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**Randy J. Holland Delaware Workers' Compensation AIC**

**Brief General Outline of the New Jersey Workers' Compensation System**  
**Relative to the Delaware Workers' Compensation System**  
**January 14, 2015**

**FRANK A. PETRO, ESQUIRE**

## Randy J. Holland Delaware Workers' Compensation AIC

### Brief General Outline of the New Jersey Workers' Compensation System Relative to the Delaware Workers' Compensation System

January 14, 2015

- The New Jersey workers compensation law has been in existence for 102 years. Workers' compensation insurance coverage is mandatory upon every employer. The New Jersey court system does not become involved in any compensation claim unless and until a formal Claim Petition is filed within the Division of Workers' Compensation. Otherwise, compensation matters are addressed strictly between the employer (known as the Respondent), its workers' compensation insurance carrier (or third party administrator), and the claimant (known as the Petitioner). There are two main types of workers' compensation claims. The overwhelming majority of claims involve an "accident," which is defined as a single incident which is a material contributing factor in the causation, aggravation, acceleration, and/or exacerbation of a medical condition. The second general type of claim is an "occupational disease," otherwise known as occupational exposure, where the particular exposure in question must be proven to be at least a material contributing factor to the causation, aggravation, acceleration, and/or exacerbation of the condition claimed.
- The statute of limitations for an "accident" is two years from date of accident, or last date of indemnity benefit paid (temporary disability or permanency benefits), or last date of authorized medical treatment (whichever date is later).
- The statute of limitations for occupational exposure is a "discovery" statute, whereby the two years run from when the Petitioner knew or should have known that he/she likely had a compensable condition/disability.
- There is also a 90-day notice provision for accident claims where the Petitioner must place the Respondent on "notice" of the "accident" causing the injury claimed. There is a very low threshold which requires only that circumstances are such that the Respondent (or anyone in a supervisory capacity) had a "reasonable suspicion" that a compensable accident "may have" occurred.
- Once a claim is accepted and any compensation benefit is paid/provided, there are an additional two years within which to re-open the claim, running from last date of indemnity paid or medical provided. If more than two years elapse from last date of indemnity paid or medical provided, the claim ends and can never be re-opened. This period of time does not apply if the claim is pending within the Division of Workers' Compensation with an unresolved Claim Petition, which otherwise tolls the statute. When a Petitioner wants to contest a compensation claim in New Jersey, he/she must file a Claim Petition within the Division of Workers' Compensation which is part of New Jersey's Department of Labor, and the claim is assigned to a hearing office where the Petitioner resides at the time the Claim Petition is filed. If the Petitioner

resides out-of-state at that time, the claim will be assigned to the hearing office which represents the Respondent's principal place of business in New Jersey.

- New Jersey workers' compensation claims are heard by a Judge of the Division of Workers' Compensation, who sits in a particular vicinage. Most of the judges have anywhere between 40-65 cases assigned per day, and the claims are normally listed at three-week cycles. There are approximately 45 judges responsible for approximately 100,000 pending claims at any given time. A Claim Petition can be filed at any time after an accident happens, regardless of whether or not the Respondent has accepted compensability. The filing of the Claim Petition simply means that the Petitioner wants a Judge of Compensation to review the claim at some point in time and award whatever appropriate benefits are payable in connection with the claim above and beyond the benefits, if any, which have been "voluntarily" paid by the Respondent.
- Case listings are designated as either motions for medical and temporary disability benefits (specific emergent applications to the Division of Workers' Compensation to compel medical treatment, where the Petitioner alleges that he/she is not receiving adequate medical treatment or temporary disability payments); pretrial conferences (where the claims are simply pending awaiting both sides to be "ready" to conference the issues presented), which normally involve decisions concerning the Petitioner's entitlement to permanent partial disability or permanent total disability benefits (which benefits cannot be determined until at least 26 weeks elapse from last date of active medical treatment); or partial trial or trial listings where the cases have not yet been resolved at the pretrial level and are then listed for hearing before the presiding judge (compensation trials normally start with the Petitioner's testimony and any lay witnesses in support of the Petitioner's allegations, Respondent's lay witnesses, Petitioner's medical witnesses, and Respondent's medical witnesses).
- The trial dates are listed in multiples of three weeks, and therefore normally the quickest a "five-day" trial can be concluded is 15 weeks. Most cases which commence trial are resolved after the Petitioner's testimony since the trier of fact will have a first-hand assessment of the Petitioner's credibility and the severity of his/her overall condition, and normally a recommendation will be made at that point in time. There is no meaningful pretrial discovery in New Jersey, other than interrogatories in an occupational exposure claim or dependency claim. However, for good cause, discovery can be sought by motion. Most attorneys are fairly cooperative in providing reasonable discovery, especially with respect to any relevant pre-existing medical records or unauthorized treating records so that both sides can be in possession of all relevant material to address the issues presented. New Jersey's statute of limitations is primarily based upon proving "demonstrable objective medical evidence" of loss of function and/or need for treatment.
- Appeals of workers' compensation claims are handled like appeals in the Civil Court (Superior Court). The appeals go directly to the Superior Court Appellate Division, and thereafter to the New Jersey Supreme Court. Unless there is an error of law or abuse of discretion by the Compensation Trial Judge, the Appellate Division will

