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CALIFORNIA EMPLOYEES

MANCON Employees,

Included in this packet is the following information:

1. California Minimum Wage (English and Spanish)
2. California Safety And Health Protection on the Job (English and Spanish)
3. California Smoking in the Workplace – Code 6404.5
4. California Payday Notice
5. California Discrimination and Harassment in Employment Law
6. Whistleblowers are Protected notice
7. Pregnancy Disability Leave “Notice A”
8. Family Care and Medical Leave “Notice B”
9. California Time off to Vote
10. Unemployment Insurance Benefits Notice
11. Notice to Employees: UI, DI and PFL
12. Emergency Contact numbers
13. California MPN Employee Notification - **NOTE THAT THE LAST PAGE HAS A SIGNATURE PAGE. SIGN THIS PAGE AND GIVE A COPY TO YOUR SUPERVISOR.**

If you have any questions, please contact your supervisor.

Thanks,
Human Resources



OFFICIAL NOTICE

**California
Minimum Wage**

MW-2007

Minimum Wage - Every employer shall pay to each employee wages not less than the following:

\$7.50

per hour beginning January 1, 2007

\$8.00

per hour beginning January 1, 2008

To employers and representatives of persons working in industries and occupations in the State of California:

SUMMARY OF ACTIONS

TAKE NOTICE that on September 12, 2006, the California Legislature enacted legislation signed by the Governor of California, raising the minimum wage for all industries. (AB 1835, Ch. 230, Stats of 2006, adding sections 1182.12 and 1182.13 to the California Labor Code.) Pursuant to its authority under Labor Code section 1182.13, the Department of Industrial Relations amends and republishes Sections 1, 2, 3, and 5 of the General Minimum Wage Order. MW-2001, Section 4, Separability, has not been changed. Consistent with this enactment, amendments are made to the minimum wage, and the meals and lodging credits sections of all of the IWC's industry and occupation orders.

This summary must be made available to employees in accordance with the IWC's wage orders. Copies of the full text of the amended wage orders may be obtained by ordering on-line at www.dir.ca.gov/WP.asp, or by contacting your local Division of Labor Standards Enforcement office.

1. APPLICABILITY

The provisions of this Order shall not apply to outside salespersons and individuals who are the parent, spouse, or children of the employer previously contained in this Order and the IWC's industry and occupation orders. Exceptions and modifications provided by statute or in Section 1, Applicability, and in other sections of the IWC's industry and occupation orders may be used where any such provisions are enforceable and applicable to the employer.

2. MINIMUM WAGES

Every employer shall pay to each employee wages not less than seven dollars and fifty cents (\$7.50) per hour for all hours worked, effective January 1, 2007, and not less than eight dollars (\$8.00) per hour for all hours worked, effective January 1, 2008.

3. MEALS AND LODGING

Meals or lodging may not be credited against the minimum wage without a voluntary written agreement between the employer and the employee. When credit for meals or lodging is used to meet part of the employer's minimum wage obligation, the amounts so credited may not be more than the following:

	Effective January 1, 2007	Effective January 1, 2008
LODGING		
Room occupied alone	\$35.27 per week	\$37.63 per week
Room shared	\$29.11 per week	\$31.06 per week
Apartment – two-thirds (2/3) of the ordinary rental value, and in no event more than:	\$423.51 per month	\$451.89 per month
Where a couple are both employed by the employer, two-thirds (2/3) of the ordinary rental value, and in no event more than:	\$626.49 per month	\$668.46 per month
MEALS		
Breakfast	\$2.72	\$2.90
Lunch	\$3.72	\$3.97
Dinner	\$5.00	\$5.34

4. SEPARABILITY

If the application of any provision of this Order, or any section, subsection, subdivision, sentence, clause, phrase, word or portion of this Order should be held invalid, unconstitutional, unauthorized, or prohibited by statute, the remaining provisions thereof shall not be affected thereby, but shall continue to be given full force and effect as if the part so held invalid or unconstitutional had not been included herein.

5. AMENDED PROVISIONS

This Order amends the minimum wage and meals and lodging credits in MW-2001, as well as in the IWC's industry and occupation orders. (See Orders 1-15, Secs. 4 and 10; and Order 16, Secs. 4 and 9.) This Order makes no other changes to the IWC's industry and occupation orders.

These Amendments to the Wage Orders shall be in effect as of January 1, 2007.

Questions about enforcement should be directed to the Division of Labor Standards Enforcement. Consult the white pages of your telephone directory under CALIFORNIA, State of, Industrial Relations for the address and telephone number of the office nearest you. The Division has offices in the following cities: Bakersfield, El Centro, Eureka, Fresno, Long Beach, Los Angeles, Oakland, Redding, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San Jose, Santa Ana, Santa Barbara, Santa Rosa, Stockton, and Van Nuys.



NOTIFICACIÓN OFICIAL

***Salario Mínimo
de California***

MW-2007

Salario Mínimo - Todo empleador pagará a cada empleado salarios no menos de lo siguiente:

\$7.50 \$8.00

por hora a partir del 1 de Enero de 2007

por hora a partir del 1 de Enero de 2008

A los empleadores y representantes de personas que trabajan en industrias y ocupaciones en el Estado de California:

RESUMEN DE ACCIONES

TÓMESE NOTIFICACIÓN que el 12 de Septiembre de 2006, la Legislatura de California promulgó legislación suscrita por el Gobernador de California, incrementando el salario mínimo para todas las industrias. (AB 1835, Capítulo 230, Estatutos del 2006, añadiendo las secciones 1182.12 y 1182.13 al Código Laboral de California.) De acuerdo a su autoridad bajo el Código Laboral sección 1182.13, el Departamento de Relaciones Industriales enmienda y reimprime las Secciones 1, 2, 3, y 5 de la Orden de Salario Mínimo General. MW-2001, Sección 4, Divisibilidad, no ha sido cambiada. En uniformidad con esta promulgación, las enmiendas se hacen al salario mínimo, y a las secciones de créditos de almuerzos y vivienda de todas las órdenes de industria y ocupación de IWC.

Este resumen se debe hacer disponible a los empleados de acuerdo a las órdenes de salario de IWC. Copias del texto completo del las órdenes enmendadas se pueden obtener al ordenarlas en www.dir.ca.gov/WP.asp, o al comunicarse con la oficina local de la División de Cumplimiento de Normas Laborales.

1. APLICABILIDAD

Las disposiciones de esta Orden no se aplicarán a vendedores exteriores ni a individuos que sean el padre, cónyuge, o hijos del empleador previamente contenidas en esta Orden y las órdenes de industria y ocupación de IWC. Las excepciones y modificaciones dispuestas por estatuto o en la Sección 1, Aplicabilidad, y en otras secciones de las órdenes de industria y ocupación de IWC se pueden usar donde cualquiera de las disposiciones sean exigibles y aplicables al empleador.

2. SALARIOS MÍNIMOS

Todo empleador pagará a cada empleado salarios de no menos de siete dólares, cincuenta centavos (\$7.50) por hora por todas las horas trabajadas, a partir del 1 de Enero de 2007, y no menos de ocho (\$8.00) por hora por todas las horas trabajadas, a partir del 1 de Enero de 2008.

3. ALIMENTOS Y ALBERGUE

Los alimentos o albergue no se pueden acreditar contra un salario mínimo sin un acuerdo escrito voluntario entre el empleador y el empleado. Cuando se use crédito por alimentos y albergue para cumplir con parte de la obligación del sueldo mínimo del empleador, las cantidades así acreditadas no pueden ser más de lo siguiente:

	Efectivo a partir del 1 de Enero de 2007	Efectivo a partir del 1 de Enero de 2008
ALBERGUE:		
Habitación ocupada solo	\$35.27 por semana	\$37.63 por semana
Habitación compartida	\$29.11 por semana	\$31.06 por semana
Apartamento--dos tercios (2/3) del valor regular de alquiler, y en ningún caso más de	\$423.51 por mes	\$451.89 por mes
Cuando una pareja ambos están empleados por un empleador, dos tercios (2/3) del valor del alquiler regular, pero en ningún caso más de	\$626.49 por mes	\$668.46 por mes
ALIMENTOS		
Desayuno	\$2.72	\$2.90
Almuerzo	\$3.72	\$3.97
Cena	\$5.00	\$5.34

4. DIVISIBILIDAD

Si la aplicación de cualquier disposición de esta Orden, o cualquier sección, punto, oración, cláusula, frase, palabra, o porción de la Orden se declara inválida, inconstitucional o no autorizada o prohibida por estatuto, el resto de las disposiciones de ésta no se verán afectadas por esto, sino que se le seguirá dando fuerza y vigencia completa como si la parte así declarada inválida o inconstitucional no se hubiera incluido aquí.

5. DISPOSICIONES ENMENDADAS

Esta Orden enmienda el salario mínimo y los créditos de alimentos y albergue en MW-2001, al igual que en las órdenes de industria y ocupación de IWC. (Vea las Órdenes 1-15, Secciones 4 y 10; y Orden 16, Secciones 4 y 9.) Esta Orden no hace ningún otro cambio a las órdenes de industria y ocupación de IWC.

Estas enmiendas a las Órdenes de salario entrarán en vigor a partir del 1 de Enero de 2007.

Las preguntas acerca de la imposición se deberán dirigir a la División de Cumplimiento de Normas Laborales. Busque en las páginas blancas de su directorio telefónico bajo CALIFORNIA, State of, Industrial Relations, para la dirección y número telefónico de la oficina más cercana a usted. La División tiene oficinas en las siguientes ciudades: Bakersfield, El Centro, Eureka, Fresno, Long Beach, Los Angeles, Oakland, Redding, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San José, Santa Ana, Santa Bárbara, Santa Rosa, Stockton, y Van Nuys.

Safety and Health Protection on the Job

State of California
Department of Industrial Relations



California law provides job safety and health protection for workers under the Cal/OSHA program. This poster explains the basic requirements and procedures for compliance with the state's job safety and health laws and regulations. The law requires that this poster be displayed. (Failure to do so could result in a penalty of up to \$7,000.)

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective injury and illness prevention program for your employees to follow.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in serious injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify the nearest Cal/OSHA office of any serious injury or fatality occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or fatality within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

- Never permit an employee to do work that violates Cal/OSHA law.
- Never permit an employee to be exposed to harmful substances without providing adequate protection.
- Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN RIGHTS IN WORKPLACE SAFETY & HEALTH:

As an employee, you (or someone acting for you) have the right to file a complaint and request an inspection of your workplace if conditions there are unsafe or unhealthful. This is done by contacting the local district office of the Division of Occupational Safety and Health (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator making an inspection of your workplace. Upon request, Cal/OSHA will withhold the names of employees who submit or make statements during an inspection or investigation.

Any employee has the right to refuse to perform work that would violate a Cal/OSHA or any occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or using any other right given to you by Cal/OSHA law. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the Department of Industrial Relations, Division of Labor Standards Enforcement (State Labor Commissioner) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the State Labor Commissioner.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

- To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to people on the job.
- While working, you must always obey state job safety and health laws.

HELP IS AVAILABLE:

To learn more about job safety rules, you may contact the Cal/OSHA Consultation Service for free information, required forms and publications. You can also contact a local district office of the Division of Occupational Safety and Health. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY IN WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance listed as a hazardous substance in Section 339 of Title 8 of the California Code of Regulations, or subject to the Federal Hazard Communications Standard (29 CFR 1910.1200), must provide employees with information on the contents on Material Safety Data Sheets (MSDS), or equivalent information about the substance that trains employees to use the substance safely.

Employers shall make available on a timely and reasonable basis a Material Safety Data Sheet on each hazardous substance in the workplace upon request of an employee, an employee collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee has the right to observe monitoring or measuring of employee exposure to hazards conducted pursuant to Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may periodically visit the workplace to make sure your company is obeying job safety and health laws.

An inspection will also be conducted when a legitimate complaint is filed by an employee with the Division of Occupational Safety and Health.

