ORDER FOR TOTAL DISABILITY

CASE NO'S.:
MCDACE

WC-376i (r. 3/19/13) w/Second			Injury Fund	VICINAGE:	
PETITIONER	SOCIAL SECURITY NUMBER: NAME: GENDER: MEDICARE ELIGIBITY MALE ADDRESS (Including County): VS	LE: NO	NAME: ADDRESS: TELEPHONE NUMBER APPEARING:	FEDERAL EMPLOYER NUMBER (AREA CODE):	□ NJ REG NUMBER
RESPONDENT	NAME: ADDRESS (Including County): NAME:	NGIBANGE	NAME	_	-insured
ATTORNEY FOR RESPONDENT	ADDRESS: TELEPHONE NUMBER (AREA CODE):		OCCUPATIONAL EXPO DESCRIBE (Briefly):	OSURE:	
	APPEARING: APPEARING FOR SECOND INJURY FUND:		FUND PETITION FILE I	DATE:	
TA	Upon the proofs presented and	-	s made, I find and	d determine the follo	wing facts:

WAGES:	RATE:	Date of last payment of Permanent Compensation by Respondent:
In accordance with the provision I find as follows:	ons of the New Jersey Workers'	Compensation Law (N.J.S.A. 34:15-1 et seq.),
Petitioner is total	lly and permanently disabled as	of

Permanent Disability payable by Respondent (Describe Percentages, Nature and extent of Disability, and Members involved):

ORDER FOR TOTAL DISABILITY w/Second Injury Fund - Page 2

CASE NO'S.:

DIVISION OF WORKERS' COMPENSATION
WC-376i

WC-3/61			VICINAGE:	
AWARD WITHOUT SOCI	AL SECURITY OFFSETS			
TEMPORARY:	Weeks at \$ = \$	less \$	paid = Balance due \$	
			<u> </u>	
PERMANENT:	Weeks at \$ = \$	less \$	paid = Balance due \$	
		☐ Volu	untary Tender Reopener Cred	it
PAYMENTS DUE FROM	RESPONDENT WITH SOCIAL SECUE	RITY OFFSETS		
Payments before offset begins	weeks at \$	less \$	Paid = \$	
Payments with offset (aux)	weeks at \$	less \$	Paid = \$	
Payments with offset (no aux)	weeks at \$	less \$	Paid = \$	
After offset completed	weeks at \$	less \$	Paid = \$	
TOTAL PAYMENTS			\$	
Accordi a. b. c. d.	ngly, it is determined that the petitioner weeks, being the d weeks of permanent disability comp 450 weeks has expired. Weekly rate prior to offset is Weekly rate subsequent to offset is Payment to begin upon the expiration any event, not sooner than the date of Commencement date for Fund bene On, which is the with the provision of N.J.S.A. 34:15	ifference between 450 we bensation previously recessions. (If third passes, and of payment of compensation of the petition for fits is	eeks and theived. arty offset, please explain on place assistation from the last compensor benefits from the Second In	page 6) ation award, but, ajury Fund.
ioner's 80% ACE is	cial Security Disability Benefits and the	itlement was \$	including \$	
ficiaries. Therefore respon	dent and the Second Injury Fund are egh school or turns 18 years of age, while be \$	ntitled to an offset result chever is later. Thereaft	ting in a rate of \$\frac{\\$}{\} er, until the petitioner reaches	until petitione
	Name of Auxiliary	y	Date of Birth	
1			l l	

ORDER FOR TOTAL DISABILITY w/Second Injury Fund - Page 3

CASE NO'S.:
VICINAGE:

Gross Weekly Wages:

weeks of permanent disability are to be paid at the full rate of \$_____ reflecting Petitioner's share of counsel The first fee and costs. ☐ An Application for Social Security Disability Benefits and / or Government Ordinary Disability Pension ☐ is pending is on appeal has not been filed. Should Petitioner be awarded Social Security Disability Benefits and / or Government Ordinary Disability Pension, Petitioner shall immediately notify the Respondent and the Second Injury Fund of this award. The Petitioner shall reimburse the Respondent and the Second Injury Fund for any workers' compensation benefits paid to Petitioner in excess of the offset rate during the period of time Petitioner has received Social Security Disability benefits or Government Ordinary Disability Pension. In the event there is a change in the number or status of the auxiliary beneficiaries while Petitioner is receiving Workers' Compensation benefits, Petitioner shall immediately notify the Respondent. I further Order that Respondent furnish the Petitioner such medical attention, prosthesis, and medical supplies as the condition of the Petitioner may require. Should any emergency arise, necessitating immediate medical attention for the Petitioner, notice and request to Respondent shall not be necessary. Respondent authorizes as treating physician. The date of Petitioner's Permanent Total disability is_____ _, which is the expiration of the 450 week period, benefits to continue in accordance with the provision of N.J.S.A. 34:15-12(b) as amended.

Pursuant to N.J.S.A. 34:15-12(b), petitioner will be referred to the Division of Vocational Rehabilitation Services for evaluation and services prior to the expiration of 450 weeks from the date of Total Permanent Disability.

PETITIONER DATA Date of Last Employment:

Occupation:

PRE-EXISTING COMPENSABLE DISABILITIES			
Date of Injury:	Claim Petition Number:		
Employer Name:			
Permanent Disability Award:			
Description of Injury and Disability:	Description of Injury and Disability:		
Hearing Date:			

Date of Injury:	Claim Petition Number:
Employer Name:	
Permanent Disability Award:	
Description of Injury and Disability:	
Hearing Date:	

ORDER FOR
TOTAL DISABILITY
w/Second Injury Fund - Page 4

a . an		• ~	
CASE	NO	, C	
CADL	110	υ.	•

WC-376i

VICINAGE:

Date of Injury:	Claim Petition Number:	
Employer Name:		
Permanent Disability Award:		
Description of Injury and Disability:		
Harris - Data		
Hearing Date:		
Date of Injury:	Claim Petition Number:	
Employer Name:		
Permanent Disability Award:		
Description of Injury and Disability:		
н . Б.		
Hearing Date:		
Date of Injury:	Claim Petition Number:	
Employer Name:		
Permanent Disability Award:		
Description of Injury and Disability:		
Hearing Date:		
Date of Injury:	Claim Petition Number:	
Employer Name:		
Permanent Disability Award:		
Description of Injury and Disability:		
Hearing Date:		

WC-376i

ORDER FOR TOTAL DISABILITY w/Second Injury Fund - Page 5

CASE NO'S.:
VICINAGE:

PRE-EXISTING NON-COMPENSABLE DISABILITIES							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							
Date of Onset:	Origin (if known): Congenital Accident / Injury						
Description:							

WC-376i

ORDER FOR TOTAL DISABILITY w/Second Injury Fund - Page 6

CASE NO'S.:
VICINAGE:

PETITIONER DATA

Education (highest level completed):	
Special Occupational Skills:	
Rehabilitation Potential:	
Third Party Actions:	
•	
If third party liability action is pending, provide the name and address of the attorney	
representing this petitioner if different than the	
workers' compensation attorney, the defense	
attorney(s), the case name and docket number.	
(Respondent and Second In	jury Fund reserve their rights under N.J.S.A. 34:15-40)
(F	u v v v v v v v v v v v v v v v v v v v

REMARKS:

ORDER FOR TOTAL DISABILITY w/Second Injury Fund - Page 7

CASE NO'S.:
VICINAGE:

WC-376i

	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: (expert and/or testimonial)		IVOIVIDER	ALLOWED	TETITIONER	RESI GIVEENT
ATTORNEY(S) FEE:					
STENOGRAPHIC SERVICE:					
MISCELLANEOUS FEES: (fill in below)					
		☐ ORDER FOI	R CHILD SUPPORT	ADDEND	UM ATTACHED
		DATE			
JUDGE OF COMPENSATION					
WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:					
Datitionan's Attornay		Dagmandant's	Attomor		
Petitioner's Attorney		Respondent's	Auomey		
Petitioner (where applicable)					

Deputy Attorney General

CASE EXHIBIT LISTING FOR: \square PETITIONER \square RESPONDENT

CASE NO'S.:
VICINACE.

						VICI	NAGE:		
Judge: Petitioner: Petitioner Attorney:				Respondent:					
				Respondent Attorney:					
Hearing Date	No.	ID	Ev.	Description			Reta Court		Reporter
									7