

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]

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	

RESPONDENT	VS
	NAME: Lindenwold Police Dept.
ATTORNEY FOR RESPONDENT	ADDRESS: 2001 Egg Harbor Road Lindenwold, NJ 08021
	NAME: Brown Connery, LLP
	ADDRESS: 20 Tanner Street Haddonfield, NJ 08033
	TELEPHONE NUMBER (AREA CODE): 856-428-7600
APPEARING: Eleanor Hoechst, 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 petition(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).

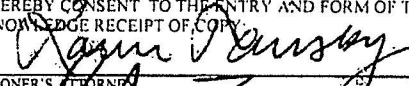
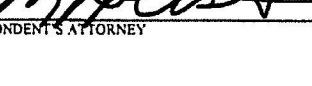
☐ Order for Child Support Attached ☐ Addendum attached

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

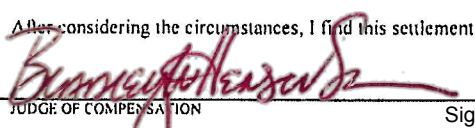
ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: (report and/or testimony)					
ATTORNEY(S) FEE: Jacobs Schwalbe & Petruzzelli, PC		22-2369672	\$300.00	\$300.00	
STENOGRAPHIC SERVICE: State Shorthand		22-2088894	\$75		\$75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

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

JUDGE OF COMPENSATION: 
 JUDGE'S NAME: Bradley Henson, Sr.
 Signed DATE 9/24/2020

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.