



**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.**

11/17/2009

Tiffany Anderson  
1516 Sylvan Way #205  
Lodi, CA 95242

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

**NOTICE REGARDING INDEMNITY BENEFITS  
PAYMENT TERMINATION**

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 you have returned to work as of 11/16/2007.

Benefits paid to you total \$33,862.38. Benefits were paid to you as temporary total disability Period(s) paid was from 06/20/2008 through 01/09/2009, 03/21/2009 through 05/17/2009, and 07/07/2009 through 11/15/2009 at \$602.59 per week.

We agree with the comprehensive medical evaluation of Dr. Murata report of your Permanent Disability status. You may be asked to return to that physician for a new evaluation.

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 1-916-563-1900 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 1-209-948-7980. For recorded information and a list of offices, call 1-800-736-7401. You may also visit the DWC website at: [http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](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  
Claims Examiner

Cc: Ronald M. Stein Inc., 4521 Quail Lake Drive, Stockton, CA 95207

Stockwell, Harris, Woolverton & Muehl, Attn: Eric Helphrey, 1545 River Park Drive, Suite 330, Sacramento, CA 95815

Encl: DWC Fact Sheet C – Temporary Disability (Rev 2/08 ); DWC Fact Sheet E – QME/AME (Rev. 12/05); Attachment to QME Form 105 (rev 2/09); QME Form 105 (rev 2/09); QME form 106 (rev 2/09); Attachment to QME form 106 (2/09)

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