Form DP-2 must be fully completed and the contents must agree, in order for the Private Plan Compliance Section to approve the plan.** We recommend the use of statutory language wherever your plan will match the State Plan.

The attached sample "PRIVATE PLAN DESCRIPTION", items 1 through 13, describes a Private Plan that is equal to the New Jersey State Plan. If this is the type of plan you desire, you may reproduce the sample description on your own stationery and submit it to us for approval as your plan description. If your plan will be more liberal than the State Plan in certain respects, the enrichments must be reflected on the application and in the plan description.

See the attached "**Instructions for Classes of Employees to be Covered**" when completing the section of the description entitled "**Private Plan Coverage**", item 2.

Under item 3, "**Benefits Provided**", statutory benefits are described. If the benefits of the plan will be greater than those provided in this description, this section and the related questions on Form DP-2 must reflect the more liberal provisions.

If the employees will not be required to contribute toward the cost of the plan, item 4, "**Employee Contributions**", should indicate this fact, and Form DP-2, item 4 (c), should be marked "None".

If the plan will not invoke the "**Requirements for Entitlement**", item 5, please indicate this by stating "None" in this section. Form DP-2, item 6(c), should then be marked "No". For information on the earnings requirements, see the enclosed New Jersey Private Plan Claims Manual, page 15.

If the plan will be liberalized by eliminating some disqualifications, item 9, "**Further Limitation of Benefits**", should reflect this, and Form DP-2, item 6(b), should be marked "Other".

**Only the coverage and plan benefits may be amended, all other portions of the sample plan description must appear in your Private Plan, since they describe required provisions of the Law; liberalizations in these areas should be reflected in your plan description.**

Also **included** is a sample "Annual Notice to Employees", to be included in the plan material you submit. The notice must agree with the plan description, and should be

posted in your place of business. It must be updated annually and a copy sent to the Private Plan Compliance Section.

After your plan is approved, you will receive forms and instructions for Semi-Annual and Annual Reports of Temporary Disability Benefits. These required reports, which request statistical data on the amount of benefits paid under your Private Plan, should be completed and returned to us.

## **Sample Statutory Plan Description**

### **1. Introduction**

This is a statement of the private plan of \_\_\_\_\_ (Name) for  
temporary disability benefits in New Jersey.

### **2. Private Plan Coverage**

This private plan covers all employees of the company and each former employee of the company who has been out of such employment for less than two weeks unless subsequently employed by another covered employer.

### **3. Benefits Provided**

#### **(A) Weekly and Daily Benefit Amounts**

For each period of disability, an employee covered by this private plan shall receive a weekly benefit amount of eighty-five per cent (85%) of the employee's average weekly wage, subject to a maximum of seventy percent (70%) of the statewide average weekly remuneration as determined and promulgated annually by the New Jersey Commissioner of Labor pursuant to law, provided, however, that the employee's weekly benefit rate shall be computed to the next lower multiple of \$1.00 if not already a multiple thereof. The amount of benefits for each day of disability for which benefits are payable shall be one-seventh (1/7) of the corresponding weekly benefit amount, provided that the total benefits for a fractional part of a week shall be computed to the next lower multiple of \$1.00, if not already a multiple thereof.

#### **(B) Commencement of Benefits**

Benefits under this private plan not in excess of an individual's maximum benefits shall be payable with respect to the eighth consecutive day of disability and each day thereafter that the period of disability continues; and if benefits shall be payable for three (3) consecutive weeks with respect to any period of disability, then benefits shall be payable with respect to the first seven (7) days thereof.

#### (C) Duration of Benefits

The maximum total benefits payable to any eligible individual for any period of disability shall be either 26 times his or her weekly benefit amount or one-third (1/3) of his or her total wages in his or her base year, whichever is the lesser; provided that such maximum amount shall be computed to the next lower multiple of \$1.00 if not already a multiple thereof.

