

February 19, 2010

*Via Federal Express*

Chrysti Corkill  
[REDACTED]  
San Diego, CA 92108

Re: FMLA/CFRA leave documentation

Dear Chrysti:

Enclosed please find documentation in reference to federal Family and Medical Leave Act leave (FMLA) and state California Family Rights Act leave (CFRA). You are required to have the **Health Care Provider Certification** section of the **Medical Certification Form** completed and signed by your attending physician and returned to the human resources department **no later than (15) days from the date of this notice** - March 8, 2010. This form can be mailed or faxed to our office, whichever is most convenient for your physician. (*Our confidential fax number is 619.718.6772.*)

Additionally, I have enclosed the following notices:

- FMLA/CFRA Application (*Please sign and send a copy to the HR department*)
- Letter of Conditionally Granted Leave (*Once a completed and signed Medical Certification Form is received in the HR department and approved by the AVP of Human Resources, we will send you a letter approving your FMLA/CFRA leave. If additional information is required to approve the leave, we will notify you.*)
- CFRA – Family Medical Leave - Notice of Eligibility and Rights and Responsibilities
- FMLA – Employee Rights and Responsibilities under the Family and Medical Leave Act
- Certificate of Physician or Practitioner for Employee Return to Work (*We must have the completed and signed form in the HR department at least two days prior to your return to work date. You may fax this form if it is more convenient for you.*)
- The Standard – Short Term Disability Claims packet and instructions
  - You, the employee, are to complete all sections labeled “To Be Completed By Employee”.
  - Have attending physician complete section labeled “To Be Completed By Attending Physician”.
  - Please be sure all required signature areas are signed and dated.
  - Send to the human resources department via USPS or fax.
- Preferred Employers Insurance Co. – Family and Medical Leave Act Policy and Procedure
- California Family Rights Act pamphlet
- State Disability Insurance Provisions pamphlet
- Paid Family Leave pamphlet
- Job Description

Under state and federal family and medical leave, you are eligible for continued health benefits for a maximum of twelve (12) weeks. If you currently contribute to the payment of benefits, you must continue to do so while on leave. You currently contribute to the payment of your benefits and they are broken down as follows: total monthly premiums are **\$109.20**.

Medical -	\$ 75.00/mo
Dental -	\$ 0.00/mo
STD -	\$ 14.20/mo
ESPP -	<u>\$ 20.00/mo</u>
	\$109.20/mo

Human Resources Department  
1455 Frazee Road, Suite 1000  
San Diego, CA 92108



619.718.6772

Please let me know if you would like to continue or discontinue your ESPP and your 401(k) contributions. If you want to continue the contributions, please send a check to my attention on the first of the month and I will apply the funds to your account. If you want to discontinue the contributions, just let me know and I will have Ream stop the contributions until you return to work. If you stop the ESPP and 401(k) contributions, you will need to continue your medical premium payments on the first of the month.

During your FMLA/CFRA leave, you may take any accrued and unused vacation hours, any available sick time and floating holiday. You currently have 6.5 vacation hours, 8.0 sick hours, and one floating holiday (8.0 hours.) We will pay out all aforementioned time (22.5 hours) on the next payroll to be paid on February 26, 2010, unless otherwise requested by you not to pay out these hours. We must be notified by noon on Monday, February 22, 2010, if you DO NOT want these hours paid out. If you are eligible for state disability insurance (SDI), your SDI benefits and sick leave pay will be coordinated so that your SDI/sick leave payments do not exceed your normal rate of pay.

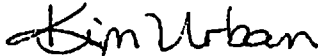
Also, if your FMLA/CFRA leave exceeds twelve (12) weeks, you will be eligible for COBRA and COBRA information will be sent to you at that time.

Remember, if you are absent because of your own illness or injury, you **MUST** provide the Company with a medical release to return to work (RTW) without any restrictions. The RTW letter must be received in the Human Resources department prior to your return to work. This RTW letter can be faxed to our confidential fax at 619.718.6772.

Again, for eligibility and to receive requested benefits, all of the aforementioned required documents **must be completed and returned to the human resources department no later than March 8, 2010.**

If you have any questions, please do not hesitate to call me at the number below.

Regards,



Kim Urban  
Benefits Analyst  
619.471.2928  
[kurban@preferredworkcomp.com](mailto:kurban@preferredworkcomp.com)