

NOTICE OF INELIGIBLE DETERMINATIONS - STATE PLAN (D40)

1. Issued By: New Jersey Department of Labor and Workforce Development Division of Temporary Disability Insurance PO Box 387 Trenton, New Jersey 08625-0387	5. Claimant's S.S. No.	6. Seq. No.	7. Date of Claim	8. Claim Rec'd	
			9. Mailing Date	10. Det. No.	11. Exam No.
			12. Claimant's Base Year From: _____ To: _____		
			13. Minimum Requirements For Valid Claim Wages = \$ _____ or Base Weeks _____ Base Week Amount = \$ _____		

SAMPLE

3. EIN	14. Claimant's Covered NJ Earnings in Base Year A. Wages = \$ _____ B. Base Weeks = _____
4. CLAIMANT'S NAME AND ADDRESS: _____ _____ _____	<p>NOTE: IF YOU HAVE INFORMATION WHICH COULD CHANGE YOUR REASONS FOR INELIGIBILITY, PLEASE SUBMIT IT AS SOON AS POSSIBLE SO THAT WE CAN REVIEW THIS CLAIM.</p>

We have reviewed this claim and determined that the claimant is ineligible/disqualified for benefits because:

You failed to provide the information requested by this agency to determine your eligibility for benefits. Your claim will be reviewed upon receipt of the required information.

EXPLANATION OF DETERMINATION

This determination is made in accordance with the provisions of the New Jersey Temporary Disability Benefits Law (R.S.43:21-25 et seq.)

You are the most recent employer and will receive a copy of all determinations issued on this claim. You and the claimant have the right to appeal or disagree with any determination that you receive.

(CONTINUED ON REVERSE ->)

Director

RIGHT OF APPEAL

IF YOU DISAGREE WITH ANY PART OF THIS DETERMINATION, YOU MAY FILE AN APPEAL BY WRITING TO THE ADDRESS GIVEN ABOVE IN ITEM 1. THIS DETERMINATION WILL BECOME FINAL UNLESS AN APPEAL IS RECEIVED OR POSTMARKED WITHIN SEVEN DAYS AFTER DELIVERY OR TEN DAYS AFTER THE DATE OF MAILING OF THIS NOTICE GIVEN ABOVE IN ITEM 9.

ESTA DETERMINACION AFECTA SU ELIGIBILIDAD PARA BENEFICIOS Y DESCRIBE SU DERECHO DE APELACION. SI USTED NO HABLA INGLES BUSQUE, DE INMEDIATO, A UNA PERSONA QUE PUEDA INTERPRETAR ESTA DETERMINACION.

DISABILITY BENEFITS WILL NOT BE PAID FOR ANY PERIOD:

The claimant worked.

The claimant was not under medical care of a licensed doctor.

The claimant received:

Unemployment Compensation.

Workers' Compensation.

Regular Weekly Wages

Social Security Disability Benefits

Sick Leave Injury Benefits (New Jersey State Employees Only)

Maintenance & Cure Benefits.

THE CLAIMANT'S DISABILITY BENEFITS MAY BE REDUCED IF HE/SHE RECEIVES:

A pension from the most recent employer.

Disability benefits through the most recent employer.

Sick pay, vacation pay, or other salary continuation. This pay plus temporary disability benefits cannot be more than the claimant's regular weekly wage.

ESTABLISHING A VALID CLAIM: If the disability began in 2009, the claimant must have had at least 20 base weeks or earned \$7200 in the base year period. A base week is any week in which the claimant earned \$143 or more. The base year is the 52 calendar weeks immediately before the week in which he/she became disabled. All earnings must be in New Jersey covered employment.

INQUIRING ABOUT THIS CLAIM: If you have questions about this claim, write to the address on the front of this form. You must include the claimant's name, and Social Security number.

It is your responsibility to notify us within two working days of receiving this notice of any information which may affect the claimant's benefits. You may call our Customer Service Unit at 609-292-7060. This is in accordance with N.J.A.C.12:18-3.7(D).

If you wish to disagree with or wish to appeal this determination, you must do so in writing. You must include the claimant's name, social security number and address. We cannot accept requests for appeals over the telephone. Your appeal must be received or postmarked within seven days after delivery or ten days after the date of mailing of this notice. If the last day allowed for the appeal occurs on a Saturday, Sunday or legal holiday, the appeal will be accepted on the next business day. The appeal period will be extended if good cause for late filing is shown. Good cause exists in situations where it can be shown that the delay was due to circumstances beyond the control of the appellant which could not have been reasonably foreseen or prevented.

Esta determinacion afecta su elegibilidad para beneficios y describe su derecho de apelacion. Si usted no habla ingles, busque, de inmediato, a una persona que pueda interpretar esta determinacion.