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## INSTRUCTIONS FOR COMPLETING FORM DP-1 for New Jersey Temporary Disability Benefits (TDB)

– For Simple January or April migration from the State to Private Carrier –

**Note: DP-1 form MUST be printed on legal size paper.**

Upper Right-hand Corner	Enter the New Jersey Employer Identification No. (FEIN)
1.	<ul style="list-style-type: none"> <li>○ Check <b>Approval</b> box an insured Private Plan.</li> <li>○ Enter the <b>Effective</b> date for the proposed Private Plan</li> <li>○ Enter the name, telephone number and address of the employer, exactly as registered with the Department of Labor and Workforce Development</li> </ul>
2.	Leave blank
3.	Enter the name, title, telephone number and address of the duly authorized representative of the employer
4.	Check <b>Box A</b> and enter the total number of NJ employees
5.	Check <b>Box A</b> (0.50% of taxable wages)
6.	<ul style="list-style-type: none"> <li>(a) Enter date of the election (when employees signed consent form)</li> <li>(b) Enter the total number of employees on the last day of the election</li> <li>(c) Enter the total number of employees who elected to move to a Private Carrier</li> </ul>
7.	<ul style="list-style-type: none"> <li>(a) Check <b>Statutory</b> (under Weekly Rate)</li> <li>(b) Check <b>All provided by NJSA</b> (under Limitations)</li> <li>(c) Check <b>YES</b> (under Eligibility Requirement) <b>note: For Hartford check NO</b></li> <li>(d) Check <b>The lesser of</b> (under Duration of Benefits) <b>note: For Hartford &amp; Standard Life check 2 (26 weeks)</b></li> <li>(e) Check <b>On the eighth day</b> (under When Benefits commence)</li> </ul>
8.	<ul style="list-style-type: none"> <li>○ Signature</li> <li>○ Date of person signing</li> <li>○ Title of person signing</li> <li>○ Print name of person signing</li> </ul>
Note about SIGNATURE	Signature must be signed by: <ul style="list-style-type: none"> <li>○ Owner, if the employer is an individual</li> <li>○ Duly authorized person, if the employer is an organization</li> <li>○ Partner, if the employer is a partnership</li> <li>○ President, vice-president, secretary, or treasurer, if the employer is a corporation</li> </ul>

**IMPORTANT:** The original completed and signed DP-1 must be mailed to TotalBen, together with the original signed employee consent form(s).