

APPENDIX B
ITEM 1

UNSATISFIED CLAIM AND JUDGMENT FUND

INSTRUCTION SHEET

UCJF FILE NUMBER: \_\_\_\_\_

Enter appearance for \_\_\_\_\_

OBTAIN PROOF OF SERVICE ON ALL NAMED DEFENDANTS.

Proceed with immediate discovery. Serve SPECIAL UCJF ELIGIBILITY INTERROGATORIES.

Schedule depositions and/or
IME if indicated.

Obtain conformed copy of
cancellation notice.

Move to dismiss improper defendants:

Commissioner of Insurance
Director of Motor Vehicles
UCJF

PIP not payable: LATE NOTICE
OUT OF STATE VEHICLE
COMMERCIAL VEHICLE
OTHER

Claimant ineligible, not a resident of New Jersey.

Determine if carrier notified Taxi Commission of cancellation of policy

NOTICE OF INTENTION not sufficiently complete to qualify as a timely filing.

File CIB. Obtain Police Report Obtain Medical Reports

Obtain signed statement of uninsured.

Obtain settlement agreement. Contract witness(es)

Contact claimant's employer for possible health insurance coverage and Temporary Disability Benefits.

Rule out vehicle ownership in household.

Obtain the names, dates of birth and driver's license numbers of all household residents.

Other: \_\_\_\_\_

APPENDIX B
ITEM 2

THIS FORM IS A FORMAT AND NOT TO BE USED
IN SUBMITTING REPORTS TO THE FUND

60 DAY REPORT

UCJ # \_\_\_\_\_ DATE \_\_\_\_\_

CLAIMANT: SS# \_\_\_\_\_ AGE \_\_\_\_\_

CLAIMANT'S ATTORNEY:

ELIGIBILITY OF CLAIMANT:

UNINSURED:

ASSIGNED ATTORNEY:

ASSIGNED ATTORNEY'S ACTIVITY:

DATE OF ACCIDENT: PLACE OF ACCIDENT:

ACCIDENT DESCRIPTION:

LIABILITY:

WITNESSES:

POLICE INVOLVEMENT:

INJURIES:

EXPENSES:

ADJUSTER'S RECOMMENDATION:

WORK TO BE DONE:

COMPANY/CARRIER \_\_\_\_\_

ADJUSTER \_\_\_\_\_

CLAIM # \_\_\_\_\_

PHONE # \_\_\_\_\_

APPENDIX B

ITEM 3

THIS FORM IS A FORMAT AND NOT TO BE USED  
IN SUBMITTING REPORTS TO THE FUND

6 MONTH SUMMARY REPORT

UCJ # \_\_\_\_\_ DATE \_\_\_\_\_  
SS# \_\_\_\_\_ AGE \_\_\_\_\_

CLAIMANT(S):

CLAIMANT(S) ATTORNEY:

UNINSURED:

ATTORNEY ASSIGNED:

COMPANY ASSIGNED: \_\_\_\_\_ CLAIM # \_\_\_\_\_

D/A: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE OF ACCIDENT: \_\_\_\_\_

SUIT: \_\_\_\_\_ COURT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ELIGIBILITY OF CLAIMANT(S):

DESCRIPTION OF ACCIDENT:

LIABILITY:

WITNESSES DESCRIPTION:

POLICE DESCRIPTION:

DESCRIPTION OF INJURIES:

UP TO DATE LIST OF MEDICAL EXPENSES:

CARRIER'S RECOMMENDATION:

ASSIGNED ATTORNEY'S RECOMMENDATION:

WORK TO BE DONE:

ADJUSTER \_\_\_\_\_

PHONE # \_\_\_\_\_

New Rule, R.1994 d.597, effective December 5, 1994.  
See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).

APPENDIX C

UNSATISFIED CLAIM AND JUDGMENT FUND  
RECOVERY CERTIFICATION

Injured Party:  
Date of Loss:  
Carrier:  
Carrier Claim Number:  
EMB File Number:  
Amount Requested: \$

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_  
(Name of Affiant) (Title) (Name of Insurer)  
seeking reimbursement for Personal Injury Protection excess  
medical benefits paid by the Insurer on behalf of the above  
listed injured party. I hereby certify that I am authorized to file  
this certification on behalf of the insurer.

I further certify that this Insurer has not received, from any  
source, reimbursement, contribution, or indemnification of the  
PIP excess medical benefits paid by the Insurer on behalf of the  
above listed injured party and for which reimbursement is  
sought from the UCJF.

