San Joaquin County Employees' Retirement Association

August 9, 2013

Ms. Tiffany K. Anderson
2 N Avena
Lodi, CA 95242

Dear Ms. Anderson:

On August 9, 2013, at the regular Board meeting, the Board of Retirement granted your request for a 60-day extension. Your extension has been approved through October 9, 2013.

Sincerely,

BSG

Annette H. St. Urbain

Annette H. St. Urbain
Chief Executive Officer

AHS:bsg

6 South El Dorado Street, Suite 400 • Stockton, CA 95202
(209) 468-2163 • Fax (209) 468-0480 • www.sjcera.org

bSG

San Joaquin General Hospital
500 W. Hospital Rd.
Stockton, CA 95203
(209) 468-6000

AUTHORIZATION for RELEASE of INFORMATION

I, Tiffany Kay Anderson, hereby authorize
Patient or Legal Representative

San Joaquin General Hospital and Clinics to use or disclose my health information as described below. I understand the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

Patient Name: Tiffany Anderson Med Rec/ID Number: _____

Date of Birth: 8/22/1970 Sex: F SSN: 549235133

Persons/organization providing the information:
(From)
San Joaquin General Hospital
ATTN: Medical Records
P.O. Box 1020
Stockton, CA 95201

Persons/organization receiving the information:
(To) San Joaquin County Employees' Retirement Association
6 S. EL DORADO ST, STE 400
STOCKTON, CA 95202-2804

Specific Medical Condition(s): _____
And/or
Specific Timeframe(s): _____

What is the purpose of the disclosure: at the request of the individual

(Note: "at the request of the individual" is a sufficient descrpition of the purpose when the patient initiates the authorization and elects not to provide a statement of purpose.)

A. Type of Records Needed:

☐ Discharge Summary	☐ Outpatient Clinic Notes	☐ History and Physical
☐ Progress Notes	☐ Operative Reports	☐ Emergency Record
☐ Laboratory Test(s)	☐ Prenatal/Delivery Records	☐ Pathology Report(s)
☐ Consultation Report(s)	☒ Complete Medical Record	☐ Radiology Test(s)

Other: _____

Date: 7-3-2013

San Joaquin County Employees'
Retirement Association
Board of Retirement
6 S. EL DORADO ST, STE 400
STOCKTON, CA 95202-2804

RE: Authorization to Obtain Medical/Personal Information

Dear Board of Retirement:

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me, any other accident, injury, or third party information of me, to give to San Joaquin County Employees' Retirement Association any and all such information. I also authorize all personnel records to be released to San Joaquin County Employees' Retirement Association.

I UNDERSTAND the information obtained by use of the authorization will be used by San Joaquin County Employees' Retirement Association to determine eligibility for disability retirement. Any information obtained will not be released by San Joaquin County Employees ' Retirement Association to any person or organization EXCEPT to other persons or organizations performing business or legal services in connection with my disability claim, or as may otherwise lawfully be required or as I may further authorize.

I agree that signed copies of this authorization shall serve as the original in requesting medical information.

I have read and understand the certification and authorization to obtain information statements above.

Sincerely,

Tiffany Anderson
Disability Applicant
SSN #549235133

BSH/ NEED TO SIGN BY TIFFANY ANDERSON

San Joaquin General Hospital
500 W. Hospital Rd.
Stockton, CA 95203
(209) 468-6000

AUTHORIZATION for RELEASE of INFORMATION

B. I specifically authorize release of the following infomation (check if appropriate):
☐ Alcohol / Drug Treatment Records
☐ HIV Test Results

NOTE: A separate authorization is required to authorize the disclosure of psychotherapy notes.

☐ All of the records marked above pertaining to me.
☐ Only records from _____ Date(s) of Treatment

Exceptions: _____

I understand that this authorization shall become effective immediately and shall remain in effect until _____ (six months from the date of signature).

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure or.

I understant that I may revoke this authorization at any time by completing the Revocation of Authorization Form, obtained from the Medical Records/HIM Department. The revocation will only be effective from the date it is received in this office and will not apply retroactively.

I further under stand that I have the right to refuse to sign this form and that my refusal will not result in SJGH conditioning the provision of health care with two exceptions:

1. If it is for disclosure of information created for research that includes treatment.

2. If it is for disclosure of information created for the sole purpose of disclosure to a third party.

I also agree to pay any fees associated with copying, reviewing and mailing the requested records. I understand that I am entitled to receive a copy of this authorization.

I have a right to receive a copy of this authorization. If this box is checked, ☐ the Requestor will receive compensation for the use or disclosure of my information.

Print Name: Tiffany Kay Anderson

Signature: [signature]

Date: 7-3-2013 Time: _____ am/pm

If signed by other than patient, indicate relationship: _____

Witness: _____

SAN JOAQUIN COUNTY
MOSQUITO & VECTOR CONTROL DISTRICT

COBRA Continuation Coverage Election Form

Date: 7-5-13

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to the District. Under Federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form.

