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

ORDER **To Convert Dependency Voluntary**

CASE NO'S.:
VICINAGE:

WC	SunnBen	356	i (r	3/2021

Tender to Judgment NAME: FEDERAL EMPLOYER NUMBER

ER	DATE OF BIRTH:	D	ATTORNEY FOR PETITIONE	NAME:		
PETITIONER	ADDRESS.	MEDICARE ELIGIBLE: YES NO		ADDRESS		
ETT	ADDRESS:		RPE	ADDRESS:		
-			Y FO			
		W.C.	Z E	TELEPHONE NUM	IBER (AREA CODE):	
	NAME:	VS	Ē	APPEARING:		
ENT			ΑŢ			
RESPONDENT	ADDRESS:			NAME		SELF-INSURED TPA
ŒSP			VCE ER	ADDRESS:		
<u></u>			INSURANCE CARRIER			
	NAME:		INSI			
1 5	ADDRESS:			CLAIM NUMBER:		
ALLOKNEY FOR RESPONDENT				CLAIM NOMBER.		
				DATE OF ACCIDE	NT OR OCCUPATIONAL EXPOSURE:	
RES	TELEPHONE NUMBER	R (AREA CODE):		DESCRIBE (Briefly)):	
₹	APPEARING:					
It is ber It is	s FURTHER O efits be awarde s agreed and sti	arried to	ler made by	respondent is DOB, _ was an e	hereby converted to an award DOB, mployee of the respondent	DOB.
	ereupon the dec employment.	edent met with an accident/occup	ational expos	sure (circie on	ie) resulting in death, arising o	out of and in the course
		its pavable to	as	of	(date of death) thru	, the
exp	iration of the in	its payable to nitial 450 weeks at \$	_•		(
		aa (age of 23) at a rate of				
stu	dent then	(age of 23) at a rate of	\$	per week	<u>.</u>	
Bei	nefits payable to	a a a sa	s of (date of	death) thru _	(age of 18) u	ınless a full-time
		(age of 23) at a rate of				loor o f11 4:
stu	ients payable to dent then	aa (age of 23) at a rate of	s of (date of) S	ner week	(age of 18) u c. (Additional Child)	iniess a fuii-time
Rei	efits navable to	(age of 25) at a rate of	s of (date of	per week death) thru	(age of 18) i	ınless a full-time
stu	dent then	aa (age of 23) at a rate of	\$	per week	. (Additional Child)	
Bei	nefits payable to	aa (age of 23) at a rate of	s of (date of	death) thru _	(age of 18) ı	ınless a full-time
stu	dent then	(age of 23) at a rate of	\$	per week	a. (Additional Child)	
Bei	nefits payable to	aa (age of 23) at a rate of	s of (date of	death) thru _	(age of 18) u	ınless a full-time
Bei	ieiits payable to dent then	aa (age of 23) at a rate of	s of (date of) S	thru ner week	(age of 18) t c. (Additional Child)	iniess a full-time
Bei	efits pavable to		s of (date of	per week death) thru	(age of 18) u	ınless a full-time
etu	dent then	(age of 23) at a rate of	\$ 51 (unic 01)	ner week	(uge 01 10) t z (Additional Child)	

State of New Jersey	ORDER			CASE NO'S.:			
Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION							
	To Convert Dependency Voluntary						
WC - SuppBen956 i (r. 3/2021)	Tender to J	udgment – Page 2	VICI	VICINAGE:			
ADDITIONAL COMMENTS:							
ALLOWANCES	REIMBURSE	TAX IDENTIFICATION	TOTAL AMT.	PAYABLE BY	PAYABLE BY		
ALLOWANCES ATTORNEY(S) FEE:	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT		
	REIMBURSE						
	REIMBURSE						
ATTORNEY(S) FEE:	REIMBURSE						
ATTORNEY(S) FEE:	REIMBURSE						
ATTORNEY(S) FEE:	REIMBURSE						
ATTORNEY(S) FEE:	REIMBURSE						
ATTORNEY(S) FEE:		NUMBER					

JUDGE OF COMPENSATION

JUDGE'S NAME

DATE

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO

N.J.S.A. 34:15-121 et. seq.

PETITIONER'S ATTORNEY

PETITIONER (where applicable)

RESPONDENT'S ATTORNEY

^{**}Calculation of NJSA 34:15-95.6 Supplemental Benefits Worksheet must be attached to Order**



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					
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, co	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 Weakly Symplomental Panafit Payable (#6 #10) (Symplomental Panafit will	not be paid if loss than \$5	¢			