likely affirm a Trial Judge's determination of benefits if there is a reasonable basis in the record for the Court's decision. Compensation judges are treated as experts and their opinions are almost always given great deference by the Appellate Division of the New Jersey Superior Court, absent abuse of discretion or error of law.

- New Jersey workers' compensation benefits are three-fold:
  1. Temporary disability benefits (unlike Delaware, New Jersey has a 400-week maximum in duration). The compensation is 70% of customary weekly wage, with a maximum and minimum payment based on the state average weekly wage. Each year, the minimum/maximum rate varies. In 2014, the minimum temporary disability benefit weekly rate was \$225.00 and the maximum weekly rate was \$843.00. The minimum rate does not require full-time employment. In other words, a person who works one hour per week and earns \$15.00 for such part-time employment is entitled to \$225.00 per week if he/she is temporarily totally disabled (which means being unable to engage in his/her employment for at least eight days). New Jersey has a seven-day waiting period. Once there is entitlement to temporary disability, the benefits are paid retroactive to date of accident. New Jersey does not acknowledge any "temporary partial disability benefits." There is no real earnings capacity analysis in New Jersey. Diminished earnings capacity and/or the impact on the Petitioner's income can be a consideration for the nature and the extent of permanent partial disability, but is not necessarily required to maintain an award for permanency benefits. A person who has a significant diminished earnings capacity will receive a higher permanent partial disability award, all other factors being equal, than a person who does not. But the actual "anatomic" loss of function is a far more significant criterion for "permanency," as will be discussed in the "permanency" aspect of this outline.

Once maximum medical improvement is reached, temporary disability benefits can be terminated. Temporary disability benefits can also be terminated once the Petitioner is capable of resuming light duty employment, as long as the employer provides the same.

2. Medical treatment. The second major benefit under workers' compensation is medical treatment. Unlike Delaware, New Jersey allows the employer to control medical treatment. The employer must provide all "reasonable and necessary" medical treatment for any medical condition which is caused, aggravated, accelerated, and/or exacerbated by a workers' compensation accident or occupational exposure. The employer has the absolute right to control medical treatment in order to discharge this obligation. However, until such time as the employer accepts responsibility for the claim, the Petitioner

is free to avail himself/herself of whatever reasonable and necessary treatment is necessary, so long as the employee has placed the employer on notice of the claim. Sanctions can be imposed upon a Respondent which does not provide timely benefits. A “presumptive” “unreasonable” delay occurs if benefits are not paid within 30 days of Respondent being on notice of a compensable claim.

There is no limitation on the amount of medical treatment a Petitioner can receive in a workers’ compensation claim, both with respect to dollar amount or duration, so long as medical treatment occurs within the aforementioned statute of limitation periods of two years of last date of medical treatment and/or last date of indemnity paid. Once the employer authorizes a physician, the physician’s opinion is normally binding on the employer as to the treatment that the Petitioner requires and any referrals made by the authorized physician. The Petitioner will never be personally responsible for any medical bills which occurred as a result of services performed by an authorized physician or by a referral from the authorized treating physician. There is no specific right to a second opinion once the authorized physician discharges the Petitioner, or concludes that he/she has reached maximum medical improvement (although “second opinions” do occur under appropriate circumstances).