I further certify that this Insurer has either (i) prosecuted or  
is prosecuting an action, including by agreement or arbitration  
in matters subject to N.J.S.A. 39:6A-9.1, against all potentially  
responsible tortfeasors, or (ii) examined the documents and  
considered the factors set forth at N.J.A.C. 11:3-28.13(c), and  
determined not to prosecute an action.

I further certify that the forgoing statements are true and  
correct to the best of my information, knowledge and belief,  
and that the UCJF may rely on this Certification in determining  
to provide reimbursement of PIP excess medical expense bene-  
fit payments. I am also aware that if any of the foregoing  
statements made by me are false, the UCJF shall be entitled to  
discontinue reimbursements on this claim and recover any  
reimbursements already made to the insurer on this claim  
pursuant to N.J.A.C. 11:3-28.13(a)2.

\_\_\_\_\_  
Date Signature  
\_\_\_\_\_  
Name and Title (print)  
\_\_\_\_\_  
Telephone Number

New Rule, R.2001 d.151, effective May 7, 2001.  
See: 32 N.J.R. 3714(a), 33 N.J.R. 1389(a).

SUBCHAPTER 28A. (RESERVED)

**Subchapter Historical Note**

Subchapter 28A, Unsatisfied Claim and Judgement Fund Assess-  
ments, was repealed by R.2003 d.501, effective December 15, 2003.  
See: 35 N.J.R. 3259(a), 35 N.J.R. 5615(a).

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Department” means the New Jersey Department of Banking and Insurance.

“Insurer” means any person authorized or admitted in this State to write the kinds of insurance specified in paragraphs d and e of N.J.S.A. 17:17-1, pursuant to N.J.S.A. 17:17-1 et seq. or 17:32-1 et seq., as applicable. “Insurer” shall not include a surplus lines insurer eligible to write business pursuant to N.J.S.A. 17:22-6.40 et seq.

“Net direct written premiums” means direct gross premiums written on policies, insuring against legal liability for bodily injury or death and for damage to property, and personal injury protection coverage provided pursuant to N.J.S.A. 39:6A-4 or 39:6A-3.1, arising out of the ownership, operation or maintenance of motor vehicles, which are principally garaged in this State, less return premiums thereon and dividends paid to policyholders on such direct business.

“UCJF” means the Unsatisfied Claim and Judgment Fund created pursuant to N.J.S.A. 39:6-61 et seq.

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

In “Net direct written premiums”, inserted a reference to N.J.S.A. 39:6A-3.1.

### 11:3-28A.3 Creation and maintenance of UCJF

(a) Pursuant to N.J.S.A. 39:6-63(d), on December 30 of each year, the Commissioner shall calculate the probable amount that will be needed for the UCJF to carry out the provisions of N.J.S.A. 39:6-61 et seq. for the ensuing registration license year (that is, June 1 to May 31 of the following year).

(b) In calculating the probable amount pursuant to (a) above, the Commissioner shall consider the factors set forth in N.J.S.A. 39:6-63(d), including the following:

1. The anticipated UCJF cash balance on June 30 immediately following the year in which the calculation is made;
2. The anticipated UCJF payments, including reimbursement of excess medical expense benefits pursuant to N.J.S.A. 39:6-73.1, for the fiscal year July 1 to June 30 immediately following the year in which the calculation is made;
3. The anticipated interest earnings on the UCJF's current assets for the same period set forth in (b)2 above; and
4. A cash reserve for uncertainty and a rate stabilization reserve, which shall not exceed the amount actually paid from the UCJF during the 12 full calendar months immediately preceding the calculation.

(c) The amount calculated pursuant to (b) above shall be assessed on all insurers authorized or admitted to transact private passenger automobile liability or commercial automobile liability insurance in this State pursuant to an Order issued by the Commissioner in January of each year. The amount shall be initially assessed in the proportion that the net direct written premium of each insurer bears to the aggregate net direct written premiums of all insurers for automobile liability and personal injury protection (“PIP”) as reported in each insurer's annual statement for the second calendar year preceding the year the assessment is made. Premiums shall be adjusted to reflect:

1. Newly admitted, withdrawing or replacement insurers during the immediately preceding two years; and
2. Rate level changes during the immediately preceding two years.

(d) Insurers shall pay amounts assessed no later than March 31 of the year the assessment is made.

(e) The initial assessment shall be subject to adjustment on March 31 of the second calendar year following the payment of the assessment to reflect the actual net direct written premiums of each insurer in the year the assessment was made.

### 11:3-28A.4 Penalties

Failure to comply with this subchapter shall result in the imposition of penalties as authorized by law.

