



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> )	\$