

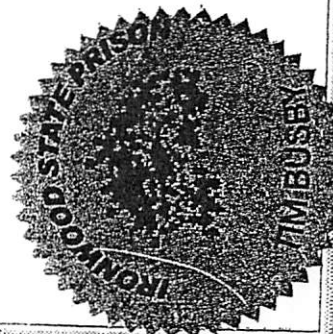
ATTACHMENT C
RESPONDENT(S) ARGUMENT(S)

Certificate of Appreciation

This certificate is awarded to

CHRISTOPHER GUILIN

is to acknowledge the outstanding job you have done with not
using any of your sick time during 2010.



Signature *[Signature]*

Warden (a) *Date 8/1/11*

STATE OF CALIFORNIA
INDIVIDUAL DEVELOPMENT PLAN
 FOR FUTURE JOB PERFORMANCE OF PERMANENT EMPLOYEES

COPY

STD. 637, (REV. 7-94)

EMPLOYEE NAME (Last, First, Middle Initial) GUILIN, CHRISTOPHER		DATE OF THIS PERFORMANCE DISCUSSION 1/10	
CIVIL SERVICE TITLE HEAVY TRUCK DRIVER CF		POSITION NUMBER 444-211-6379-001	LAST PERFORMANCE DISCUSSION DATE 1/09
STATE DEPARTMENT NAME CORRECTIONS		DEPARTMENT SUBDIVISION IRONWOOD STATE PRISON	EMPLOYEE'S HEADQUARTERS BLYTHE

PERFORMANCE OBJECTIVES--Goals for future improvements in job performance during the next year in order to meet or exceed standards for the employee's present job or to develop employee skills.

To attempt to improve job performance by keeping aware of any vital changes which effect Food Services.

Attend all required courses for self improvement.

Work closely with administrative staff to resolve any pending performance issues.

*EXCELLENT REPORT!
 DAVE LONG, CDW
 Thank you for your
 service to ISP
 T. Bushy
 Warden (A)*

PLANS FOR ACHIEVING OBJECTIVES--Specific methods by which the employee can work toward accomplishing his or her performance objectives (in-service training courses, college courses, rotation, special work assignments for training purposes, etc.

By becoming more familiar with the every day activities, by improving participation.

Arrange with supervisor to have time available to attend courses.

Work closer as a team member with supervisors and Food Services.

*4/2/10
 Thank you for your hard work
 and commitment to ISP.
 M. Hume, AA*

*CHIEF:
 Thank you for all outstanding
 year of State Service and for
 your PERFECT ATTENDANCE.
 Keep up the GREAT JOB
 M. Hume, CFM*

I HAVE PARTICIPATED IN A DISCUSSION OF OVER-ALL JOB PERFORMANCE

EMPLOYEE'S SIGNATURE <i>Chris Guilin</i>	DATE SIGNED 4-14-10	SUPERVISOR'S SIGNATURE <i>Emily Smith</i>	DATE SIGNED 4/14/10
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(OVER)

1. QUANTITY OF WORK

MEETS EXPECTED STANDARDS

During the past year you have been assigned to Central Kitchen as the Heavy Duty Truck Driver (HDTD) which is responsible for receiving 100,000 pounds of food from the warehouse each day and then delivering the food items to Central Kitchen. You have consistently and accurately delivered large amounts of food from the Warehouse to Central Kitchen.

2. QUALITY OF WORK:

MEETS EXPECTED STANDARDS

The quality of your paperwork you have completed is accurately, neat, and done in a timely manner which has not gone unnoticed. You are also able to transport massive amounts of product accurately.

3. WORK HABITS:

EXCEEDS EXPECTED STANDARDS

You are very knowledgeable regarding the food transportation operation and with the various tools and equipment in your area. You observe all operational procedures. You work at a fast pace yet maintain safety and security. I would like to commend you on your perfect attendance.