If the Petitioner feels that he/she has received inadequate medical treatment, it is incumbent upon the Petitioner to file a Motion for Medical & Temporary Disability Benefits. Normally, there should be at least a formal request for further treatment, which should be denied or not acted upon within a reasonable period of time. If so, the Petitioner can seek treatment with his/her own physician and seek an Order from the Court that the further treatment which is now being recommended is both reasonable and necessary, and therefore should be considered compensable medical treatment once the Court enters an Order for medical treatment. This is binding upon the Respondent unless an appeal is taken within 45 days of the issuance of the Order. A Motion for Medical & Temporary Disability Benefits requires an Affidavit from the Petitioner and appropriate medical proofs to demonstrate a prima facie claim of entitlement to benefits. The Respondent must answer the petition within 30 days and/or schedule a medical evaluation to determine need for treatment. The Respondent’s answer to a motion must be based upon competent evidence. The Respondent can compel a trial on the issues, as long as there is a bona fide competent dispute. Motions for medical and temporary disability benefits are given priority by the compensation judges. There is no statutory mileage reimbursement absent an extraordinary situation whereby the Petitioner might be traveling out-of-state or traveling a very significant distance for medical care.

3. Permanent disability. The third benefit under workers' compensation is permanent disability. There are two types of permanency benefits. The most frequent is permanent **partial** disability; the second is permanent **total** disability. The definition of permanent partial disability is "demonstrable objective medical evidence" of permanent loss of function, with a material interference in either working ability **or** non-working activities. While this is a two-prong "test," the overwhelming emphasis is on establishing "demonstrable objective medical evidence" of permanent loss of function. More often than not, this requires an objective diagnosis to determine an anatomic change. Once this is proven, there normally will be an award of permanent partial disability if the employee files a formal Claim Petition within the Division of Workers' Compensation and the matter is heard by a Judge of Compensation. If an employee does not file a formal Claim Petition, and his/her claim is simply addressed by the workers' compensation insurance carrier relative to medical treatment and/or temporary disability benefits, many carriers do not "voluntarily" pay for this benefit and many workers in New Jersey are not even aware of it.

- The payment of permanent partial disability is based upon a "schedule" of benefits where each body part has a maximum value of a certain number of weeks. Attached is the schedule for 2014 injuries. There is a "sliding scale" of benefits whereby the weekly rate of compensation is similar for any disability awarded for the first 90 weeks. Between 90 weeks and 180 weeks of compensation, there are five-week increments for those successive weeks of disability paid beyond 90 weeks. Finally, there is an increasing weekly benefit for **all** weeks of disability awarded once the award exceeds 180 weeks. The enumerated body parts where there are specific weeks awarded are basically the extremities (fingers, hands, arms/toes, feet, legs), eyes and ears.

All other body parts are based on a "whole person" concept, whereby payments are a percentage of 600 weeks. To illustrate, the second least valued part of the body is the small finger (fourth statutory finger), which has a maximum value of 20 weeks. A 100% loss of that finger in 2014 is 20 weeks of compensation, paid at a weekly rate of \$225.00, for a total of \$4,500.00. The weekly benefit assumes that an employee's customary weekly wage is such that 70% of the same is at least \$225.00. For permanency payment purposes, the minimum weekly payment is \$35.00 per week. Therefore, if the person's wage was only \$100.00 per week, the weekly benefit rate would be \$70.00.

- On the other hand, if the person had a compensable two-level cervical fusion and was awarded permanency in the amount of 35% permanent partial total (whole body, and, again, assuming a wage which permitted the maximum schedule rate to be paid), the individual would receive 210 additional weeks of compensation, paid at a weekly rate

of \$393.00, for a total of \$82,530.00. If the cervical disability was only 30% permanent partial total, the same would represent 180 weeks, paid at an average weekly rate of \$275.30, totaling \$49,554.00. As you can see, there is a significant “increase” in benefits once the 180-week threshold is exceeded. Whereas, at 35% disability rating is 210 weeks (totaling \$82,530.00), a 50% disability (a mere 15% increase) results in 300 weeks of compensation paid at a maximum weekly rate of \$562.00, for a total of \$168,600.00. The reason for this differential is that the sliding scale of benefits for permanency at between 271 to 300 weeks to be paid at \$562.00, whereas permanency paid from 181 to 210 weeks is only paid at \$393.00 (again, assuming there is wage sufficient enough to reach the scheduled benefit rate).