Cal/OSHA also goes to the workplace to investigate a serious injury or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification from the Division of Occupational Safety and Health.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. A representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS & PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, then the Division of Occupational Safety and Health issues a citation. Each citation specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Citations carry penalties of up to \$7,000 for each regulatory or general violation and up to \$25,000 for each serious violation. Additional penalties of up to \$7,000 per day for regulatory or general violations and up to \$15,000 per day for serious violations may be proposed for each failure to correct a violation by the abatement date shown on the citation. A penalty of not less than \$5,000 nor more than \$70,000 may be assessed an employer who willfully violates any occupational safety and health standard or order. The maximum civil penalty that can be assessed for each repeat violation is \$70,000. A willful violation that causes death or permanent impairment of the body of any employee results, upon conviction, in a fine of not more than \$250,000, or imprisonment up to three years, or both and if the employer is a corporation or limited liability company the fine may not exceed \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

Call the FREE Worker Information Hotline - 1-866-924-9757

OFFICES OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 — Telephone (510) 286-7000

District Offices

Concord	1465 Enea Circle—Bldg. E, Suite 900, Concord 94520	(925) 602-6517
Foster City	1065 East Hillsdale Blvd.—Suite 110, Foster City 94404	(650) 573-3812
Fremont/San Jose	39141 Civic Center Dr. Suite 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St.—Room 4000, Fresno 93721	(559) 445-5302
Los Angeles	320 West Fourth St.—Room 850, Los Angeles 90013	(213) 576-7451
Modesto	4206 Technology Dr.—Suite 3, Modesto 95356	(209) 545-7310
Oakland	1515 Clay St.—Suite 1301, Oakland 94612	(510) 622-2916
Monrovia/Pico Rivera	750 Royal Oaks Dr.—Suite 104, Monrovia 91016	(626) 256-7913
Sacramento	2424 Arden Way—Suite 165, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St.—Suite 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr.—Suite 207, San Diego 92108	(619) 767-2280
San Francisco	121 Spear Street, Ste. 430, San Francisco 94105	(415) 972-8670
Santa Ana	2000 E. McFadden Ave, Ste. 122, Santa Ana 92705	(714) 558-4451
Santa Rosa	1221 Farmers Lane—Suite 300, Santa Rosa 95405	(707) 576-2388
Torrance	680 Knox St.—Suite 100, Torrance 90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd.—Suite 405, Van Nuys 91401	(818) 901-5403
Ventura	1655 Mesa Verde Ave.—Room 150, Ventura 93003	(805) 654-4581
West Covina	1906 West Garvey Ave. S.—Suite 200, West Covina 91790	(626) 472-0046

Regional Offices

Sacramento	2424 Arden Way—Suite 125, Sacramento 95825	(916) 263-2803
Santa Rosa	1221 Farmers Lane—Suite E, Santa Rosa 95405	(707) 576-2419
Santa Ana	2000 E. McFadden Ave, Ste 119, Santa Ana 92705	(714) 558-4300
West Covina	1906 West Garvey Ave. S.—Suite 200, West Covina 91790	(626) 472-0046

Cal/OSHA Consultation Service

Headquarters: 2000 E. McFadden Ave. #214, Santa Ana, CA 92705 — (714) 558-4411

Area & Field Offices:

• Fresno/Central Valley	1901 North Gateway Blvd. Suite 102, Fresno 93727	(559) 454-1295
• Oakland/Bay Area	1515 Clay St.—Suite 1103 Oakland 94612	(510) 622-2891
• Sacramento/Northern CA	2424 Arden Way—Suite 410 Sacramento 95825	(916) 263-0704
• San Bernardino	464 West Fourth St.—Suite 339 San Bernardino 92401	(909) 383-4567
• San Diego/Imperial Counties	7575 Metropolitan Dr.—Suite 204 San Diego 92108	(619) 767-2060
• San Fernando Valley	6150 Van Nuys Blvd.—Suite 307 Van Nuys 91401	(818) 901-5754
• Santa Fe Springs/Los Angeles/Orange County.	10350 Heritage Park Dr.—Suite 201 Santa Fe Springs 90670	(562) 944-9366

Regional Office

Sacramento	2424 Arden Way—Suite 485, Sacramento 95825	(916) 263-5750
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Enforcement of Cal/OSHA job safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor (Tel: 415-975-4310). OSHA monitors the operation of state plans to assure that continued approval is merited.

PROTECCIÓN DE SEGURIDAD Y SALUD EN EL TRABAJO

Estado de California
Departamento de Relaciones Industriales



La ley de California, a través del programa de Cal/OSHA, protege la seguridad y la salud en el trabajo para los trabajadores. Este cartel explica los requisitos y procedimientos básicos para cumplir con las leyes y los reglamentos del estado sobre la seguridad y la salud en el trabajo. La ley exige que este cartel sea colocado en un lugar visible. (Si no se cumple con esto, podría resultar en una multa de hasta \$7,000).
DEBERES DEL EMPLEADOR:

Todo empleador debe proporcionar trabajo y lugares de trabajo que sean seguros y saludables. Es decir, como empleador, usted tiene que cumplir con las leyes estatales que rigen la seguridad y la salud en el trabajo. No hacerlo podría amenazar la vida o la salud de los empleados, y considerables castigos monetarios.

Usted tiene que colocar este cartel en un lugar visible para que todos los que trabajan puedan conocer sus derechos básicos y responsabilidades.

Usted tiene que tener un programa de prevención contra las lesiones y las enfermedades, escrito y eficaz, para que lo puedan cumplir sus empleados.

Usted tiene que conocer los peligros que enfrentan sus empleados en el trabajo y mantener registros que muestren que cada empleado ha sido capacitado sobre los peligros especiales que correspondan a cada tarea.

Usted tiene que corregir todas las condiciones peligrosas que usted sepa que podrían producir lesiones graves a sus empleados. No hacerlo podría llevar a cargos criminales, castigos monetarios, y hasta encarcelamiento.

Usted tiene que avisar a la oficina de Cal/OSHA más cercana de toda lesión grave o muerte que ocurra en el trabajo. Asegúrese de hacer esto inmediatamente después de pedir auxilio por emergencia para ayudar al empleado lesionado. Si no reporta una herida grave o muerte dentro de 8 horas, esto puede resultar en una multa civil mínima de \$5,000.

SE LE PROHIBE A TODO EMPLEADOR:

- Permitir que un empleado haga trabajo que viole la ley Cal/OSHA.
- Permitir que algún empleado esté expuesto a sustancias dañinas sin llevar protección adecuada.

Permitir que un empleado no capacitado haga trabajo peligroso.

LOS EMPLEADOS TIENEN CIERTOS DERECHOS SOBRE LA SEGURIDAD Y LA SALUD EN EL LUGAR DE TRABAJO:

Como empleado, usted (o alguien que lo represente) tiene el derecho de registrar una queja y pedir una inspección de su lugar de trabajo si las condiciones ahí son peligrosas o dañinas. Esto lo puede hacer poniéndose en contacto con la oficina del distrito local de la División de Seguridad y Salud Ocupacionales (vea la lista de oficinas). Su nombre no será dado a conocer por Cal/OSHA, a no ser que usted lo pida.

Usted también tiene el derecho de hacerle notar las condiciones peligrosas o dañinas al investigador de Cal/OSHA que haga la inspección de su lugar de trabajo. Si se pide, Cal/OSHA no revelará los nombres de los empleados que entreguen o hagan declaraciones durante una inspección o una investigación.

Todo empleado tiene el derecho de negarse a hacer trabajo que violaría una norma o una orden de seguridad o salud ocupacionales de OSHA o de cualquier otra agencia, donde dicha infracción crearía una situación de peligro real y aparente para el empleado o para otros empleados.

Usted no puede ser despedido o castigado de ninguna manera por presentar una queja sobre condiciones peligrosas o dañinas en su trabajo, ni por usar cualquier otro derecho que le da la ley de Cal/OSHA. Si usted cree que lo han despedido o lo han castigado por ejercer sus derechos, usted puede registrar una queja acerca de este tipo de discriminación, poniéndose en contacto con la oficina más cercana del Departamento de Relaciones Industriales, División de Ejecución de Normas del Trabajo (Comisionado de Trabajo del Estado) o la oficina de San Francisco del Departamento de Trabajo de los EE.UU., Administración de Seguridad y Salud Ocupacionales (OSHA). (Los empleados de agencias de gobierno local o estatal solamente pueden registrar estas quejas con el Comisionado de Trabajo del Estado.) Para encontrar la oficina más cercana consulte su directorio telefonico local.

LOS EMPLEADOS TAMBIEN TIENEN RESPONSABILIDADES:

Para mantener la seguridad en su lugar de trabajo y proteger a sus compañeros de trabajo, usted debería informarle a su empleador acerca de cualquier peligro que podría producir una lesión o enfermedad a las personas que trabajan.

Mientras esté trabajando, siempre obedezca las leyes estatales sobre la seguridad y salud en el trabajo.

PARA TRABAJAR CON SUSTANCIAS PELIGROSAS, SE APLICAN REGLAS ESPECIALES:

Todo empleador que use alguna sustancia que aparezca en la lista de sustancias peligrosas de la Sección 339 del Título 8 del Código de Reglamentaciones de California, o que esté sujeta a la Norma Federal Sobre Comunicación de los Peligros (29 CFR 1910.1200), tiene que darle información a los empleados acerca del contenido en las Hojas de Datos

Sobre Seguridad de los Materiales (MSDS), o información equivalente acerca de la sustancia, que sirva para capacitar al empleado sobre el uso seguro de la sustancia.

Todo empleador entregará en forma razonable y sin demora una Hoja de Datos Sobre Seguridad de los Materiales para cada sustancia peligrosa en el lugar de trabajo, ante el pedido de un empleado, un representante de los empleados para la negociación de convenios colectivos, o el médico de un empleado.

Los empleados tienen el derecho de ver y copiar sus registros médicos y los registros de exposición a materiales potencialmente tóxicos o a agentes físicamente dañinos.

Los empleadores deben permitir el acceso a los empleados o a los representantes de los empleados para que puedan ver los registros exactos de las exposiciones de los empleados a materiales potencialmente tóxicos o a agentes físicamente dañinos, y de avisar a los empleados de cualquier exposición que sea de una concentración o un nivel que exceda el límite de exposición permitido por las normas de Cal/OSHA.

Todo empleado tiene el derecho de observar el control o la medición de la exposición a peligros, llevados a cabo de acuerdo con las reglamentaciones de Cal/OSHA.

CUANDO CAL/OSHA VISITA EL LUGAR DE TRABAJO:

Cal/OSHA podrá enviar periódicamente al lugar de trabajo a un ingeniero de seguridad o un especialista en higiene industrial que estén capacitados, para asegurar que su compañía esté cumpliendo con las leyes de seguridad y salud del trabajo.

También se hará una inspección cuando algún empleado registre una queja legítima en la División de Seguridad y Salud Ocupacionales.

Cal/OSHA también acude al lugar de trabajo para investigar cuando se ha producido alguna lesión grave o muerte.

Cuando empieze una inspección, el investigador de Cal/OSHA muestra la identificación oficial de la División de Seguridad y Salud Ocupacionales.

El empleador, o alguna persona seleccionada por el empleador, tiene la oportunidad de acompañar al inspector durante la inspección. Se le da esa misma oportunidad al representante de los empleados. Si no hay ningún representante de los empleados, el investigador habla con un número razonable de empleados acerca de las condiciones de seguridad y salud en el lugar de trabajo.

INFRACCIONES, CITACIONES Y CASTIGOS:

Si la investigación demuestra que el empleador ha violado alguna norma u orden de seguridad y salud, la División de Seguridad y Salud Ocupacionales emite una citación. Cada citación especifica la fecha antes de la cual habría que eliminar la infracción. Para ciertas infracciones que no son graves, puede emitirse un aviso en vez de una citación, lo cual no lleva ningún castigo monetario.

Las citaciones pueden implicar multas de hasta \$7,000 dólares por cada violación reglamentaria o general y hasta \$25,000 dólares por cada violación seria. Es posible que se propongan multas adicionales de hasta \$7,000 dólares por día, por violaciones reglamentarias o generales y de hasta \$15,000 dólares por día, por violaciones serias, por cada incapacidad de corregir una violación a más tardar en la fecha de supresión indicada en la citación. Podrá tasarse una multa de no menos de \$5,000 pero no más de \$70,000 dólares a un empleador que viole intencionalmente cualquier norma u orden de seguridad y salud profesionales. La multa civil máxima tasable por cada violación repetida es de \$70,000 dólares. Una violación intencional que cause la muerte o incapacidad corporal permanente de cualquier empleado resultará, bajo fallo de culpabilidad, en una multa no mayor a \$250,000 dólares o encarcelamiento por hasta tres años, o ambos casos, y si el empleador es una corporación o compañía de responsabilidad limitada, la multa no podrá exceder los \$1.5 millones de dólares.

La ley permite que los empleadores puedan apelar las citaciones dentro de los 15 días hábiles después de recibirlas, ante la Junta de Apelaciones sobre la Seguridad y Salud Ocupacionales.

Un empleador que recibe una citación, una Orden de Tomar una Medida Especial, o una Orden Especial, tiene que colocarla en un lugar visible, en el lugar de la infracción o cerca del lugar, durante tres días hábiles, o hasta que se corrija la condición peligrosa, cualquiera que sea mayor, para avisar a los empleados del peligro que podría existir en el lugar. Todo empleado podrá protestar el tiempo permitido para corregir la infracción, ante la División de Seguridad y Salud Ocupacionales o la Junta de Apelaciones sobre la Seguridad y Salud Ocupacionales.

USTED PUEDE CONSEGUIR AYUDA:

Para aprender más acerca de las reglas de seguridad en el trabajo, usted puede llamar al Servicio de Consultación de Cal/OSHA para conseguir información, formularios exigidos, y publicaciones gratis. También puede comunicarse con alguna oficina local de distrito de la División de Seguridad y Salud Ocupacionales. Si usted prefiere, puede contratar a un consultante privado capacitado, o pedirle a su compañía de seguros de compensación del trabajador para que lo ayude a conseguir información.