#### **4. Employee Contributions**

Each employee covered by this private plan may be required to contribute to the cost of benefits in the amount prescribed by law as the amount of worker contribution to the New Jersey State Disability Benefits Fund. The company may collect the required contribution, if any, by deduction from current wages, or in the next succeeding pay period, but may not thereafter collect a contribution with respect to wages previously paid.

#### **5. Requirements for Entitlement**

To be entitled to benefits, the individual must have been in employment with the company or other employers covered under the New Jersey Unemployment Compensation Law. The individual must have established at least 20 base weeks within the base year. In the alternative the individual must have been in such employment and have earned, within the base year, 1,000 times the State minimum wage in effect on October 1 of the previous calendar year raised to the next higher multiple of \$100.00 if not already a multiple thereof.

#### **6. Compensable Disability**

Disability shall be compensable, subject to the limitations of the New Jersey Temporary Disability Benefits Law, where an individual covered by this private plan suffers any accident or sickness not arising out of or in the course of his or her employment or if so arising not compensable under the New Jersey Workers' Compensation Law, and resulting in his or her total inability to perform the duties of his or her employment.



## **7. Partial Benefits**

An individual who is otherwise eligible for benefits but only able to return to work on a reduced basis while recovering from the disability, the individual, if permitted by the employer to return to work on the reduced basis, shall be paid an amount of benefits with respect to that week such that the sum of the wages and those benefits paid to the individual, rounded to the next lower multiple of \$1.00, will equal the weekly benefit amount the individual would have been paid if totally unable to perform the duties of employment due to disability, provided that:

- (1) The individual must have been totally unable to perform the duties of employment due to disability and receiving full benefits for at least seven consecutive days prior to claiming partial benefits under this subsection;
- (2) The maximum duration of partial benefits paid pursuant to this subsection is eight weeks, unless the division, after a review of medical documentation from a qualified healthcare provider, approves in writing an extension beyond eight weeks, but in no case shall the duration be extended to more than 12 weeks; and
- (3) If the individual is able to return to work on a reduced basis but the employer is unable or otherwise chooses not to permit the individual to do so, the individual will continue to be eligible for benefits until the individual is fully recovered from the disability and able to perform the duties of employment, but nothing in this subsection shall be construed as increasing the total number of weeks of disability benefits for which the individual is eligible.

For the purposes of this section, “qualified healthcare provider” means a legally licensed physician, dentist, podiatrist, chiropractor, certified nurse midwife, advanced practice nurse or public health nurse designated by the division.

## **8. Definitions**

**Covered individual** means any person who is in employment as defined by the New Jersey Unemployment Compensation Law, for which he or she is entitled to remuneration from a covered employer, or who has been out of such employment for less than two weeks.

**Wages** shall mean all compensation payable by covered employers to covered individuals for personal services, including commissions and bonuses and the cash value of all compensation payable in any medium other than cash.

**Base week** means any calendar week during which an individual earned, in employment from a covered employer, remuneration equal to not less than 20 times the State minimum wage in effect on October 1 of the previous calendar year raised to the next higher multiple of \$1.00 if not already a multiple thereof.

**Base year** is the period of time within which the required wages must be earned by the claimant in order to establish a valid claim. The base year, with respect to the

benefit year, is the period consisting of the first four completed quarters of the last five completed quarters of the calendar year preceding the period of disability.

**Alternative Base Year I** If the individual does not have sufficient base weeks or base wages in the base year to qualify for benefits, the examiner will use Alternative Base Year I. Alternative Base Year I, with respect to the Benefit Year, means the last four completed quarters of the calendar year immediately preceding the period of disability.

**Alternative Base Year II** If the individual does not have sufficient base weeks or base wages in the alternative base year I, the examiner will use Alternative Base Year II. Alternative Base Year II, with respect to the Benefit Year, means the three most recent completed quarters of the calendar year plus the balance of the unfinished quarter immediately preceding the period of disability.

**Partial Disability** means a Period of Disability of an Employee who is otherwise eligible for benefits, but is only able to return to employment on a reduced basis while recovering from the Disability.