The maximum weekly benefit rate for temporary and permanency benefits (whether permanent partial disability maximum rate which is achieved at an award above 70% permanent partial disability) is \$843.00 per week. If an individual’s customary weekly wage in 2014 was \$500.00 per week, his/her temporary disability benefit rate would be \$350.00 (70% of wage), and a 50% rating for the same two-level cervical fusion at 35% permanent partial total would be paid at a “capped” rate of \$350.00, thereby yielding a permanent partial disability award in the amount of \$73,500.00, rather than the scheduled rate of \$82,530.00.

- Minor strains, sprains, contusions, mild pulmonary conditions, and scarification which do not rise to the level of “significant permanent disfigurement” do not entitle a claimant to permanent partial disability benefits.
- Permanent total disability generally entitles a Petitioner to an initial period of 450 weeks of permanency benefits (all permanency benefits are paid subsequent to temporary disability payments), and if the individual remains permanently and totally disabled after 450 weeks, the individual is entitled to lifetime benefits so long as he/she is disabled. The employer has responsibility for lifetime medical treatment only in situations involving permanent total disability. Otherwise, once an individual receives his/her permanent partial disability award, generally there is no ongoing medical treatment unless the claim is “re-opened” within two years of last date of benefit paid and there is either an accepted or court determination (following the filing of a formal Application for Review or Modification of the award) that there has been a worsening of the condition such that there is entitlement to further medical treatment. Once the individual receives further medical treatment, if there is a worsening of the overall permanent loss of function once treatment concludes, the individual can then receive further compensation permanency benefits and, once again, re-open the claim within the above-referenced two-year period.
- In all permanent total disability claims, the employer is solely responsible for permanent total disability if the last compensable accident in and of itself causes permanent total disability, regardless of the seriousness of any pre-existing medical conditions. There is a “Second Injury Fund” which pays permanent total disability benefits only in those situations where the individual is permanently and totally disabled as a result of a combination of the last compensable accident and pre-

existing disabilities which can be both compensable and non-compensable medical conditions. The relevant date for Second Injury Fund consideration is any and all medical conditions which gave rise to a “disability” at the time of the last compensable accident. New Jersey does not have any type of “stop gap” provision relative to a determination of Second Injury Fund benefits. Normally, the Petitioner will file an application for Second Injury Fund joinder at a point in time once temporary disability/medical treatment have ended or is near an end and the individual is reaching maximum medical improvement. The claim is then placed on a special workers’ compensation list solely for Second Injury Fund cases, and once permanency evaluations are obtained by the Petitioner and the Respondent. Generally, the Second Injury Fund does not obtain its own permanency evaluation. The case is then conferenced with the Compensation Court and all counsel (Petitioner’s attorney, Respondent’s attorney, and the Deputy Attorney General representing the Second Injury Fund), and the claim is either settled (with or without Second Injury Fund participation), or placed on a trial list.

### A few miscellaneous considerations

- An important provision in the New Jersey Workers’ Compensation Act is “Section 20,” which allows a lump sum dismissal of a claim (or at least an issue within the claim) if there are bona fide issues of medical causal relationship, Respondent’s liability, jurisdiction, or dependency. A Section 20 disposition can only occur in a situation where all parties are represented by counsel and the Section 20 dismissal is approved by the Judge of Compensation. Most Section 20 dismissals occur with issues concerning whether or not the Petitioner has suffered a compensable accident in the first place; whether there is medical causal relationship between a particular medical condition alleged as related to the compensable accident; and/or whether there is any compensable permanency associated with the claim.

With any case which cannot be settled by consent at the pretrial conference phase, there is normally a Pretrial Memorandum executed which is binding upon the parties. Any surveillance which is undertaken by the Respondent must be acknowledged, together with an identification of all of the medical experts to be utilized by the parties. The Trial Judge has discretion as to timing of any amendments or changes to the Pretrial Memorandum, but generally the standard of “good cause” and “fairness” will be the criteria by which any amendments are made.

