

**You may lose important rights if you do not take certain actions within 10 days.
Read this letter and any enclosed fact sheets very carefully.**

August 5, 2010

Tiffany Anderson
2 N. Avena Ave.
Lodi, CA 95242

Employer: San Joaquin County MVCD
Claim No.: VE0700184
Date of Injury: 06/19/2008

NOTICE REGARDING PERMANENT DISABILITY BENEFITS

Dear Ms. Anderson:

Acclamation Insurance Management Services, Inc. is handling your workers' compensation claim on behalf of San Joaquin County Mosquito MVCD. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Based on the AME rating of Dr. Tabaddor dated 06/08/10 which rates your disability to 4%, the amount of permanent disability total \$2,760.00. Please be advised that since there was an overpayment of temporary disability in the amount of \$4,571.42 which we take credit against your permanent disability, we are not issuing any permanent disability payment at this time.

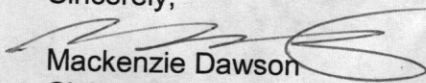
The State of California requires that you be given the following information:

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 (916) 563-1900 at 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 (209) 948-7759. 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 received 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.: As required by specific regulations:

- Medical Report

P.O. Box 269120
Sacramento, CA 95826-9120
(916) 563-1900

- DWC Fact Sheet C – TD (rev 2/08)
- DWC Fact Sheet D – PD (rev 12/05)
- DWC Fact Sheet E – QME/AME (rev 11/09)
- Attachment to QME Form 105 (rev 2/09)
- QME Form 105 (rev 2/09)

Cc: Stockwell, Harris, Woolverton & Muehl
Ronald Stein, Inc.
San Joaquin County MVCD

P.O. Box 269120
Sacramento, CA 95826-9120
(916) 563-1900