Llame gratis al 1-866-924-9757

OFICINAS DE LA DIVISIÓN DE SEGURIDAD Y SALUD OCUPACIONALES

OFICINA CENTRAL: 1515 Clay Street, Ste. 1901, Oakland CA 94612 — Teléfono (510) 286-7000

Servicio de Cónsultacion Cal/OSHA

Oficina Central: 2000 E. McFadden Ave. #214, Santa Ana, CA92705 — (714) 558-4411

Oficinas Zonales y de Campo:

• Fresno/Central Valley 1901 North Gateway Blvd. Suite 102, Fresno 93727 (559) 454-1295

• Oakland/Bay Area 1515 Clay St.—Suite 1103 Oakland 94612 (510) 622-2891

• Sacramento/Northern CA 2424 Arden Way—Suite 410 Sacramento 95825 (916) 263-0704

• San Bernardino 464 West Fourth St.—Suite 339 San Bernardino 92401 (909) 383-4567

• San Diego/Imperial Counties 7575 Metropolitan Dr.—Suite 204 San Diego 92108 (619) 767-2060

• San Fernando Valley 6150 Van Nuys Blvd.—Suite 307 Van Nuys 91401 (818) 901-5754

• Santa Fe Springs/Los Angeles/Orange County. 10350 Heritage Park Dr.—Suite 201 Santa Fe Springs 90670 (562) 944-9366

Oficina Regional

Sacramento 2424 Arden Way—Suite 485, Sacramento 95825 (916) 263-5750

Oficinas de Distrito

Concord	1465 Enea Circle—Bldg. E, Suite 900, Concord	94520	(925) 602-6517
Foster City	1065 East Hillsdale Blvd.—Suite 110, Foster City	94404	(650) 573-3812
Fremont/San Jose	39141 Civic Center Dr. Suite 310, Fremont	94538	(510) 794-2521
Fresno	2550 Mariposa St.—Room 4000, Fresno	93721	(559) 445-5302
Los Angeles	320 West Fourth St.—Room 850, Los Angeles	90013	(213) 576-7451
Modesto	4206 Technology Dr—Suite 3, Modesto	95356	(209) 545-7310
Oakland	1515 Clay St.—Suite 1301, Oakland	94612	(510) 622-2916
Monrovia/Pico Rivera	750 Royal Oaks Dr.—Suite 104, Monrovia	91016	(626) 256-7913
Sacramento	2424 Arden Way—Suite 165, Sacramento	95825	(916) 263-2800
San Bernardino	464 West Fourth St.—Suite 332, San Bernardino	92401	(909) 383-4321
San Diego	7575 Metropolitan Dr.—Suite 207, San Diego	92108	(619) 767-2280
San Francisco	121 Spear Street, Ste. 430, San Francisco	94105	(415) 972-8670
Santa Ana	2000 E. McFadden Ave, Ste. 122, Santa Ana	92705	(714) 558-4451
Santa Rosa	1221 Farmers Lane—Suite 300, Santa Rosa	95405	(707) 576-2388
Torrance	680 Knox St.—Suite 100, Torrance	90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd.—Suite 405, Van Nuys	91401	(818) 901-5403
Ventura	1655 Mesa Verde Ave.—Room 150, Ventura	93003	(805) 654-4581
West Covina	1906 West Garvey Ave. S.—Suite 200, West Covina	91790	(626) 472-0046

Oficinas Regionales

Sacramento	2424 Arden Way—Suite 125, Sacramento	95825	(916) 263-2803
Santa Rosa	1221 Farmers Lane—Suite E, Santa Rosa	95405	(707) 576-2419
Santa Ana	2000 E. McFadden Ave, Ste 119, Santa Ana	92705	(714) 558-4300
West Covina	1906 West Garvey Ave. S.—Suite 200, West Covina	91790	(626) 472-0046

La ejecución de las normas Cal/OSHA de seguridad y salud en el trabajo está a cargo de la División de Seguridad y Salud Ocupacionales, bajo el Departamento de Relaciones Industriales de California, que tiene la responsabilidad primordial de administrar el programa Cal/OSHA. Las normas de seguridad y salud están promulgadas por la Junta de Normas sobre la Seguridad y Salud Ocupacionales. Cualquier persona que desee registrar una queja que alegue alguna falta en la administración del Plan de Seguridad y Salud Ocupacionales de California puede hacerlo poniéndose en contacto con la Oficina Regional de San Francisco para la Administración de Seguridad y Salud Ocupacionales (OSHA), Departamento de Trabajo de los EE.UU. (Tel: 415-975-4310). OSHA controla la operación de los planes estatales para asegurar que se merece la aprobación continuada.

California Labor Code: Smoking in the Workplace



6404.5.

(a) The Legislature finds and declares that regulation of smoking in the workplace is a matter of statewide interest and concern. It is the intent of the Legislature in enacting this section to prohibit the smoking of tobacco products in all (100 percent of) enclosed places of employment in this state, as covered by this section, thereby eliminating the need of local governments to enact workplace smoking restrictions within their respective jurisdictions. It is further the intent of the Legislature to create a uniform statewide standard to restrict and prohibit the smoking of tobacco products in enclosed places of employment, as specified in this section, in order to reduce employee exposure to environmental tobacco smoke to a level that will prevent anything other than insignificantly harmful effects to exposed employees, and also to eliminate the confusion and hardship that can result from enactment or enforcement of disparate local workplace smoking restrictions. Notwithstanding any other provision of this section, it is the intent of the Legislature that any area not defined as a "place of employment" pursuant to subdivision (d) or in which the smoking of tobacco products is not regulated pursuant to subdivision (e) shall be subject to local regulation of smoking of tobacco products.

(b) No employer shall knowingly or intentionally permit, and no person shall engage in, the smoking of tobacco products in an enclosed space at a place of employment.

(c) For purposes of this section, an employer who permits any nonemployee access to his or her place of employment on a regular basis has not acted knowingly or intentionally if he or she has taken the following reasonable steps to prevent smoking by a nonemployee:

(1) Posted clear and prominent signs, as follows:

(A) Where smoking is prohibited throughout the building or structure, a sign stating "No smoking" shall be posted at each entrance to the building or structure.

(B) Where smoking is permitted in designated areas of the building or structure, a sign stating "Smoking is prohibited except in designated areas" shall be posted at each entrance to the building or structure.

(2) Has requested, when appropriate, that a nonemployee who is smoking refrain from smoking in the enclosed workplace.

For purposes of this subdivision, "reasonable steps" does not include (A) the physical ejection of a nonemployee from the place of employment or (B) any requirement for making a request to a nonemployee

to refrain from smoking, under circumstances involving a risk of physical harm to the employer or any employee.

(d) For purposes of this section, "place of employment" does not include any of the following:

- (1)** Sixty-five percent of the guest room accommodations in a hotel, motel, or similar transient lodging establishment.
- (2)** Areas of the lobby in a hotel, motel, or other similar transient lodging establishment designated for smoking by the establishment. An establishment may permit smoking in a designated lobby area that does not exceed 25 percent of the total floor area of the lobby or, if the total area of the lobby is 2,000 square feet or less, that does not exceed 50 percent of the total floor area of the lobby. For purposes of this paragraph, "lobby" means the common public area of an establishment in which registration and other similar or related transactions, or both, are conducted and in which the establishment's guests and members of the public typically congregate.
- (3)** Meeting and banquet rooms in a hotel, motel, other transient lodging establishment similar to a hotel or motel, restaurant, or public convention center, except while food or beverage functions are taking place, including setup, service, and cleanup activities, or when the room is being used for exhibit purposes. At times when smoking is not permitted in a meeting or banquet room pursuant to this paragraph, the establishment may permit smoking in corridors and prefunction areas adjacent to and serving the meeting or banquet room if no employee is stationed in that corridor or area on other than a passing basis.
- (4)** Retail or wholesale tobacco shops and private smokers' lounges. For purposes of this paragraph:
 - (A)** "Private smokers' lounge" means any enclosed area in or attached to a retail or wholesale tobacco shop that is dedicated to the use of tobacco products, including, but not limited to, cigars and pipes.
 - (B)** "Retail or wholesale tobacco shop" means any business establishment the main purpose of which is the sale of tobacco products, including, but not limited to, cigars, pipe tobacco, and smoking accessories.
- (5)** Cabs of motortrucks, as defined in Section 410 of the Vehicle Code, or truck tractors, as defined in Section 655 of the Vehicle Code, if no nonsmoking employees are present.
- (6)** Warehouse facilities. For purposes of this paragraph, "warehouse facility" means a warehouse facility with more than 100,000 square feet of total floor space, and 20 or fewer full-time employees working at the facility, but does not include any area within a facility that is utilized as office space.
- (7)** Gaming clubs, in which smoking is permitted by subdivision (f). For purposes of this paragraph, "gaming club" means any gaming club, as defined in Section 19802 of the Business and Professions Code, or bingo facility, as defined in Section 326.5 of the Penal Code, that restricts access to minors under 18 years of age.
- (8)** Bars and taverns, in which smoking is permitted by subdivision (f). For purposes of this paragraph, "bar" or "tavern" means a facility primarily devoted to the serving of alcoholic beverages for consumption by guests on the premises, in which the serving of food is incidental. "Bar or tavern" includes those facilities located within a hotel, motel, or other similar transient occupancy establishment. However, when located within a building in conjunction with another use, including a restaurant, "bar" or "tavern" includes only those areas used primarily for the sale and service of alcoholic beverages. "Bar" or "tavern" does not include the dining areas of a restaurant, regardless of whether alcoholic beverages are served therein.
- (9)** Theatrical production sites, if smoking is an integral part of the story in the theatrical production.
- (10)** Medical research or treatment sites, if smoking is integral to the research and treatment being conducted.
- (11)** Private residences, except for private residences licensed as family day care homes, during the hours of operation as family day care homes and in those areas where children are present.
- (12)** Patient smoking areas in long-term health care facilities, as defined in Section 1418 of the Health and Safety Code.
- (13)** Breakrooms designated by employers for smoking, provided that all of the following conditions are met:
 - (A)** Air from the smoking room shall be exhausted directly to the outside by an exhaust fan. Air from the smoking room shall not be recirculated to other parts of the building.

(B) The employer shall comply with any ventilation standard or other standard utilizing appropriate technology, including, but not limited to, mechanical, electronic, and biotechnical systems, adopted by the Occupational Safety and Health Standards Board or the federal Environmental Protection Agency. If both adopt inconsistent standards, the ventilation standards of the Occupational Safety and Health Standards Board shall be no less stringent than the standards adopted by the federal Environmental Protection Agency.

(C) The smoking room shall be located in a nonwork area where no one, as part of his or her work responsibilities, is required to enter. For purposes of this paragraph, "work responsibilities" does not include any custodial or maintenance work carried out in the breakroom when it is unoccupied.

(D) There are sufficient nonsmoking breakrooms to accommodate nonsmokers.

(14) Employers with a total of five or fewer employees, either full-time or part-time, may permit smoking where all of the following conditions are met:

(A) The smoking area is not accessible to minors.

(B) All employees who enter the smoking area consent to permit smoking. No one, as part of his or her work responsibilities, shall be required to work in an area where smoking is permitted. An employer who is determined by the division to have used coercion to obtain consent or who has required an employee to work in the smoking area shall be subject to the penalty provisions of Section 6427.

(C) Air from the smoking area shall be exhausted directly to the outside by an exhaust fan. Air from the smoking area shall not be recirculated to other parts of the building.

(D) The employer shall comply with any ventilation standard or other standard utilizing appropriate technology, including, but not limited to, mechanical, electronic, and biotechnical systems, adopted by the Occupational Safety and Health Standards Board or the federal Environmental Protection Agency. If both adopt inconsistent standards, the ventilation standards of the Occupational Safety and Health Standards Board shall be no less stringent than the standards adopted by the federal Environmental Protection Agency.

This paragraph shall not be construed to (i) supersede or render inapplicable any condition or limitation on smoking areas made applicable to specific types of business establishments by any other paragraph of this subdivision or (ii) apply in lieu of any otherwise applicable paragraph of this subdivision that has become inoperative.

(e) Paragraphs (13) and (14) of subdivision (d) shall not be construed to require employers to provide reasonable accommodation to smokers, or to provide breakrooms for smokers or nonsmokers.

(f)

(1) Except as otherwise provided in this subdivision, smoking may be permitted in gaming clubs, as defined in paragraph (7) of subdivision (d), and in bars and taverns, as defined in paragraph (8) of subdivision (d), until the earlier of the following:

(A) January 1, 1998.

(B) The date of adoption of a regulation (i) by the Occupational Safety and Health Standards Board reducing the permissible employee exposure level to environmental tobacco smoke to a level that will prevent anything other than insignificantly harmful effects to exposed employees or (ii) by the federal Environmental Protection Agency establishing a standard for reduction of permissible exposure to environmental tobacco smoke to an exposure level that will prevent anything other than insignificantly harmful effects to exposed persons.

(2) If a regulation specified in subparagraph (B) of paragraph (1) is adopted on or before January 1, 1998, smoking may thereafter be permitted in gaming clubs and in bars and taverns, subject to full compliance with, or conformity to, the standard in the regulation within two years following the date of adoption of the regulation. An employer failing to achieve compliance with, or conformity to, the regulation within this two-year period shall prohibit smoking in the gaming club, bar, or tavern until compliance or conformity is achieved. If the Occupational Safety and Health Standards Board and the federal Environmental Protection Agency both adopt regulations specified in subparagraph (B) of paragraph (1) that are inconsistent, the regulations of the Occupational Safety Standards Board shall be no less stringent than the regulations of the federal Environmental Protection Agency.

(3) If a regulation specified in subparagraph (B) of paragraph (1) is not adopted on or before January 1, 1998, the exemptions specified in paragraphs (7) and (8) of subdivision (d) shall be inoperative on and after January 1, 1998, until a regulation is adopted. Upon adoption of such a regulation on or after January 1, 1998, smoking may thereafter be permitted in gaming clubs and in bars and taverns, subject to full compliance with, or conformity to, the standard in the regulation within two years following the date of adoption of the regulation. An employer failing to achieve compliance with, or conformity to, the regulation within this two-year period shall prohibit smoking in the gaming club, bar, or tavern until compliance or conformity is achieved. If the Occupational Safety and Health Standards Board and the federal Environmental Protection Agency both adopt regulations specified in subparagraph (B) of paragraph (1) that are inconsistent, the regulations of the Occupational Safety and Health Standards Board shall be no less stringent than the regulations of the federal Environmental Protection Agency.

(4) From January 1, 1997, to December 31, 1997, inclusive, smoking may be permitted in gaming clubs, as defined in paragraph (7) of subdivision (d), and in bars and taverns, as defined in paragraph (8) of subdivision (d), subject to both of the following conditions:

(A) If practicable, the gaming club or bar or tavern shall establish a designated nonsmoking area.

(B) If feasible, no employee shall be required, in the performance of ordinary work responsibilities, to enter any area in which smoking is permitted.

(g) The smoking prohibition set forth in this section shall constitute a uniform statewide standard for regulating the smoking of tobacco products in enclosed places of employment and shall supersede and render unnecessary the local enactment or enforcement of local ordinances regulating the smoking of tobacco products in enclosed places of employment. Insofar as the smoking prohibition set forth in this section is applicable to all (100 percent of) places of employment within this state and, therefore, provides the maximum degree of coverage, the practical effect of this section is to eliminate the need of local governments to enact enclosed workplace smoking restrictions within their respective jurisdictions.

