

CLAIMANT RIGHTS AND RESPONSIBILITIES

RULES FOR FILING A CLAIM AND APPEAL RIGHTS

1. It is **your** responsibility to file this claim form promptly **after** you stop working due to your disability. Filing your claim before your last day of work will delay its processing. The law requires that claims must be filed within 30 days of the beginning of the disability. **Benefits may be denied or reduced if the claim is filed late.** If your claim is filed beyond the thirty day period, please attach a statement giving your reasons for the late filing.
2. If you disagree with a determination on your claim and wish to appeal, you must do so in writing within ten days from the date the decision was mailed. You do not need a lawyer at the appeal hearing.

CLAIMANT RESPONSIBILITIES:

1. Your signature certifies that you understand any misrepresentation of fact or failure to disclose a material fact may be punishable under the law. This includes any changes to the Medical Certificate or the Employer's Statement made by you without authorization by your physician or your employer.
2. If you receive a request for continued medical certification, you must have your physician complete and sign the form. You should return it promptly.
3. When you recover or return to work, you should report this date immediately to the Division of Temporary Disability Insurance.
4. If you are requesting voluntary Federal Income Tax (F.I.T.) deductions to be withheld from your disability benefits, attach Form W-4S (Request for Federal Income Tax Withholding From Sick Pay) to your claim. Forms should be obtained from your employer or the Internal Revenue Service.
5. If your mailing address changes, you must notify the Division of Temporary Disability Insurance, PO Box 387, Trenton, NJ 08625-0387 immediately in writing. Notification must include your Social Security Number and signature. Disability checks cannot be forwarded by the Post Office.

CLAIM ASSISTANCE:

If you require any assistance with your claim, call:

- **Customer Service Section (609) 292-7060.**
- **Telecommunication Device for the Deaf (TDD) (609) 292-8319**
- **New Jersey Relay Service: TT user 1-800-852-7899
Voice User: 1-800-852-7897**

Division of Temporary Disability Insurance FAX number: (609) 984-4138

NOTE: If your disability is expected to last for one year or longer, you may be eligible for Federal Social Security Disability Benefits.

Toll Free number for Social Security: 1-800-772-1213.