This pamphlet is published for general information only and does not have the status of law or regulation. For specific wording of the law see the New Jersey Workers’ Compensation Act (NJSA 34:15-1 et seq.) or consult your attorney.

Benefits

Rate in effect on the date of accident or exposure/manifestation in cases of occupational disease.

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For more information about Workers’ Comp, visit us online at nj.gov/labor, then click on Workers’ Compensation.
What is Workers’ Compensation?

Workers’ Compensation is a system created by the New Jersey Legislature that provides benefits to workers who are injured or who contract an occupational disease while working. The benefits include medical care, temporary disability payments, and compensation for a resulting permanent disability. In the event of the death of an injured worker, benefits are payable to the family of the worker. Benefits may be paid voluntarily or it may be necessary to apply to the Workers’ Compensation Courts for relief.

Who is covered?

Virtually every worker who performs services for wages is covered by the law, regardless of the number of workers employed by the employer.

Under New Jersey law, domestic and farm workers are covered. However, workers considered to be independent contractors, rather than employees, are not covered.

Seamen, maritime workers, railroad workers, and federal employees are covered under federal workers’ compensation law.

What must a worker do if injured?

The worker should notify the employer as soon as possible, but not later than 90 days from the date of the accident. The notice may be given to the supervisor, personnel office, or anyone in authority at the employer’s place of business. Notice need not be in writing. If the worker needs medical treatment, a request should be made to be made to the employer as soon as possible.

What if an employer refuses to provide medical services and/or temporary disability benefits?

The injured worker should seek the services of an attorney who will file a formal claim petition and a motion for medical and temporary benefits with the insurance carrier. The worker should be notified as soon as possible concerning the treatment being received.

Can an employer take action against a worker for filing a claim?

The Workers’ Compensation Statute prohibits the employer from discharging or discriminating in any manner against an employee because the employee has claimed or attempted to claim workers’ compensation benefits, or has testified, or is about to testify, in a workers’ compensation case.

Does the Workers’ Compensation Law give special consideration to minors?

Yes. If a minor, employed in violation of the Child Labor Law, suffers a disability because of a job-related injury or illness, benefits will be double the amount ordinarily awarded.

What is the claim process?

A formal Claim Petition must be filed within two years of the date the worker first became aware of the condition and its relationship to employment. The statute of limitations applies to minors also.

An injured worker may also file an application for an informal hearing before a Judge of Compensation. At the informal hearing a representative of the employer or the employer’s insurance carrier is usually present. The suggestions made by the judge may be made binding, however, not binding on either party. The filing of an application for an informal hearing does not stop the two-year statute of limitations from running.

What happens after a claim is reported?

The employer or the employer’s insurance carrier will investigate the claim. If the claim is found compensable, they will pay for necessary and reasonable medical treatment, loss of wages during the period of rehabilitation, and, when documented, benefits for permanent disability.

Within 21 days of receiving notice of the accident, the insurance carrier should file a First Report of Injury form with the Division. This form gives the Division initial information about the accident and injuries. Another form, called the Subsequent Report of Injury, must be filed with the Division within 26 weeks after the worker returns to work or has reached maximum medical improvement. At that time, the worker should receive a letter from the insurance carrier explaining the benefits paid to date on their claim. The information from these forms helps the Division ensure that workers receive fair and timely benefits for work-related injuries.

In cases of occupational illness, the Claim Petition must be filed within two years from the date the worker first became aware of the condition and its relationship to employment. The statute of limitations applies to minors also.

An injured worker may also file an application for an informal hearing before a Judge of Compensation. At the informal hearing a representative of the employer or the employer’s insurance carrier is usually present. The suggestions made by the judge may be made binding, however, not binding on either party. The filing of an application for an informal hearing does not stop the two-year statute of limitations from running.

Benefits Available Through Workers’ Compensation

Medical Benefits

All necessary medical treatment and hospitalization services should be provided by the employer or the employer’s insurance carrier.

The employer has the right to choose the treating physician. If the employer refuses to provide medical treatment, the injured worker is free to choose the treating physician. However, in the case of an emergency, an injured worker may obtain medical or hospital treatment without specific authorization from the employer, but the employer should be notified as soon as possible concerning the treatment being received.

Temporary Disability Benefits

If there is lost time which extends beyond seven calendar days due to the injury, temporary disability benefits become payable starting with the first day lost. The benefit amount is 70 percent of gross weekly wages received at the time of the injury, up to a maximum established annually by the Commissioner of Labor and Workforce Development.

Permanent Partial Benefits

When a job-related injury or illness results in a permanent partial disability, benefits are based upon a percentage of certain “scheduled” or “nonscheduled” losses. A “scheduled” loss is one involving arms, hands, fingers, legs, feet, toes, eyes, ears, or teeth. A “nonscheduled” loss is one involving the back, heart, lungs, etc.

Permanent Total Benefits

When a job-related injury results in permanent total disability, the injured worker is entitled to payments for 450 weeks which will be continued thereafter for as long as the total disability exists. However, after the 450 weeks, these payments are subject to reduction for wages earned from employment.

Weekly payments for permanent total disability are 70 percent of the gross weekly wage at the time of the injury up to a maximum established annually by the Commissioner of Labor and Workforce Development.

Permanent total disability is presumed when the worker has lost two or more limbs, or has a combination of members of the body such as eyes, arms, hands, legs or feet. However, permanent total disability can result from other injuries that render the worker unemployable.

Death Benefits

When a job-related accident or illness results in the worker’s death, benefits are payable to the dependents of the worker as defined by the law.

The weekly benefit payment is 70 percent of wages, but the maximum total benefit payable to all of the worker’s dependents cannot exceed the maximum established annually by the Commissioner of Labor and Workforce Development.

A surviving spouse or civil union partner and natural children who were part of decedent’s household at the time of death are conclusively presumed to be dependents.

A surviving spouse or civil union partner and natural children who were not a part of decedent’s household at the time of death and all other alleged dependents (parents, grandparents, grandchildren, brothers, sisters, etc.) must prove actual dependency.

Children who are deemed to be dependents remain so until the age of 18 years or, if a full-time student, until the age of 23 years. If a child is physically or mentally disabled he/she may be eligible for further benefits.

The employer or the employer’s insurance carrier is responsible to pay up to $3,500 in funeral expenses for a job-related death. These funds are payable to whomever is liable for the funeral bill, be it the estate or an individual.

* Maximum weekly rates for the past eight years are shown on the reverse.