**Period of disability** with respect to any individual shall mean the entire period of time, during which he or she is continuously and totally unable to perform the duties of his or her employment, except that two periods of disability due to the same or related cause or condition and separated by a period of not more than 14 days shall be considered as one continuous period of disability; provided the individual has earned wages during such 14 day period with the employer who was his or her last employer immediately preceding the first period of disability.

**Average weekly wage** is calculated by taking the total base year earnings divided by the actual number of base weeks in the base year. The result is then multiplied by 85% to obtain the weekly benefit rate. If the claimant has enough gross wages to qualify for a claim, but there are no base weeks in the entire base year, the claim is considered to be invalid. The claimant must have at least one base week in the base year to be monetarily eligible.

## **9. Non-duplication of Benefits**

(a) No benefits shall be required or paid under this plan for any period with respect to which benefits are paid or payable under any unemployment compensation or similar law, or under any disability or cash sickness benefit or similar law, of this State or of any other state or of the federal government, except that:

(1) If a claimant is otherwise eligible for benefits under P.L.1948, c.110 (C.43:21- 25 et seq.) and benefits are also paid or payable to the claimant under a disability benefit law of another state, the claimant shall be paid the benefits

provided by P.L.1948, c.110 (C.43:21-25 et seq.), reduced by the amount paid concurrently under the provisions of the other state's law; and

(2) If a claimant is otherwise eligible for benefits under P.L.1948, c.110 (C.43:21- 25 et seq.) and benefits are also paid or payable to the claimant under a disability or cash sickness program known as maintenance and cure as provided under the federal maritime law commonly referred to as the Jones Act, the claimant shall be paid the benefits provided by P.L.1948, c.110 (C.43:21-25 et seq.), reduced by the amount paid concurrently under the provisions of the maintenance and cure program.

(b) No benefits shall be required or paid under this plan for any period with respect to which benefits, other than benefits for permanent partial or permanent total disability previously incurred, are paid or payable on account of the disability of the covered individual under any workers' compensation law, occupational disease law, similar legislation, of this State or of any other state or the federal government, except that:

(1) Where a claimant's claim for compensation for temporary disability, under the provisions of subsection a. of R.S.34:15-12, is contested, and thereby delayed, and such claimant is otherwise eligible for benefits under this chapter, said claimant shall be paid the benefits provided by this chapter until and unless said claimant receives compensation under the provisions of subsection a. of R.S.34:15-12;

(2) In the event that workers' compensation benefits, other than benefits for permanent partial or permanent total disability previously incurred, are subsequently awarded for weeks with respect to which the claimant has received disability benefits pursuant to this act, the State fund, or the private plan, as the case may be, shall be entitled to be subrogated to such claimant's rights in such award to the extent of the amount of disability payments made hereunder; and

(3) If there has been a settlement of a workers' compensation claim pursuant to R.S.34:15-20 in an amount less than that to which the claimant would otherwise be entitled as disability benefits under the "Temporary Disability Benefits Law," P.L.1948, c.110 (C.43:21-25 et seq.), for the same illness or injury, the claimant shall be entitled to disability benefits for the period of disability, reduced by the amount from the settlement received by the claimant under R.S.34:15-20. The State fund or a private plan seeking to recover any amount of disability benefit payments from a workers' compensation award shall be required to demonstrate that the recovery is in compliance with the provisions of this section.

(c) Disability benefits otherwise required under the "Temporary Disability Benefits Law," P.L.1948, c.110 (C.43:21-25 et seq.) shall be reduced by the amount paid concurrently under any governmental or private retirement, pension or permanent disability benefit or allowance program to which his most recent employer contributed on his behalf.

#### **10. Further Limitation of Benefits**

Notwithstanding any other provisions of this private plan, no benefits shall be payable hereunder:

- (a) For the first seven (7) consecutive days of each period of disability, except that if benefits are payable for three (3) consecutive weeks with respect to any period of disability, then benefits shall also be payable with respect to the first seven (7) days thereof;
- (b) for more than 26 weeks with respect to any one period of disability;
- (c) for any period of disability which did not commence while the claimant was a covered individual;
- (d) for any period during which the claimant is not under the care of a legally licensed physician, dentist, optometrist, practicing psychologist, podiatrist, advanced practice nurse, certified nurse midwife, or chiropractor, who when requested by the company, shall certify within the scope of his or her practice, the disability of the claimant, the probable duration thereof, and, the medical facts within his or her knowledge;
- (e) (Deleted)
- (f) for any period of disability due to willfully and intentionally self-inflicted injury, or to injury sustained in the perpetration by the claimant of a crime of the first, second, third, or fourth degree, or for any period during which a covered individual would be disqualified for unemployment compensation benefits for gross misconduct under subsection (b) of R.S.43:21-5;
- (g) for any period during which the claimant performs any work for remuneration for profit;
- (h) in a weekly amount which together with any remuneration the claimant continues to receive from the company would exceed his or her regular weekly wages immediately prior to disability;

- (i) for any period during which the claimant would be disqualified for unemployment compensation benefits under the New Jersey Unemployment Law due to a labor dispute, unless the disability commenced prior to such disqualification.

## **11. Claims Procedures**

Benefits under the private plan will be determined and paid to eligible employees and former employees on the basis of the company's employment records by the company's personnel administration. In lieu of which, no later than 30 days after the commencement of the period of disability, the claimant shall furnish to the company a notice and claim for the disability benefits under this private plan.

When requested such notice and proof shall include certification of such disability by the attending physicians or a record of hospital confinement. Failure to furnish notice and proof within the time or in the manner above provided shall not invalidate or reduce any claim if it shall be shown to the satisfaction of the company not to have been reasonably possible.

An employee claiming benefits under this private plan shall, when requested by the company, submit himself or herself at intervals, but not more often than once a week, for examination by a legally licensed physician, dentist, optometrist, practicing psychologist, podiatrist, chiropractor, certified nurse midwife, or public health nurse designated by the company, during the duration of the claim.

If a person claiming benefits hereunder is unable to agree with the company as to the benefits hereunder, he or she may, within one year of the date from which benefits are claimed, appeal to the:

Division of Temporary Disability Insurance  
Private Plan Compliance Section  
PO Box 957  
Trenton, New Jersey 08625-0957

## **12. Governing Law**

This private plan and its interpretation and administration shall be governed by the New Jersey Temporary Disability Benefit Law. In the event of ambiguity or conflict, the law will prevail.

## **13. Amendment and Termination**

No reduction in the amount or duration of benefits or increase in the rate of employee contributions shall be made without prior approval of the Division of

Temporary Disability Insurance. Approval shall be given if the Division finds that the plan, after such modification, continues to meet the requirements of the act and this chapter and, if the employees are to contribute toward the cost of such modified plan, that a majority of the employees covered by the plan have agreed to the modification by written election (by ballot or otherwise) in accordance with this chapter. The plan shall not be modified without the approval of the Division. This plan may be terminated by the company upon proper notice to the Division.

#### **14. Guaranteeing Clause**

The benefits payable to each employee covered under this private plan shall be at least equal, in both weekly amount and duration, to those which would be payable to the employee under the state plan, but for his or her inclusion in this private plan.

ORIGINAL  
TO BE SUBMITTED TO THE  
DIVISION OF  
TEMPORARY DISABILITY INSURANCE  
PO BOX 957  
TRENTON, NJ 08625-0957

DP-2 (P-02-21)  
STATE OF NEW JERSEY  
DEPARTMENT OF LABOR  
AND WORKFORCE DEVELOPMENT  
DIVISION OF TEMPORARY DISABILITY INSURANCE  
APPLICATION FOR APPROVAL OR  
MODIFICATION OF SELF-INSURED PRIVATE PLAN

\_\_\_\_\_  
New Jersey Employer Identification No.

\_\_\_\_\_  
Private Plan No.