(h) Nothing in this section shall prohibit an employer from prohibiting smoking in an enclosed place of employment for any reason.

(i) The enactment of local regulation of smoking of tobacco products in enclosed places of employment by local governments shall be suspended only for as long as, and to the extent that, the (100 percent) smoking prohibition provided for in this section remains in effect. In the event this section is repealed or modified by subsequent legislative or judicial action so that the (100 percent) smoking prohibition is no longer applicable to all enclosed places of employment in California, local governments shall have the full right and authority to enforce previously enacted, and to enact and enforce new, restrictions on the smoking of tobacco products in enclosed places of employment within their jurisdictions, including a complete prohibition of smoking. Notwithstanding any other provision of this section, any area not defined as a "place of employment" or in which the smoking is not regulated pursuant to subdivision (d) or (e), shall be subject to local regulation of smoking of tobacco products.

(j) Any violation of the prohibition set forth in subdivision (b) is an infraction, punishable by a fine not to exceed one hundred dollars (\$100) for a first violation, two hundred dollars (\$200) for a second violation within one year, and five hundred dollars (\$500) for a third and for each subsequent violation within one year. This subdivision shall be enforced by local law enforcement agencies including, but not limited to, local health departments, as determined by the local governing body.

(k) Notwithstanding Section 6309, the division shall not be required to respond to any complaint regarding the smoking of tobacco products in an enclosed space at a place of employment, unless the employer has been found guilty pursuant to subdivision (j) of a third violation of subdivision (b) within the previous year.

(l) If any provision of this act or the application thereof to any person or circumstances is held invalid, that invalidity shall not affect other provisions or applications of the act that can be given effect without the invalid provision of application, and to this end the provisions of this act are severable.

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement

PAYDAY NOTICE

REGULAR PAYDAYS FOR EMPLOYEES OF Management
(FIRM NAME)

Consulting, Inc. SHALL BE AS FOLLOWS:

**Approximately 7th and
22nd of each month**

THIS IS IN ACCORDANCE WITH SECTIONS 204, 204A, 204B, 205, AND 205.5
OF THE CALIFORNIA LABOR CODE

BY Mancon Corporate Office
TITLE Payroll Department

DLSE 8 (REV. 06-02)

PLEASE POST



Discrimination and Harassment in Employment are Prohibited by Law

Laws enforced by the Department of Fair Employment and Housing (DFEH) protect you from illegal discrimination and harassment in employment based on

- **Race**
- **Color**
- **Religion**
- **Sex** (pregnancy or gender)
- **Sexual orientation**
- **Marital status**
- **National origin** (including language use restrictions)
- **Ancestry**
- **Disability** (mental and physical, including HIV and AIDS)
- **Medical condition** (cancer/genetic characteristics)
- **Age** (40 and above)
- **Denial of family and medical care leave**
- **Denial of pregnancy disability leave or reasonable accommodation**

The California Fair Employment and Housing Act (Part 2.8 commencing with Section 12900 of Division 3 of Title 2 of the Government Code) and the Regulations of the Fair Employment and Housing Commission (California Code of Regulations, Title 2, Division 4, Sections 7285.0 through 8504):

- **Prohibit harassment** of employees, applicants, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, and harassment based on pregnancy, childbirth, or related medical conditions.
- **Prohibit employers from limiting or prohibiting the use of any language** in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
- **Require that all employers provide information** to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards as set forth in California Government Code Section 12950, or use a brochure from the DFEH.
- **Require employers with 50 or more employees and all public entities to provide sexual harassment prevention training** for all supervisors.
- **Require employers to reasonably accommodate** an em-

ployee or job applicant’s religious beliefs and practices.

- **Require employers to reasonably accommodate employees or job applicants with a disability** in order to enable them to perform the essential functions of a job.
- **Permit job applicants and employees to file complaints** with the DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.
- **Prohibit discrimination** against any job applicant or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.
- **Require employers, employment agencies, and unions** to preserve applications, personnel records, and employment referral records for a minimum of **two years**.
- **Require employers to provide leaves** of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.
- **Require an employer to provide reasonable accommodations** requested by an employee, on the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.
- **Require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave** in a 12-month period for the birth of a child; the placement of a child for adoption or foster care; for an employee’s own serious health condition; or to care for a parent, spouse, or child with a serious health condition. (Employers are required to post a notice informing employees of their family and medical leave rights.)
- **Require employment agencies to serve all applicants equally**, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertising that expresses a discriminatory hiring preference.
- **Require unions not to discriminate** in member admissions or dispatching to jobs.
- **Prohibit retaliation** against a person who opposes, reports, or assists another person in opposing unlawful discrimination.

The law provides for administrative fines and remedies for individuals, including the following: hiring, front pay, back pay, promotion, reinstatement, cease-and-desist order, expert witness fees, reasonable attorney’s fees and costs, punitive damages, and damages for emotional distress.

Job applicants and employees: If you believe you have experienced discrimination, you may file a complaint with DFEH.

Independent contractors: If you believe you have been harassed, you may file a complaint with DFEH.

Complaints must be filed within **one year** of the last act of discrimination/harassment, or, for victims who are under the age of 18, not later than one year of that person’s eighteenth birthday.

For more information, contact DFEH toll free at (800) 884-1684, Sacramento area & out-of-state at (916) 478-7251, TTY number at (800) 700-2320, or visit our web site at www.dfeh.ca.gov

Government Code Section 12940 and Title 2 California Code of Regulations Section 7287 require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather.

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact the DFEH at the numbers above.

The Division of Labor Standards Enforcement believes that the sample posting below meets the requirements of Labor Code Section 1102.8(a). This document must be printed to 8.5 x 11 inch paper with margins no larger than one-half inch in order to conform to the statutory requirement that the lettering be larger than size 14 point type.

WHISTLEBLOWERS ARE PROTECTED

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a state or federal rule or regulation.

Who is protected?

Pursuant to [California Labor Code Section 1102.5](#), employees are the protected class of individuals. "Employee" means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [[California Labor Code Section 1106](#)]

What is a whistleblower?

A "whistleblower" is an employee who discloses information to a government or law enforcement agency where the employee has reasonable cause to believe that the information discloses:

1. A violation of a state or federal statute,
2. A violation or noncompliance with a state or federal rule or regulation, or
3. With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

What protections are afforded to whistleblowers?

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under [California Labor Code Section 98.6](#), if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

How to report improper acts

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, **call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225**. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.

DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2218 Kausen Drive, Suite 100
Elk Grove, CA 95758

**"NOTICE A"****PREGNANCY DISABILITY LEAVE**

Under the California Fair Employment and Housing Act (FEHA), if you are disabled by pregnancy, childbirth or related medical conditions, you are eligible to take a pregnancy disability leave (PDL). If you are affected by pregnancy or a related medical condition, you are also eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if this transfer is medically advisable. You are also eligible to receive reasonable accommodation for conditions related to pregnancy, childbirth, or related medical conditions if you request it with the advice of your health care provider.

- The PDL is for any period(s) of actual disability caused by your pregnancy, childbirth or related medical conditions up to four months (or 88 work days for a full-time employee) per pregnancy.
- The PDL does not need to be taken in one continuous period of time but can be taken on an as-needed basis.
- Time off needed for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, and recovery from childbirth would all be covered by your PDL.
- Generally, we are required to treat your pregnancy disability the same as we treat other disabilities of similarly situated employees. This affects whether your leave will be paid or unpaid.
- You may be required to obtain a certification from your health care provider of your pregnancy disability or the medical advisability for a transfer or reasonable accommodation. The certification should include:
 - 1) the date on which you become disabled due to pregnancy or the date of the medical advisability for the transfer or reasonable accommodation;
 - 2) the probable duration of the period(s) of disability or the period(s) for the advisability of the transfer or reasonable accommodation; and,
 - 3) a statement that, due to the disability, you are unable to work at all or to perform any one or more of the essential functions of your position without undue risk to yourself, the successful completion of your pregnancy or to other persons or a statement that, due to your pregnancy, the transfer or reasonable accommodation is medically advisable.
- At your option, you can use any accrued vacation or other accrued time off as part of your pregnancy disability leave before taking the remainder of your leave as an unpaid leave. We may require that you use up any available sick leave during your leave. You may also be eligible for state disability insurance for the unpaid portion of your leave.
- Taking a pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave, the impact of the leave on your seniority and benefits, and our policy for other disabilities, please contact

Employer's Contact Person at _____ Employer's Telephone Number

DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2014 T Street, Suite 210
Sacramento, CA 95814-5212

**"NOTICE B"****FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE)
AND PREGNANCY DISABILITY LEAVE**

- Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.
- Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement to the same or to a comparable position at the end of the leave, subject to any defense allowed under the law.
- If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events which are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave.
- Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.
- We may require certification from your health care provider before allowing you a leave for pregnancy or your own serious health condition or certification from the health care provider of your child, parent, or spouse who has a serious health condition before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or a reduced work schedule.
- If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.
- Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact

[_____] .
Employer's Telephone Number

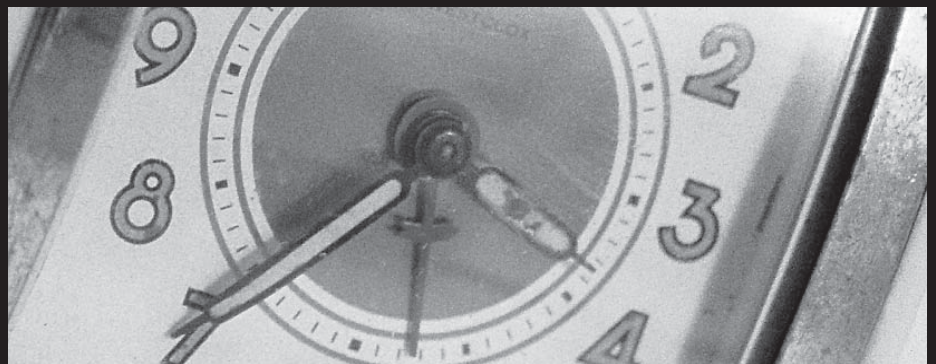


1 IF A VOTER DOES NOT HAVE SUFFICIENT TIME OUTSIDE OF WORKING HOURS TO VOTE AT A STATEWIDE ELECTION, THE VOTER MAY, WITHOUT LOSS OF PAY, TAKE OFF ENOUGH working time which when added to the voting time available outside of working hours will enable the voter to vote. No more than two hours of the time taken off for voting shall be without loss of pay.

(California Elections Code Section 14000)

TIME OFF TO VOTE

2 The time off for voting shall be only at the beginning or end of the regular working shift, whichever allows for the most free time for voting and the least time off from the regular working shift, unless otherwise mutually agreed.



3 If the employee on the third working day prior to the day of election, knows or has reason to believe that time off will be necessary to be able to vote on election day, the employee shall give the employer at least two working days' notice that time off for voting is desired, in accordance with the provisions of this section.

SECRETARY OF STATE

DEBRA BOWEN

1500 11TH STREET, 5TH FLOOR

SACRAMENTO, CA 95814

Tel 916-657-2166 / Fax 916-653-3214



CALIFORNIA SECRETARY OF STATE DEBRA BOWEN

Elections Division ♦ 1500 11th Street, Sacramento, Ca 95814 ♦ Tel 916.657.2166 / Fax 916.653.3214 / Email elections@sos.ca.gov

NOTICE TO EMPLOYERS REGARDING EMPLOYEE TIME OFF FOR VOTING

Dear Employer:

As you know, state law (California Elections Code Section 14001) requires you to post a notice to your employees advising them of provisions for taking paid leave for the purpose of voting in statewide elections.

A sample of this notice has been printed on the opposite side of this page for your convenience.

I also want to inform you of several points related to the statutory provisions for employee time off for voting.

- You must post this notice a minimum of 10 days before a statewide election. (Note: Statewide elections are regularly scheduled on the first Tuesday following the first Monday of March and November of even-numbered years. "Special" statewide elections may also be called but are not regularly scheduled. In general, a statewide election is defined as one in which all voters in the state have an opportunity to vote on at least one common race or issue.)
- The notice must be posted either in the workplace or where it can be seen by employees as they enter or exit their place of work.
- Employees are eligible for paid time off for the purpose of voting only if they do not have sufficient time outside of working hours to vote. The intent of the law is to provide an opportunity to vote to workers who would not be able to do so because of their jobs.
- Voting hours are from 7am to 8pm.
- Employees can be given as much time as they need in order to vote, but only a maximum of two hours is paid.
- You may require employees to give advance notice that they will need additional time off for voting.
- You may require time off to be taken only at the beginning or end of the employee's shift.

I hope this information is useful to you. Please feel free to contact my office if I can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Debra Bowen".

Debra Bowen
Secretary of State



TIEMPO LIBRE PARA VOTAR

Las urnas están abiertas de 7:00 a.m. a 8:00 p.m. todos los días de elecciones. Si usted debe estar en su trabajo durante esos horarios, la ley de California le permite tomarse dos horas libres para votar, sin perder ninguna paga.

Puede tomarse todo el tiempo que necesite para votar, pero solo dos horas de ese tiempo serán pagas.

Su tiempo libre para votar sólo puede ser al principio o al final de su turno de trabajo regular, a menos que haga otros arreglos con su empleador.

Si piensa que necesitará tiempo libre para votar, debe notificar a su empleador como mínimo dos días hábiles ante de la elección.

Código de Elecciones de California artículo 14000

NOTICE TO EMPLOYEES **UNEMPLOYMENT INSURANCE BENEFITS**

This employer is registered under the California Unemployment Insurance Code and is reporting wage credits that are being accumulated for you to be used as a basis for unemployment insurance benefits.