- Evaluating physicians generally testify live, whereas often treating physicians will testify by consent (via deposition or Skype) simply due to cost and/or timing considerations. Permanency evaluating physicians cannot charge more than \$400.00 for a report and an additional \$400.00 for testimony, whereas a treating physician can charge up to \$2,500.00 (based on a \$250.00 per hour rate).
- Petitioner’s attorney’s fees and reimbursable costs are determined by the Compensation Judge. However, generally speaking, if a Petitioner is successful at a hearing, there will be a 20% counsel fee awarded (normally apportioned 40% against



the Petitioner and 60% against the Respondent), together with reimbursement of all costs incurred by the Petitioner's attorney for medical records and reports, generally assessed 100% against the Petitioner, except that the \$400.00 evaluating physician report fee is normally assessed equally against the Petitioner and the Respondent.

- If, in addition to the permanency aspect of the claim, there is a contested motion for medical and/or temporary disability benefits that is successful (with or without trial), with an Order entered for Respondent to provide medical and temporary disability benefits, the Petitioner's attorney can receive an award up to 20% of the amount of temporary disability and medical treatment provided as a result of efforts of counsel. The Court has considerable discretion as to the amount of fee which is awarded. There are situations where a 20% fee will be awarded in the absence of a trial. The Court can consider the amount of time and effort which was involved by the Petitioner's attorney, but the main issue is whether the services rendered by the Petitioner's attorney was the primary reason for the benefits being paid and, if so, the Court will often presumptively award a "full" 20% fee absent some significant equitable consideration. Often the parties will attempt to "resolve" the counsel fee issue in such circumstances. Generally, there is almost always a full 20% counsel fee awarded for permanent partial disability, permanent total disability, and Section 20 awards.
- There is a "Fraud" provision which permits a Judge of Compensation to dismiss the claim in its entirety if the Petitioner has made a "knowing" "willful" "misrepresentation" for the purpose of improperly obtaining workers' compensation benefits.
- The New Jersey Supreme Court recognizes workers' compensation practices as a specialty practice, and eligible attorneys can be certified by the Court as "New Jersey workers' compensation law attorneys" once they meet appropriate practice/experience/knowledge prerequisites.

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The above outline is a brief and broad overview of certain aspects of the New Jersey workers' compensation system as it relates to Delaware's system. The contents of this overview do not represent legal advice and should not be relied upon by an attorney in deciding how to proceed in any specific legal matter. New Jersey workers' compensation law is a complex combination of legislative, statutory, administrative, medical and judicial considerations, and qualified legal advice should always be obtained for any specific issue that arises.

