

04/01/2009

Donald Meidinger

Claim Number: VE0700038

Date of Injury: 10/13/2006

Employer: San Joaquin County Mosquito VCD

**NOTICE REGARDING PERMANENT DISABILITY BENEFITS
MONITOR FOR DISABILITY STATUS**

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 permanent disability payments for your workers' compensation injury on the date shown above.

It is too soon to tell if you will have any permanent disability from your injury. Permanent Disability is pending further discovery regarding injury AOE/COE. Please note this claim remains denied at this time. I expect to have this information by 10/01/2009. I will notify you of the status of permanent disability at that time.

The state of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call: *Mackenzie Dawson* at 1-916-563-1900 ext. 242. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling 1-209-948-7650. For recorded information and a list of offices, call (800) 736-7401. You may also visit the DWC website at: http://www.dir.ca.gov/DWC/dwc_home_page.htm.

You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board.

Sincerely,



Mackenzie Dawson
Claims Examiner

cc: Moorad, Clark & Stewart, 1301 "L" Street, Suite 1, Modesto, CA 95354
Stockwell, Harris, et. al., Attn: Erick G. Helphrey, 1545 River Park Drive, Suite 330, Sacramento, CA 95815

P.O. Box 269120
Sacramento, CA 95826

Enc: DWC-AD 10003 Notice of Offer of Regular Work

916/563-1900
Fax: 916/563-1919
www.aims4claims.com

CAL. LIC. 2G17034



DWC-AD 10003 NOTICE OF OFFER OF REGULAR WORK

For injuries occurring on or after 1/1/05

THIS SECTION TO BE COMPLETED BY EMPLOYER OR CLAIMS ADMINISTRATOR:

Claims Administrator: Acclamation Insurance Management Services, Inc. Claim Number: VE0700038

Based on the opinion of QME Dr. McHenry, you are able to return to your usual occupation or the position you held at the time of your injury on 10/13/2006.

Date you are eligible to return to job: 02/24/2009 (as stated in the above physician's report)

Employer: Employer: San Joaquin County Mosquito Vector Control District

Job Title: Mosquito Control Technician

Starting Date:

☒ This position is at the same location and shift as your pre-injury position.

☐ This position is at a different location than your pre-injury position, as follows:

☐ This position is for a different shift than your pre-injury position, as follows:

You may contact Mackenzie Dawson concerning this position. Phone No.: 1-916-563-1900 ext. 242

You must return the completed form to the employer or claims administrator listed here:

Employer: San Joaquin County Mosquito Vector Control District or Acclamation Insurance Management Services, Inc.

This position is expected to last for a total of at least 12 months of work. If this position does not last for a total of at least 12 months of work, you may be entitled to an increase in your permanent disability benefit payments. This position provides wages and compensation of \$1192.55 per week, that are equivalent to or more than the wages and compensation paid to you at the time of your injury.

I, Mackenzie Dawson, have obtained the above job offer information from your employer.

If the job offered is at a different location than the job you held at the time of your injury, and you believe the commuting distance to this job from the residence where you lived at the of your injury is not reasonable, you may object to the job offer as not being within a reasonable distance. You may also waive this commuting distance requirement. You will be considered to have waived this requirement if you accept the above offer of work or do not reject the offer within twenty calendar days of receipt of this notice.

Claim Number VE0700038

THIS SECTION TO BE COMPLETED BY EMPLOYEE:

The employee must accept, reject or object to this offer for regular work and return this form to the employer or claims administrator listed on page one within 20 calendar days of receipt of the offer or it will be deemed that the employee has waived the right to object to the location or shift. The employee should keep a copy of this form for his or her records.

Name of employee: _____

Date offer received: _____

I understand that if my disability is permanent and stationary and the employer has fulfilled its legal obligations related to this offer, my remaining permanent disability payments will be decreased by 15% whether I accept or reject this offer.

Offer of Regular Work at Same Location and/or Shift

☐ I accept this offer of regular work.

☐ I reject this offer of work.

Reason:

Note: If either party has a dispute or objection regarding the offer of regular work, or if the employee rejects the offer of regular work, that party may file a Declaration of Readiness with the local district office of the Workers' Compensation Appeals Board (WCAB).

Offer of Regular Work at a Different Location and/or Shift

I understand that I have the right to object to a work offer when the location or shift is different than what I had at the time of my injury.

☐ I accept the offer and waive my right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.

☐ I reject this offer of work.

Reason:

☐ I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

☐ I object to this offer because the job shift that has been offered is different than the job shift I held at the time of my injury. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

Note: If either party has a dispute or objection regarding the offer of regular work, or if the employee rejects the offer of regular work, that party may file a Declaration of Readiness with the local district office of the Workers' Compensation Appeals Board (WCAB).

Signature:

Date:

Proof of Service By Mail or Hand Delivery

I am a resident of the County of Sacramento. I am over the age of eighteen years and not a party to the within matter. My business address is:

On April 1, 2009, I served the **Notice of Offer of Regular Work** on the party/parties listed below by either method of service described below:

A. Placing a true copy of the **Notice of Offer of Regular Work** in a sealed envelope with postage fully prepaid addressed to each person whose name and address is given below by depositing the envelope in the United States mail.

Or

B. Personally serving a true copy of **Notice of Offer of Regular Work** on each person whose name and address is given below.

Enter the name of the party and indicate the type of service in the box (either A or B as described above.)

Name of Party:

Type of Service

Donald Meidinger, _____

A

Moorad, Clark & Stewart, 1301 "L" Street, Suite 1, Modesto, CA 95354

A

Stockwell, Harris, et. al., Attn: Erick G. Helphrey, 1545 River Park Drive, Suite 330, Sacramento, CA 95815

A

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Sacramento on April 1, 2009.

Signature: AMANDA CONNOLLY