

CTAGON

RISK SERVICES, INC.

A St. Paul Member Company

Octagon Risk Services, P.O. Box 956914 • Los Angeles, CA 90095-6914
PHONE: (310) 794-8247 • FAX: (310) 794-8269

August 8, 2001

Charles Harold
18649 Chase Street,
Northridge, CA 91324

Employee	Charles Harold
Employer	UC Los Angeles
Claim #	199650445
Date of Injury	02/16/1996

NOTICE REGARDING START & END OF PERMANENT DISABILITY BENEFITS

I am handling your workers' compensation claim on behalf of the UC Los Angeles. This notice is to advise you of the status of permanent disability payments for your workers' compensation injury of 02/16/1996.

Permanent Disability Payments

You will receive by separate mail, a check in the amount of \$2,409.75. Your weekly compensation rate is \$140.00, based on your earnings of \$672.00 per week. This payment will be deducted from any award you may receive.

Be aware that if you received Extended Sick Leave, the University may take credit against any permanent disability you may receive.

A Word About Permanent Disability

The report from Dr. Steven Silbart, dated 12/27/1999, states that your injury became permanent and stationary on 07/21/1997. The report also indicates that your injury resulted in permanent disability of 6 3/4 %. This rating is equal to \$2,835.00, which is paid at the rate of \$140.00 per week. We are paying 85% of that amount and withholding the balance for attorney's fees. Your attorney has a copy of this report.

Additionally, you will receive 10% self-imposed increase totaling \$240.98.

ARM - LA

Since an attorney represents you, you may obtain an additional medical evaluation from an Agreed Medical Evaluator if both parties agree. If no agreement on an Agreed Medical Evaluator can be reached, you may obtain an additional medical evaluation from a Qualified Medical Evaluator of your choice. Contact your attorney to discuss arrangements for the evaluation.

Payment of Medical Expenses

We will continue to pay all medical bills for care required as a result of your injury if the doctor has recommended further treatment.

If you disagree with this decision and if an attorney represents you, please call your attorney.

The State of California requires that this notice include the following language:

If you want further information, you may contact the local Information and Assistance Officer at 310) 452 1188 or you may receive recorded information by calling 1-800-736-7401.

You may also consult 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. With or without an attorney, you may ask to have your case heard by the Workers' Compensation Appeals Board.

Sincerely,



Grace McAdams
Claim Account Executive

Enclosures

- ☒ PD Fact Sheet
- ☐ Payment record
- ☐ Other

- ☐ QME Panel Request Form
- ☐ Employee Claim Form

cc: Dennis Hargrove, Mastagni, Holstedt & Chiurazzi, 1912 I Street, Ste 102, Sacramento, CA 95814
Lori Wenderoff, North Hollywood, CA