

Vector JPA

P.O. Box 269120 Sacramento, CA 95826 - Phone: DPW FAX:

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page	1	
TIFFANY ANDERSON		0000011441	08/06/10		\$750.00	?		
Claim No: VE090000018	Name: Anderson, Tiffany K	Date of Loss: 03/26/2009						

Service Period: 06/08/2010 - 07/19/2010

Payment Type: Permanent Disability

Comments:

TOTAL REMITTANCE

\$750.00 ?

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.