If you are:

- Unemployed, or
- Working less than full-time, AND
- You are ready, willing, and able to work full-time, or as instructed by the Employment Development Department,

You may be eligible to receive unemployment insurance benefits.

Employees of Educational Institutions:

Unemployment Insurance benefits based on wages earned while employed by a public educational institution may not be paid during a school recess period if the employee has reasonable assurance of returning to work at the end of the recess period (California Unemployment Insurance Code Section 1253.3). Benefits based on other covered employment may be payable during recess periods if the unemployed individual is in all other respects eligible, and the wages earned in other covered employment are sufficient to establish an unemployment insurance claim after excluding wages earned from an educational institution(s).

NOTE: Some employees may be exempt from unemployment and disability insurance coverage.

File your claim by telephone or Internet:

Toll-Free Telephone Numbers

English 1-800-300-5616

Mandarin 1-866-303-0706

Spanish 1-800-326-8937

Vietnamese 1-800-547-2058

Cantonese 1-800-547-3506

TTY (Non Voice) 1-800-815-9387

EDD's Internet Address to Complete and Submit Your On-Line Application:

<https://eapply4ui.edd.ca.gov>

Note: If contacting us to file a claim, you must contact us by Friday to receive credit for the week.
If calling, Mondays are our busiest days. For faster service, call Tuesday through Thursday.

Notice to Employees:



THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

UI

Unemployment Insurance

(funded entirely by employers’ taxes)

When you are unemployed or working less than full-time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance benefits. There are three ways to file a claim:

Internet

File on-line with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616	Spanish 1-800-326-8937
Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058
Mandarin 1-866-303-0706	TTY (non voice) 1-800-815-9387

Mail or Fax

File by mailing or faxing a UI Application (DE 1101I), by accessing the paper application on-line at www.edd.ca.gov. Print out the application, hand write your answers, and mail or fax it to EDD for processing.

Note: File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

DI

Disability Insurance

(funded entirely by employees’ contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of “Disability Insurance Provisions,” DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not related to his/her job.

Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain DI claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from your doctor, hospital, or directly from any California Disability Insurance (DI) Claim Management offices.
- File your “Claim for DI Benefits,” DE 2501, within 49 days of the first day of your disability to avoid losing benefits.

FOR MORE INFORMATION ABOUT DI, VISIT THE EDD WEB SITE AT www.edd.ca.gov OR CONTACT THE DISABILITY INSURANCE CUSTOMER SERVICE CENTER AT 1-800-480-3287. STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675. TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

PFL

Paid Family Leave

(funded entirely by employees’ contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of “Paid Family Leave Program Brochure,” DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

Claim Forms

- If your employer operates an approved voluntary plan in place of disability insurance and you have chosen to be covered by it, obtain PFL claim forms from your employer.
- If you are not covered by a voluntary plan, obtain claim forms from doctors, hospitals, or directly from any California Disability Insurance (DI) Claim Management offices or the PFL office.
- File your “Claim for PFL Benefits,” DE 2501F, within 49 days of the first day of your family leave to avoid losing benefits.

FOR MORE INFORMATION ABOUT PFL, VISIT THE EDD WEB SITE AT www.edd.ca.gov OR CONTACT THE PAID FAMILY LEAVE CUSTOMER SERVICE CENTER AT:

English 1-877-238-4373	Spanish 1-877-379-3819
Armenian 1-866-627-1567	Tagalog 1-866-627-1569
Cantonese 1-866-692-5595	Vietnamese 1-866-692-5596
Punjabi 1-866-627-1568	TTY (non voice) 1-800-445-1312
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747	

NOTE: SOME EMPLOYEES MAY BE EXEMPT FROM COVERAGE BY THE ABOVE INSURANCE PROGRAMS. IT IS ILLEGAL TO MAKE A FALSE STATEMENT OR TO WITHHOLD FACTS TO CLAIM BENEFITS. FOR ADDITIONAL GENERAL INFORMATION, VISIT THE EDD WEB SITE AT www.edd.ca.gov.

EMERGENCY

AMBULANCE: 911

FIRE — RESCUE: 911

HOSPITAL: 911

PHYSICIAN: 911

ALTERNATE: Your Primary Care
Provider

POLICE: 911

CAL/OSHA: Worker Hotline
(866) 924-9757

Posting is required by Title 8 Section 1512 (e), California Code of Regulations



March 1990
S-500

State of California
Department of Industrial Relations
Cal/OSHA Publications
P O. Box 420603
San Francisco, CA 94142-0603



1961 Diamond Springs Road
Virginia Beach, VA 23455
Phone (757) 460-6308
HR Fax (757) 457-9345

Implementation of the Liberty Mutual Group Medical Provider Network (MPN)

MEMORANDUM

To: MANCON Covered Employees
From: Laura Sipes, MANCON Human Resources
Date: October 8, 2010
Re: California Workers' Compensation – Medical Provider Network

California's workers' compensation law allows employers and their claim administrators to implement and direct injured employees to a Medical Provider Network (MPN) for medical care. Our claim administrator, Liberty Mutual, has implemented the Liberty Mutual Group MPN for workers' compensation claims. This is similar to group health networks but specifically designed for work-related injuries.

As required by Division of Workers' Compensation administrative code section 9767.12, notification must be given to all covered employees prior to implementation of a Medical Provider Network (MPN).

Effective October 8, 2010, medical treatment for new work injuries will be provided through the Liberty Mutual Group MPN. Unless you predesignate a physician or medical group, your new work injuries arising on or after October 8, 2010 will be treated by providers in the Liberty Mutual Group MPN.

If you have an existing injury, you may be required to change to a provider in the Liberty Mutual Group MPN. The Claims Case Manager assigned to your claim can provide additional information.

Liberty Mutual provides Internet access to the list of providers in their MPN using Provider Referral Services (PRS). You can access PRS at any time to find a medical provider or specialist in your area using the following URL address: www.LIBERTYMUTUALPRS.com or call the PRS Hotline at: 1-800-944-0443. For additional information on the Liberty Mutual Group MPN please refer to the workers' compensation poster or contact your supervisor or human resources representative.

IMPORTANT: Confirm your receipt of this updated information by returning a signed copy of the Employee Notification Confirmation to the San Diego Site Office with your completed New Hire Packet.



1961 Diamond Springs Road
Virginia Beach, VA 23455
Phone (757) 460-6308
HR Fax (757) 457-9345

Implementación de la Red de Profesionales de Servicios Médicos (MPN) del Liberty Mutual Group

MEMORANDUM

Para: Empleados cubiertos de MANCON
De: Laura Sipes, MANCON Human Resources
Fecha: October 4, 2010
Re: Compensación por accidentes de trabajo de California – Red de proveedores médicos

La ley de compensación por accidentes de trabajo de California permite a los empleadores y a sus administradores de reclamos implementar una Red de Profesionales de Servicios Médicos (*Medical Provider Network*, MPN) y dirigir a ella a sus empleados accidentados para que obtengan atención médica. Nuestro administrador de reclamos, Liberty Mutual, implementó el MPN de Liberty Mutual Group para atender los reclamos de compensación por accidentes de trabajo. Esta es similar a las redes grupales de atención médica, pero está diseñada específicamente para atender accidentes laborales.

Según se establece en la sección 9767.12 del código administrativo de la División de Compensaciones por Accidentes de Trabajo, deberá notificarse a todos los empleados cubiertos antes de la implementación de una red de profesionales de servicios médicos.

A partir de October 8, 2010, las lesiones provocadas por accidentes de trabajo serán atendidas a través de la MPN de Liberty Mutual Group. A menos que usted designe previamente a un médico o grupo médico, las lesiones laborales que usted sufra a partir de October 8, 2010 serán atendidas por los profesionales de servicios médicos de la MPN de Liberty Mutual Group.

Si usted ya padece una lesión, es posible que se le pida que cambie su profesional de servicios médicos por uno de la MPN de Liberty Mutual Group. El administrador de casos de indemnización asignado a su reclamo puede proporcionarle más información.

Liberty Mutual proporciona acceso a la lista de proveedores de su MPN por Internet mediante Servicios de Referencia a un Proveedor (PRS, por sus siglas en inglés). Usted puede acceder a los PRS cuando lo desee para buscar a un profesional de servicios médicos o un especialista en su área a través de la siguiente dirección URL: www.LIBERTYMUTUALPRS.com, o llame a la línea directa de PRS al 1-800-944-0443.

Para obtener más información acerca de la MPN de Liberty Mutual Group, por favor consulte el cartel de compensación por accidentes de trabajo o contacte a su supervisor o representante de recursos humanos.

IMPORTANTE: Confirme su recibo de esta información actualizada volviendo una copia firmada de la confirmación de la notificación del empleado a la oficina del sitio de San Diego con su paquete nuevo terminado del Hire.

EMPLOYEE NOTIFICATION

Liberty Mutual Group

Medical Provider Network

For The

State of California

IMPORTANT INFORMATION REGARDING YOUR WORKERS COMPENSATION BENEFITS

MEDICAL TREATMENT FOR WORK RELATED INJURIES

Recent changes in California's workers' compensation laws now allow insurers and self-insured employers to direct injured employees to a medical provider network (MPN) for medical treatment if they receive state approval for the network.

The State of California has certified the Liberty Mutual Group Medical Provider Network (MPN) under California Labor Code section 4616 et seq. and Division of Workers' Compensation regulations to provide all necessary medical care, treatment and services for your work related injury.

The goals of the MPN program are to ensure that:

- You have access to prompt, efficient, and quality medical care, treatment and services for occupational injuries and illnesses.
- You have increased access to occupational health services and specialists.
- You receive ongoing medical review of treatment.

All rendered treatment will be consistent with recommended standards set forth in the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, evidence based medical guidelines or with guidelines adopted by the DWC Administrative Director.

You may pre-designate your physician(s) prior to injury if:

- You have received care with the physician, and
- The physician agrees to be your primary treating physician.

If your physician does not agree to participate in this capacity, you will be required to seek medical care with a MPN provider.

EMPLOYEE NOTIFICATION

Access to MPN Services

The MPN shall ensure that a MPN primary care physician, a hospital, or a provider of all emergency health care services are located within thirty (30) minutes or fifteen (15) miles from your residence or work place. Other occupational health services and specialists must be within sixty (60) minutes or thirty (30) miles from your residence or work place. You may consult with your employer for physician, hospital or other medical care recommendations within the MPN.

Should you have a work-related injury, your supervisor will help to ensure that you receive prompt initial care and medical attention through a MPN provider.

- On the job injuries must immediately be reported to your supervisor.
- Upon being notified of an on the job injury, your supervisor will immediately direct you to a primary care MPN physician who will provide you with the necessary initial and subsequent medical care required for your injury. After your first visit with an MPN provider you have the right to be treated by a physician of your choice within the MPN.
- The Liberty Mutual Group MPN physician/provider directory will be available to your employer, physician and you. You may contact your supervisor or Claims Case Manager to request a regional and/or full listing of the MPN provider network. Your employer or Claims Case Manager will provide you the options of receiving (a) electronic access to a regional and/or full listing of the MPN provider network via the Provider Referral Services (PRS) system, at www.libertymutualprs.com; (b) a printed copy of the regional and/or full listing of the MPN provider network; and/or (c) a printed copy of a regional and or full listing of MPN providers by calling either the Liberty Provider Referral Line, 1-800-944-0443.
- If you need emergency health care services, please proceed to the nearest hospital or emergency medical facility and notify your employer. The Liberty Mutual Group MPN shall allow the emergency health care services by the hospital or medical facility until such time that your physician considers you to be in stable medical condition and recommends that you may return to your residence or your employer's workplace. You will then continue your medical treatment with a MPN physician or provider under the provisions of the Liberty Mutual Group MPN.
- For non-emergency services, an appointment for initial treatment with a MPN physician will be available within three (3) business days of your request for treatment. For non-emergency specialist services to treat common injuries experienced at work, an appointment with a specialist within the MPN will be available within twenty (20) business days of your request for a referral.
- If you are temporarily working or traveling for work and require treatment outside the MPN service area and need emergency health care services proceed as stated above. If you require non-emergency medical treatment outside of the MPN service area, you should notify your supervisor and the Claims Case Manager of your need for medical treatment outside the MPN Service Area. The Claims Case Manager will assist you in locating at least three physicians or other providers outside the Service Area. Primary care physicians will be located within thirty (30) minutes or fifteen (15) miles from your temporary residence or workplace. Other occupational health services and specialists will be within sixty (60) minutes or thirty (30) miles from your temporary residence or workplace. The procedures for changing

EMPLOYEE NOTIFICATION

physicians and obtaining a second and third opinion apply to employees who need to seek treatment outside the Service Area.

- If you are temporarily living outside the Service Area or a covered employee, whose former employer has ongoing workers' compensation obligations, who lives outside the Service Area please contact your Claims Case Manager. They can provide you with, at least, three physicians outside the Service Area. Primary care physicians will be located within thirty (30) minutes or fifteen (15) miles from your residence or workplace. Other occupational health services and specialists will be within sixty (60) minutes or thirty (30) miles from your residence or workplace. The procedures for changes physicians and obtaining second and third opinions apply for treatment outside the Service Area.
- If you require medical treatment in certain rural or unpopulated areas where health facilities are located at least 30 miles apart, you must notify your employer or Claims Case Manager. If necessary, the Claims Case Manager will provide you with a MPN provider directory. You may need to treat with a physician or provider outside of the MPN service area. If necessary, the Claims Case Manager will assist you in finding a non-MPN provider.
- If your physician prescribes durable medical equipment, home health services, or medications for you, please contact your Claims Case Manager who will contact the ancillary service provider. The service provider will contact you directly to arrange for service delivery.
- If you need transportation to your MPN physician or medical facility please contact your Claims Case Manager who will make the necessary arrangements. The service provider will contact you directly to arrange for service delivery.
- If you need language translation services provided to you at the time of your medical appointment please contact your Claims Case Manager who will make the necessary arrangements..