**SCHEDULE OF DISABILITIES AND MAXIMUM BENEFITS EXCLUSIVE OF AMPUTATION AND ENUCLEATION  
EFFECTIVE 1/1/2014**

PER-CENT	HAND 245 WEEKS	ARM 330 WEEKS	FINGERS - SEE FOOTNOTE					LEG 315 WEEKS	FOOT 230 WEEKS	TOES		EYE 200 WEEKS	HEARING		PARTIAL TOTAL BASED ON 600 WEEKS	PER-CENT
			THUMB 75 WEEKS	FIRST 50 WEEKS	SECOND 40 WEEKS	THIRD 30 WEEKS	FOURTH 20 WEEKS			GREAT TOE 40 WEEKS	OTHER TOE 15 WEEKS		1 EAR 60 WEEKS	2 EARS 200 WEEKS		
1	2,450 551.25	3,300 742.50	0,750 168.75	0,500 112.50	0,400 90.00	0,300 67.50	0,200 45.00	3,150 708.75	2,300 517.50	0,400 90.00	0,150 33.75	2,000 450.00	0,600 135.00	2,000 450.00	6,000 1,350.00	1
1 1/2	3,675 826.88	4,950 1,113.75	1,125 253.13	0,750 168.75	0,600 135.00	0,450 101.25	0,300 67.50	4,225 1,063.13	3,450 776.25	0,600 135.00	0,225 50.63	3,000 675.00	0,900 202.50	3,000 675.00	9,000 2,025.00	1 1/2
2	4,900 1,102.50	6,600 1,485.00	1,500 337.50	1,000 225.00	0,800 180.00	0,600 135.00	0,400 90.00	6,300 1,417.50	4,600 1,035.00	0,800 180.00	0,300 67.50	4,000 900.00	1,200 270.00	4,000 900.00	12,000 2,700.00	2
2 1/2	6,125 1,378.13	8,250 1,856.25	1,875 421.88	1,250 281.25	1,000 225.00	0,750 168.75	0,500 112.50	7,875 1,771.88	5,750 1,293.75	1,000 225.00	0,375 84.38	5,000 1,125.00	1,500 337.50	5,000 1,125.00	15,000 3,375.00	2 1/2
3	7,350 1,653.75	9,900 2,227.50	2,250 506.25	1,500 337.50	1,200 270.00	0,900 202.50	0,600 135.00	9,450 2,126.25	6,900 1,522.50	1,200 270.00	0,450 101.25	6,000 1,350.00	1,800 405.00	6,000 1,350.00	18,000 4,050.00	3
3 1/2	8,575 1,929.38	11,550 2,598.75	2,625 590.63	1,750 393.75	1,400 315.00	1,050 236.25	0,700 157.50	11,025 2,480.63	8,050 1,811.25	1,400 315.00	0,525 118.13	7,000 1,575.00	2,100 472.50	7,000 1,575.00	21,000 4,725.00	3 1/2
4	9,800 2,205.00	13,200 2,970.00	3,000 675.00	2,000 450.00	1,600 360.00	1,200 270.00	0,800 180.00	12,600 2,835.00	9,200 2,070.00	1,600 360.00	0,600 135.00	8,000 1,800.00	2,400 540.00	8,000 1,800.00	24,000 5,400.00	4
5	12,250 2,756.25	16,500 3,712.50	3,750 843.75	2,500 562.50	2,000 450.00	1,500 337.50	1,000 225.00	15,750 3,543.75	11,500 2,587.50	2,000 450.00	0,750 168.75	10,000 2,250.00	3,000 675.00	10,000 2,250.00	30,000 6,750.00	5
7 1/2	18,375 4,134.38	24,750 5,568.75	5,625 1,265.63	3,750 843.75	3,000 675.00	2,250 506.25	1,500 337.50	23,625 5,315.63	17,250 3,881.25	3,000 675.00	1,125 253.13	15,000 3,375.00	4,500 1,012.50	15,000 3,375.00	45,000 10,125.00	7 1/2
10	24,500 5,512.50	33,000 7,425.00	7,500 1,687.50	5,000 1,125.00	4,000 900.00	3,000 675.00	2,000 450.00	31,500 7,087.50	23,000 5,175.00	4,000 900.00	1,500 337.50	20,000 4,500.00	6,000 1,350.00	20,000 4,500.00	60,000 13,500.00	10
12 1/2	30,625 6,890.63	41,250 9,281.25	9,375 2,109.38	6,250 1,406.25	5,000 1,125.00	3,750 843.75	2,500 562.50	39,375 8,859.38	28,750 6,468.75	5,000 1,125.00	1,875 421.88	25,000 5,625.00	7,500 1,687.50	25,000 5,625.00	75,000 16,875.00	12 1/2
15	36,750 8,268.75	49,500 11,137.50	11,250 2,531.25	7,500 1,687.50	6,000 1,350.00	4,500 1,012.50	3,000 675.00	47,250 10,631.25	34,500 7,762.50	6,000 1,350.00	2,250 506.25	30,000 6,750.00	9,000 2,025.00	30,000 6,750.00	90,000 20,250.00	15
