

State of New Jersey  
Department of Labor and Workforce Development  
DIVISION OF WORKERS' COMPENSATION

WC-377i (r.3/19/13)

**ADDENDUM TO  
ORDER FOR  
TOTAL DISABILITY**

CASE NO'S.:

VICINAGE:

Case Name:

Petitioner's Social Security Number:

Petitioner is in receipt of a government ordinary disability retirement pension. The date of retirement was \_\_\_\_\_. The initial retirement benefit was \$ \_\_\_\_\_ per month. The pension portion of the retirement benefit was \$ \_\_\_\_\_ per month. The annuity portion of the retirement benefit was \$ \_\_\_\_\_ per month. The respondent and/or the Second Injury Fund is/are entitled to an offset for this benefit. Based upon the last compensable injury and the reasons for the ordinary disability retirement, the offset shall be \_\_\_\_\_ % of the pension portion of the retirement benefit, or \$ \_\_\_\_\_ per week resulting in a weekly rate of \$ \_\_\_\_\_.

Other:

\_\_\_\_\_  
DATE

JUDGE OF COMPENSATION

**WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS  
ORDER AND ACKNOWLEDGE RECEIPT OF COPY:**

\_\_\_\_\_  
PETITIONER'S ATTORNEY

\_\_\_\_\_  
RESPONDENT'S ATTORNEY

\_\_\_\_\_  
PETITIONER (where applicable)

\_\_\_\_\_  
DEPUTY ATTORNEY GENERAL