Changing Your Treating Physician Within the MPN

- If you are not satisfied with the services of a MPN provider anytime after your initial medical evaluation, you will be allowed to change to another provider of your choice within the MPN.
- Non-emergency treatment, incurred outside of the MPN may not be paid unless the request is received by a Claims Case Manager, in advance. This written request should also document the reason for the requested change.

Your supervisor or the Claims Case Manager can assist you in choosing a geographically convenient provider in the MPN and will be able to assist you to ensure that you receive the appropriate medical attention needed to get you back to work.

- If you have difficulty scheduling an appointment with a MPN physician or provider you should notify the Claims Case Manager. The Claims Case Manager will contact the physician or provider on your behalf to schedule an appointment. If the physician or provider cannot accommodate your appointment request within the required timeframes the Claims Case Manager will notify you and when necessary, will provide to you a full listing and/or regional MPN directory of the names of physicians or providers who are accessible to you for you to choose another physician or provider.

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Treatment Provided By A Specialist

If you require treatment by a specialist, you may self-select an appropriate specialist or be referred to a specialist by your physician. Your Claims Case Manager can provide you with a full listing of the MPN provider network or a regional directory of the names of physicians or providers who are accessible to you within 60 minutes or 30 miles of your residence or workplace. Your physician has access to the MPN directory and can also refer you to a specialist within the MPN.

If your primary treating physician refers you to a type of specialist not included in the MPN you may select a specialist from outside the MPN. Please contact your Claims Case Manager for additional information on this process.

Transfer of Ongoing Medical Care to MPN Provider

If you are currently being treated for a work related injury or illness by a physician or other health care provider that becomes a provider in the MPN, you may continue treatment with your physician or health care provider through the MPN. Your claims case manager or your employer shall inform you and your physician or provider if your treatment is being provided by your physician or provider under the provisions of the MPN, as set for in 8 CCR §9767.9(d).

Your employer or insurer shall authorize the completion of treatment if you are being treated outside of the MPN for an occupational injury or illness that occurred prior to the coverage of the MPN and whose treating physician is not a provider within the MPN, including injured covered employees who pre-designated a physician and do not fall within the Labor Code section 4600(d), for the following conditions:

An acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a duration of less than ninety (90) days. Completion of treatment shall be provided for the duration of the acute condition.

Serious chronic condition. You may complete treatment with your physician or other health care provider that is not in the MPN for a period of time necessary, up to one year, to complete the course of treatment approved by your insurer or employer and to arrange transfer to another provider within the MPN, as determined by your insurer or employer. A serious chronic condition is a medical condition due to disease, illness, catastrophic injury, or other medical problem or medical disorder that is serious in nature that persists without full cure or worsens over 90 days and requires ongoing treatment to maintain remission or prevent deterioration. The one year period for completion of treatment starts from the date you receive notification of the determination that you have a serious chronic condition.

Terminal illness. You will continue to have coverage and may complete treatment with your physician or other health care provider that is not in the MPN for an incurable or irreversible condition for the duration of a terminal illness which is defined as an incurable or irreversible condition that has a high probability of causing death within one year or less.

Performance of surgery or other procedure. You may have surgery or other procedures performed by your physician or other health care provider that is not in the MPN that were authorized by your Claims Case Manager or employer and were recommended and documented by your physician or

EMPLOYEE NOTIFICATION

other health care provider to occur within one hundred and eighty (180) days from the coverage effective date of the MPN.

Your Claims Case Manager or employer will notify you and your primary treating physician in writing of the determination regarding completion of ongoing treatment and the decision to transfer medical care into the MPN. You may request a report from your treating physician if you disagree with the determination regarding transfer of ongoing care. The primary treating physician report will be issued within twenty (20) calendar days from the date of your request. If the treating physician fails to issue the report, then the determination made by the employer or insurer shall apply pursuant to 8 CCR § 9767.9. If you disagree, with the medical determination made by your treating physician regarding transfer of care, a dispute may be filed under Labor Code section 4062. The transfer of care will go forward during the dispute resolution process only if your treating physician agrees with your MPN or employer's determination.

If you do not meet one of the criteria listed above you may be transferred into the MPN for medical treatment, as set forth in 8 CCR § 9767.9(a).

Upon request, your Claims Case Manager can provide you a copy of this policy.

MPN Continuing Care Policy

As a covered employee in the MPN you have certain rights concerning your medical care. Your rights include allowing you to receive and complete medical treatment for certain medical conditions with your physician who is no longer in the MPN if you fall within one of the following conditions:

(A) Acute condition. Completion of treatment for an acute condition shall be provided for the duration of the acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a duration of less than ninety (90) days.

(B) A serious chronic condition. Completion of treatment for a serious chronic condition shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by Liberty Mutual Group MPN in consultation with the injured covered employee and the terminated provider and consistent with good professional practice. Completion of treatment under this paragraph shall not exceed 12 months from the provider contract termination date. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature that persists without full cure or worsens over a ninety (90) day period of time or requires ongoing treatment to maintain remission or prevent deterioration.

(C) A terminal illness. Completion of treatment shall be provided for the duration of a terminal illness. A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less.

(D) Performance of surgery or other procedure. Performance of a surgery or other procedure shall be completed that is authorized by the Liberty Mutual Group MPN as part of a documented course of treatment and has been recommended and documented by the terminated provider to occur within 180 days of the provider's contract termination date.

You will be notified of the determination regarding whether you meet one of the above criteria which will allow you to continue treatment with a provider no longer in the MPN or whether you are required to select a new provider within the MPN. The notification shall be sent to your residence and a copy of the letter shall be sent to your primary treating physician.

EMPLOYEE NOTIFICATION

If you disagree with a decision made under this provision the Liberty Mutual Group MPN has the following dispute resolution process:

(a) If the terminated provider agrees to continue treating the injured covered employee in accordance with Labor Code section 4616.2 and if the injured covered employee disputes the medical determination, the injured covered employee shall request a report from the covered employee's primary treating physician that addresses whether the covered employee falls within any of the conditions set forth in Labor Code section 4616.2(d)(3): an acute condition; a serious chronic condition; a terminal illness; or a performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date. The treating physician shall provide the report to the covered employee within twenty calendar days of the request. If the treating physician fails to issue the report, then the determination made by the employer or insurer referred to in 9767.10(d)(1) shall apply.

(b) If the employer or insurer or injured covered employee objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician concerning the continuity of care shall be resolved pursuant to Labor Code section 4062.

(c) If the treating physician agrees with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the employee shall choose a new provider from within the MPN during the dispute resolution process.

(d) If the treating physician does not agree with the employer's or insurer's determination that the injured covered employee's medical condition does not meet the conditions set forth in Labor Code section 4616.2(d)(3), the injured covered employee shall continue to treat with the terminated provider until the dispute is resolved.

A complete copy of the MPN Continuing Care Policy is available from your Claims Case Manager.

Procedures for Selecting a Physician for a Second and Third Opinion

If you dispute either the diagnosis or treatment prescribed by your treating physician, you may obtain a Second Opinion and a Third Opinion from other physicians within the MPN. During this process you have the option to continue ongoing treatment with your treating physician or change to another physician of your choice within the MPN pursuant to section 9767.6 of the Department of Workers' Compensation regulations.

A Second Opinion is an opinion rendered by a MPN physician, after an in person examination, to address a dispute that you have over either the diagnosis or the treatment prescribed by your treating physician.

EMPLOYEE NOTIFICATION

A Third Opinion is an opinion rendered by a MPN physician, after an in person examination, to address a dispute that you have over either the diagnosis or the treatment prescribed by either your treating physician or the physician that rendered a Second Opinion.

To obtain a Second Opinion, you must inform your supervisor or your Claims Case Manager verbally or in writing by letter, fax or electronic mail that you dispute your treating physician's opinion and are requesting a Second Opinion. You must select a physician or specialist from a regional directory of available MPN providers provided to you by your supervisor or the Claims Case Manager.

It is your responsibility to make the appointment with the Second Opinion physician within sixty (60) days and inform the Claims Case Manager of the appointment date. The Claims Case Manager will contact the Second Opinion provider in writing to notify that he or she has been selected for a Second Opinion, to describe the nature of the dispute, and provide necessary medical records prior to the appointment date. You will receive a copy of the letter to the Second Opinion physician. Upon your request, you may obtain a copy of your medical records. If the appointment is not made within sixty (60) days of your receipt of the directory of available MPN providers, then you may not obtain a Second Opinion for the disputed diagnosis or treatment of your treating physician. You, your treating physician, and the MPN designee will receive a copy of the Second Opinion physician's written report within twenty (20) days of the date of your appointment or the receipt of results of any diagnostic tests made at your appointment, whichever is later.

To obtain a Third Opinion, you must inform your supervisor or your Claims Case Manager verbally or in writing by letter, fax or electronic mail that you dispute the second opinion physician's diagnosis or treatment and are requesting a Third Opinion. You must select a physician or specialist from a regional directory of available MPN providers provided to you by your supervisor or the Claims Case Manager. At the time of the selection of the physician for a third opinion, the Claims Case Manager will notify you about the Independent Medical Review process and provide you with an "Application for Independent Medical Review" form as set forth in section 9768.10 of the Department of Workers Compensation regulations. The Claims Case Manager will fill out the "MPN Contact Section" of the form and list the specialty of the treating physician and an alternative specialty, if any, that is different from the specialty of the treating physician.

It is your responsibility to make the appointment with the Third Opinion physician within sixty (60) days and inform the Claims Case Manager of the appointment date. The Claims Case Manager will notify the Third Opinion provider in writing that he or she has been selected for a Third Opinion, describe the nature of the dispute, and provide necessary medical records prior to the appointment date. You will receive a copy of the letter to the Third Opinion physician. Upon your request, you may obtain a copy of your medical records. If the appointment is not made within sixty (60) days of your receipt of a directory of available MPN providers, then you may not obtain a Third Opinion for the disputed diagnosis or treatment of your treating physician. You, your treating physician, and the MPN designee will receive a copy of the Third Opinion physician's written report within twenty (20) days of the date of your appointment or the receipt of results of any diagnostic tests made at your appointment, whichever is later.

If either the second or third opinion physician recommends specific treatment you may seek treatment from that physician or choose another MPN physician.

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If the second or third opinion doctor feels that an injury is outside the scope of the type of injury he/she normally treats, the doctor's office will notify the employer or insurer and the injured employee will get another list of MPN doctors or specialists to make another selection pursuant to 8 CCR 9767.7 (c) (e).

If you disagree with the diagnosis or treatment recommended by the Third Opinion physician, you may file the application form with the California Division of Workers' Compensation Administrative Director to request an Independent Medical Review. If you need assistance contact your supervisor or your Claims Case Manager.

Contact Information

For questions and concerns regarding the MPN program contact your supervisor, the Claims Case Manager, or the Liberty Mutual Group MPN Program Coordinator. The Claims Case Manager and the MPN Program Coordinator may be contacted during normal business hours of 8:00 AM - 5:00 PM, Monday through Friday. The MPN Program Coordinator may be contacted at 800-331-1133. The Liberty Mutual Utilization Review Unit may be contacted during normal business hours of 8:30 AM - 6:30 PM, Monday through Friday by fax at 1-603-334-8141 or by phone at 1-800-664-CARE (2273).

If any person who makes or causes to be made any knowingly false, or fraudulent material statement or material representation for the purposes of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTIFICACIÓN AL EMPLEADO

Liberty Mutual Group

Red de profesionales médicos

para el

Estado de California

INFORMACIÓN IMPORTANTE ACERCA DE SUS BENEFICIOS DE COMPENSACIÓN DE TRABAJADORES

TRATAMIENTO MÉDICO PARA LESIONES RELACIONADAS CON EL TRABAJO

Los recientes cambios en las leyes de compensación de trabajadores de California permiten actualmente que las aseguradoras y los empleadores auto-asegurados envíen a los trabajadores lesionados a una red de profesionales médicos (MPN) para recibir tratamiento médico si el estado les otorga la aprobación de dicha red.

El Estado de California ha certificado a la MPN de Profesionales Médicos de Liberty Mutual Group (MPN) de conformidad con el Código de Trabajo de California (California Labor Code) sección 4616 y subsecuentes y los Reglamentos de la División de compensación a Trabajadores (División of Workers' Compensation) para proveer toda la atención médica, el tratamiento y los servicios necesarios para su lesión relacionada con el trabajo.

Los objetivos del programa de la MPN son garantizar que:

- Usted tenga acceso a atención médica, tratamientos y servicios rápidos, eficientes y de calidad en caso de sufrir lesiones y enfermedades relacionadas con el trabajo.
- Usted tenga mayor acceso a especialistas y servicios de salud ocupacional.
- Se revise constantemente su tratamiento.

Todo tratamiento que se brinde cumplirá con los estándares recomendados según lo establecido en los Lineamientos de la Práctica de la Medicina Ocupacional del Colegio Americano de Medicina Ocupacional y Ambiental (American College of Occupational and Environmental Medicine o ACOEM), de acuerdo con las normas de la medicina empírica y las disposiciones adoptadas por el Director Administrativo de la División de Compensación de Trabajadores (DWC).

Usted puede designar a su/s médico/s antes de lesionarse si:

- Usted ha recibido asistencia del médico y
- Si el médico acepta ser su médico tratante primario.

Si su médico no acepta participar como tal, se le solicitará que busque la asistencia médica de un profesional de la MPN.