4. RELATIONSHIPS WITH PEOPLE:

EXCEEDS EXPECTED NEEDED

You have excellent communication skills; you accept new employees as equals and show a great deal of respect to staff and inmates alike.

5. TAKING ACTION INDEPENDENTLY:

EXCEEDS EXPECTED STANDARDS

You easily identify potential food shortages and equipment problems that could have adverse effects to Food Services. You exercise good judgment and take corrective action when needed.

6. MEETING WORK COMMITMENTS:

EXCEEDS EXPECTED STANDARDS

You are very punctual and can be counted on to start your shift on time. Your paper work is accurate and complete. Your truck is kept clean and ready for the next shift to begin. You keep your truck maintenance maintained, which prevents it from having down time. You also follow the Hazardous Analysis Critical Control Point Procedures for transporting food items. All of your annual training was completed on time.

7. ANALYZING SITUATIONS AND MATERIALS:

MEETS EXPECTED STANDARDS

You continue to demonstrate your ability to identify, analyze and solve most problems that may occur. You consult with your supervisor to evaluate your options and make sound decisions.

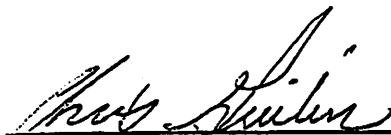
9. FACTORS NOT LISTED (IST/OJT):

STANDARD

You are to be commended for meeting your IST requirements. Since training is a vital part of CDCR, I encourage you to keep meeting your training requirements and take all available IST classes possible. This will aid you in becoming even more familiar with policies and procedures.

COMMENTS:

Chris, your contributions to the Food Services Department is greatly appreciated. You are a great asset to our department. Maintain your positive attitude and keep up the good work. Once again thank you for a job well done and congratulations on completing all of your IST training on time and for your perfect attendance.



CHRISTOPHER GUILIN
Correctional Supervising Cook

4-14-10

DATE



LARRY SMITH
Supervising Correctional Cook

4/14/10

DATE



KEONI SOPER
Assistant Correctional Food Manager

4/15/10

DATE

ANNUAL AUDIT OF TRAINING

NAME: CHRISTOPHER B GUILIN

POSITION: HVY TRUCK DRIVER

RATING PERIOD: 01/01/2009

LAST 4 SSN:

TO: 01/01/2010

Area(s) of mandated training that the employee completed:
See Attached

Area(s) of mandated training that the employee did not complete:

5/15/09
BLOODBORNE PATHOGENS, *NOT REQUIRED* *2/17/09* *12/14/09*
~~CRISIS INTERVENTN & SUICID~~, ELECTRIFIED FENCE, ESCAPE
PREVENTION &, PRISON RAPE ELIMINATION A, ~~VIOLENCE IN WORKPLACE~~
11/17/09

Standard
RATING: IMPROVEMENT NEEDED (Required courses not taken)

-- ROUTING --

DATE DUE IN PERSONNEL: _____

[Signature]
IST MANAGER

[Signature]
SUPERVISOR

[Signature]
REVIEWING OFFICER

THIS DOCUMENT WILL REMAIN ATTACHED TO THE PERFORMANCE REPORT UNTIL FINAL REVIEW,
THEN IT WILL BE RETURNED TO THE PERSONNEL OFFICE.

IST STAFF REPORT

Employee: CHRISTOPHER B GUILIN

Position Code: 6379

Hire Date: 04/01/2007 Sex: M

Title: Hvy TRUCK DRIVER

Date	Code	Course Title	Hours	OUT	IST	Req'd?	ATR	Instructor
------	------	--------------	-------	-----	-----	--------	-----	------------

