



September 16, 2011

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

Claim Number: VE0700184
Date of Injury: 06/19/08
Employer: San Joaquin County MVCD

**NOTICE REGARDING TEMPORARY DISABILITY BENEFITS
PAYMENT RESUME**

Dear Ms. Anderson:

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 payments for your workers' compensation injury of 06/19/08.

Payment for temporary disability benefits is being resumed and sent separately in the amount of \$3,013.08 for the period of 08/17/11 through 09/16/11. This benefit is not taxable and is paid to you for every day of a seven-day week while you are unable to work because of your injury. However, benefits are not paid for the first three days of disability unless you were hospitalized or you are disabled for more than 14 days.

Your weekly compensation rate is \$680.37 per week based on your weekly earnings of \$1020.55. You may receive less if you are earning partial wages.

Continuing payments of temporary disability benefits will be sent to you every two weeks until your doctor approves your return to work or your medical condition becomes permanent and stationary.

Please note however that for injuries sustained in 2008, temporary disability benefits payment caps at 104 weeks. Please read carefully the attached temporary disability benefits fact sheet.

An Application for Adjudication must be filed with the Workers' Compensation Appeals Board within one year of the date of injury if no benefits, compensation or medical treatment has been furnished. If you have been furnished benefits, compensation or medical treatment, an Application for Adjudication must be filed within one year after the date of the last payment or provision of benefits or within five years from the date of injury, whichever is later. Failure to meet these requirements could bar your rights to further compensation by operation of law.

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

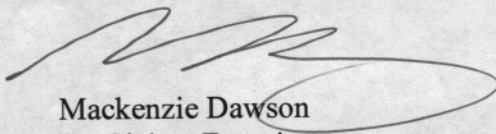
You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call: **Mackenzie Dawson at (916)563-1900, ext. 242**. However, if you are represented by an attorney, you should call your attorney, not the claims 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 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
Sr. Claims Examiner

Enc. TD Fact Sheet

Cc: San Joaquin MVCD