

**INSTRUCTIONS FOR COMPLETING FORM DP-1**

**New Insured Private Plan for New Jersey Temporary Disability Benefits (TDB) with NBL**

Upper Right: Enter the Employer Identification Number (FEIN) assigned by the Division of UI/DI Financing.

- Item 1. Check **Approval** for an employer leaving the State Plan to go with NBL. Check **Modification** for an employer already with a carrier, switching coverage to NBL. Enter the date on which the proposed Private Plan or modification is to be effective. Also enter the name and address of the employer, exactly as registered with the Department of Labor and Workforce Development.
- Item 2. If other than the employer, enter the name and address of the individual or organization that will hold the insurance contract covering the disability benefits provided by NBL.
- Item 3. Enter the name and address of the individual representing the employer to whom the Division should direct all notices, orders, and communications.
- Item 4(a). If all employees of the employer covered under the New Jersey Temporary Disability Benefits Law are to be covered by the Private Plan, type an X and enter the number of employees.
- Item 4(b). If some employees covered the New Jersey Temporary Disability Benefits Law are to be excluded from the Private Plan, type an X, describe the classes covered, and complete form DP-1A, Statement of Exclusions Under Proposed Private Plan.
- Item 5(a). Type an X if contribution rate and taxable wage base are statutory.
- Item 5(c). If the plan is non-contributory, type an X and indicate the method of notification by typing an X in the appropriate choice.

NOTE: *No employee shall be required to contribute a greater amount to the cost of a Private Plan than the amount of worker contribution to the State Disability Benefits Fund for covered individuals under the State Plan.*

- Item 6(a). Enter the date of election.
- Item 6(b). Enter the number of employees on the date of the election or if the election took more than one day, the number of eligible employees on the last day.
- Item 6(c). Enter the # of employees out of the total shown in Item 6(b), who have consented to this Private Plan.

**For Statutory Coverage:**

- Item 7(a). Under Weekly Rate, type an X in the box **Statutory**.
- Item 7(b). Type an X in the box "**All limitations provided by the NJSA 43:21-39**".
- Item 7(c). Type an X in the box **Yes**.
- Item 7(d). Type an X in box **(1)** – The lesser of 26 times the weekly benefit amount or 1/3 total wages in base year.
- Item 7(e). Type an X in box **(1)** – On the eighth day with respect to either accident or sickness.

**Print form on legal size paper. Proceed to next step.**

- Item 8. EMPLOYER'S SIGNATURE. The DP-1 must be signed by (1) the owner, if the employer is an individual; (2) a duly authorized official, if the employer is an organization; (3) a partner, if the employer is a partnership; or (4) the president, vice-president, secretary, or treasurer, if the employer is a corporation.

**IMPORTANT:** The original completed and signed copy of this form must be mailed to NBL, accompanied by the employee notice/consent and completed NBL application – TDB-AP1.