1. CHECK ONE {  **Approval** is requested for a self-insured Private Plan } to provide New Jersey  
Temporary Disability Benefits,  
 **Modification** is requested for the self-insured Private Plan indicated above

effective \_\_\_\_\_ as described below and in accordance with the details attached for the employees of:  
\_\_\_\_\_  
\_\_\_\_\_

2. All correspondence will be addressed to the following person designated as the authorized representative of the above-named employer:

\_\_\_\_\_, *if* \_\_\_\_\_ Representative email: \_\_\_\_\_  
\_\_\_\_\_ Department email: \_\_\_\_\_

3. The Plan will cover:

- (a)  All covered employees of the employer. Number of New Jersey employees \_\_\_\_\_  
(b)  Other (describe classes covered) \_\_\_\_\_

If more space is required, attach sheet.

**Form DP-1A must be attached for excluded classes.**

4. The contributions required of employees covered by the Private Plan will be:

- CHECK ONE { (a)  Statutory percentage of taxable wages, (amount set annually by Law)  
(b)  Other \_\_\_\_\_% of statutory taxable wage base (must be less than statutory)  
(c)  None. Employees were informed on \_\_\_\_\_ that no deductions would be taken for New Jersey Temporary Disability Benefits.

Method used: 1.  Written Notice 2.  Verbal Notice 3.  Bulletin Board Notice

4.  Other \_\_\_\_\_

**Complete this section ONLY if the plan is contributory and covers members of a Collective Bargaining Agreement.**

5. Employees' election: Employees' agreement to establishment or modification of the Plan. (Required if employees contribute to the cost of the Plan, unless, in the case of a modification, such modification does not include either a reduction in the amount or duration of benefits or an increase in the rate of employee contributions.)

- (a). Date election was held: \_\_\_\_\_  
(b). Total number of employees required to contribute to the Private Plan: \_\_\_\_\_  
(c). Number of employees in Line (b) agreeing to the Private Plan: \_\_\_\_\_

**The original records of the election are submitted with this application.**

(After being recorded by the Division of Temporary Disability Insurance, they will be returned to the employer, who shall retain them during the existence of the Plan and make them available for inspection by any authorized representative of the Division.)

6. The benefits provided by the Plan, payable in accordance with the details attached, will be as follows: (If more space is required, attach sheet)

- | (a) Weekly Rate                             | (b) Limitations  | (c) Eligibility Requirement                                 |
|---|--|---|
| <input type="checkbox"/> Statutory          | <input type="checkbox"/> All provided by NJSA 43:21-39 of the NJ Temporary Disability Benefits Law | 20 Base weeks or 1000 times the State minimum wage invoked  |
| <input type="checkbox"/> Other (list) _____ | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
- (d) Duration of Benefits. The maximum duration of benefits for any individual will be:
- CHECK ONE: (1)  The lesser of 26 times the weekly benefit amount or 1/3 total wages in base year.  
(2)  26 weeks for each period of disability.  
(3)  Other (describe ) \_\_\_\_\_
- (e) When Benefits commence. Benefits for each period of disability will commence:
- (1)  On the eighth day with respect to either accident or sickness. (Note: If benefits are payable for three or more consecutive weeks then the first seven days become payable.)  
(2)  On the first day with respect to any period of disability.  
(3)  Other (describe) \_\_\_\_\_
- (f) **Guaranteed Minimum Benefits.** Anything in this Plan to the contrary notwithstanding, the benefits payable to any employee for any period of disability commencing while insured hereunder, shall not be less than the employee would have been entitled to receive for such period under Article III of the NJ Temporary Disability Benefits Law, but for the employee's coverage under this Plan.

7. In accordance with the New Jersey Temporary Disability Benefits Law, the undersigned employer agrees to the establishment of the above Private Plan and to pay benefits described in item 6 and the accompanying details.

(Note: Pursuant to NJAC 12:18-2.9(b), if any employer provides disability benefits through a multi-benefit plan that does not comply with the New Jersey Temporary Disability Benefits Law, the employer shall establish a separate plan, maintained solely for the purpose of complying with the provisions of this law.)

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Employer or Authorized Representative)

Title: \_\_\_\_\_  
**Must be:** (Owner, Partner, or Corporate Officer, Pres., V.P., Secy., Treas.)