01/06/2009	B0693	SAFETY GENERAL TRAINING	1.00	X				GARCIA
01/13/2009	B0693	SAFETY GENERAL TRAINING	1.00	X				GUILIN
01/27/2009	B0693	SAFETY GENERAL TRAINING	1.00	X				HELD
02/03/2009	B0693	SAFETY GENERAL TRAINING	1.00	X				JONES
02/10/2009	B0057	CULINARY TRAINING	1.00	X				ADEFIOYI
02/17/2009	A0602	ELECTRIC FENCE FAMILIARI	1.00		X		X	PARKINSON
02/22/2009	B1193	EXPECTATION FOR STAFF DP	1.00	X			X	ROMERO
02/26/2009	B0057	CULINARY TRAINING	1.00	X				VENABLE
03/05/2009	A1080	EEO & SEXUAL HARAS ANNUA	1.00		X		X	FLAHERTY
03/10/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
03/11/2009	B0057	CULINARY TRAINING	1.00	X				VENABLE
03/17/2009	A0119	INMATE/STAFF RELATIONS	1.00		X		X	HALLIDAY
03/26/2009	A0181	SEARCHES, CELL/HOUSING/D	1.00		X			HALLIDAY
04/07/2009	A0219	USE OF FORCE	2.00		X		X	EVANS
04/07/2009	B0057	CULINARY TRAINING	1.00	X				ADEFIOYE
04/28/2009	B0108	HEAT RELATED PATHOLOGIES	1.00	X				ADEFIOYE
04/28/2009	B0057	CULINARY TRAINING	1.00	X				ADEFIOYE
04/30/2009	A0075	EMERGENCY PLANS/PROCEDUR	1.00		X		X	EVANS
05/01/2009	B5063	SWINE FLU TRAINING	0.50	X			X	ROMERO
05/05/2009	B9000	NON-CUSTODY TRAINING MOD	0.00	X			X	9999SELF
05/05/2009	B0939	TUBERCULOSIS BOOKLET	1.00	X			X	9999SELF
05/05/2009	B1102	FIRE AND LIFE SAFETY 30M	0.50	X			X	9999SELF
05/05/2009	B1103	IIPP 30MM	0.50	X			X	9999SELF
05/05/2009	B1105	INMATE/STAFF RELATIONS 3	0.50	X			X	9999SELF
05/05/2009	B0553	BLOODBORNE PATHOGENS	1.00	X			X	9999SELF
05/05/2009	B0108	HEAT RELATED PATHOLOGIES	0.50	X			X	9999SELF
05/05/2009	B0201	SUICIDE PREVENTION	0.50	X			X	9999SELF
05/05/2009	B1111	INFO SECURITY AWARENESS	0.50	X			X	9999SELF
05/05/2009	B0544	OVERVIEW DEVELOPMENTAL D	2.00	X			X	9999SELF
05/12/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
05/12/2009	B0057	CULINARY TRAINING	1.00	X				ADEFIOYE
05/13/2009	B0203	SUPERVISION OF INMATES	1.00	X				SMITH
05/13/2009	B0057	CULINARY TRAINING	1.00	X				VENABLE
06/05/2009	B0682	INSTITUTION GANG UPDATE	0.50	X				ORTEGA
06/12/2009	B0423	MANDATORY MEETING / TRAI	1.00	X				SMITH
06/25/2009	A0554	ARMSTRONG OVERVIEW	2.00		X		X	P SMALTS
06/25/2009	Q0119	INMATE/STAFF RELATIONS	1.00	X				9999SELF
06/26/2009	B8022	ENGLISH TRANSLATION LEP	1.00	X				ROMERO
07/13/2009	B0057	CULINARY TRAINING	1.00	X				SMITH
07/14/2009	B0423	MANDATORY MEETING / TRAI	1.00	X				ROMERO
07/20/2009	B0057	CULINARY TRAINING	1.00	X				SMITH
07/20/2009	B8022	ENGLISH TRANSLATION LEP	1.00	X				ROMERO
07/21/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
08/11/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
08/18/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
08/27/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO

Hire Date: 04/01/2007 Sex: M

Title: HVY TRUCK DRIVER

Date	Code	Course Title	Hours	OJT	IST	Req'd?	ATR	Instructor
09/01/2009	B0423	MANDATORY MEETING / TRAI	1.00	X				SMITH
09/03/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
09/24/2009	B0057	CULINARY TRAINING	1.00	X				ROMERO
09/24/2009	B0090	FIRE-EVAC-LIFE SAFETY TR	1.00	X				DOBRININ
11/17/2009	B7603	SUPERVISION	1.00	X				SMITH
11/17/2009	A1135	PRISON RAPE ELIMINATION	2.00		X			VENABLE
12/02/2009	A0175	REPORT WRITING	2.00		X	X	X	VENABLE
12/10/2009	B0130	KEY AND TOOL CONTROL	1.00	X				EVANS
12/14/2009	A0086	ESCAPE PROCEDURES	2.00		X	X	X	EARTHMAN
12/14/2009	A0119	INMATE/STAFF RELATIONS	1.00		X			VENABLE
END OF REPORT			Total Hours - 7K:	0.00	IST:	16.00	OJT:	41.00

1. EMPLOYEE NAME (LAST, FIRST)

GUILIN, CHRIS

2. EMPLOYEE CLASSIFICATION

HDTD

3 UNIT/SECTION/ASSIGNMENT

FOOD SERVICES

4. SUPERVISOR NAME (LAST, FIRST

5. SUPERVISOR CLASSIFICATION

6. DIVISION

SMITH, LARRY

SCC

BUSINESS SERVICES

7 RECORD OF ABSENCES

8. CALENDAR

USE AN ADDITIONAL SHEET AS NECESSARY

9. ABSENCE ANALYSIS

FROM: TO

Vacation ann. Leave	Number of days "V"	
	Number of hours "V"	
	Number of days "AL"	
	Number of hours "AL"	
Sick dock Leave	Number of day "S"	
	Number of hours "S"	
	Number of day "A" or "L"	
	Number of hours "A" or "L"	
TOTALS	Number of days in analysis	
	Number of hours in analysis	
	Number of days affected	
	Number of hours affected	
	Percentage of days affected	
	Percentage of hours affected	

JANUARY 22 DAYS 176 HOURS

MARCH 21 DAYS 168 HOURS

MAY 22 DAYS 176 HOURS

JULY 22 DAYS 176 HOURS

SEPTEMBER 22 DAYS 176 HOURS

NOVEMBER 22 DAYS 176 HOURS

1	2	3	4	5	6	
8	9	10	11	12	13	1
15	16	17	18	19	20	2
22	23	24	25	26	27	2
29	30	1				

FEBRUARY 22 DAYS 176 HOURS

APRIL 22 DAYS 176 HOURS

JUNE 21 DAYS 168 HOURS

AUGUST 22 DAYS 176 HOURS

OCTOBER 22 DAYS 176 HOURS

DECEMBER 22 DAYS 176 HOURS

		<	2	3		
6	7	8	9	10		1
13	14	15	16	17		1
20	21	22	23	24	25	2
27		29	30	31		

Employee ☐ meets ☒ does not meet "Excessive Use Criteria"

Supervisor Signature

10. EXCESSIVE USE LIST:

The criteria for placement on "Excessive Use of Sick Leave" list.

- o five (5) or more occasions totalling nine (9) or more days
- o three (3) or more occasions in conjunction with RDO.
- o or a bona fide pattern of sick leave use.