17 1/2	42,875 9,646.88	57,750 12,993.75	13,125 2,953.13	8,750 1,968.75	7,000 1,575.00	5,250 1,181.25	3,500 787.50	55,125 12,403.13	40,250 9,056.25	7,000 1,575.00	2,625 590.63	35,000 7,875.00	10,500 2,362.50	35,000 7,875.00	105,000 24,912.00	17 1/2
20	49,000 11,025.00	66,000 14,850.00	15,000 3,375.00	10,000 2,250.00	8,000 1,800.00	6,000 1,350.00	4,000 900.00	63,000 14,175.00	46,000 10,350.00	8,000 1,800.00	3,000 675.00	40,000 9,000.00	12,000 2,700.00	40,000 9,000.00	120,000 28,992.00	20
22 1/2	55,125 12,403.13	74,250 16,706.25	16,875 3,796.88	11,250 2,531.25	9,000 2,025.00	6,750 1,518.75	4,500 1,012.50	70,875 15,946.88	51,750 11,643.75	9,000 2,025.00	3,375 759.38	45,000 10,125.00	13,500 3,037.50	45,000 10,125.00	135,000 33,507.00	22 1/2
25	61,250 13,781.25	82,500 18,562.50	18,750 4,218.75	12,500 2,812.50	10,000 2,250.00	7,500 1,687.50	5,000 1,125.00	78,750 17,718.75	57,500 12,937.50	10,000 2,250.00	3,750 843.75	50,000 11,250.00	15,000 3,375.00	50,000 11,250.00	150,000 36,430.00	25
27 1/2	67,375 15,159.38	90,750 21,417.00	20,625 4,640.63	13,750 3,093.75	11,000 2,475.00	8,250 1,856.25	5,500 1,237.50	86,625 19,490.63	63,250 14,231.25	11,000 2,475.00	4,125 928.13	55,000 12,375.00	16,500 3,712.50	55,000 12,375.00	165,000 43,791.00	27 1/2
30	73,500 16,537.50	99,000 23,397.00	22,500 5,062.50	15,000 3,375.00	12,000 2,700.00	9,000 2,025.00	6,000 1,350.00	94,500 22,302.00	69,000 15,525.00	12,000 2,700.00	4,500 1,012.50	60,000 13,500.00	18,000 4,050.00	60,000 13,500.00	180,000 49,554.00	30
33 1/3	81,667 18,375.01	110,000 26,226.00	25,000 5,625.00	16,667 3,750.01	13,333 2,999.99	10,000 2,250.00	6,667 1,500.01	105,000 24,912.00	76,667 17,250.01	13,333 2,999.99	5,000 1,125.00	66,667 15,000.01	20,000 4,500.00	66,667 15,000.01	200,000 78,600.00	33 1/3
35	85,750 19,293.75	115,500 27,127.50	26,250 5,906.25	17,500 3,937.50	14,000 3,150.00	10,500 2,362.50	7,000 1,575.00	110,250 26,293.50	80,500 18,112.50	14,000 3,150.00	5,250 1,181.25	70,000 15,750.00	21,000 4,725.00	70,000 15,750.00	210,000 82,530.00	35
37 1/2	91,875 21,682.50	123,750 30,087.00	28,125 6,328.13	18,750 4,218.75	15,000 3,375.00	11,250 2,531.25	7,500 1,687.50	118,125 28,465.13	86,250 19,406.25	15,000 3,375.00	5,625 1,265.63	75,000 16,875.00	22,500 5,062.50	75,000 16,875.00	225,000 101,250.00	37 1/2
40	98,000 23,150.00	132,000 32,562.00	30,000 6,750.00	20,000 4,500.00	16,000 3,600.00	12,000 2,700.00	8,000 1,800.00	126,000 30,744.00	92,000 21,712.00	16,000 3,600.00	6,000 1,350.00	80,000 18,000.00	24,000 5,400.00	80,000 18,000.00	240,000 108,000.00	40
45	110,250 26,293.50	148,500 37,924.50	33,750 7,593.75	22,500 5,062.50	18,000 4,050.00	13,500 3,037.50	9,000 2,025.00	141,750 35,674.50	103,500 24,525.00	18,000 4,050.00	6,750 1,518.75	90,000 20,250.00	27,000 6,075.00	90,000 20,250.00	270,000 136,820.00	45
50	122,500 29,722.00	165,000 43,791.00	37,500 8,437.50	25,000 5,625.00	20,000 4,500.00	15,000 3,375.00	10,000 2,250.00	157,500 41,058.00	115,000 27,587.00	20,000 4,500.00	7,500 1,687.50	100,000 23,644.00	30,000 6,750.00	100,000 23,644.00	300,000 168,600.00	50
55	134,750 33,428.25	181,500 71,329.50	41,250 9,281.25	27,500 6,187.50	22,000 4,950.00	16,500 3,712.50	11,000 2,475.00	173,250 46,909.50	126,500 30,895.50	22,000 4,950.00	8,250 1,856.25	110,000 26,226.00	33,000 7,425.00	110,000 26,226.00	330,000 203,940.00	55
