

New Jersey Temporary Disability Benefit (“TDB”)

Total Ben LLC (“TotalBen”) is an employee benefits provider, licensed in many states, including New Jersey. Founded in 2005, the focus of the company is to bring corporate level benefits to the small and mid-sized market. With over 60 years of Fortune 100 experience on staff, including some senior IT staff, TotalBen is uniquely positioned to do just that. The background and experience of the staff gives TotalBen the ability to create and market unique products.

TotalBen now offers its vision and perspective for New Jersey TDB. We have the ability to save our clients in a variety of ways:

- **Eliminate the annual state assessment of \$9 - \$15 dollars per employee as an immediate savings**
- **Reduce or eliminate the employer contribution of the TDB** (as much as \$236.25 per covered employee – or over \$200k for 1000 covered employees)
- Migrate the employer to an approved private plan for temporary disability benefit
- Assist with the completion of form DP-1, notifying the State of the potential move prior to the effective date of the move
- Reduce the burden of paperwork at the time of application by providing signature ready documents and assistance with the written election
- Eliminate the burden of paperwork and interaction with the state in the event of a claim
- **Reduce or eliminate the liability of the employer-matching FICA payment** (up to \$1,590.44 per covered employee – or over \$1m for 1000 covered employees) **on benefits paid**
- Debit ACH the funds from the client automatically, on a per-quarter (or per month) basis, based on payroll reporting, done via TotalBen (carrier specific)

Why not let TotalBen help reduce your costs?

For more information or to refer clients, please contact Moishe Miller via email - moishe.miller@totalben.com or via telephone, at **718-535-7070**. For a comprehensive list of our services, see www.totalben.com/services



1374 East 28th Street
Brooklyn, NY 11210
T: 718-535-7070
F: 718-535-7073
info@totalben.com

NJ TDB New Case Questionnaire

Date _____

Name of Business _____

Nature of Business _____ Contact Name _____

Phone Number _____ Fax Number _____

Email _____

NOT NEEDED if supplying TDB Policy Dec pages:

Mailing Address _____

City _____ State _____ Zip _____

Current TDB Carrier _____

Total Number of Employees _____ Male _____ Female _____

FEIN# (Federal ID #) _____

Current Payroll Provider _____ Payroll Code _____

Document Requirements:

State Fund

- ❖ Complete **AC174** request on next page
- ❖ Fax it back to TotalBen at 718-535-7073

Private Carrier

- ❖ **Declaration Pages** of the existing TDB policy
- ❖ **Premium:** Most recent 4 quarters of carrier invoices and carrier renewal rate for current year (if known).
- ❖ **Claims:** 4th Qtr 3PSP (3rd Party Sick Pay) payroll reports (depending on payroll provider, we can assist in obtaining the 3PSP report) from last 2 years and all current quarters of the current year

<place on your letterhead>

<insert date here>

STATE OF NEW JERSEY
DEPARTMENT OF LABOR
DIVISION OF EMPLOYER ACCOUNTS
PO BOX 913
TRENTON, NJ 08625-01913

RE: New Jersey Temporary Disability Benefit- TDB
Employer's Registration Number: *<insert your number here>*

Dear Sirs:

This is a letter authorizing the release of information on the above mentioned employer. Please provide TotalBen with the following:

1. Previous 3 fiscal years of Forms: AC-174.1

Please fax these forms to:

718-535-7073
Attention: Moishe Miller of TotalBen LLC

Sincerely,

<sign here>

<type your name here>