

State of New Jersey
Department of Labor & Workforce Development
Temporary Disability Insurance
Private Plan Compliance

NOTICE OF PRIVATE PLAN LIEN

Petitioner (Claimant) _____

Date _____

Claim Petition Number _____

First Day of Disability _____

Social Security Number _____

Initial Amount Paid _____

VS

Respondent (Employer) _____

Final Amount Paid _____

Insurance Carrier _____

Phone Number _____

Case Assigned to _____

**To: New Jersey Department of Labor & Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625**

Temporary disability benefits have been paid by the following:

Private Plan Carrier: _____

Street Address: _____

City, State, Zip Code: _____

Signature of Officer: _____

Phone Number: _____

Fax Number: _____

Please take note that the Private Plan Carrier has a lien against any award in workers' compensation arising from the abovementioned matter and any judgment entered herein should provide for payment of said lien. Kindly direct this notice so that the lien of the Private Plan Carrier will be properly noted.

Claimant's petition was disposed as follows:

****Please return a copy of this document to the Private Plan carrier upon completion of each and every action listed below.****

Petition filed (Date) _____

Award made to claimant (Date) _____

Lien honored for TDB paid (Date) _____

If not clarify:

Petition dismissed (Date) _____

Discontinued (Date) _____