

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
1515 Clay Street 18<sup>th</sup> Floor  
Oakland, CA 94612  
(510) 286-7100

MAILING ADDRESS:  
P. O. Box 71010  
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July 28, 2014

UnionADR, LLC  
P.O. Box U  
Moreno Valley, CA 92556  
Attn: Chris R. Reinhardt, CIC



Re: Laborers' Health & Welfare Trust Fund for Southern California  
Renewal of Letter of Eligibility

Dear Mr. Reinhardt:

I am pleased to advise you that as requested in your letter dated June 27, 2014, I have found the parties to this agreement continue to meet the eligibility requirements of Labor Code section 3201.5. The terms and conditions for continued eligibility and record keeping and reporting requirements outlined in prior letters of eligibility remain in full force and effect.

This letter will permit you to continue to maintain an alternative dispute resolution system governing disputes concerning workers' compensation. It will also permit you to maintain an exclusive list of providers of medical treatment, medical evaluation, and vocational rehabilitation. Please submit a letter annually outlining any changes as provided by California Code of Regulations §10204(a). This letter is not a determination that the collective bargaining agreement itself or any part of it is in compliance with Section 3201.5.

This letter covers a period beginning July 31, 2014, the expiration date of your previous letter of eligibility, and will be valid until July 31, 2017, although it may become ineffective as to an individual employer on an earlier date, if that individual employer no longer carries the required insurance, or is no longer signatory to a current 3201.5 provision, or otherwise fails to meet the eligibility requirements of Section 3201.5. Please submit a letter annually outlining any changes as provided by California Code of Regulations §10204(a) in addition to the required annual report.

Respectfully,

A handwritten signature in blue ink that reads "Destie Overpeck".

Destie Overpeck  
Acting Administrative Director  
California Division of Workers' Compensation

DO/cp