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INSTRUCTIONS FOR COMPLETING FORM DP-1 for New Jersey Temporary Disability Benefits (TDB)

– For Simple January or April migration from the State to Private Carrier –

Note: DP-1 form MUST be printed on legal size paper.

Upper Right-hand Corner	Enter the New Jersey Employer Identification No. (FEIN)
1.	<ul style="list-style-type: none"> ○ Check Approval box an insured Private Plan. ○ Enter the Effective date for the proposed Private Plan ○ Enter the name, telephone number and address of the employer, exactly as registered with the Department of Labor and Workforce Development
2.	Leave blank
3.	Enter the name, title, telephone number and address of the duly authorized representative of the employer
4.	Check Box A and enter the total number of NJ employees
5.	Check Box A (0.50% of taxable wages)
6.	<ul style="list-style-type: none"> (a) Enter date of the election (when employees signed consent form) (b) Enter the total number of employees on the last day of the election (c) Enter the total number of employees who elected to move to a Private Carrier
7.	<ul style="list-style-type: none"> (a) Check Statutory (under Weekly Rate) (b) Check All provided by NJSA (under Limitations) (c) Check YES (under Eligibility Requirement) note: For Hartford check NO (d) Check The lesser of (under Duration of Benefits) note: For Hartford & Standard Life check 2 (26 weeks) (e) Check On the eighth day (under When Benefits commence)
8.	<ul style="list-style-type: none"> ○ Signature ○ Date of person signing ○ Title of person signing ○ Print name of person signing
Note about SIGNATURE	Signature must be signed by: <ul style="list-style-type: none"> ○ Owner, if the employer is an individual ○ Duly authorized person, if the employer is an organization ○ Partner, if the employer is a partnership ○ President, vice-president, secretary, or treasurer, if the employer is a corporation

IMPORTANT: The original completed and signed DP-1 must be mailed to TotalBen, together with the original signed employee consent form(s).