

## New Jersey Benefit Status Letter - Medical Only

### Helpful Hints:

- Adjust spacing for your letterhead logo and Address information
- This letter is prepared if the Claim Type (DN74) is M – Medical Only or B – Became Medical Only
- In the “TO:” section, this section should contain the injured workers first (DN44) and last name (DN43,) full address (DN46 and DN47,) city (DN48,) state (DN49,) and zip (DN50)
- Date of Injury is DN31
- [Do not print the worker's social security number \(DN42\) on this letter](#)
- Insurance Claim # is known as the Claim Administrator Claim # (DN15)
- Agency Claim # in Release 1 and Jurisdiction Claim Number in Release 3 is DN5
- Jurisdiction is NJ (New Jersey) (DN4)
- Name of Employer is DN18
- Employer’s Address is comprised of DN19, DN20, DN21, DN22 and DN23
- DN0095 Paid To Date/Reduced Earnings/Recoveries Code DN0095 for Release 1 or DN0216 Other Benefit type code DN0216 for Release 3
- The Benefit section will be inserted if there is a value of **350, 360** or **370** in DN95-  
This should be a textual description, not a code #
- Paid To Date/Reduced Earnings/Recoveries Amount is DN0096 in Release 1 and Other Benefit Type Amount DN0215 in Release 3.
- Allow for up to 25 OBTs (other benefit types)

## New Jersey Benefit Status Letter – Indemnity

### Helpful Hints:

- Adjust spacing for your letterhead logo and Address information
- In the “TO:” section, this section should contain the injured workers first (DN44) and last name (DN43,) full address (DN46 and DN47,) city (DN48,) state (DN49,) and zip (DN50)
- Date of Injury is DN31
- [Do not print the worker's social security number \(DN42\) on this letter](#)
- Insurance Claim # is known as the Claim Administrator Claim # (DN15)
- Agency Claim # in Release 1 and Jurisdiction Claim Number in Release 3 is DN5
- Jurisdiction is NJ (New Jersey) (DN4)
- In the “status of your workers’ compensation claim” section: the claims administrator should check all the boxes that apply.
- Return to Work date is DN72
- Maximum Medical Improvement Status is DN70
- Permanent Impairment Percent is DN84
- Permanent Impairment Body Par is DN83 – this is the textual description
- Repeat the above two entries (to compose one line,) as many times as necessary in this letter, to indicate all impaired body parts
- Date of Death is DN57
- Indicate **have** or **have not**, as appropriate
- Name of Employer is DN18
- Employer’s Address is comprised of DN19, DN20, DN21, DN22 and DN23
- Weekly wage is DN62. Overwrite place holder with injured workers weekly wage.
- Indicate **were** or **were not** as appropriate, to whether overtime, lodging, uniforms, etc, were applicable to weekly wage.
- Weekly benefit rate is the TTD DN87 Payment/Adjustment Weekly Amount in Release 1 and

DN87 Net Weekly Amount in Release 3 (DN85 Payment/Adjustment Code in Release 1 and DN85 Benefit Type Code in Release 3=050)

- Benefit Description is DN85 Payment/Adjustment Code in Release 1 and DN85 Benefit Type Code in Release 3 or DN95. This should be a textual description, not a code #.
- For DN85 benefits –DN0086 Payment/Adjustment Paid to Date in Release 1 and DN0086 Benefit Type Amount Paid in Release 3, also report corresponding DN86 Payment Adjustment Paid to Date Release 1 and DN0086 Benefit Type Amount Paid in Release 3, DN88 Payment/Adjustment Start Date in Release 1 and DN0088 benefit Period Start Date in Release 3/DN89 Payment/Adjustment End Date in Release 1 and DN0089 Benefit Period Through Date in Release 3- From/Through Dates, and DN90 Payment/Adjustment Weeks Paid in Release 1 and DN0090 Benefit type Claim Weeks in Release 3/ DN91 Payment/Adjustment Days Paid in Release 1 and DN0091 Benefit Type Claim Days in Release 3 - # Weeks/# Days respectively
- For DN95 benefits - Paid To Date / Reduced Earnings / Recoveries Code in Release 1 and DN0216 Other Benefit Type Code in Release 3, also report corresponding DN96 - Paid to Date / Reduced Earnings / Recoveries Amount in Release 1 and DN215 Other Benefit Type Amount in Release 3, no from/through dates or #weeks/# days is required for this type of benefit.
- Allow for up to 26 indemnity and 25 OBTs (other benefit types)