




Filing Your Employer Statement

Your Guide to the Online Application Process

Instructions from your Employee

- ▶ If your employee is filing online for their temporary disability 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 TEMPORARY DISABILITY
INSURANCE EMPLOYER STATEMENT**

The Employer Statement E01 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/EmployerApplicationTDI (case sensitive)
2. Click Complete Employer Statement (E01) online.
3. Click SUPPLY EMPLOYER'S STATEMENT.
4. Enter the Online Form ID.
5. Enter the Social Security number of your employee filing for temporary disability benefits.
6. Complete all information until you receive your Confirmation Number.

Employee Information:

1. Claimant's Name	2. Social Security Num.	
3. Date Disability Began	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 TEMPORARY DISABILITY BENEFITS

EMPLOYER STATEMENT

Welcome to the New Jersey Temporary Disability Insurance web application. This application allows employers to file the documentation necessary to process their employee's New Jersey Temporary Disability 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 temporary disability 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.
- **Be sure to read all questions carefully!**
- This information will be used to determine your employee's right to benefits. Be sure to 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. We suggest that you record the Confirmation Number or print the confirmation page after you submit the employment documentation. The Confirmation Number is proof that you 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 provide in this application private and secure. The on line application is using a secure connection. Data submitted using this application is encrypted. You should be aware that using a shared computer may enable others to view the employment certification.

[SUPPLY EMPLOYER'S STATEMENT](#)

Find the application


From your web browser – enter the address www.nj.gov/labor/EmployerApplicationTDI

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

	STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT	LWD
Return to Home Page		
EMPLOYER 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:		<input type="text"/>
<input type="button" value="Log In"/>		

The Online Form ID:

The **Online Form ID is unique** to a particular employee, a particular first day of disability, 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.

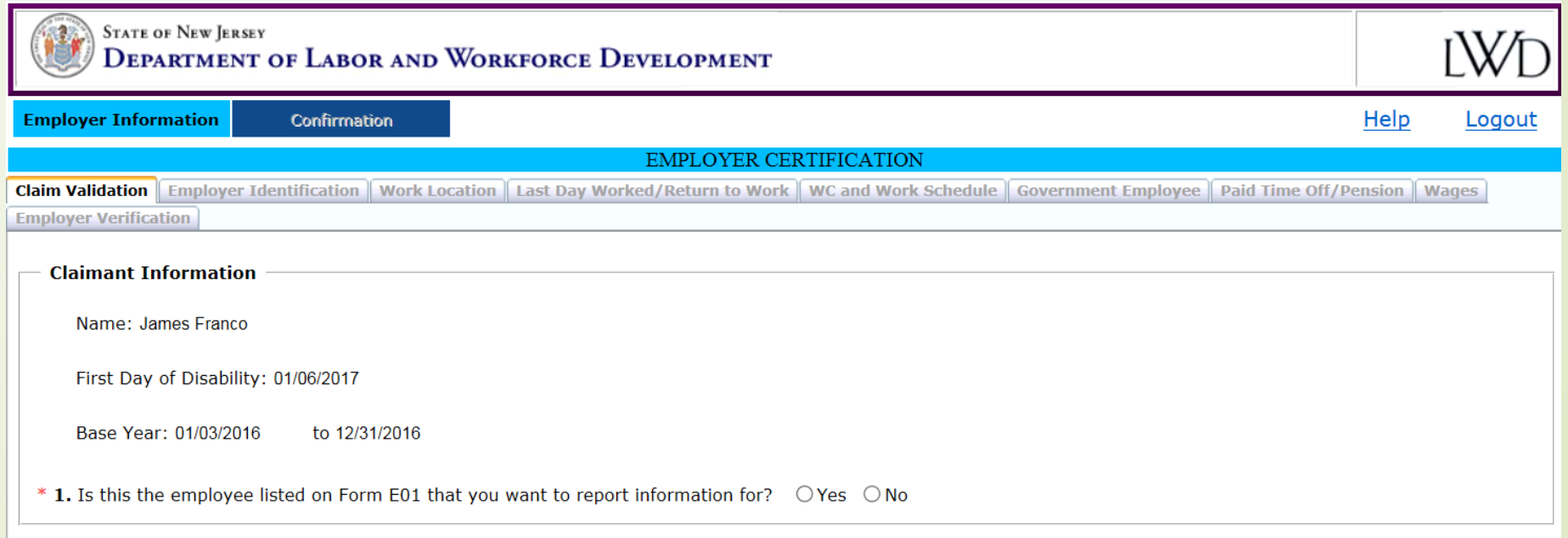
If you fail to enter the correct Online Form ID 3 times you will have to request a paper application to complete. You will receive a message:

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.



The screenshot displays the State of New Jersey Department of Labor and Workforce Development (LWD) website. The header includes the state seal and the text "STATE OF NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT" on the left, and the "LWD" logo on the right. Below the header, there are navigation tabs for "Employer Information" and "Confirmation", with "Confirmation" being the active tab. To the right of these tabs are links for "Help" and "Logout". A blue banner across the page reads "EMPLOYER CERTIFICATION". Below this banner is a series of sub-tabs: "Claim Validation", "Employer Identification", "Work Location", "Last Day Worked/Return to Work", "WC and Work Schedule", "Government Employee", "Paid Time Off/Pension", and "Wages". The "Employer Verification" sub-tab is currently selected. The main content area is titled "Claimant Information" and displays the following details: Name: James Franco; First Day of Disability: 01/06/2017; Base Year: 01/03/2016 to 12/31/2016. At the bottom of the form, there is a question: "* 1. Is this the employee listed on Form E01 that you want to report information for?" with radio button options for "Yes" and "No".

