



07/28/2009

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
PAYMENT RESUME**

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/4850 vouchers for your workers' compensation injury on the date shown above.

Payments for temporary disability are resuming 07/07/2009 through 07/28/2009 and will continue until you are able to return to work or your medical condition becomes permanent and stationary. Your weekly compensation rate is \$602.59 for Temporary Disability. Your weekly compensation rate is \$602.59 based on your earnings of \$903.88 per week. Payments will be sent to you every two weeks. You may receive less if you are earning partial wages.

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

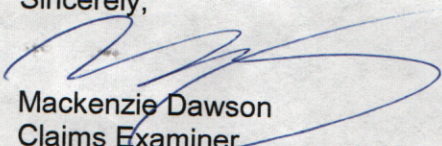
You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call: Mackenzie Dawson at 1-916-563-1900 ext. 242.

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 your local I&A at 1-916-263-2741. For recorded information and a list of offices, call 1-800-736-7401. 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

Enc.: DWC Fact sheet C – Temporary Disability (rev. 2/08)

P.O. Box 269120
Sacramento, CA 95826
Phone: 916-563-1900
Fax: 916-563-1919