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Acceso a los servicios de la MPN

La MPN garantizará que haya un médico de asistencia primaria, un hospital o un profesional de todos los servicios de asistencia médica de emergencia de la MPN ubicado a no más de treinta (30) minutos o quince (15) millas de su domicilio o lugar de trabajo. Otros especialistas y servicios de salud ocupacional deben estar a no más de sesenta (60) minutos o treinta (30) millas de su domicilio o lugar de trabajo. Puede consultar con su empleador para que le recomiende un médico, hospital o para que le haga otro tipo de recomendación sobre su atención médica dentro de la MPN.

Si usted tiene una lesión relacionada con el trabajo, su supervisor lo ayudará a asegurar que reciba atención médica inicial inmediata a través de un profesional de la MPN.

- Las lesiones en el trabajo deben informarse en forma inmediata a su supervisor.
- Al momento de notificarle una lesión de trabajo, su supervisor lo referirá de inmediato a un médico primario tratante de la MPN quien le brindará la atención médica inicial y posterior necesaria para su lesión. Después de su primera consulta con un profesional de la MPN, usted tiene derecho a que le atienda un médico de la MPN de su elección.
- El Directorio de médicos y profesionales de la MPN de Profesionales Médicos de Liberty Mutual Group (MPN) estará disponible para su empleador, su médico y usted. Puede comunicarse con su supervisor o con el Administrador de casos de reclamos para solicitar un listado regional y/o completo de la red de profesionales de la MPN. Su empleador o Administrador de casos de reclamos le brindará la opción de recibir (a) acceso electrónico al listado regional y/o completo de la red de profesionales de la MPN a través del Sistema de Servicios de Referencia a un Profesional (PRS), en www.libertymutualprs.com; (b) una copia impresa del listado regional y/o completo de la red de profesionales de la MPN y/o (c) una copia impresa del listado regional y/o completo de los profesionales de la MPN llamando a la Línea Liberty de Referencia a un Profesional al 1-800-944-0443
- Si necesita servicios de atención médica de emergencia, por favor acuda al hospital o centro médico de emergencias más cercano e informe a su empleador. La MPN de Liberty Mutual Group le permitirá recibir los servicios de atención médica de emergencia en un hospital o en un centro médico hasta que su médico considere que usted se encuentra estable y le recomiende regresar a su domicilio o al lugar de trabajo de su empleador. Luego usted continuará su tratamiento con un médico o profesional de la MPN según las disposiciones de la MPN de Liberty Mutual Group.
- Para los servicios que no sean de emergencia, se le concertará una cita para tratamiento inicial con un médico de la MPN dentro de los tres (3) días hábiles posteriores a su solicitud de tratamiento. Para los servicios de un especialista que no sean de emergencia y que tienen por objetivo tratar lesiones comunes en el trabajo, se le concertará una cita con un especialista de la MPN que estará disponible, a más tardar, veinte (20) días hábiles después de su solicitud de tratamiento.
- Si usted está trabajando temporalmente o en viaje de negocios y requiere tratamiento fuera del área de servicio de la MPN y requiere atención médica de emergencia proceda como se indicó arriba. Si usted requiere tratamiento médico que no sea de emergencia fuera del Área de servicio de la MPN, debe notificar a su supervisor y al Administrador de casos de reclamos acerca de su necesidad de tratamiento médico fuera del Área de servicio de la MPN. El administrador de casos de reclamos lo asistirá al localizar al menos a tres médicos u otros profesionales que se encuentren fuera del Área de servicio. Los médicos de atención primaria deberán ubicarse a no más de (30) treinta minutos o (15)

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quince millas de su domicilio o lugar de trabajo temporal. Otros especialistas y servicios de salud ocupacional deberán ubicarse a no más de sesenta (60) minutos o treinta (30) millas de su domicilio o lugar de trabajo temporal. Los procedimientos para cambiar de médico y obtener una segunda y tercera opinión se aplican a empleados que necesitan someterse a un tratamiento fuera del Área de servicio.

- Si usted está viviendo temporalmente fuera del Área de servicio o si es un empleado cubierto y su empleador anterior tiene obligaciones pendientes de compensación de trabajadores y además vive fuera del Área de servicio, comuníquese con su Administrador de casos de reclamos. Le podrán proporcionar al menos tres médicos que se encuentren fuera del Área de servicio. Los médicos de atención primaria se ubicarán a no más de (30) treinta minutos o (15) quince millas de su domicilio o lugar de trabajo. Otros especialistas y servicios de salud ocupacional deberán ubicarse a no más de sesenta (60) minutos o treinta (30) millas de su domicilio o lugar de trabajo. Los procedimientos para cambiar de médico y obtener una segunda y tercera opinión se aplican a tratamientos que se realicen fuera del Área de servicio.
- Si requiere tratamiento médico en ciertas áreas rurales o poco pobladas donde los establecimientos médicos se encuentran a 30 millas de distancia como mínimo, usted debe notificar a su empleador o al Administrador de casos de reclamos. En caso de ser necesario, el Administrador de casos de reclamos le proporcionará un directorio de profesionales de la MPN. Es probable que necesite tratarse con un médico o profesional fuera del Área de servicio de la MPN. En caso de ser necesario, el Administrador de casos de reclamos le ayudará a encontrar un profesional que no participe en la MPN.
- Si su médico le indica que utilice equipo médico durable, servicios de salud a domicilio o medicamentos, comuníquese con su administrador de casos de reclamos que contactará al profesional de servicio auxiliar. El profesional de servicios se comunicará con usted en forma directa para acordar cómo se le brindará el servicio.
- Si necesita transporte para dirigirse al establecimiento médico o a una cita con su médico de la MPN comuníquese con su Administrador de casos de reclamos quien hará los arreglos necesarios. El profesional de servicios se comunicará con usted directamente para acordar cómo se le brindará el servicio.
- Si necesita servicios de traducción de idiomas al momento de su cita médica comuníquese con su Administrador de casos de reclamos, quien hará los arreglos necesarios.

Cambio del médico tratante dentro de la red MPN

- Si usted no está satisfecho con los servicios de un profesional de la MPN en cualquier momento posterior a su evaluación médica inicial, se le permitirá cambiar su médico por otro profesional de su elección dentro de la MPN.
- El tratamiento que no sea de emergencia y que se realice fuera de la MPN puede no ser cubierto a menos que el Administrador de casos de reclamos reciba la solicitud con anticipación. Dicha solicitud por escrito debe además certificar el motivo del cambio solicitado.

Su supervisor o el Administrador de casos de reclamos puede ayudarle a elegir un profesional cerca de usted dentro de la MPN y podrá ayudarle a garantizar que usted reciba la atención médica adecuada que necesita para regresar al trabajo.

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- Si usted tiene alguna dificultad para concertar una cita con un médico o profesional de la MPN deberá notificarlo al Administrador de casos de reclamos. El administrador de casos de reclamos se comunicará con el médico o profesional en su nombre para concertar una cita. Si el médico o profesional no puede concertar su cita dentro de los límites de tiempo requeridos, el Administrador de casos de reclamos se lo notificará y, si es necesario, le proporcionará un directorio regional y/o completo de la MPN con los nombres de los médicos o profesionales disponibles para que usted seleccione otro médico o profesional.

Tratamiento de un especialista

Si usted requiere tratamiento con un especialista, podrá elegir uno adecuado o ser referido al mismo por medio de su médico. Su Administrador de casos de reclamos puede proporcionarle un directorio completo de la red de profesionales de la MPN o un directorio regional con los nombres de médicos o profesionales que están disponibles para usted a 60 minutos o 30 millas de su domicilio o lugar de trabajo. Su médico tiene acceso al directorio de la MPN y también puede referirlo a un especialista disponible dentro de la MPN.

En caso de que su médico tratante lo refiera a un tipo de especialista que no forme parte de la MPN, usted podrá seleccionar otro especialista que no participe en la MPN. Para obtener más información sobre este proceso, comuníquese con su Administrador de casos de reclamos.

Transferencia de la atención médica actual a un profesional de la MPN

Si usted está siendo tratado actualmente por una lesión o enfermedad relacionada con el trabajo por un médico u otro profesional de atención médica que ingrese profesional de la MPN, usted puede continuar su tratamiento con su médico o profesional de atención médica a través de la MPN. Su Administrador de casos de reclamos o su empleador deben informarle a usted y a su médico o profesional si su médico o profesional proporcionará su tratamiento según las disposiciones de la MPN, como se estipula en el 8 CCR sección 9767.9(d).

Su empleador o asegurador debe autorizar la continuidad del tratamiento si está recibiendo tratamiento fuera de la MPN por una lesión o enfermedad laboral que haya ocurrido antes de la cobertura de la MPN y cuyo médico tratante no sea un profesional que esté dentro de la MPN, incluidos los empleados lesionados cubiertos que hayan designado con anticipación a un médico y no apliquen a la sección 4600(d) por las siguientes situaciones médicas:

Un padecimiento grave. Un padecimiento grave es una situación médica que implica la aparición repentina de síntomas debido a una enfermedad, lesión u otro problema médico que requiere atención médica inmediata y que dura menos de noventa (90) días. El tratamiento se llevará a cabo mientras dure el padecimiento grave.

Situación médica crónica grave. Usted puede completar el tratamiento con su médico u otro profesional de atención médica que no forme parte de la MPN por un período de tiempo necesario, de hasta un año, a fin de completar el tratamiento aprobado por su aseguradora o su empleador y para planificar la transferencia a otro profesional dentro de la MPN, según lo determine su aseguradora o empleador. Un padecimiento crónico serio es una situación médica que se produce debido a una afección, enfermedad, lesión grave u otro problema o trastorno médico de características serias que persiste sin curarse totalmente o empeora durante 90 días y que además requiere tratamiento continuo para mantener la remisión o prevenir el deterioro. El período de un año para completar el tratamiento comienza a partir de la fecha en que se le notifica que tiene un padecimiento crónico serio.

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Enfermedad terminal. Usted seguirá teniendo cobertura y puede completar el tratamiento con su médico u otro profesional de atención médica que no forme parte de la MPN si usted sufre un padecimiento incurable o irreversible mientras éste dure; la definición de enfermedad terminal es aquella que tenga una alta probabilidad de causarle la muerte dentro de un año o antes.

Realización de una cirugía u otro procedimiento. Usted podrá someterse a cirugía o a otros procedimientos realizados por su médico u otro profesional de atención médica que no forme parte de la MPN, dentro de los ciento ochenta (180) días posteriores a la entrada en vigencia de la cobertura de la MPN. Dicho médico o profesional debe estar autorizado por su Administrador de casos de reclamos o su empleador y dichos procedimientos deben ser recomendados y documentados por su médico u otro profesional de atención médica.

Su Administrador de casos de reclamos o empleador le notificarán a usted y a su médico primario tratante por escrito sobre la determinación de la continuidad del tratamiento en curso y la decisión de transferir el cuidado médico a la MPN. Usted puede solicitar un informe a su médico tratante si no está de acuerdo con la decisión de la transferencia de la atención médica actual. El informe del médico primario tratante se presentará en un plazo de veinte (20) días naturales a partir de la fecha de su solicitud. Si el médico tratante no cumple con la presentación del informe, entonces la determinación realizada por el empleador o asegurador aplicará de conformidad con el 8 CCR sección 9767.9 (f). Si usted, su empleador o la aseguradora no están de acuerdo con la decisión que tome su médico tratante con respecto a la transferencia del cuidado médico, usted puede iniciar un proceso de inconformidad según el Código Laboral sección 4062. La transferencia del cuidado continuará durante el proceso de resolución de la inconformidad sólo si su médico tratante está de acuerdo con la determinación de la MPN o del empleador.

Si no cumple con uno de los criterios que aparecen arriba, usted puede ser transferido a la MPN para recibir tratamiento médico, como lo estipula el título 8 CCR § 9767.9(a).

Su Administrador de casos de reclamos puede proveerle una copia de esta política si usted lo solicita.

Política de atención médica continua de la MPN

Al ser un empleado cubierto por la MPN usted tiene ciertos derechos con respecto a su atención médica. Sus derechos le permiten recibir y terminar un tratamiento médico por ciertas situaciones médicas con el médico que ya no pertenece a la MPN si ocurre lo siguiente:

(A) Un padecimiento grave. El tratamiento continuo de un padecimiento grave se llevará a cabo mientras dure el mismo. Un padecimiento grave es una situación médica que implica la aparición repentina de síntomas debido a una enfermedad, lesión u otro problema médico que requiere atención médica inmediata y que dura menos de noventa (90) días.

(B) Una situación médica crónica grave. El tratamiento para una situación médica crónica grave se llevará a cabo por un periodo de tiempo necesario para completar el tratamiento y para arreglar una transferencia segura a otro profesional, según lo determine la Red de Profesionales Médicos de Liberty Mutual Group una vez que consulte con el empleado lesionado cubierto y el profesional que ya no participa y de acuerdo con las buenas prácticas profesionales. El tratamiento según este párrafo no excederá de 12 meses a partir de la fecha de terminación de contrato del profesional. Un padecimiento crónico serio es una situación médica que se produce debido a una afección, enfermedad u otro problema o trastorno médico de características serias que persiste sin curarse totalmente o empeora durante un periodo de noventa (90) días o que requiere tratamiento continuo para mantener la remisión o prevenir el deterioro.

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(C) Una enfermedad terminal. El tratamiento se proporcionará , mientras dure la enfermedad terminal. Una enfermedad terminal es un padecimiento incurable o irreversible que tiene altas probabilidades de causar la muerte en un periodo de un año o menos.

(D) Realización de una cirugía u otro procedimiento. La realización de una cirugía u otro procedimiento que haya sido autorizado por la Red de Profesionales Médicos de Liberty Mutual Group como parte de un tratamiento documentado y que haya sido recomendado y documentado por el profesional que ya no participa deberá llevarse a cabo dentro de los 180 días posteriores a la fecha de terminación del contrato del profesional.

