



# Filing Your Employer Statement for Family Leave Benefits

Your Guide to the Online Application Process

# Instructions from your Employee

- ▶ If your employee is filing online for their family leave benefits, they will have been able to print out an instruction sheet to aid you in filing your statement.
- ▶ You will need
  - ▶ Item 2 – Social Security Number
  - ▶ Item 4 – Online Form ID

Verify that your business name appears in Item 6.



STATE OF NEW JERSEY  
Division of Temporary Disability Insurance

## ONLINE FILING INSTRUCTIONS FOR FAMILY LEAVE INSURANCE EMPLOYER STATEMENT

The Employer Statement E01 - FLI will no longer be accepted by mail or fax. All employers must use the State of New Jersey's online Temporary Disability application to submit their employee's information online. Instructions to provide your employer statement online are included below.

### Instructions:

1. Go to [www.nj.gov/labor/EmployerApplicationFLI](http://www.nj.gov/labor/EmployerApplicationFLI)(case sensitive)
2. Click Complete Employer Statement (E01- FLI) online.
3. Click SUPPLY EMPLOYER'S STATEMENT.
4. Enter the Online Form ID.
5. Enter the Social Security number of your employee filing for family leave insurance benefits.
6. Complete all information until you receive your Confirmation Number.

### Employee Information:

1. Claimant's Name	2. Social Security Num.	
3. First Day of Family Leave	4. Online Form ID	5. Online Form Date
6. Employer's Name		

### Features:

- Submit your employee's information securely.
- Automatically saves the information each time you click continue.
- Allows you or another person in your office up to 14 days from when you started the application to continue and submit the information.
- Sends an immediate confirmation email with a copy of the information you submitted for your records.



## APPLICATION FOR STATE FAMILY LEAVE INSURANCE BENEFITS

### EMPLOYER STATEMENT

Welcome to the New Jersey Family Leave Insurance web application. This application allows employers to file the documentation necessary to process their employee's New Jersey Family Leave Insurance benefits claim. Please read the following information before proceeding.

- In order to file the Employer Statement for your employee's most recent period of family leave you will need their online form ID. This number can be found on the Employer Statement online filing instructions Block 4 or your employee can provide you with the online form ID. This online form ID cannot be obtained in any other manner.
- You will need approximately 15 minutes to complete this statement. If you exit the statement before you select the "Submit Employer Statement" button or if your computer is idle longer than 30 minutes, the application will automatically close.
- **Read all questions carefully!**
- The information you provide will be used to determine your employee's right to benefits. Review the Employer Statement summary before you submit the employment documentation to ensure that all information you have provided is correct. Incorrect information could result in a delay in processing your employee's claim. Record the Confirmation Number or print the confirmation page after you submit the employment documentation. This number is proof that you successfully submitted the Employer Statement.
- Questions noted by an asterisk (\*) are required and must be answered. You will not be allowed to proceed until that question has a response.
- If you require any assistance in filing the employment documentation, please call our Customer Service Section at (609) 292-7060.

Precautions are taken to keep the information you provided in this application private and secure. The online application uses a secure connection and the data submitted is encrypted. Using a shared computer to complete this application may enable others to view the employer statement.

[SUPPLY EMPLOYER'S STATEMENT](#)

