

01/21/2009

Tiffany Anderson  
1516 Sylvan Way #205  
Lodi, CA 95242

Claim Number: VE0700184  
Date of Injury: 06/19/2008  
Employer: San Joaquin County MVCD

**NOTICE REGARDING TEMPORARY DISABILITY BENEFITS**

Acclamation Insurance Management Services, Inc. is handling your workers' compensation claim on behalf of San Joaquin County Mosquito Vector Control District. This notice is to advise you of the status of temporary disability payments for your workers' compensation injury of 06/19/2008.

Your payments are ending because you were released to return to work on 01/09/2009.

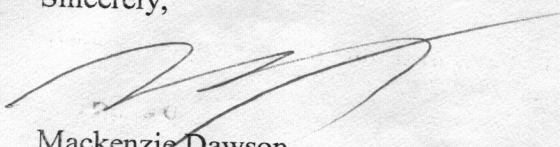
Benefits paid to you total \$14,892.58. Benefits were paid to you as Temporary Total Disability from 07/21/2008 through 01/09/2009.

An Application for Adjudication must be filed with the Workers' Compensation Appeals Board within one year of the date of injury if no benefits, compensation or medical treatment has been furnished. If you have been furnished benefits, compensation or medical treatment, an Application for Adjudication must be filed within one year after the date of the last payment or provision of benefits or within five years from the date of injury, whichever is later. Failure to meet these requirements could bar your rights to further compensation by operation of law.

The State of California requires that you be given the following information: *If you disagree with the decision, you may consult with a State Information and Assistance Officer at 1-800-736-7401 or call your local Information and Assistance Officer at 1-209-948-7650. You may also consult with and be represented by an attorney, and/or apply to have your case heard by the Workers' Compensation Appeals Board.*

Please review the enclosed pamphlet for a full explanation of workers' compensation benefits. If you have any questions, call me at 916-563-1900.

Sincerely,

  
Mackenzie Dawson  
Claims Examiner

Enc.: TD Fact Sheet

P.O. Box 269120  
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