



December 31, 2009

Tiffany Anderson
1516 Sylvan Way #205
Lodi, CA 95242

Claim Number: VE0700184
Date of Injury: 6/19/2008
Employer: San Joaquin Co. Mosquito VCD

NOTICE REGARDING TEMPORARY DISABILITY BENEFITS

Dear Ms. Anderson

Acclamation Insurance Management Services, Inc. is handling your workers' compensation claim on behalf of San Joaquin Co. Mosquito VCD. This notice is to advise you of the status of **temporary disability** payments for your workers' compensation injury of 6/19/2008.


Payments are being resumed for temporary disability for the period from 12/19/2009 through 1/1/2010. 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.

The resumed payment is sent separately. Your weekly compensation rate is \$602.59 based on your earnings of \$903.88 per week. You may receive less if you are earning partial wages. Payments will be sent to you every 14 days, and will continue until you are able to return to work or your medical condition becomes permanent and stationary.

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: *If you disagree with the decision, you may consult with a State Information and Assistance Officer at 1-800-736-7401 or call your local Information and Assistance Officer at (209) 948-7980. You may also consult with and be represented by an attorney, and/or apply to have your case heard by the Workers' Compensation Appeals Board.*

Please review the enclosed pamphlet for a full explanation of workers' compensation benefits. If you have any questions, call me at 916-563-1900 x 242.

Sincerely,

Mackenzie Dawson
Claims Examiner

Encl.: TD Fact Sheet

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JAN 22 2010

AIMS-SACRAMENTO

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

TEMPORARY DISABILITY FACT SHEET

What is Temporary Disability?

Temporary disability (TD) is a non-taxable benefit paid over a seven day week and is designed to replace your wages while you are temporarily disabled because of your work-related injury or illness. If you are still working but have reduced hours or wages, you may be entitled to **Temporary Partial Disability**, commonly called wage loss, to make up for some of the money lost due to your injury or illness. If you are not able to work at all because of your injury or illness, you may be entitled to **Temporary Total Disability (TTD)**. Some employers provide plans which pay your entire wage for all or part of your temporary disability period. These plans are called **salary continuation**. There are different types of salary continuation plans. Some use your vacation and / or sick leave to supplement the temporary disability payments required by state law. Check with your employer to find out if you are covered by one of these plans.

How is Temporary Disability calculated?

Temporary total disability is based on two thirds of your average weekly wage at the time of injury and is subject to maximum and minimum rates which are set by state law depending on the date of your injury. Your **average weekly wage** is based on all forms of employment income you receive, including, but not limited to, your wages, food, lodging, tips, commissions, overtime, and bonuses.

When does Temporary Disability start and stop?

Temporary disability is not payable for the first three days of disability unless you are hospitalized or you are disabled for more than fourteen days. Once your claim has been accepted, payments should begin within fourteen days and continue to be paid every fourteen days until you are released to return to work or until your treating doctor reports that your condition has reached a **permanent and stationary (P&S)** status. Permanent and stationary means that your condition has stabilized and further change is not likely.

Other benefits due during Temporary Disability.

You are entitled to reasonable medical treatment necessary to cure or to relieve your work-related injury or illness. You may receive mileage reimbursement of 48.5 for trips to and from the doctor's office, pharmacy, physical therapy, etc. You are allowed to select your own treating physician after the thirtieth day from the date you reported your injury or illness. You also have the right to request a change of physician before thirty days have elapsed from the reporting of your injury. If you choose one of these options, you must contact the claims administrator to notify him or her of the change. You are entitled to a second medical opinion at the employer's expense if you disagree with the treating doctor's findings. Contact your claims administrator, attorney, or Information and Assistance officer for procedures to obtain a second opinion.

TEMPORARY DISABILITY FACT SHEET



What if I disagree?

If you disagree with the temporary disability rate or payment period, you have several options. At any time during your claim you may choose to be represented by an attorney of your choice. You may also contact the State Information and Assistance Unit. The Information and Assistance Unit has officers at each of the Workers' Compensation Appeals Board locations. They are available to answer questions and to assist you if you are having trouble with your claim. There is no charge for this service. The Information and Assistance officers can help you apply to have your case heard at the Workers' Compensation Appeals Board or mediate disputes between you and the claims administrator. There is a toll free number for general information (1-800-736-7401), or you may contact your local office.

Anaheim (714) 738-4038
Bakersfield (661) 395-2514
Eureka (707) 441-5723
Fresno (559) 445-5355
Goleta (805) 966-9872
Grover Beach (805) 481-3380
Long Beach (562) 590-5240
Los Angeles (213) 576-7389
Oakland (510) 622-2861
Oxnard (805) 485-3528
Pomona (909) 623-8568
Redding (530) 225-2047
Riverside (909) 782-4347

Sacramento (916) 263-2741
Salinas (831) 443-3058
San Bernardino (909) 383-4522
San Diego (619) 767-2082
San Francisco (415) 703-5020
San Jose (408) 277-1292
Santa Ana (714) 558-4597
Santa Monica (310) 452-1188
Santa Rosa (707) 756-2452
Stockton (209) 948-7980
Van Nuys (818) 901-5374
Walnut Creek (510) 977-8343

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AIMS-SACRAMENTO

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

December 13, 2009

Tiffany Anderson,

As a member of the San Joaquin Mosquito Employees Association, you are required to pay regular dues to the Association. Unless waived by the Board of Directors, payment of dues is required even when an employee is on authorized leave, such as worker's compensation. You are delinquent in your dues for eight pay periods in the amount of \$200.00. Please immediately remit payment to me as the Association's Treasurer.

You are hereby notified that because of your failure to pay current dues, your membership in the Association is not in good standing. As a result, you are currently ineligible to participate in Association matters, including but not limited to voting, holding office or otherwise participating in Association affairs. Further, you are not eligible for Association benefits, including access to legal representation by the Association's attorney.

2-3-10

Tiffany Anderson

PAID - \$100.00
union dues

Steve Agnew

December 13, 2009

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