4/14/10
Date

6. The differential will not be paid to incumbents in classes in which the California State Personnel Board specification mandates possession of a CDL as part of the minimum qualifications of the class.
- B. Excluding Department of Transportation employees, who are covered under paragraph 2.15, the following shall apply to Bargaining Unit 12 employees required to obtain, maintain and use a Commercial Driver's License:
1. Employees who are assigned to a position requiring regular operation of vehicles which require a Commercial Driver License (CDL) Class A or B, along with a valid medical examiner's certificate and any required endorsement(s) by the department of Motor Vehicles, and possess the appropriate valid CDL and any required endorsement(s) to perform the duties, shall receive a five percent (5%) differential. The differential shall be calculated on the maximum salary rate (Range A in the case of multiple range classes) of the employee's classification.
 2. The Department will identify positions requiring a CDL. In doing so, the Department will identify the appropriate class and endorsement(s) required for the position. Assignment of employees to drive commercial vehicles shall be at the employer's discretion and is neither grievable nor arbitrable.
 3. An employee whose required CDL and/or required endorsement is/are revoked or not renewed for any reason, or who is not performing commercial vehicle operation satisfactorily, may be subject to administrative transfer to a position not requiring the possession of a CDL. An employee so transferred will cease to be eligible for the five percent (5%) differential as described in "1." above.
 4. The Union recognizes that the five percent (5%) differential will not be paid to incumbents in those classes in which the California State Personnel Board specification mandates possession of a CDL as part of the minimum qualifications of the class.
 5. Less than full time employees shall receive the differential on a pro rata basis consistent with hours worked in the month.
 6. Employees using a CDL are subject to drug and alcohol testing under Federal regulations. Consequently, employees in classifications that require a CDL as a minimum qualification or who receive a CDL differential for maintaining the license will be placed in the State's random drug and alcohol testing pool.
 7. At the discretion of the employer, and upon written notice to IUOE, additional classes or positions may be designated to receive CDL differential in conformance with all provisions of this section.
 8. Notwithstanding classification specifications, employees so designated as requiring a CDL and/or endorsements, can be required to operate vehicles as deemed necessary by the employer.

2.16 Special Assignment Pay

- A. Bargaining Unit 12 employees who are assigned for their full work shift to oversee the work of six (6) or more "special programs people" will receive special assignment pay of \$0.30 per hour for that shift. Employees who have worked forty (40) hours in their work week and who are then assigned to this duty will receive overtime for that day's assignment and will not receive special assignment pay for that day.

RANK	NAME	SS#	HIRE DATE
1	Nelson, Bertil		6/19/95
2	Soto, Daniel		6/05/95 Minus 4 Months Non Qualified State Time
3	Nepusz, Nicholas		2/01/99
4	Marquez, Julian		2/21/00
5	Luna, Tomasa		2/21/00
6	White, Jeffrey		5/02/00
7	Barnes, Sharon		5/16/00
8	Morris, Cindy		8/20/01
9	Garcia, Shannon		8/29/01
10	Pedroza, Narciso		12/23/02
11	Vega-Cullison, Gloria		7/19/04
12	Gray, Richard		2/01/05
13	Canales, Nicholas		6/01/05
14	Robertson, Veronica		7/01/05
15	Thomas, Corey		8/29/05
16	Summers, Barbara		9/12/05
17	Maynard, Bryan		11/1/05
18	Parrish, Theodore		4/17/06
19	Elizalde, Ernest		5/01/06
20	Birdsong, Paul		8/02/06

M&SS II SENIORITY LIST

1	Pedroza, Jorge		3/21/05
2	Carlton, Larry		5/02/05
3	Rojas, Hector		10/1/05

HEAVY DUTY TRUCKDRIVER SENIORITY LIST

1	Robertson, Dale		6/03/04
2	Sosa, Julian		6/14/04
3	Wright, Curtis		6/14/04
4	Lester, Elaine		6/14/04
5	Robertson, John		6/22/04
6	Saldivar, Armando		9/01/05
7	Lainez, Rex		12/19/05
8	Guilin, Chris		12/19/05
9			

PRISON CANTEEN MANAGER I

1	Browder, Ron		4/03/95

injury resulting from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

Note: Workers' compensation fraud laws make it a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining or denying workers' compensation benefits. Anyone caught performing these illegal acts will be prosecuted. If convicted, the penalty is up to five years in prison or a fine of up to \$150,000 or double the value of the fraud, whichever is greater or both imprisonment and fine. Restitution and other penalties may also apply.

What if I have a recurrence and require further medical care?

If you need more medical care for your injury after your original treatment has ended, you have one full year after your last treatment to notify us of your request for more medical care.

