



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.

September 21, 2011

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

Claim Number: VE0700184
Employer: San Joaquin County MVCD
Date of Injury: 06/19/2008

**NOTICE REGARDING TEMPORARY DISABILITY BENEFITS
PAYMENT TERMINATION**

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 disability benefits for your workers' compensation injury on the date shown above.

Payments are ending because your employer has advised us they could accommodate your work restrictions effective 09/21/11.

Benefits paid to you total \$55,141.54. Benefits were paid to you as temporary total disability. Please see attached detailed payment record for specific periods and amount paid.

We accept your treating physician's evaluation of your temporary disability status. If you are unrepresented, and have not received a comprehensive medical evaluation, you may obtain an evaluation by a Qualified Medical Evaluator obtained from a panel issued by the DWC Medical Unit. Attached is a form with which you may request assignment of a panel Qualified Medical Evaluators. You have 10 days to request the panel. Once you have received the panel, you have 10 days to make the appointment.

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

award is issued by the Workers' Compensation Administrative Law Judge or the Workers' Compensation Appeals Board.

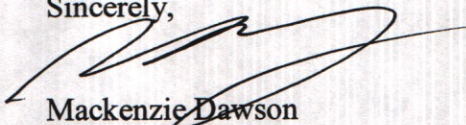
If modified or alternative work is available, you will receive a Form DWC-AD 10133.53 "Notice of Offer of Modified or Alternative Work" from the claims administrator within 30 days of the termination of temporary disability indemnity payments. The claims administrator will not be required to pay for supplemental job displacement benefits if the offer for modified or alternative work meets the following conditions:

- You have the ability to perform the essential functions of the job provided;
- The job provided is in a regular position lasting at least 12 months;
- The job provided offers wages and compensation that are at least 85 percent of those paid to you at the time of the injury.
- The job is located within reasonable commuting distance of your residence at the time of injury.

If there is a dispute regarding the Supplemental Job Displacement Benefit, the employee or claims administrator may file Form DWC-AD 10133.55 "Request for Dispute Resolution before the Administrative Director."

If you have a question or need more information, you can contact your employer or the claims administrator listed below. You can also contact a State Division of Workers' Compensation Information and Assistance Officer.

Sincerely,



Mackenzie Dawson
Claims Examiner

Cc: San Joaquin County MVCD

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