Read the attached important information about your rights

I (We) elect COBRA continuation coverage in the following plans as indicated below:

☐ CalPERS ☐ Delta Dental ☐ Vision Service Plan

Name	Date of Birth	Relationship	SSN	Coverage options
		SELF		

Signature: _____ Date: _____

Print Name: _____

Print Address: _____ Tel: _____

_____

7-3-2013
Date

8-9-2013 goes to board for approval

Retirement Board Members
San Joaquin County
Employees' Retirement Assoc.
6 S. El Dorado St. Suite 400
Stockton, CA 95202

RE: REQUEST FOR 60-DAY EXTENSION TO SUBMIT PHYSICIAN GUIDELINE REPORT

To the SJCERA Board of Retirement:

I would like to request a 60-day extension of my deadline to submit my Physician Guideline Report. I have not been able to obtain it as of yet.

Respectfully,

Tiffany K Anderson
2 N Avena
Lodi, CA 95242

San Joaquin County Employees' Retirement Association

For the Board Meeting
of
August 9, 2013

Board of Retirement
San Joaquin County Employees' Retirement Association
6 S. El Dorado Street, Suite 400
Stockton, CA 95202

RE: TIFFANY K. ANDERSON, MOSQUITO CONTROL TECHNICIAN I, SAN JOAQUIN COUNTY MOSQUITO ABATEMENT, APPLICANT FOR A SERVICE-CONNECTED DISABILITY RETIREMENT

Dear Board Members:

RECOMMENDATION:

Staff recommends that Tiffany Anderson be granted a 60-day extension through October 9, 2013, in order to obtain a complete Physician's Guidelines report to support her disability application.

REASON FOR RECOMMENDATION:

On March 27, 2013, Ms. Anderson applied for a service-connected disability retirement. Since that date, staff has requested and received copies of medical records from San Joaquin General Hospital and the Human Resources Department.

On July 3, 2013, Ms. Anderson requested additional time to obtain a complete Physician's Guidelines report. Ms. Anderson is making every effort to comply with the Board's requirements.

STEPS FOLLOWING BOARD ACTION:

Staff will notify Ms. Anderson of the Board's decision.

Sincerely,

Annette H. St. Urbain
Chief Executive Officer

AHS:bsg

c: Tiffany Anderson

San Joaquin County Employees' Retirement Association

April 9, 2013

Tiffany Anderson
2 N Avena
Lodi, CA 95242

Dear Ms. Anderson:

On March 27, 2013 your Assistant Manager applied in care of you for a service - connected disability retirement. Under the bylaws of the Retirement Association, all medical reports should be received within 90 days, i.e. **June 27, 2013**.

1. Please find enclosed the **questionnaire with (15) questions** and provide to your physician and request a detailed report incorporating the fifteen questions in the report,
2. Complete the **Provider's Knowledge** form and provide the health care provider's that are aware of your medical condition's which have information on the disability,
3. Sign the **Authorization to Obtain Medical / Personal Information** form
4. Sign the **San Joaquin General Hospital Authorization for Release of Information** page (1) print your name in the highlighted area and on page (2) at the bottom print, sign and date the form.

Return all of the signed forms to SJCERA as soon as possible to begin requesting medical records to build your "medical book". Copies will be provided to you for your record.

Please contact me at 209-468-2163 for any questions.

Respectfully,

Beatriz D. Garcia

Beatriz S. Garcia
Retirement Services Technician

6 South El Dorado Street, Suite 400 • Stockton, CA 95202
(209) 468-2163 • Fax (209) 468-0480 • www.sjcera.org

Due on 6/27/13 BSB #1

San Joaquin County Employees' Retirement Association

6 S. EL DORADO ST, STE 400 STOCKTON, CA 95202-2804 • Tel: (209) 468-2163 • Fax: (209) 468-0480

PHYSICIAN'S GUIDELINES

For use in the preparation of medical reports in accordance with the County Employees' Retirement Law of 1937:

The Bylaws of the San Joaquin County Employees' Retirement Association require that physician's reports, in order to be acceptable as evidence before the Board of Retirement, shall be in written form and shall contain, but not be limited to, the following information, in detail, relating to the member:

1. History of injury or illness:
2. Medical complaints:
3. Past medical history:
4. Family medical history:
5. Source of all facts set forth in the history and complaints:
6. Findings on examination:
7. Opinion as to whether member is substantially incapacitated to perform the member's usual duties of the member's employment:
8. Cause of the substantial incapacity, if any:
9. Medical treatment indicated:
10. Likelihood of permanent disability:
11. Opinion as to whether or not the member's incapacity is a result of an injury or disease arising out of and in the course of employment and such employment contributes substantially to such incapacity:
12. Opinion as to whether or not the member's incapacity is due to intemperate use of alcoholic liquor or drugs, or so far as the medical examination discloses, willful misconduct:
13. Opinion as to whether or not the member's incapacity would proclude the member from performing any employment in the county service:
14. The reasons for these opinions:
15. Your report will not be admissible as evidence unless it is signed under penalty of perjury, with the following declaration above your signature:

    "I declare under penalty of perjury that the foregoing is true and correct."

    Dated: _____ at: (City), California.

