

INSTRUCTIONS FOR PREPARING FORM FDP-1
(For an approved insured Family Leave Private Plan)

In the top right-hand corner, enter the Employer Identification Number (EIN) assigned by the Division of Employer Accounts. Enter the Family Leave Private Plan number only if the application is to modify an existing approved Family Leave Private Plan.

- Item 1: Enter the date on which the proposed Family Leave Private Plan approval or modification is to be effective. Also enter the name, address and telephone number of the employer, exactly as it is registered with the Department of Labor and Workforce Development.
- Item 2: Enter the name and address of the organization (if other than the employer) that will hold the insurance contract covering the disability benefits provided by the Family Leave Private Plan.
- Item 3: Enter the name, title, telephone number and address of the individual representing the employer to whom the Division should direct all notices, orders, and communications.
- Item 4(a): If all employees covered under the New Jersey Temporary Disability Benefits Law are to be covered by the Family Leave Private Plan, enter an X and enter the number of employees.
- Item 4(b): If some employees covered the New Jersey Temporary Disability Benefits Law are to be excluded from the Family Leave Private Plan, enter an X, describe the classes covered, and complete form FDP-1A, Statement of Exclusions Under Proposed Family Leave Private Plan.
- Item 5(a): Enter an X if contribution rate and taxable wage base are statutory; then go to next item (#6 Employees' election).
- Item 5(b): If this box is checked, insert percentage of taxable wages taken; then go to next item (#6 Employees' election).
- Item 5(c): If the plan is non-contributory, enter an X and indicate date employees were notified and the method of notification by entering an X in the appropriate choice.

NOTE: *No employee shall be required to contribute a greater amount to the cost of a Family Leave Private Plan than the amount of worker contribution to the Family Leave Insurance Benefits Fund for covered individuals under the State Plan.*

- Item 6(a): Enter the date of election.
- Item 6(b): Enter the number of employees on the date of the election or if the election took more than one day, the number of eligible employees on the last day.
- Item 6(c): Enter here the number of employees, out of the total shown in Item 6(b), who have consented to this Family Leave Private Plan.
- Item 7(a): Under Weekly Rate, enter an X in the appropriate box. The term "Statutory" applies to the weekly benefit rate as well as the maximum weekly benefit amount. The maximum weekly benefit amount is set annually by the Department according to Law and may vary year to year. As the figure varies, the Family Leave Private Plan's maximum weekly amount changes, requiring no further action on the employer's part with respect to this filing.
- Item 7(b): Enter an X in the appropriate box to indicate whether or not you are using all limitations provided by the NJSA 43:21-39. If all limitations are not invoked, enter an X in the box marked "Other".
- Item 7(c): Enter an X in the appropriate box. See NJSA 43:21-41(d) of the Temporary Disability Benefits Law.
- Item 7(d): Enter an X in the appropriate box. See NJSA 43:21-38 of the Temporary Disability Benefits Law.
- Item 7(e): Enter an X in the appropriate box. See NISA 43:21-39(a) of the Temporary Disability Benefits Law.
- Item 8: EMPLOYER'S SIGNATURE. The application must be signed by (1) the owner, if the employer is an individual; (2) a duly authorized official, if the employer is an organization; (3) a partner, if the employer is a partnership; or (4) the president, vice-president, secretary, or treasurer, if the employer is a corporation.
- Item 9: INSURER'S AGREEMENT. The application must be signed by a duly authorized representative of an insurer authorized and admitted to do business in this State, indicating acceptance of the Agreement to pay benefits, as stated.

THIS APPLICATION MUST BE ACCOMPANIED BY
DETAILS OF THE PLAN, I.E. EMPLOYEE NOTICE.