Printed Name: \_\_\_\_\_

**IF APPROVAL OF A SELF-INSURED PRIVATE PLAN IS BEING REQUESTED,  
THIS FORM MUST BE SUPPLEMENTED BY FORM DP-2A,  
STATEMENT OF FINANCIAL RESPONSIBILITY UNDER PROPOSED PRIVATE PLAN**



DP-2A (R-6-2004)

State of New Jersey

Department of Labor and Workforce Development

DIVISION OF TEMPORARY

DISABILITY INSURANCE

Employer Identification No. \_\_\_\_\_

DO NOT WRITE IN THIS  
SPACE

Private Plan No. \_\_\_\_\_

ORIGINAL

TO BE SUBMITTED TO  
PRIVATE PLAN COMPLIANCE  
PO BOX 957  
TRENTON, NEW JERSEY 08625-0957

### STATEMENT OF FINANCIAL RESPONSIBILITY UNDER PROPOSED PRIVATE PLAN

(To be submitted when benefits are provided by a Welfare Fund or Self-Insured Employer)

**NOTE:**

Employers that are self-insured complete all items.

Private Plan employers insured by a Union Welfare Fund complete only items 1 and 3 and sign below.

1. \_\_\_\_\_  
(Employer's name - exactly as registered with the Department of Labor and Workforce Development)

2. The undersigned employer is  Exempt  Not exempt from furnishing liability insurance for Workmen's Compensation.  
(If employer is exempt, skip items 3 and 4, go to bottom of form, sign and date.)

3. Please furnish the following information to assist us in determining the amount of security deposit which may be required.

Taxable wages paid to employees under this Plan:  
(number of employees times the taxable wage base for the current year) \$ \_\_\_\_\_

Estimated taxable wages to be paid next year:  
(number of employees times the taxable wage base for next year) \$ \_\_\_\_\_

4. Attached is a current, audited Financial Statement:

Yes

No If no, the employer offers to deposit, as security, the following:

Check made payable to the New Jersey Disability Benefits Fund

Surety Bond of an admitted insurer

Bearer Bonds of the United States of America or the State of New Jersey

The employer understands that a deposit of one of the types of security listed above may be necessary for the approval of this private plan. The amount of the security will be determined by the Department of Labor and Workforce Development in accordance with the Disability Benefits Law and Regulations. The Department may use or dispose of the security, if required, in accordance with the Disability Benefits Law and Regulations.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Corporate Officer or Authorized Representative)

Title: \_\_\_\_\_

**DO NOT SEND SECURITY DEPOSIT WITH THIS APPLICATION**

Original

TO BE SUBMITTED TO THE  
DIVISION OF  
TEMPORARY DISABILITY INSURANCE  
PO BOX 957  
TRENTON, NJ 08625-0957

DP1-A (R-6-04)  
STATE OF NEW JERSEY  
DEPARTMENT OF LABOR  
AND WORKFORCE DEVELOPMENT  
DIVISION OF TEMPORARY  
DISABILITY INSURANCE  
**STATEMENT OF EXCLUSIONS  
UNDER PROPOSED PRIVATE PLAN**

\_\_\_\_\_  
Employer Identification No.

\_\_\_\_\_  
Private Plan No.

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**(To be submitted only when some employees are to be excluded from this Private Plan)**

1. \_\_\_\_\_  
*(Employer's Name – exactly as registered with the Department of Labor and Workforce Development)*
2. The total number of New Jersey employees is \_\_\_\_\_ as of \_\_\_\_\_.
3. The following classes of employees are to be excluded from coverage under this Private Plan:  
Describe each class specifically; indicate whether the employees in each of the excluded classes are covered under the State Plan or another approved Private Plan. If another approved Private Plan will provided coverage, indicate the plan number.)