What if I have to change my line of work because of a workers' compensation injury?

For injuries on or after January 1, 2004, if your injury results in permanent disability and you are unable to return to work within 60 days after the last payment of temporary disability, and your employer does not offer modified or alternative work, a nontransferable voucher for education-related costs is payable to a state-approved school. The voucher can range from \$4,000 to \$10,000, depending on the level of your permanent disability. This benefit is called a Supplemental Job Displacement Benefit (SJDB). The following table shows the specific ranges of the benefit.

Supplemental Job Displacement Benefits (SJDB)	
Permanent Disability Level	SJDB Voucher Amount
Less than 15%	Up to \$4,000
15% to 25%	Up to \$6,000
26% to 49%	Up to \$8,000
50% to 99%	Up to \$10,000

What protects me from discrimination for filing a workers' compensation claim?

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or for 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. If you believe you have experienced discrimination because of your injury, you should discuss your rights with an information and assistance officer of the DWC or with an attorney.

What if I have not received the benefits that I think I should have?

If you have not received the benefits you think you should have, ask for an explanation from your State Fund claims

el período de 60 días, no se le permitirá obtener una segunda opinión con respecto a este diagnóstico o tratamiento por este médico tratante en disputa. (Para obtener más detalles sobre este proceso de la MPN, consulte la Guía del los Empleados del Estado de California para la State Fund Medical Provider Network, formulario 13174.)

¿Cómo puedo volver a trabajar lo antes posible?

Para ayudarlo a regresar a su trabajo lo antes posible, se debe comunicar en forma activa con el médico tratante, el representante de reclamos y el empleador para conocer los tipos de trabajo que puede realizar mientras se recupera. Ellos podrán coordinar esfuerzos para que pueda regresar y realizar una tarea modificada o bien pueda encargarse de otro trabajo acorde a su salud. Este trabajo nuevo o modificado podrá ser temporal o extenderse durante cierto tiempo, según la naturaleza de su lesión o enfermedad.

¿Puedo presentar un reclamo de compensación a los trabajadores si la lesión se produce fuera de mi trabajo?

El empleador puede quedar exento del pago de los beneficios de compensación a los trabajadores en el caso de lesiones que se produjeran por la participación voluntaria del empleado en actividades recreativas, sociales o deportivas fuera del horario laboral que no formasen parte de las tareas de su trabajo.

Nota: la legislación en materia de fraude en la compensación a los trabajadores considera delito grave presentar una declaración falsa o fraudulenta o enviar un informe o cualquier documento falso con el propósito de obtener o rechazar beneficios de compensación a los trabajadores. A los culpables de tales ilícitos se les iniciará un procedimiento criminal. Los culpables de tales delitos serán castigados con cinco años de prisión como máximo o con una multa \$150,000 o le doble del valor del fraude (el monto que sea mayor) o bien serán sancionados con ambas penas (prisión y multa). También pueden responder indemnizaciones y otras sanciones.

Qué ocurre si los síntomas reaparecen y necesito continuar con la atención médica?

Si necesita más atención médica por su lesión una vez que ha terminado su tratamiento original, tiene un año entero a partir de su último tratamiento para notificarnos que necesita más atención médica.

¿Qué ocurre si debo modificar mi línea de trabajo debido a la lesión susceptible de compensación a los trabajadores?

En el caso de lesiones posteriores al 1ro de enero de 2004, si la lesión le produce una discapacidad permanente, no puede regresar a su trabajo dentro de los 60 días posteriores al último pago recibido por discapacidad temporal y su empleador no le ofrece un trabajo alternativo o modificado, se le otorgará un vale no transferible para cubrir costos relacionados con su educación, que será pagadero a una escuela con autorización estatal. El vale no podrá superar los \$10,000 y dependerá del nivel de discapacidad permanente. Este beneficio se denomina Beneficio Complementario Por Sustitución De Trabajo (SJDB). La siguiente tabla muestra las escalas específicas del beneficio.

