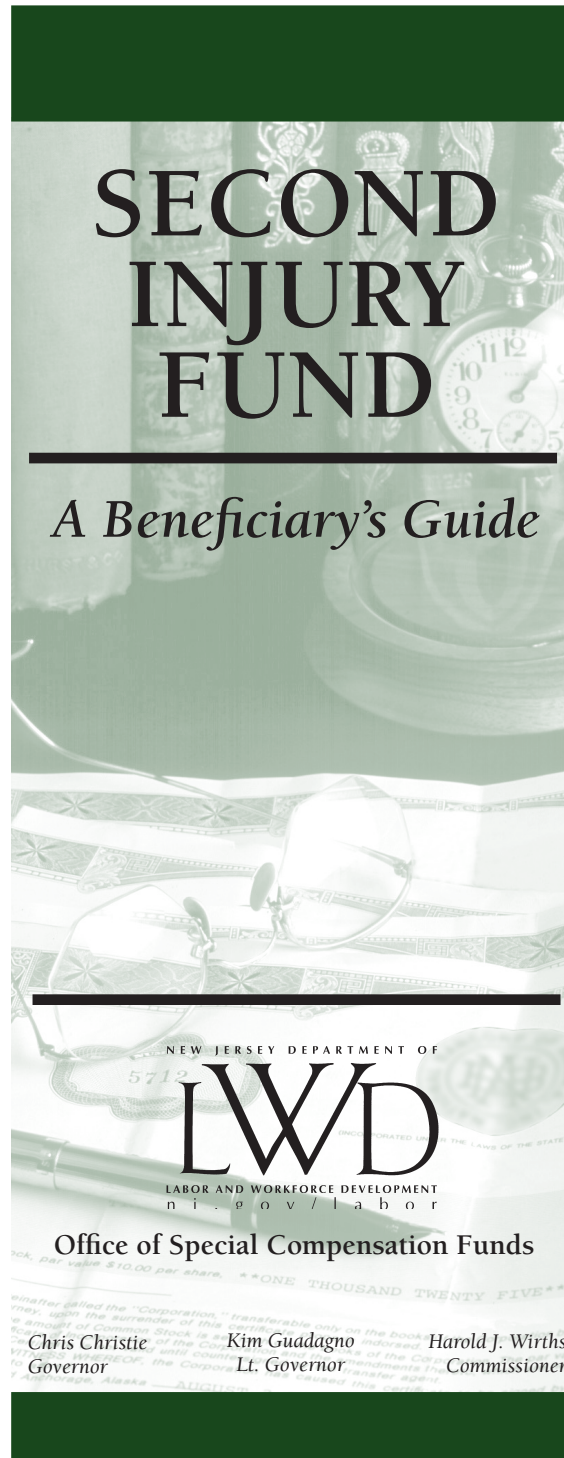


For information on your ongoing Fund benefit payments or to advise us of changes in your status, please contact:

New Jersey Department of Labor and Workforce Development
Office of Special Compensation Funds
P.O. Box 399
Trenton, New Jersey 08625-0399

Telephone: (609) 292-2606
Fax: (609) 633-7783
E-mail: oscf@dol.state.nj.us

New Jersey Department of Labor and Workforce Development is an equal opportunity employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities.



BACKGROUND

The Second Injury Fund was created in 1923 to make benefit payments to totally and permanently disabled workers in cases where the cause of disability was subsequent to a prior disability rendering the worker permanently and partially disabled.

The concept behind the Fund is to encourage employers to hire disabled workers by limiting, in the case of further injury, their liability for compensation payments to amounts applicable to the latest injury. The Fund assumes liability for any remaining continuing benefits.

AWARD OF BENEFITS

At the conclusion of your hearings, when Fund benefits are awarded, the Judge of Compensation signs an Order for Total Disability with Second Injury Fund. A copy of these documents should be given to you by your attorney. Put these papers in a safe place in case you need them in the future.

Payments from the Fund commence at the conclusion of payments by the employer or the employer's insurance carrier and continue until the death of the worker, as long as the worker remains totally and permanently disabled. The commencement date of Fund benefits is found on the last page of the Decision of Eligibility.

BEFORE FUND BENEFITS BEGIN

Before receiving Fund benefits, while you are receiving benefits from your employer or your employer's insurance carrier, you must advise this office of any changes in your address or telephone number. Notice of changes of address or telephone number must be in writing and contain your Social Security number and your signature.

