

July 13, 2004

{Inset Insurance carrier name}
{Inset street address}
{Inset city, state, zip code}

Re: Injured Worker: *{Inset employee name}*
Date Injured: *{Inset}*
Claim No.: *{Inset, if known}*

Dear *{Inset name of adjuster}*,

You are handling a claim for the above mentioned injured worker. You have checked our records and (s)he has had prior injuries and medical conditions that effect the same part of the body. They include the flowing:

<u>Incident or Condition</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

We understand that the provisions of SB 899 included changes in the determination of PD. The doctor must now consider all prior injuries and conditions when evaluating the portion of the PD due to the work injury.

Please provide this information to the doctor and ask that they consider this when evaluating the extent of any PD due to the work injury.

If you need any additional information, please let me know.

Sincerely,

{Name}
{Title}
{Phone number}

Exhibit 1

Effective after 1/1/2005

July 13, 2004

{Inset Insurance carrier name}

{Inset street address}

{Inset city, state, zip code}

Re: Injured Worker: *{Inset employee name}*
Date Injured: *{Inset}*
Claim No.: *{Inset, if known}*

Dear *{Inset name of adjuster}*,

You are handling a claim for the above mentioned injured worker. It our understanding that a provision of SB 899 included a reduction in the PD amount of 15%, when we are able to return an injured worker back to work.

We want to be certain that you are aware that this employee has returned to work and continues to be employed by us. Please be sure to apply the 15% reduction in his disability and immediately adjust the reserves to reflect the correct PD amount.

If you have any questions, or require additional information, please let me know.

Sincerely,

{Name}

{Title}

{Phone number}

Workers' Comp. Fraud is a Crime

Workers' Compensation insurance fraud is a felony crime. It is a crime that affects us all. It increases Workers' Compensation insurance rates and that affects our ability to provide additional employee benefits and results in higher costs to our customers, effecting sales.

We ask for your help. We do our best to hire the best possible employees, you are one of those. However, we sometimes do make mistakes. So, if you become aware of a situation that doesn't seem right or fair or you know it is outright fraud, please report it immediately.

If you are not comfortable reporting the circumstances to your supervisor or Human Resources department, you can also call our Workers' Compensation insurance carrier at *{Insert name and phone number of carrier}* or you can call the Insurance Department Fraud Hotline anonymously.

There are local offices of the Insurance Department throughout the state. In order to determine the closest office, go to the Insurance Department web-site at www.insurance.ca.gov. Then click on the "Reporting Suspected Fraud" link on the right side of the page. Then click on the link in the middle of the page "Reporting Insurance Fraud – Where to Report". That will provide you with a list of the offices throughout the state.

July 13, 2004

{Inset Insurance carrier name}
{Inset street address}
{Inset city, state, zip code}

Re: Policy Number: *{Insert your policy number}*

Dear *{Insert name of underwriter}*,

We have understood that the provisions of SB 899 include the ability for us, as the employer, and you, as our insurance carrier, to create an Employer Physician Network. The implementation for the application of the Employer Physician Network is 1/1/2005.

We are writing today to ask you for an update. Have the regulations been written and approved in order for the Administrative Director to approve the network? When will the Administrative Director begin accepting submissions of networks for approval?

We also recognize that we need your help in creating the Physician Network. Where are you in the development of a recommended Physician Network? How soon will you have some suggestions for us to consider?

We see this provision of the law as an enormous potential to save on our future Workers' Compensation claim costs. As a result, we want to be able to take advantage of it as soon as possible. Please let us know what you have done and when this work will be completed. If there is anything we can do to assist in the development or submission of the employer physician network, please let me know.

Sincerely,

{Name}
{Title}
{Phone number}

Exhibit #4

Effective after 1/1/2005

July 13, 2004

{Inset Insurance carrier name}
{Inset street address}
{Inset city, state, zip code}

Re: Policy Number: *{Insert your policy number}*
Injured Worker: *{Insert Name of Injured Worker}*
Injury Date: *{Insert Injury Date}*
Claim No.: *Insert Claim No., if known}*

Dear *{Insert name of adjuster}*,

It is our understanding that the provisions of SB 899 included the establishment of a Workplace Modification Fund. The purpose of the fund is to reimburse small employers for workplace modifications made to allow injured workers to return to work. The fund will apply only to employers with 50 or less employees.

You are handling a claim on our behalf, identified in the caption above. We have allowed this employee to return-to-work after making modifications to the workplace. We are seeking your help to receive reimbursement from the Workplace Modification Fund.

Here are the details on the modification:

<hr/> Description of Modification	<hr/> Cost
<hr/>	<hr/> Date returned-to-work

What do we need to do in order to be reimbursed for the cost associated with the modifications? Please let me know as soon as possible. If you need additional information, please let me know. If you are unaware of the program or how to access the provisions of the Fund, please let me know that as well.

Sincerely,

{Name}
{Title}
{Phone number}

Exhibit #6