San Joaquin County Employees' Retirement Association

6 S. EL DORADO ST, STE 400 STOCKTON, CA 95202–2804 • Tel: (209) 468–2163 • Fax: (209) 468–048(

March 27, 2013

Tiffany Anderson
2 N AVENA
LODI, CA 95242

Dear Tiffany Anderson:

Relative to your application for disability retirement filed on March 27, 2013, you are obligated to furnish within 90-days any evidence to be used in support of your application. If the medical evidence is not received within 90-days (June 27, 2013), your application will be dismissed. You may submit a written request for a 60-day extension to the Board of Retirement indicating a reasonable cause for the extension and the date by which the evidence will become available to the Board of Retirement. Should your application be dismissed for failure to meet the 90-day period, you may reapply. However, you would be subject to a new application date for determination of benefits.

Upon receipt of your evidence, you will be provided with a notice of date, time, and place of a medical examination. This verification medical examination will be paid for by Retirement. Refusal to submit to this medical examination may result in dismissal of your application.

You have a right to secure a representative in this matter before the Board of Retirement. Please advise us of your intent; and, if you are to be represented, submit in writing the name, address, and telephone number of your authorized representative.

If you are eligible for service retirement, you may elect to retire and receive a service retirement allowance pending final disposition of the application for disability retirement. The service retirement allowance would be adjusted retroactively if the application for disability is approved.

Section 31725.5 provides, in part, that if the Board of Retirement finds you are disabled for the performance of your present duties but that you are capable of performing other duties in county service, you may accept an offer of transfer, reassignment, or other change to a position with duties you are capable of performing.

Please contact our office at any time if you have any questions regarding the disability retirement process.

Sincerely,

BSG

Annette St. Urbain

Annette St. Urbain
Chief Executive Officer

VERY IMPORTANT: Please stress to your doctors that their report MUST follow the "Physician's Guidelines" covering all items set forth, in detail. It should be addressed to the Retirement Board and be signed under penalty of perjury. This will greatly expedite the processing of your application. If elements of this guideline are missing or incomplete, the Board of Retirement will have to delay the process until the information is provided. Thank you.

San Joaquin County Employees' Retirement Association

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RETIREMENT APPLICATION

Application Date: 03/27/2013

INFORMATION

In accordance with the provisions of the "County Employees' Retirement Law of 1937" and the bylaws and regulations governing this system, I hereby make application for:

- ☐ Service Retirement
- ☐ Service Retirement w/Temporary Annuity
- ☒ Service-Connected Disability Retirement
- ☐ Nonservice-Connected Disability Retirement
- ☐ Service & Nonservice-Connected Disability Retirement

If disability, describe disabling condition(s)

On-the-job-injury on 11/28/20211, to the right knee.

MEMBER INFORMATION

First Name	MI	Last Name	
TIFFANY	K	ANDERSON	
Mailing Address		**Emp ID**	**Mbr ID**
2 N AVENA		146836	211741
City	**State**	**Zip Code**	**SSN**
LODI	CA	95242	549-23-5133
Home Telephone Number	**Gender**	**Marital Status**	**Date Of Birth**
(209) 625-8575	○ M ◉ F	◉ Single ○ Married	8/22/1970
Department		**Job Title**	
SJ CO MOSQUITO ABATEMENT		SPECIAL DISTRICT CLASS CODE	

BENEFICIARIES

	First Name	MI	Last Name	Social Security Number	
1	Mailing Address			Relationship to Member	Date of Birth
	City	State	Zip Code	Telephone	
2	First Name	MI	Last Name	Social Security Number	
	Mailing Address			Relationship to Member	Date of Birth
	City	State	Zip Code	Telephone	
3	First Name	MI	Last Name	Social Security Number	
	Mailing Address			Relationship to Member	Date of Birth
	City	State	Zip Code	Telephone	

SIGN

Member Signature	Date	Witness Signature (cannot be a beneficiary)	Date
ON BEHALF OF TIFFANY ANDERSON Eddie Jenkins	3/27/13	Beatriz D. Garcia	3/27/13

SJCERA Office Use Only

Effective Retirement Date:

I wish to have my retirement check: ○ Mail to Address Requested ○ Electronic Fund Transfer

Death Benefit: ○ Basic Death Benefit ○ Optional Death Allowances

AUTHORIZED DEDUCTIONS/OPTIONS TO CONVERT THE FOLLOWING:

- ☐ Federal Income Tax
- ☐ State Income Tax
- ☐ Conversion of Sick Leave to Monthly Allowance
- ☐ Leave of Absence (If YES see file)
- ☐ Health Insurance
- ☐ I elect to have my dependent's health insurance premiums deducted from my sick leave bank.
- ☐ Life Insurance
- ☐ Dental
- ☐ Dental S/L Bank
- ☐ Sick Leave Cash Out
- ☐ CreditUnion
- ☐ Retiree Assoc Dues
- ☐ PORAC
- ☐ United Way
- ☐ Vision
- ☐ Vision S/L Bank
- ☐ Sick Leave Bank **or**
- ☐ Service Credit