One or two months prior to your scheduled date to begin receiving benefits, you will receive a letter (regular and certified mail) along with an Initial Certification. You must answer all the questions on the form and return the form along with a clear, recent (no older than six months) photo of yourself. Please note that your signature must be notarized and all materials must be returned to the Office of Special Compensation Funds in the supplied pre-addressed envelope. Failure to do so will result in the delay of your benefits.

CERTIFICATION OF DISABILITY

Six months before the end of the first 450 weeks of permanent and total disability, your case will be referred to the New Jersey Division of Vocational Rehabilitation Services. They will send you a form, which you must complete and return with a doctor's certification that you remain 100% totally and permanently disabled and cannot work. Failure to comply with this certification will result in your Fund benefits being withheld until such time as you have complied.

FUND BENEFITS

Upon receipt of the completed Initial Certification form and associated materials, your claim will be processed and the initial payment set for the closest pay period to the date you are to begin receiving benefits from the Fund. A separate check will be issued for any days you are due benefits prior to the first pay period.

Fund benefits are issued every other week and are generally mailed every other Thursday, the day prior to payments being due. Depending on where you live, checks may arrive as early as the following day or as late as the following Tuesday. Because of factors that affect postal delivery, we ask that you wait until at least the following Friday before contacting the Office of Special Compensation Funds concerning a non-received check.

Direct deposit is available for individuals with a bank account in the United States. A Petitioner Data Change form will be mailed to you with your first Fund check, and may be used to apply for direct deposit. Along with the completed form, you must provide a voided check or a copy of the portion of your bank statement showing your account number and the bank's identification (routing) number. This service takes from eight to twelve weeks to begin, and you will be notified one week prior to your first direct deposit check.

Please note that Fund benefit checks are not forwarded by the Postal Service. They are returned to the Office of Special Compensation Funds. If a check is returned or the direct deposit of benefits is rejected, future benefits will be withheld until you

provide the correct address or bank information.

Once you begin receiving Fund benefits, you will receive an *Annual Recertification* form by mail each year during the month that you began receiving Fund benefits. You must complete this form, have it notarized, and return it to us. Every five years, a current photo of yourself will be requested to be returned with the form. If you live in New Jersey, you will also be notified of a location near you where you may receive assistance in completing the form. Fund benefits will be withheld until the completed form is received.

MEDICAL BENEFITS

The Second Injury Fund makes no payment for medical expenses. If you need treatment for your compensable condition while receiving Fund benefits, you must notify your employer's compensation insurance carrier.

SOCIAL SECURITY BENEFITS

If you are awarded benefits from Social Security after the Order for Total Disability with Second Injury Fund is signed by the Judge of Compensation and you are under the age of 62, you must advise this office immediately. There is a possibility that your weekly Fund benefits may be reduced pursuant to N.J.S.A 34:15-95.5. Failure to notify this office will result in suspension of Fund benefits if an overpayment occurs. You are also advised to retain any retroactive Social Security check that you may

receive in the event that an overpayment occurs.

EMPLOYMENT

Wages from employment after the first 450 weeks of benefits for total and permanent disability are used to reduce Fund benefits. You must notify this office immediately if you begin to receive wages from employment. Failure to do so will result in suspension of Fund benefits.

OTHER SETTLEMENTS

The statute provides that any recovery that you may realize from a third-party action, based on your total and permanent disability, will act as credit against payments otherwise due from your employer, the employer's insurance carrier, and/or the Fund. If you receive any such recovery, you must notify this office immediately. Failure to make this notification may result in suspension of benefits from the Fund and other parties.

PERIOD OF BENEFITS

Subject to reduction as mentioned above, Fund benefits are payable for the life of the beneficiary and cease upon the occasion of his or her death. No death benefits are payable from the Fund and dependents accrue no rights to such benefits. In the event that we are not notified of the death of the beneficiary and checks are cashed or electronically deposited after his or her death, the individual cashing those checks

or receiving those benefits will be subject to both civil and criminal action to recover those benefits.

INCOME VERIFICATION LETTER

A petitioner who requests income verification must do so in writing. If any other individual is requesting income verification, the petitioner must sign a release, which must accompany the request. You may fax the request to (609) 633-7783. You must mail the original request to: New Jersey Department of Labor and Workforce Development, Second Injury Fund, P.O. Box 399, Trenton, NJ 08625-0399. The request will be processed within three business days from the date we receive it.

FURTHER INFORMATION

Questions about your workers' compensation claim or the Order for Total Disability with Second Injury Fund should be directed to your attorney. The Office of Special Compensation Funds cannot provide you with legal advice.