

New Jersey Department of Labor
And Workforce Development
Private Plan Compliance Section

CLAIM PETITION NUMBER

CERTIFICATION OF CONTESTED WORKERS' COMPENSATION CLAIM

(Claimant)

(Workers' Compensation Insurer)

Social Security Number

(Workers' Compensation Insurer Address)

VS.

(Workers' Compensation Insurer Telephone #)

(Employer)

(Attorney for Claimant)

(Employer Address)

(Attorney's Address)

(Attorney's Telephone Number)

AGREEMENT

In consideration of the payment of temporary disability benefits from the Private Plan insurer, _____, for a disability beginning _____, which I consider as having been attributable to my work, I do hereby agree to pursue my claim within the time specified and to obtain a determination as to eligibility under the Workers' Compensation Law. I further agree to reimburse fully the Private Plan insurer for such advances if I receive any Workers' Compensation award or settlement for such disability or if I should not pursue my claim in the time specified under the Workers' Compensation Law. If I have not yet done so, I also agree to:

1. File a Private Plan temporary disability claim. (Private Plan claim forms may be obtained from your employer or the Private Plan insurer.)
2. File an "Employee's Claim Petition" with the Division of Workers' Compensation. For information concerning this petition consult the Division of Workers' Compensation, PO Box 381, Trenton, New Jersey 08625-0381, Telephone: (609) 292-2515, or an attorney licensed to practice in New Jersey.

Date

Claimant's Signature

Claimant's Address

TO BE COMPLETED BY THE DIVISION OF TEMPORARY DISABILITY INSURANCE

To the Private Plan insurer:

This is to certify that the petitioner's claim for benefits under the Workers' Compensation Law is contested and that an "Employee's Claim Petition" has been filed. Benefits may therefore be released by you subject to the right of subrogation held by you under Section 43:21-30 of the New Jersey Temporary Disability Benefits Law.

Date

Authorized Representative, Div. Temporary Disability Insurance

New Jersey Department of Labor & Workforce Development
Division of Temporary Disability Insurance
Private Plan Compliance Section
PO Box 957
Trenton, NJ 08625-0957
Telephone (609) 292-2715
FAX (609) 292-2537

EXPLANATION OF CONTESTED WORKERS' COMPENSATION CLAIMS

If your disability is work-related, but your workers' compensation claim is contested and you are not receiving workers' compensation benefits, you may apply for non work-related Private Plan temporary disability benefits. You must take the following actions:

- You should obtain an attorney to pursue your workers' compensation claim. Your attorney must file the appropriate forms, such as the Employee's Claim Petition, with the New Jersey Division of Workers' Compensation (see address on front of this form).
- You must complete this Form DP-221, Certification of Contested Workers' Compensation Claim (see instructions below).
- You must submit a temporary disability claim to your employer's Private Plan temporary disability insurer, who must determine whether you are eligible for benefits under the New Jersey Temporary Disability Benefits Law and the employer's Private Plan.

Please note that you must take all of the above three actions in order to receive temporary disability benefits.

After receiving your completed Form DP-221 and verifying that the case is contested, the Private Plan Compliance Section will notify the Private Plan temporary disability insurer that benefits must be paid to you. After benefits are paid, that insurer may file a lien so that they can be reimbursed when workers' compensation benefits are later awarded to you.

If your disability is not work-related, Form DP-221 cannot be used. If this is your situation, contact the Private Plan Compliance Section at the above address so that we can determine what action is needed on your claim.

INSTRUCTIONS FOR COMPLETING FORM DP-221

All information must be supplied.

In the section entitled "Agreement", on the first line enter the name of the Private Plan insurer who will be paying temporary disability benefits to you (do not enter the name of the workers' compensation insurer). In the "Agreement" on the second line enter the date your workers' compensation disability started (do not enter the date your workers' compensation payments ended).

This completed Form DP-221 should be returned to the Division of Temporary Disability Insurance, Private Plan Compliance Section, PO Box 957, Trenton, NJ 08625-0957.