<u>CLASS</u>	<u>STATE PLAN OR PRIVATE PLAN COVERAGE</u>	<u>NUMBER OF EMPLOYEES</u>

IF MORE CLASSES ARE TO BE LISTED, ATTACH SEPARATE SHEET

**NOTE: ITEMS ON REVERSE MUST ALSO BE COMPLETED**

4. (a) Number of New Jersey employees covered by this Private Plan \_\_\_\_\_
- (b) Number of New Jersey employees covered by the State Plan \_\_\_\_\_
- (c) Number of New Jersey employees covered by other Private Plans \_\_\_\_\_
- (d) Regular wages of lowest paid employee to be covered by this Private Plan \$ \_\_\_\_\_ per **week**
- (e) Regular wages of highest paid employee to be covered by the State Plan \$ \_\_\_\_\_ per **week**

<p>5.</p> <p>_____</p> <p>_____  <i>(Signature of Owner, Partner or Corporate Officer: Pres., V.P., Secy., Treas.)</i></p> <p>_____  <i>(Date)</i></p>	<p>6. Complete this box if this Form DP-1A is being submitted in connection with Form DP-3</p> <p>_____</p> <p>Copy received and content noted:</p> <p>Signed: _____  <i>(Authorized Representative)</i></p> <p>_____  <i>(Date)</i>                      _____  <i>(Title)</i></p>
<p>7.</p> <p>_____</p> <p><i>(Name of Insurer, Organization, Fund or Foundation paying benefits provided by the Plan.)</i></p> <p>Copy received and content noted:</p> <p>Signed: _____  <i>(Authorized Representative)</i></p> <p>_____  <i>(Title)</i></p> <p>_____  <i>(Date)</i></p>	

## AGREEMENT OF INDEMNITY

Section 43:21-54 of the revised statutes of New Jersey, commonly known as the Temporary Disability Benefits Law, requires that employers operating under a Private Plan pursuant thereto must either file with the Division of Temporary Disability Insurance the bond of an admitted surety insurer conditioned on the payment of obligations under such Private Plan, or deposit securities approved by the Division to secure the payment of such obligations, unless the Division is satisfied as to the permanence of the business and the financial ability of any employer to pay the benefits provided by such a Private Plan, in which case such employer shall be exempt from filing the bond or depositing securities.

Therefore, to secure exemption for its wholly owned subsidiary, \_\_\_\_\_  
\_\_\_\_\_, a corporation of  
the state of \_\_\_\_\_, the undersigned corporation,  
namely, \_\_\_\_\_, hereby guarantees any and all payments,  
sums or benefits, due or to become due, under the said New Jersey Temporary Disability  
Benefits Law to employees covered under existing or any future self-insured Private Plans of  
its wholly owned  
subsidiary, \_\_\_\_\_, effective  
\_\_\_\_\_.

In witness whereof, the said guaranteeing corporation, namely, \_\_\_\_\_  
\_\_\_\_\_, has caused this agreement to be duly signed and its seal to be  
hereunto affixed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Corporate  
Officer of Guarantor

\_\_\_\_\_  
Date

AFFIX SEAL BELOW



# ANNUAL NOTICE TO EMPLOYEES

[Company Name]

## SELF-INSURED PRIVATE PLAN NOTICE NEW JERSEY TEMPORARY DISABILITY BENEFITS

Effective January 1, XXXX the maximum weekly benefit amount payable under the New Jersey Temporary Disability Benefits Law is \$XXX.

In order to be eligible for benefits, an individual must have earned at least \$XXX per week in each of at least 20 weeks, or in the alternative have earned a total of at least \$X,XXX within the 52 calendar weeks immediately preceding the week in which the employee's period of disability commenced.

The taxable wage base upon which the employee contribution is based is \$XX,XXX.

**This notice is being posted in a conspicuous place. If you are unable to agree with the company about your private plan benefits, you may write to:**

**Division of Temporary Disability Insurance  
Private Plan Compliance Section  
PO Box 957  
Trenton, New Jersey 08625-0957**

*Note to employer: If your Private Plan is more liberal than the above provisions, this Annual Notice must reflect the more liberal provision.*

Thank you for your interest. An application for a self-insured private plan may be requested through [PPINS@dol.nj.gov](mailto:PPINS@dol.nj.gov)