

Original

TO BE SUBMITTED TO THE
DIVISION OF
TEMPORARY DISABILITY INSURANCE
PO BOX 957
TRENTON, NJ 08625-0957

DP1-A (R-6-04)
STATE OF NEW JERSEY
DEPARTMENT OF LABOR
AND WORKFORCE DEVELOPMENT
DIVISION OF TEMPORARY
DISABILITY INSURANCE
**STATEMENT OF EXCLUSIONS
UNDER PROPOSED PRIVATE PLAN**

Employer Identification No.

Private Plan No.

(To be submitted only when some employees are to be excluded from this Private Plan)

1. _____
(Employer's Name – exactly as registered with the Department of Labor and Workforce Development)
2. The total number of New Jersey employees is _____ as of _____.
3. The following classes of employees are to be excluded from coverage under this Private Plan:
Describe each class specifically; indicate whether the employees in each of the excluded classes are covered under the State Plan or another approved Private Plan. If another approved Private Plan will provided coverage, indicate the plan number.)

<u>CLASS</u>	<u>STATE PLAN OR PRIVATE PLAN COVERAGE</u>	<u>NUMBER OF EMPLOYEES</u>

IF MORE CLASSES ARE TO BE LISTED, ATTACH SEPARATE SHEET

NOTE: ITEMS ON REVERSE MUST ALSO BE COMPLETED

4. (a) Number of New Jersey employees covered by this Private Plan _____
- (b) Number of New Jersey employees covered by the State Plan _____
- (c) Number of New Jersey employees covered by other Private Plans _____
- (d) Regular wages of lowest paid employee to be covered by this Private Plan \$_____ per **week**
- (e) Regular wages of highest paid employee to be covered by the State Plan \$_____ per **week**

<p>5.</p> <p>_____</p> <p>_____ <i>(Signature of Owner, Partner or Corporate Officer: Pres., V.P., Secy., Treas.)</i></p> <p>_____ <i>(Date)</i></p>	<p>6. Complete this box if this Form DP-1A is being submitted in connection with Form DP-3</p> <p>_____</p> <p>Copy received and content noted:</p> <p>Signed: _____ <i>(Authorized Representative)</i></p> <p>_____ <i>(Date)</i> _____ <i>(Title)</i></p>
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7.

(Name of Insurer, Organization, Fund or Foundation paying benefits provided by the Plan.)

Copy received and content noted:

Signed: _____
(Authorized Representative)

(Title)

(Date)