Usted recibirá una notificación de la determinación sobre si usted cumple con uno de los criterios anteriores que le permitirán continuar el tratamiento con un profesional que no esté en la MPN o si se le solicita que seleccione un nuevo profesional que forme parte de la MPN. La notificación deberá enviarse a su dirección y deberá enviarse una copia de la carta a su médico primario tratante.

Si no está de acuerdo con una decisión tomada conforme a esta disposición, la Red de Profesionales Médicos de Liberty Mutual Group tiene el siguiente proceso para la resolución de inconformidades:

(a) Si el profesional que ya no participa acepta continuar el tratamiento del empleado lesionado cubierto conforme a la sección 4616.2 del Código Laboral y el empleado lesionado cubierto no está de acuerdo con la determinación médica, el empleado lesionado cubierto debe solicitar un reporte de su médico tratante primario que determine si entra o no en cualquiera de las condiciones establecidas en la sección 4616.2(d)(3) del Código Laboral: un padecimiento grave, una situación médica grave crónica, una enfermedad terminal o la realización de una cirugía u otro procedimiento autorizado por el asegurador o empleador como parte de un de tratamiento documentado y que el profesional haya recomendado y documentado para que se lleve a cabo dentro de los 180 días posteriores a la fecha de terminación del contrato del profesional. El médico tratante deberá proporcionar el reporte al empleado cubierto en un periodo de veinte días calendario a partir de la solicitud. Si el médico tratante no emite el reporte, entonces se aplicará la determinación tomada por el empleador o asegurador a la que se hace referencia en 9767.10(d)(1).

(b) Si el empleador, la aseguradora o el empleado lesionado cubierto no está de acuerdo con la determinación del médico tratante, la inconformidad sobre la determinación tomada por el médico tratante respecto a la continuación de la atención debe resolverse conforme a la sección 4062 del Código Laboral.

(c) Si el médico tratante está de acuerdo con la determinación del empleador o asegurador de que la situación médica del empleado lesionado cubierto no cumple las condiciones establecidas en la sección 4616.2(d)(3) del Código Laboral, el empleado deberá elegir otro profesional dentro de la red MPN durante el proceso de resolución de la inconformidad.

(d) Si el médico tratante no está de acuerdo con la determinación del empleador o aseguradora de que la situación médica del empleado lesionado cubierto no cumple las condiciones establecidas en la sección 4616.2(d)(3) del Código Laboral, el empleado lesionado cubierto deberá continuar su tratamiento con el profesional que ya no participa hasta que se resuelva la disputa.

Su Administrador de casos de reclamos podrá proporcionarle una copia de la política de atención médica continua de la red MPN.

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Procedimientos para seleccionar un médico a fin de obtener una segunda y tercera opinión

Si usted no está de acuerdo con el diagnóstico o el tratamiento que le indica su médico tratante, puede obtener una segunda y tercera opinión de otros médicos dentro de la red MPN. Durante este proceso usted tiene la opción de seguir con su tratamiento actual con su médico tratante o cambiar a otro médico de su elección dentro de la MPN según la sección 9767.6 de las normas del Departamento de Compensación de Trabajadores.

Una segunda opinión es aquella suministrada por un médico de la MPN, luego de realizar un examen en persona, estarse usted no está de acuerdo con el diagnóstico o con el tratamiento que le indicó su médico tratante.

Una tercera opinión es aquella suministrada por un médico de la MPN, luego de realizar un examen en persona, si usted no está de acuerdo con el diagnóstico o con el tratamiento que le indicó su médico anterior o el médico que le proporcionó una segunda opinión.

Para obtener una segunda opinión, debe informar a su supervisor o a su Administrador de casos de reclamos en forma verbal o mediante una carta, fax o correo electrónico su inconformidad con respecto a la opinión de su médico tratante y que solicita una segunda opinión. Usted debe seleccionar a un médico o especialista de un directorio regional que le haya proporcionado su supervisor o el Administrador de casos de reclamos que incluye a los profesionales disponibles en la red MPN.

Usted será responsable de concertar dentro de los sesenta (60) días una cita con el médico que le proporciona una segunda opinión e informar a su Administrador de casos de reclamos acerca de la fecha de la cita. El Administrador de casos de reclamos se comunicará por escrito con el profesional que proporcionará la segunda opinión a fin de notificarle que ha sido seleccionado/a para una segunda opinión, para describirle la naturaleza de su inconformidad y para proporcionarle la historia clínica necesaria antes de la fecha de la cita. Usted recibirá una copia de la carta dirigida al médico que proporciona la segunda opinión. Si usted lo solicita, puede obtener una copia de su historia clínica. Si la cita no se realiza dentro de un periodo de sesenta (60) días luego de haber recibido la lista de profesionales de la red MPN disponibles, usted no podrá obtener una segunda opinión del diagnóstico o tratamiento de su médico tratante con el cual estaba en desacuerdo. Su médico del tratamiento, la persona designada de la MPN y usted recibirán una copia del informe escrito por el médico que le proporciona una segunda opinión dentro de los veinte (20) días posteriores a la fecha de su cita o luego de haber recibido los resultados de cualquier prueba diagnóstica a la que se haya sometido durante su cita, lo que ocurra después.

Para obtener una tercera opinión, debe informar a su supervisor o a su Administrador de casos de reclamos en forma verbal o mediante una carta, fax o correo electrónico, acerca de su inconformidad con respecto al diagnóstico o al tratamiento del médico que le proporcionó una segunda opinión y que solicita una tercera opinión. Usted debe seleccionar a un médico o especialista de un directorio regional que le haya proporcionado su supervisor o por el Administrador de casos de reclamos que incluye a los profesionales disponibles en la red MPN. Al momento de seleccionar un médico para obtener una tercera opinión, el Administrador de casos de reclamos le notificará acerca del procedimiento de Examen Médico Independiente y le proporcionará un formulario de “Solicitud de Examen Médico Independiente” según lo establecido en la sección 9768.10 de las normas del Departamento de Compensación de Trabajadores. El Administrador de casos de reclamos completará la “Sección de Contacto con la red MPN” del formulario y consignará la especialidad del médico tratante y una especialidad alternativa, si existe, diferente a la especialidad del médico tratante.

Usted será responsable de concertar, en un periodo de sesenta (60) días, una cita con el médico que le proporciona una tercera opinión e informar a su Administrador de casos de reclamos acerca de la fecha de la

NOTIFICACIÓN AL EMPLEADO

cita. El Administrador de casos de reclamos se comunicará por escrito con el profesional que le proporciona una tercera opinión a fin de notificarle que ha sido seleccionado/a para una tercera opinión, para describirle la naturaleza de su inconformidad y para proporcionarle la historia clínica necesaria antes de la fecha de la cita. Usted recibirá una copia de la carta dirigida al médico que proporciona la tercera opinión. Si usted lo solicita, puede obtener una copia de su historia clínica. Si la cita no se realiza en un periodo de sesenta (60) días luego de haber recibido la lista de profesionales MPN disponibles, usted no podrá obtener una tercera opinión del diagnóstico o tratamiento de su médico tratante con el cual estaba en desacuerdo. Su médico tratante, la persona designada de la MPN y usted recibirán una copia del informe escrito del médico que le proporciona una tercera opinión durante los veinte (20) días posteriores a la fecha de su cita o luego de haber recibido los resultados de cualquier prueba diagnóstica a la que se haya sometido durante su cita, lo que ocurra después.

Si uno de los médicos que ofrecen la segunda o la tercera opinión recomienda un tratamiento específico, usted podrá someterse al tratamiento con dicho médico o podrá seleccionar otro que forme parte de la red MPN.

Si el médico de la segunda o tercera opinión considera que una lesión está fuera del alcance del tipo de lesión que trata normalmente, el consultorio del médico notificará al empleador o a la aseguradora y el empleado lesionado recibirá otro directorio de médicos o especialistas de la MPN para hacer otra selección, de conformidad con el título 8 del CCR 9767.7 (c) (e).

Si usted no está de acuerdo con el diagnóstico o el tratamiento recomendado por el médico que proporciona la tercera opinión, podrá presentar una solicitud al Director Administrativo de la División de Compensación de Trabajadores de California para solicitar un Examen Médico Independiente. Si necesita ayuda comuníquese con su supervisor o su Administrador de casos de reclamos.

Información de contacto

Si tiene alguna pregunta o inquietud con respecto al programa de la red MPN comuníquese con su supervisor, con el Administrador de casos de reclamos o con el Coordinador de programas de la Red de Profesionales Médicos de Liberty Mutual Group. Usted puede comunicarse con el Administrador de casos de reclamos y con el Coordinador de programas durante las horas normales de oficina de 8:00 AM a 5:00 PM, de lunes a viernes. Puede comunicarse con el Coordinador del Programa de la MPN al 800-331-1133. Puede comunicarse a la Unidad de Revisión de Uso de Liberty Mutual durante las horas normales de oficina de 8:30 AM a 6:30 PM, de lunes a viernes por fax al 1-603-334-8141 ó por teléfono al 1-800-664-CARE (2273).

Cualquier persona que hace o provoca conscientemente cualquier declaración o representación material falsa o fraudulenta para propósitos de obtener o de negar los beneficios de compensación o pagos de los trabajadores es culpable de un delito grave.



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or has a Medical Provider Network (MPN). You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
4. **Medical Provider Networks.** Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. **If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor.** If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: 800-331-1133 x 66852 MPN website: LMGMPN@libertymutual.com

MPN Effective Date 10-08-10 Current MPN's address: 175 Berkeley St. Boston, MA 02116-5066

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator Liberty Mutual Beaverton Phone 800-424-0054

Workers' compensation insurer Liberty Mutual (Enter "self-insured" if appropriate)

Policy Expiration Date 9-30-11

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement (DLSE).

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location: DLSE Office or by calling toll-free (800) 736-7401. Learn more information about DWC and DLSE online: www.dwc.ca.gov or www.dir.ca.gov/dlse.

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo el lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías y medicinas que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay un límite para ciertos servicios médicos.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si su lesión le causa una incapacidad permanente.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible pagadero a una escuela aprobada por el estado si su lesión surge en o después del 1/1/04, y le ocasiona una incapacidad permanente que le impida regresar al trabajo dentro de 60 días después de que los pagos por TD terminen y su empleador no le ofrece a usted un trabajo modificado o alternativo.
- **Beneficios por Muerte:** Pagados a los dependientes de un(a) trabajador(a) que muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si es elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione y su médico debe estar de acuerdo de atenderle la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a su presunta lesión y será responsable por diez mil dólares (\$10,000) en tratamiento hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad. Si usted designó previamente a su médico personal o grupo médico antes lesionarse (vea uno de los párrafos anteriores), en ciertas circunstancias, usted puede consultarlo para el tratamiento. De otra forma, su empleador tiene el derecho de seleccionar al médico que le atenderá durante los primeros 30 días. Es posible que usted pueda cambiar a un médico de su preferencia después de 30 días. Hay reglas diferentes que se aplican cuando su empleador ofrece una Organización de Cuidado Médico (HCO) o si tiene una Red de Proveedores Médicos (MPN). Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Si su empleador usa una MPN, una notificación de la MPN debe estar al lado de este cartel para explicar como usar la MPN. Usted puede pedir una copia de esta notificación hablando al número de la MPN debajo descrito. Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado. Si usted no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información del contacto de la MPN:

Número gratuito de la MPN vigente: 800-331-1133 ^{xt683a} Página web de la MPN: LM6MPN@libertymutual.com

Fecha de vigencia de la MPN 10-08-10 Dirección de la MPN vigente 175 Berkeley St. Boston, MA 02116-5060

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos Liberty Mutual Benefits Teléfono 800-424-0054
Asegurador del Seguro de Compensación de trabajador Liberty Mutual (Anoté "autoasegurado" si es apropiado)
Fecha de Vencimiento de la Póliza 9-30-11

Si la póliza de compensación de trabajadores se ha vencido, comuníquese con el Comisionado Laboral, en la División para el Cumplimiento de las Normas Laborales (Division of Labor Standards Enforcement- DLSE).

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en DLSE Office o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la DWC y DLSE en el Internet en: www.dwc.ca.gov o www.dir.ca.gov/dlse.

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's

Signature_____Date:_____

Physician: I agree to this Predesignation:

Signature:_____Date:_____

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

(Optional DWC Form 9783 March 1, 2007)

Liberty Mutual Group MPN
Form B - Employee Notification Confirmation

In order to confirm that you have received appropriate notification regarding the Liberty Mutual Group Medical Provider Network (MPN) please complete and sign the attached form. This form must be returned to your employer at the time you first receive employee notification information about the MPN. This may occur at the time of your employer's MPN presentation, at the time of hire, at the time of your report of injury or at the time you transfer into the MPN.

(Employee Signature)

(Date)

(Print Employee Full Name)

(Name of Employer)

Any person who makes or causes to be made any knowingly false, or fraudulent material statement or material representation for the purposes of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Con el fin de confirmar que usted ha recibido la notificación adecuada acerca de la Red de Profesionales de Servicios Médicos del Grupo Liberty Mutual (MPN) (*Liberty Mutual Group Medical Provider Network* (MPN)) por favor llene y firme la forma adjunta. Esta forma debe ser entregada a su empleador al momento en que reciba información de la notificación para empleados acerca de la MPN. Esto puede ocurrir al momento de la presentación de la MPN de su empleador, al momento de la contratación, al momento de su reporte de lesión o al momento de su traslado a la MPN.

(Firma del empleado)

Fecha

(Nombre firma completo)

(Nombre del empleador)

Cualquier persona que hace o provoca conscientemente cualquier declaración o representación material falsa o fraudulenta para propósitos de obtener o de negar los beneficios de compensación o pagos de los trabajadores es culpable de un delito grave.