

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION  WC - SuppBen956 i (r. 3/2021)	<b>ORDER</b> <b>To Convert Dependency Voluntary</b> <b>Tender to Judgment</b>	CASE NO'S.:  VICINAGE:
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<b>PETITIONER</b>	NAME: <hr/> DATE OF BIRTH:      MEDICARE ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> ADDRESS: <hr/>	<b>ATTORNEY FOR PETITIONER</b>	FEDERAL EMPLOYER NUMBER: <hr/> NAME: <hr/> ADDRESS: <hr/> TELEPHONE NUMBER (AREA CODE): <hr/> APPEARING: <hr/> NAME <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> TPA <hr/> ADDRESS: <hr/>
<b>VS</b>			
<b>RESPONDENT</b>	NAME: <hr/> ADDRESS: <hr/>	<b>INSURANCE CARRIER</b>	CLAIM NUMBER: <hr/> DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE: <hr/> DESCRIBE (Briefly): <hr/>
<b>ATTORNEY FOR RESPONDENT</b>	NAME: <hr/> ADDRESS: <hr/> TELEPHONE NUMBER (AREA CODE): <hr/> APPEARING: <hr/>		

**This matter having come before the COURT upon the filing of Dependency Claim Petition to Convert Voluntary Tender to Formal Judgment Pursuant to NJSA 34:15-95.6.**

**It is on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ hereby ORDERED that the Voluntary Tender made by respondent is hereby converted to an award of dependency benefits be awarded to \_\_\_\_\_ who was legally married to \_\_\_\_\_ on \_\_\_\_\_ (date of accident).**

**It is FURTHER ORDERED that the Voluntary Tender made by respondent is hereby converted to an award of dependency benefits be awarded to Decedent's minor child(ren) \_\_\_\_\_ DOB, \_\_\_\_\_ DOB, \_\_\_\_\_ DOB.**

**It is agreed and stipulated that the decedent \_\_\_\_\_ was an employee of the respondent \_\_\_\_\_ whereupon the decedent met with an accident/occupational exposure (circle one) resulting in death, arising out of and in the course of employment.**

**Dependency benefits payable to \_\_\_\_\_ as of \_\_\_\_\_ (date of death) thru \_\_\_\_\_, the expiration of the initial 450 weeks at \$ \_\_\_\_\_.**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week.**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**

**Benefits payable to \_\_\_\_\_ as of (date of death) thru \_\_\_\_\_ (age of 18) unless a full-time student then \_\_\_\_\_ (age of 23) at a rate of \$ \_\_\_\_\_ per week. (Additional Child)**





State of New Jersey  
Office of Special Compensation Funds  
P O Box 399  
Trenton, New Jersey 08625-0399

## CALCULATION OF N.J.S.A. 34:15-95.6 SUPPLEMENTAL BENEFITS

Beneficiary Name:	Beneficiary SS#:
Beneficiary Date of Birth:	Date of Calculation:

**Did Beneficiary opt out of collecting Social Security benefits?  
If yes, beneficiary is NOT eligible for supplemental benefits pursuant to N.J.S.A 34: 15-95.6**

1. Dependent's Awarded Weekly Rate	\$
2. Decedent Information	
a. Date of Death	
b. Maximum Weekly Rate At Time of Death	\$
3. Percent of Maximum Rate (#1 / #2.b.)	%
4. Maximum Rate for current year	\$
5. Potential Weekly Benefit Rate (#3 x #4)	\$
6. Potential Weekly Supplement (#5 - #1)	\$
7. Is Beneficiary currently collecting Social Security benefits? If yes, complete #8-#11.	YES/ NO
8. Social Security Benefits	
a. Monthly Benefit Amount	\$
b. Adjustment Factor	
c. Adjusted Monthly Benefit Amount (#8.a./#8.b.)	\$
9. Total Annual Benefits (#8c x 12)	\$
10. Adjusted Weekly Social Security Benefits (#9 / 52.14)	\$
11. Weekly Supplemental Benefit Payable (#6 - #10) ( <i>Supplemental Benefit will not be paid if less than \$5</i> )	\$