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

WC(DO)-370 Interactive(r. 8/14/09)

ORDER APPROVING SETTLEMENT WITH DISMISSAL
N.J.S.A. 34:15-20

CASE NO'S.: 2011-19594

VICINAGE: Camden

PETITIONER

NAME: Ray Benevento

DATE OF BIRTH: 09/03/1969 MEDICARE ELIGIBLE: ☐ YES ☒ NO

ADDRESS: [redacted]

vs

RESPONDENT

NAME: Lindenwold Police Dept.

ADDRESS: 2001 Egg Harbor Road
Lindenwold, NJ 08021

ATTORNEY FOR RESPONDENT

NAME: Brown Connery, LLP

ADDRESS: 20 Tanner Street
Haddonfield, NJ 08033

TELEPHONE NUMBER (AREA CODE): 856-428-7600

APPEARING: Eleanor Hoechst, Esquire

ATTORNEY FOR PETITIONER

FEDERAL EMPLOYER NUMBER: 22-2369672

NAME: Jacobs Schwalbe & Petruzzelli, PC

ADDRESS: 10 Melrose Avenue, Suite 340
Cherry Hill, NJ 08003

TELEPHONE NUMBER (AREA CODE): 856-429-5661

APPEARING: Lauren Tovinsky, Esquire

INSURANCE CARRIER

NAME: Qual-Lynx ☐ SELF-INSURED ☐ TPA

ADDRESS: 100 Decadon Road
Egg Harbor Twp., NJ

CLAIM NUMBER: W82759

This is a lump sum settlement between the parties in the amount of $ 1,500.00 pursuant to N.J.S.A. 34:15-20 which has the effect of a dismissal with prejudice, being final as to all rights and benefits of the petitioner and is a complete and absolute surrender and release of all rights arising out of this/these claim petitions(s). The payment hereunder shall be recognized as a payment of workers' compensation benefits for insurance rating purposes only.

The parties agree that this settlement [☐ does (complete page 2) / ☒ does not] contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

☐ **Order for Child Support Attached** ☐ **Addendum attached**

☒ **Further Agreed:** This claim is for date of accident of 01/25/2011. No temporary disability benefits were paid on this claim.

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: *(report and/or testimony)*					
ATTORNEY(S) FEE: Jacobs Schwalbe & Petruzzelli, PC		22-2369672	$300.00	$300.00	
STENOGRAPHIC SERVICE: State Shorthand		22-2088894	$75		$75
MISCELLANEOUS FEES:					

Reason(s) for Section 20 (check all that apply):
Contested issues regarding: ☐ JURISDICTION ☒ LIABILITY ☒ CAUSAL RELATIONSHIP ☐ DEPENDENCY

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

PETITIONER'S ATTORNEY

PETITIONER (Only if Pro Se)

RESPONDENT'S ATTORNEY

After considering the circumstances, I find this settlement fair and just.

JUDGE OF COMPENSATION

Signed DATE 9/24/2020

Bradley Henson, Sr.

JUDGE'S NAME

9/25/2020 OTR

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 et. seq.