



**CHIEF EXECUTIVE OFFICE  
Risk Management Division**

1010 10th Street, Suite 1400, Modesto, CA 95354  
P.O. Box 3404, Modesto, CA 95353-3404

Phone: 209-525-5710 Fax: 209-525-5779

Date:

To: New Stanislaus County Employee

Subject: Workers' Compensation Benefits

The Administrative Director of the California Division of Workers' Compensation has approved the use of the attached **Your Rights to Workers' Compensation Benefits and How to Obtain Them** pamphlet.

Stanislaus County utilizes a Medical Provider Network (MPN). The attached MPN brochure explains what an MPN is and how to access a doctor within the network.

Please read through the MPN brochure and Your Rights to Workers' Compensation Benefits pamphlet. If you have any questions, contact a member of the Disability Management Unit in the CEO-Risk Management Division at 209-525-5710 or the County's Third-Party Administrator, Pegasus Risk Management at 209-574-2800.

I have received a copy of the **Medical Provider Network (MPN)** brochure.

I have received and have read a copy of the **Your Rights to Workers' Compensation Benefits and How to Obtain Them** pamphlet and have been provided with an Employee's Designation of Personal Physician form

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Department Representative Name

\_\_\_\_\_  
Department

**Return all completed forms to the CEO-Risk Management Division**

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