

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
1515 Clay Street 17th Floor
Oakland, CA 94612
(510) 286-7100

MAILING ADDRESS:
P. O. Box 420603
San Francisco, CA 94142-0603



February 2, 2010

Ms. Catherine B. Wells, CPCU, CRIS, MBA
Senior Consultant
Ron Rakich & Associates, Inc.
2377 Gold Meadow Way, Suite 100
Gold River, CA 95670

Neil Struthers, CEO
Santa Clara & San Benito Counties Building & Construction Trades Council
2102 Almaden Rd, Suite 101
San Jose, CA 98125

Lance Sposito, Risk Manager
County of Santa Clara
ESA Insurance
2310 North First St., Ste 203
San Jose, CA 95131

Re: Santa Clara Valley Medical Center Medical Center Seismic Safety Project/Santa Clara and
San Benito Counties Building & construction Trades Council Alternative Dispute
Resolution Agreement Pursuant to Labor Code Section 3201.5

Dear Ms. Wells, Mr. Struthers and Mr. Sposito:

I am pleased to advise you that based on a review of the documents and materials submitted, I have found the parties eligible to enter into a collective bargaining agreement under Labor Code Section 3201.5. 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 will permit you to establish an alternative dispute resolution system governing disputes between employees and employers concerning workers' compensation as outlined in the application, which was completed on January 27, 2010.

Although the letter of eligibility will expire as to the group on February 2, 2013, 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 the Name of Omsbudperson within 30 days of the date of this letter.

Catherine Wells, Neil Struthers and Lance Sposito

February 2, 2010

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This letter of eligibility will be valid until February 2, 2013, or upon expiration of the collective bargaining agreement, whichever comes first. Please submit a letter annually outlining any changes as provided by California Code of Regulations §10204(a).

It is my hope that this alternative workers' compensation system will be effective and provide high-quality medical care, full compensation to injured workers with minimal dispute and substantial savings that can be redirected to more productive uses.

Respectfully,

A handwritten signature in black ink that reads "Carrie Nevans". The signature is written in a cursive, flowing style.

Carrie Nevans

Acting Administrative Director

CN/t



RON RAKICH & ASSOCIATES, INC.

2733 Gold Meadow Way,
Suite 100
Gold River, CA 95670

(916) 834 - RISK

cathy@ronrakich.com
www.ronrakich.com

February 26, 2010

Ms. Linda Tejada
Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 17th Floor
Oakland, CA 94612

Re: **Request for Name of Ombudsperson**
The County of Santa Clara
Santa Clara Valley Medical Center Replacement Bed Building #1 Construction Project
Labor Code 3201.5 Carve-Out Application

Dear Ms. Tejada

Pursuant to your carve out approval letter dated February 2, 2010, the name and contact information for our selected Ombudsperson is provided for you below.

Barbara Shogren Lies
Shogren Ombudsperson Services
7177 Brockton Avenue, Suite 100
Riverside, CA 92506

Phone: (800) 905-7595

If you have any questions please feel free to me at (916) 834-7475. Or, you can reach me at cathy@ronrakich.com.

Sincerely yours,

Catherine Wells, CPCU, CRIS, MBA
Senior Consultant