

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION  WC-375i (r. 3/19/13)	<b>ORDER FOR          TOTAL DISABILITY          w/Social Security Offset</b>	CASE NO'S.:  VICINAGE:
---	--	------------------------------

<b>PETITIONER</b>	SOCIAL SECURITY NUMBER: NAME: DATE OF BIRTH:      MEDICARE ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO ADDRESS (Including County):	<b>ATTORNEY FOR PETITIONER</b>	<input type="checkbox"/> SSN <input type="checkbox"/> FEDERAL EMPLOYER NUMBER <input type="checkbox"/> NJ REG NUMBER NAME:: ADDRESS:  TELEPHONE NUMBER (AREA CODE): APPEARING:
<b>VS</b>			
<b>RESPONDENT</b>	NAME: ADDRESS (Including County):	<b>INSURANCE CARRIER</b>	NAME : <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> TPA CLAIM NUMBER: DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE: DESCRIBE (Briefly):
<b>ATTORNEY FOR RESPONDENT</b>	NAME: ADDRESS:  TELEPHONE NUMBER (AREA CODE): APPEARING:		

<b>Weekly Wages \$</b>	<b>Rate(s) \$ / \$</b>
------------------------	------------------------

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: **DATE:** \_\_\_\_\_  
**PERMANENT:** \$ \_\_\_\_\_      **TEMP:** \$ \_\_\_\_\_

This matter having come before the COURT on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_:

- ORDER FOR JUDGMENT**  
 It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent .  
 It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as set forth below.
- ORDER APPROVING SETTLEMENT**  
 The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just;  
 It is Ordered that this settlement be approved and the petitioner be paid as set forth below.

---

**PERMANENT DISABILITY:**

**ORDER FOR  
 TOTAL DISABILITY  
 w/Social Security Offset  
 Page 2**

CASE NO'S.:

VICINAGE:

**AWARD WITHOUT SOCIAL SECURITY OFFSETS**

**TEMPORARY:** \_\_\_\_\_ Weeks at \$ \_\_\_\_\_ = \$ \_\_\_\_\_ less \$ \_\_\_\_\_ paid = Balance due \$ \_\_\_\_\_

**PERMANENT:** \_\_\_\_\_ Weeks at \$ \_\_\_\_\_ = \$ \_\_\_\_\_ less \$ \_\_\_\_\_ paid = Balance due \$ \_\_\_\_\_

Voluntary Tender     Reopener Credit

**PAYMENTS DUE FROM RESPONDENT WITH SOCIAL SECURITY 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** \$ \_\_\_\_\_

**MEDICAL BILLS (Doctors and/or Institutions):**

Petitioner is in receipt of Social Security Disability Benefits and the initial date of entitlement was \_\_\_\_\_.

Petitioner's 80% ACE is \_\_\_\_\_ and petitioner's initial entitlement was \$ \_\_\_\_\_ including \$ \_\_\_\_\_ for auxiliary beneficiaries. Therefore respondent is entitled to an offset resulting in a rate of \$ \_\_\_\_\_ until petitioner's last auxiliary graduates from high school or turns 18 years of age, whichever is later. Thereafter, until the petitioner reaches 62 years of age on \_\_\_\_\_ the offset rate shall be \$ \_\_\_\_\_.

Name of Auxiliary	Date of Birth

The first \_\_\_\_\_ weeks of permanent disability are to be paid at the full rate of \$ \_\_\_\_\_ reflecting Petitioner's share of counsel fee and costs.

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.

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION  WC-375i	<b>ORDER FOR          TOTAL DISABILITY          w/Social Security Offset          Page 3</b>	CASE NO'S.:  VICINAGE:
--	--	------------------------------

The date of Petitioner's Permanent Total disability is \_\_\_\_\_.

On \_\_\_\_\_, 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.

	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
<b>MEDICAL FEE ALLOWED:</b> <i>(expert and/or testimonial)</i>					
<b>ATTORNEY(S) FEE:</b>					
<b>STENOGRAPHIC SERVICE:</b>					
<b>MISCELLANEOUS FEES:</b> <i>(fill in below)</i>					

ORDER FOR CHILD SUPPORT    
  ADDENDUM ATTACHED

\_\_\_\_\_  
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)