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

LWD

Employer Information Confirmation Help Logout

EMPLOYER CERTIFICATION

Claim Validation Employer Identification Work Location Last Day Worked/Return to Work WC and Work Schedule Government Employee Paid Time Off/Pension Wages

Employer Verification

Claimant Information

Name: James Franco

First Day of Disability: 01/06/2017

Base Year: 01/03/2016 to 12/31/2016

* 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.

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

LWD

Employer Information Confirmation Help Logout

EMPLOYER CERTIFICATION

Claim Validation Employer Identification Work Location Last Day Worked/Return to Work WC and Work Schedule Government Employee Paid Time Off/Pension Wages

Employer Verification

Employer Identification

* 1. What is your Employer Identification Number? (This is your NJ FID. Do not include any symbols. e.g 123456789000)

2. This information was provided by your employee during the claim filing process. If the company name and/or address shown below is not correct, click

Employer Details

* Name of the Company

* Address

* City

* State

* Zip Code -

Disability Insurance Coverage

* 3. Select the disability insurance coverage:

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

Employee's Work Location: 435 old street
city, NJ 08787-8975

Work Schedule: Monday: 8 hrs. Tuesday: 8 hrs. Wednesday: 8 hrs. Thursday: 8 hrs. Friday: 8 hrs. Saturday: 8 hrs.

Last Day Worked: 01/04/2017 Separation Permanent: No Reason for Separation: Illness/Injury

Intermittent Work: No

Return to Work: No

Worked Related Illness/Injury: No Policy Number: Claim Number:

Paid Time Off/Pension

Paid Time Off: No

Pension: No

Wages

No. of Base Weeks: 60 Base Year Wages: \$ 60,000.00

Last Ten Weeks Wages:

12/31/2016 : \$ 1,000.00	11/26/2016 : \$ 1,000.00
12/24/2016 : \$ 1,000.00	11/19/2016 : \$ 1,000.00
12/17/2016 : \$ 1,000.00	11/12/2016 : \$ 1,000.00
12/10/2016 : \$ 1,000.00	11/05/2016 : \$ 1,000.00
12/03/2016 : \$ 1,000.00	10/29/2016 : \$ 1,000.00

Regular Weekly Wage: \$ 1,000.00 Hourly Rate: \$ 100.00

FICA Exempt: No

Buttons: Edit/Review Verify Later Verify Now

Edit/Review

Verify Later

Verify Now

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.

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

LWD

Employer Information Confirmation Help Logout

EMPLOYER CERTIFICATION

Claim Validation **Employer Identification** Work Location Last Day Worked/Return to Work WC and Work Schedule Government Employee Paid Time Off/Pension Wages

Employer Verification

Employer Identification

Employer Identification Number: 013306779400

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

2. This information was provided by your employee during the claim filing process. If the company name and/or address shown below is not correct, click [EDIT](#)

Employer Details

* Name of the Company abc company

* Address 123 main st

* City city

* State NJ

* Zip Code 08888 -

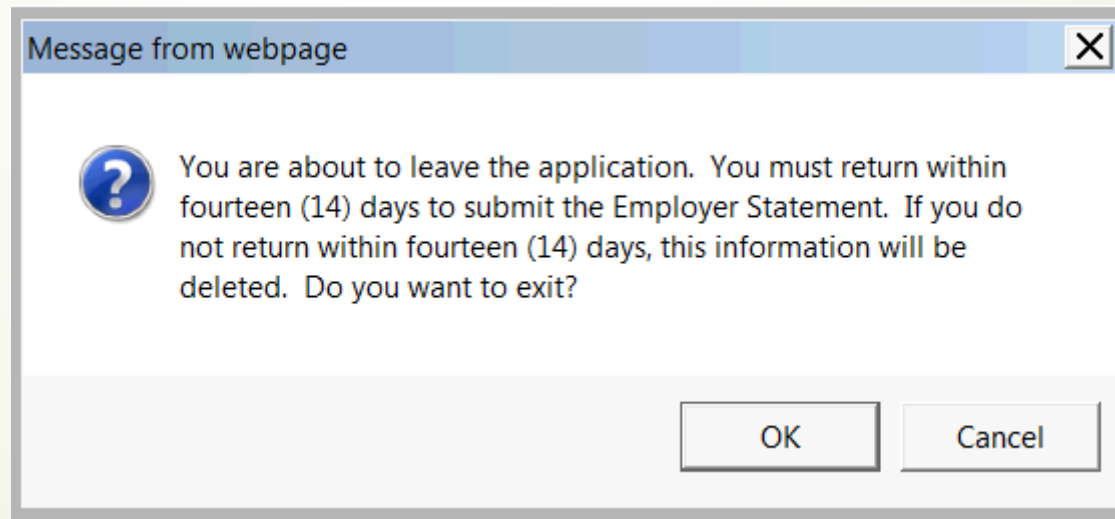
Disability Insurance Coverage

* 3. Select the disability insurance coverage: STATE PLAN

Continue

Verify Later Selection:

- ▶ If you make this selection, you will leave the application. You will have to return to www.nj.gov/labor/EmployerApplicationTDI 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.

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

LWD

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 disability.

I Agree I Disagree

- 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.

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

LWD

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: 4527

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 Temporary Disability Benefits Program, visit our website at:
www.nj.gov/labor

Print Summary Close the Application