60	147,000 37,419.00	198,000 77,814.00	45,000 10,125.00	30,000 6,750.00	24,000 5,400.00	18,000 4,050.00	12,000 2,700.00	189,000 74,277.00	138,000 34,452.00	24,000 5,400.00	9,000 2,025.00	120,000 28,992.00	36,000 8,100.00	120,000 28,992.00	360,000 242,640.00	60
65	159,250 41,688.00	214,500 96,525.00	48,750 10,968.75	32,500 7,312.50	26,000 5,850.00	19,500 4,387.50	13,000 2,925.00	204,750 80,466.75	149,500 38,261.50	26,000 5,850.00	9,750 2,193.75	130,000 31,956.00	39,000 8,775.00	130,000 31,956.00	390,000 284,700.00	65
66 2/3	163,333 43,172.65	220,000 99,000.00	50,000 11,250.00	33,333 7,499.99	26,667 6,000.01	20,000 4,500.00	13,333 2,999.99	210,000 82,530.00	153,333 39,589.99	26,667 6,000.01	10,000 2,250.00	133,333 32,981.99	40,000 9,000.00	133,333 32,981.99	400,000 314,800.00	66 2/3
70	171,500 46,241.00	231,000 103,950.00	52,500 11,812.50	35,000 7,875.00	28,000 6,300.00	21,000 4,725.00	14,000 3,150.00	220,500 99,225.00	161,000 42,318.00	28,000 6,300.00	10,500 2,362.50	140,000 35,104.00	42,000 9,450.00	140,000 35,104.00	420,000 330,540.00	70
75	183,750 72,213.75	247,500 125,235.00	56,250 12,656.25	37,500 8,437.50	30,000 6,750.00	22,500 5,062.50	15,000 3,375.00	236,250 50,312.50	172,500 46,623.00	30,000 6,750.00	11,250 2,531.25	150,000 38,430.00	45,000 10,125.00	150,000 38,430.00	450,000 379,350.00	75
80	196,000 77,028.00	264,000 133,584.00	60,000 13,500.00	40,000 9,000.00	32,000 7,200.00	24,000 5,400.00	16,000 3,600.00	252,000 127,512.00	184,000 72,312.00	32,000 7,200.00	12,000 2,700.00	160,000 41,958.00	48,000 10,800.00	160,000 41,958.00	480,000 404,640.00	80
85	208,250 81,842.25	280,500 157,641.00	63,750 14,343.75	42,500 9,562.50	34,000 7,650.00	25,500 5,737.50	17,000 3,825.00	267,750 135,481.50	195,500 76,831.50	34,000 7,650.00	12,750 2,868.75	170,000 45,668.00	51,000 11,475.00	170,000 45,668.00	510,000 429,930.00	85
90	220,500 99,225.00	297,000 166,914.00	67,500 15,187.50	45,000 10,125.00	36,000 8,100.00	27,000 6,075.00	18,000 4,050.00	283,500 159,327.00	207,000 81,351.00	36,000 8,100.00	13,500 3,037.50	180,000 49,554.00	54,000 12,150.00	180,000 49,554.00	540,000 455,220.00	90
95	232,750 104,737.50	313,500 193,743.00	71,250 16,031.25	47,500 10,687.50	38,000 8,550.00	28,500 6,412.50	19,000 4,275.00	299,250 168,178.50	218,500 98,325.00	38,000 8,550.00	14,250 3,206.25	190,000 74,670.00	57,000 12,825.00	190,000 74,670.00	570,000 480,510.00	95
100	245,000 123,970.00	330,000 203,940.00	75,000 16,875.00	50,000 11,250.00	40,000 9,000.00	30,000 6,750.00	20,000 4,500.00	315,000 194,670.00	230,000 103,500.00	40,000 9,000.00	15,000 3,375.00	200,000 78,600.00	60,000 13,500.00	200,000 78,600.00	600,000 XXXXXXX	100

Footnote: Hand or Thumb and First and Second Fingers (on 1 Hand) or 4 Fingers (on 1 Hand)

EXPLANATION: The percent columns on the outside of the chart represent percentage of disability. The remaining columns show this percentage in terms of weeks and total benefits. The top figure in each box represents weeks, and the lower figure is dollar benefits.

**NEW JERSEY MANUFACTURERS INSURANCE COMPANY**