## Find the application

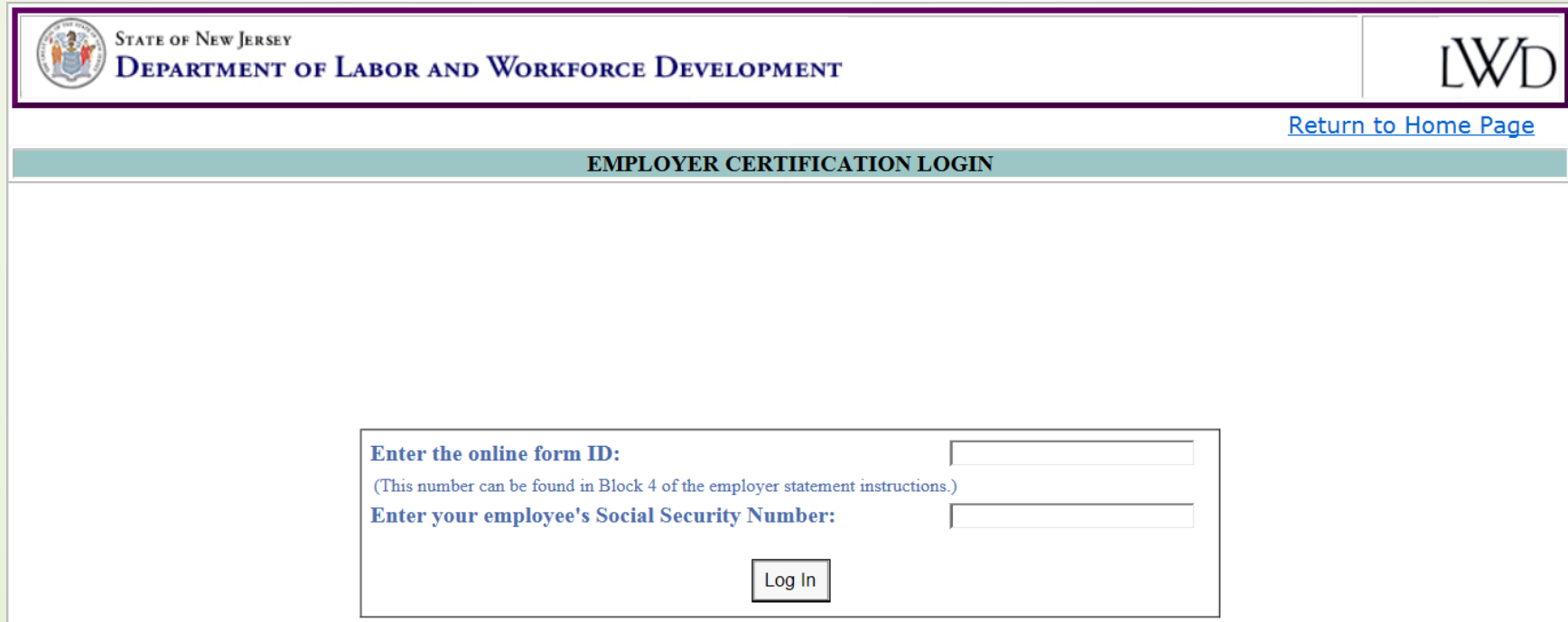
From your web browser – enter the address [www.nj.gov/labor/EmployerApplicationFLI](http://www.nj.gov/labor/EmployerApplicationFLI)

You should see a screen like this. Click [SUPPLY EMPLOYER'S STATEMENT](#) to begin the process.

# LOGIN

➤ In this screen enter:

- Online Form ID from the instruction sheet and
- your employee's Social Security Number



The screenshot shows the login interface for the State of New Jersey Department of Labor and Workforce Development. At the top left is the state seal and the text "STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT". At the top right is the "LWD" logo and a link "Return to Home Page". A teal banner in the middle reads "EMPLOYER CERTIFICATION LOGIN". The main content area contains a form with two input fields: "Enter the online form ID:" and "Enter your employee's Social Security Number:". A "Log In" button is positioned below the second field. A note in parentheses states: "(This number can be found in Block 4 of the employer statement instructions.)"

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[Return to Home Page](#)

EMPLOYER CERTIFICATION LOGIN

**Enter the online form ID:**

(This number can be found in Block 4 of the employer statement instructions.)

**Enter your employee's Social Security Number:**

Log In



# The Online Form ID:

The **Online Form ID is unique** to a particular employee, a particular first day of family leave, and a particular employer. The ID number is **not interchangeable** for any other claim except the one which generated the number.

**If you make a mistake entering the Form ID, this message will appear:**

The online form ID you have entered does not match our records. Please verify and re-enter the online form ID.

**If you fail to enter the correct Online Form ID 3 times you will have to request a paper application to complete.** You will receive a message:

The Information you have entered does not match our records. If you require additional information please contact our Customer Service Section at (609) 292-7060.



# Verify you made a correct entry:

- ▶ You should see a screen identifying your employee.
- ▶ Confirm you have the correct person before proceeding

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Employer Information Confirmation [Help](#) [Logout](#)

EMPLOYER CERTIFICATION

Claim Validation Employer Identification Work Location Leave Information Last Day Worked/Return to Work Other Benefits and Work Schedule PTO and Pension

Educational Institution Wages Employer Verification

**Claimant Information**

Name:  
user M 1224

First Day of Family Leave: 03/03/2017

Base Year: 02/28/2016 to 02/25/2017

\* 1. Is this the employee listed on Form E01 that you want to report information for?  Yes  No

Next, confirm or enter your **Employer Identification Number** and click submit.

If you enter it incorrectly you may see the following message:

The New Jersey Dept. of Labor and Workforce Development has no record of the Employer Identification Number submitted. Please enter your Employer Identification Number again.

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Employer Information Confirmation Help Logout

EMPLOYER CERTIFICATION

Claim Validation Employer Identification Work Location Leave Information Last Day Worked/Return to Work Other Benefits and Work Schedule PTO and Pension  
Educational Institution Wages Employer Verification

**Employer Identification**  
Employer Identification Number: 421-5000

\* 1. Is the Employer Identification Number listed above correct?  Yes  No

\* 2. Our records indicate that this address is to be used for Family Leave Insurance. Is this address correct?  Yes  No

**Employer Details**

Name of the Employer

Address

City

State

Zip Code  -

**Family Leave Insurance Coverage**

\* 3. Our records indicate that you have a STATE PLAN for family leave insurance. Is this correct?  Yes  No

Confirm or enter your identifying information, then proceed through the tabs to enter details about your employee's employment with you.

When you complete all the necessary information, you will be presented with a summary sheet. You can:

- **EDIT/Review** – To correct any mistakes
- **Verify Later** – If you want someone else to review the information before submission
- **Verify Now** – To certify and submit the form

**Entitlement Reduction/Paid Time Off/Pension**

Reduction of Family Benefits: **No**

Paid Time Off: **No**

Pension: **No**

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**Wages**

No. of Base Weeks: **52**      Base Year Wages: **\$52,000.00**

Ten Weeks Wages:

02/25/2017 : \$ 1,000.00	01/21/2017 : \$ 1,000.00
02/18/2017 : \$ 1,000.00	01/14/2017 : \$ 1,000.00
02/11/2017 : \$ 1,000.00	01/07/2017 : \$ 1,000.00
02/04/2017 : \$ 1,000.00	12/31/2016 : \$ 1,000.00
01/28/2017 : \$ 1,000.00	12/24/2016 : \$ 1,000.00

Regular Weekly Wage: \$ **1,000.00**      Hourly Rate: \$ **25.00**



# EDIT/Review Selection:

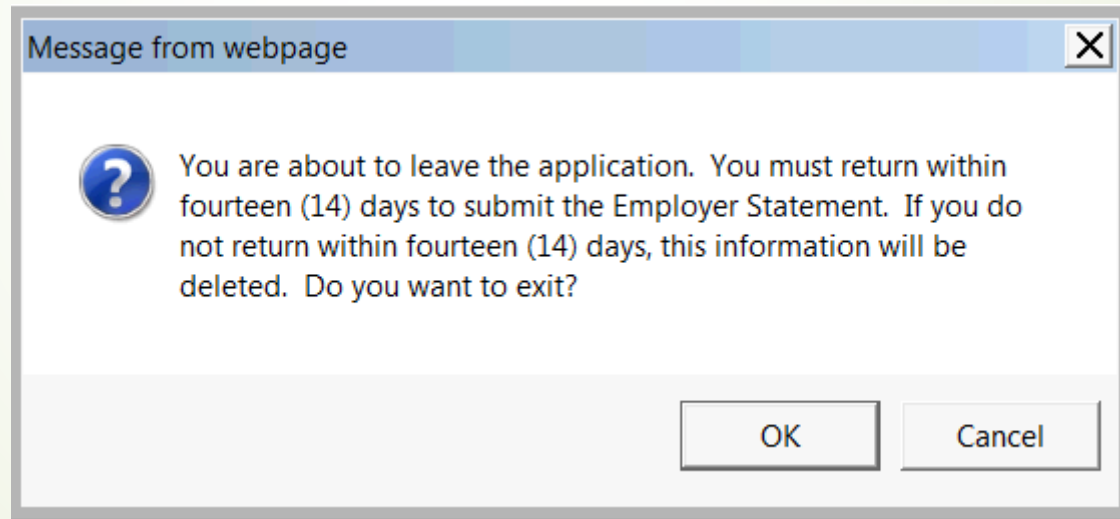
- >Returns you to the Employer Identification tab, which cannot be changed. You must select "Continue" and proceed through the remaining tabs to make any corrections.

The screenshot shows the 'EMPLOYER CERTIFICATION' form for the State of New Jersey Department of Labor and Workforce Development. The form is divided into several sections:

- Header:** Includes the state logo, 'STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT', and the 'LWD' logo. Navigation links for 'Employer Information', 'Confirmation', 'Help', and 'Logout' are present.
- Navigation Tabs:** A row of tabs includes 'Claim Validation', 'Employer Identification' (which is highlighted), 'Work Location', 'Leave Information', 'Last Day Worked/Return to Work', 'Other Benefits and Work Schedule', and 'PTO and Pension'. Below this, there are sub-tabs for 'Educational Institution', 'Wages', and 'Employer Verification'.
- Employer Identification Section:** Contains the text 'Employer Identification Number: 42[REDACTED]000'. It includes two questions:
  - \* 1. Is the Employer Identification Number listed above correct?  Yes  No
  - \* 2. Our records indicate that this address is to be used for Family Leave Insurance. Is this address correct?  Yes  No
- Employer Details Section:** Contains input fields for:
  - Name of the Employer
  - Address (multiple lines)
  - City
  - State (dropdown menu showing 'NJ')
  - Zip Code (input field showing '08854 - 0000')
- Family Leave Insurance Coverage Section:** Contains one question:
  - \* 3. Our records indicate that you have a STATE PLAN for family leave insurance. Is this correct?  Yes  No
- Buttons:** A 'Continue' button is located at the bottom center of the form.

