

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381
WC-368supp r. 5/8/2015

**APPLICATION FOR REVIEW OR
MODIFICATION OF FORMAL AWARD
SUPPLEMENTAL PAGE**

Case No.: _____

Vicinage: _____

ADDITIONAL CARRIERS

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:
PERIOD OF COVERAGE::
FROM: TO:

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:
PERIOD OF COVERAGE::
FROM: TO:

GUARDIAN OR REPRESENTATIVE

NAME:
ADDRESS:
RELATIONSHIP TO PETITIONER:

INDIVIDUAL CORPORATE OFFICERS/PARTNERS/LLC MEMBERS

NAME:
ADDRESS:

NAME:
ADDRESS: