

State of New Jersey
Department of Labor and Workforce Development
DIVISION OF WORKERS' COMPENSATION

WC-377i (r.08-14-09)

**ADDENDUM TO
ORDER FOR
TOTAL DISABILITY**

CASE NO'S.:

VICINAGE:

Case Name:

Petitioner's Social Security Number:

Petitioner is in receipt of a government ordinary disability retirement pension. The date of retirement was _____. The initial retirement benefit was \$ _____ per month. The pension portion of the retirement benefit was \$ _____ per month. The annuity portion of the retirement benefit was \$ _____ per month. The respondent and/or the Second Injury Fund is/are entitled to an offset for this benefit. Based upon the last compensable injury and the reasons for the ordinary disability retirement, the offset shall be _____% of the pension portion of the retirement benefit, or \$ _____ per week resulting in a weekly rate of \$ _____.

Other:

DATE

JUDGE OF COMPENSATION

**WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS
ORDER AND ACKNOWLEDGE RECEIPT OF COPY:**

PETITIONER'S ATTORNEY

RESPONDENT'S ATTORNEY

PETITIONER (where applicable)

DEPUTY ATTORNEY GENERAL