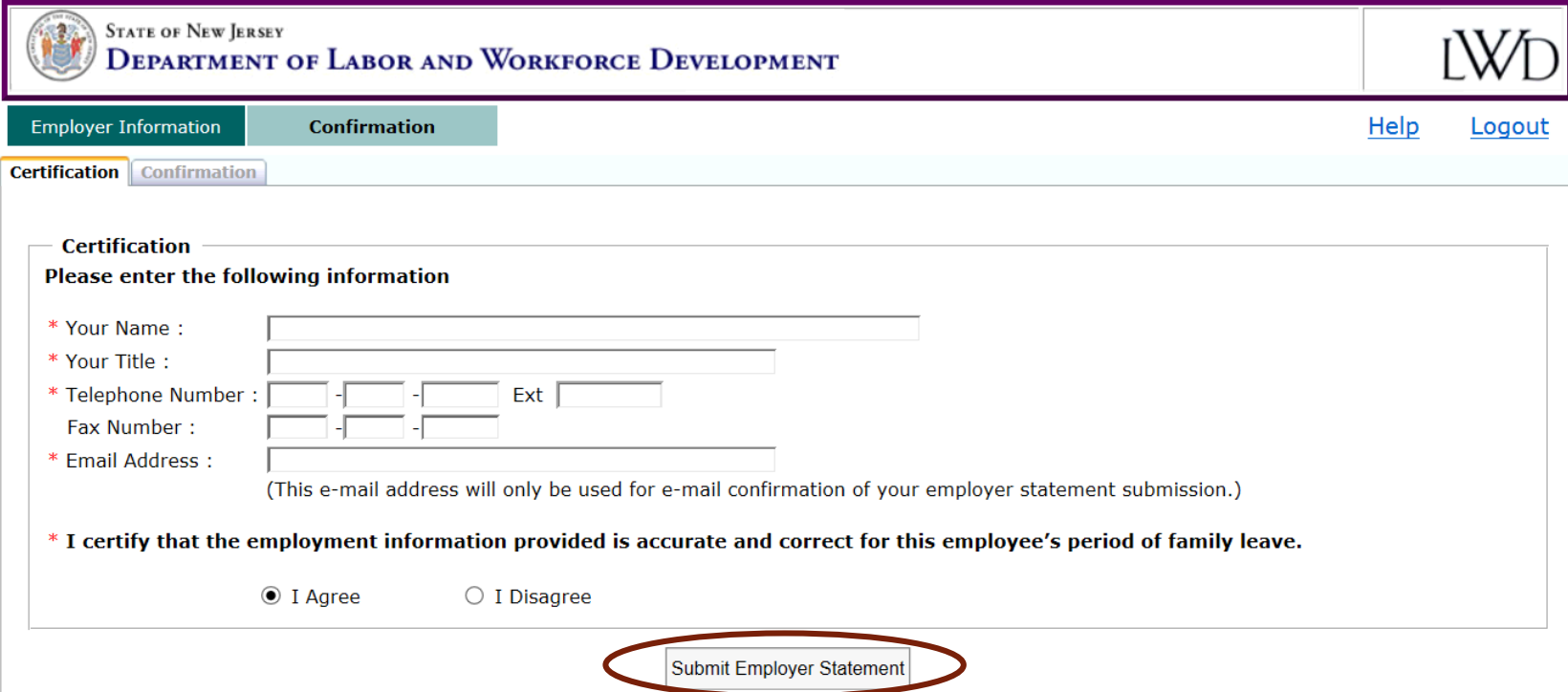
# Verify Later Selection:

- ▶ If you make this selection, you will leave the application. You will have to return to [www.nj.gov/labor/EmployerApplicationFLI](http://www.nj.gov/labor/EmployerApplicationFLI) with your Online Form ID and Employee's Social Security Number to verify the information and submit the employer's statement.



# Verify Now Selection:

- Enter your name and title as a representative of the business. You will have to select that you want to certify the information you have provided.



The screenshot shows the State of New Jersey Department of Labor and Workforce Development (LWD) website. The page is titled "Verify Now Selection" and is part of the "Confirmation" section. The form requires the user to enter their name, title, telephone number, fax number, and email address. A checkbox is provided for the user to certify that the information is accurate and correct for the employee's period of family leave. The "Submit Employer Statement" button is circled in red.

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Employer Information Confirmation Help Logout

Certification Confirmation

**Certification**  
Please enter the following information

\* Your Name :

\* Your Title :

\* Telephone Number :  -  -  Ext

Fax Number :  -  -

\* Email Address :   
(This e-mail address will only be used for e-mail confirmation of your employer statement submission.)

\* I certify that the employment information provided is accurate and correct for this employee's period of family leave.

I Agree  I Disagree

Submit Employer Statement

- Click **Submit Employer Statement**

# Confirmation Page

- ▶ **You have submitted your employer statement.** A summary of the information you submitted will be sent to your email address. You can also print out a summary from this page.

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DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

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Employer Information Confirmation Help Logout

Certification Confirmation

**Confirmation**

**IMPORTANT INFORMATION AND REMINDERS**

You have successfully submitted the Employer's Statement for your employee. A copy of this notice will also be sent to your e-mail address if provided. Please make a note of your confirmation number listed below:

**Your Confirmation Number: 4625**

For information regarding this submission, please contact the Division of Temporary Disability Insurance at:

**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**

For additional information about the Family Leave Insurance Benefits Program, visit our website at:  
<http://lwd.state.nj.us/labor/fli/fliindex.html>

Print Summary Close the Application