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## SUBCHAPTER 29. MEDICAL FEE SCHEDULES: AUTOMOBILE INSURANCE PERSONAL INJURY PROTECTION AND MOTOR BUS MEDICAL EXPENSE INSURANCE COVERAGE

### 11:3-29.1 Purpose and scope

(a) This subchapter implements the provisions of N.J.S.A. 39:6A-4.6 to establish medical fee schedules on a regional basis for the reimbursement of health care providers providing services or equipment for medical expense benefits for which payment is required to be made by automobile insurers under PIP coverage and by motor bus insurers under medical expense benefits coverage.

(b) This subchapter applies to all insurers who issue policies of automobile insurance containing PIP coverage and policies of motor bus insurance containing medical expense benefits coverage.

(c) These fee schedules do not apply to the following:

1. Other coverages contained in an automobile or motor bus insurance policy such as coverage for bodily injury liability;

2. Any other kind of insurance including health insurance, even when the health insurer may be required pursuant to its health insurance contract to pay benefits to, or on behalf of, a person who sustained bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile or motor bus, or as a pedestrian, caused by an automobile or motor bus or an object propelled by or from an automobile or motor bus; and

3. Medical services or equipment provided outside of the geographic boundaries of New Jersey except as set forth in N.J.A.C. 11:3-29.4(d)2.

Amended by R.1993 d.25, effective January 4, 1993.

See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

Added motor bus insurers under medical expense benefits coverage.

Amended by R.2001 d.158, effective May 21, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).

### 11:3-29.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Basic Life Support” (“BLS”) means volunteer ambulance services, whose personnel are not required to be Emergency Medical Technicians, and municipal and proprietary ambulance services whose personnel are required to be Emergency Medical Technicians.

“Bilateral surgery” means identical procedures (requiring use of the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure is performed through its own separate incision.

“CDT-3” means the American Dental Association’s Current Dental Terminology, Third Edition, Version 2000.

“CPT” means the American Medical Association’s Current Procedural Terminology, Fourth Edition, coding system.

“Eligible charge or expense” means the provider’s usual, customary and reasonable charge or the upper limit in the fee schedule, whichever is lower.

“Emergency care” means all medically necessary treatment of a traumatic injury or a medical condition manifesting itself by acute symptoms of sufficient severity such that absence of immediate attention could reasonably be expected to result in: death; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. Such emergency care shall include all medically necessary care immediately following an automobile accident, including, but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician.

“Global service” means the sum of the technical and professional components.

“HCPCS” means the Federal Health Care Financing Administration’s (HCFA’s) Common Procedure Code System.

“Health care provider” or “provider” is as defined in N.J.A.C. 11:3-4.

“Health insurance” means a contract or agreement whereby an insurer is obligated to pay or allow a benefit of pecuniary value with respect to the bodily injury, disability, sickness, death by accident or accidental means of a human being, or because of any expense relating thereto, or because of any expense incurred in prevention of sickness, and includes every risk pertaining to any of the enumerated risks. As used in this subchapter, health insurance includes workers’ compensation coverage but does not include any PIP coverage.

“Health insurer” includes any insurer issuing a policy of health insurance as defined in this subchapter.

“Medically necessary” or “medical necessity” means that:

1. The medical treatment or diagnostic test is consistent with the clinically supported symptoms, diagnosis or indications of the injured person;
2. The treatment is the most appropriate level of service that is in accordance with the standards of good practice and the provisions of N.J.A.C. 11:3-4, as applicable;
3. The treatment is not primarily for the convenience of the injured person or provider;
4. The treatment is not unnecessary; and
5. The treatment does not include unnecessary testing.

“Motor bus” means motor bus as defined in N.J.S.A. 17:28-1.5.

“Motor bus insurer” includes any insurer issuing a policy of insurance on a motor bus the owner, registered owner, or operator of which is required to maintain medical expense benefits coverage pursuant to N.J.S.A. 17:28-1.6.

“PIP coverage” means personal injury protection coverage described in N.J.S.A. 39:6A-3.1(a), 39:6A-4a and 39:6A-10 as amended.

“PIP insurer” includes any insurer issuing a policy of automobile insurance on any vehicle that contains PIP coverage.

“Three-digit zip code” refers to the first three digits of the U.S. postal code.

Amended by R.1992 d.170, effective April 6, 1992.

3. Medical services or equipment provided outside of the geographic boundaries of New Jersey except as set forth in N.J.A.C. 11:3-29.4(d)2.

Amended by R.1993 d.25, effective January 4, 1993.  
See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

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