Christopher B. Guilin, CalPERS ID:

July 26th, 2014

Certified Mail –Return Receipt Requested

California Public Employees' Retirement System
Anthony Suine, Chief
Benefit Services Division
Sacramento, CA 95812-2796

Re: Appeal 555-555.4, CalPERS ID:

Dear Sir,

12/19/2005, I went to work for Iron State Prison as a Heavy Duty Truck Driver. I had a perfect attendance and always came into work when I was called prior to my work related Injury.

02/09/2012, approximately 15:00 I incurred a neck and back injury as a result of work related injury witnessed by a co-worker, Krystal Lonie.

02/10/2012, the next morning I reported my related injury to Supervisor Cook II, Janice Lyons and then I completed a Workers' Compensation Claim Form (SCIF3301).

02/13/2012, was the first availability I could see my Doctor, Leonel L. Rodriguez MD.

02/14/2012, I received "Employee Claim for Workers' Compensation Benefits/Date of Injury: 2-10-12," acknowledge receipt of my Compensation Claim Form (SCIF3301) and noted that my form was forwarded to the State Compensation Insurance Fund (SCIF) in Riverside California.

02/29/2012, on or about the end of day, prior to me catching my carpool van I was called in to the office of Employee Relations officer, and instructed to sign a separation form and I was informed that my last day of work was Friday, March 2nd, 2012. I was under duress and I felt pressured to sign. Regardless of my separation with Ironwood I was surprised and had no intentions to terminate.

03/13/2012, I went to Haider Spine Center. referred by Doctor, Leonel L. Rodriguez MD. Currently I am on Workers' Compensation and under Workers Compensation physicians care. As a result of my work related injury, 02/09/2012, I have had major neck and back surgery. I am scheduled to see my doctor August 11th, 2014, for further analysis of my injury and disability. The medical group I am receiving benefits from is: Dr Haider Spine Center 6276, River Crest Drive, Ste A, Riverside CA 92507, Telephone: (951) 682-2225. I am currently not able to work, or am I not receiving any income other than the minimal workers Compensation Benefit.

Appeal 555.555-4: Christopher B. Guilin, CalPERS ID:

12/2/2013, I filed for Disability Retirement Election Application, Industry Disability Retirement.

7/18/2014, I received a rejection letter citing case, "Haywood v American River Fire Protection District (1998)." Employee dismissed for reasons which were not the result of disabling medical condition.

I am appealing the denial for industrial disability retirement because I was injured 20 days prior to my separation and my filing for Workers' Compensation Claim. During my service with Ironwood I was at my best performance, dependable, and worked beyond what was expected of me. I am under Workers' Compensation physician's care and I plea to you take another look at my claim and reconsider my application.

Together there is nothing we cannot accomplish without each other,

Respectively,

Christopher B. Guilin

DIVISION OF ADULT INSTITUTIONS

IRONWOOD STATE PRISON

19005 Wiley's Well Road

P.O. Box 2229

Blythe, CA 92226-2229



February 14, 2012

Christopher Guilin

RE: Employee Claim For Workers' Compensation Benefits / Date of Injury: 2-10-12

Dear Mr. Guilin:

Ironwood State Prison is in receipt of a Workers' Compensation Claim Form (SCIF 3301) that you filed as a result of your work related injury. Your claim for Workers' Compensation benefits has been forwarded to the State Compensation Insurance Fund (SCIF) in Riverside, CA.

Please note that your employer will pay for medical treatment until liability determination of your claim has been made, i.e., accepted, delayed, denied or \$10,000.00 in medical treatment has been paid. If the \$10,000.00 cap is reached prior to a liability determination being made, then you or your medical insurance carrier are responsible for paying the cost of any medical treatment that you receive as a result of your injury or illness.

The enclosed question and answer sheet, "I've Just Been Injured on the Job, What happens Now?" provides an outline of the SCIF process upon receipt of your claim. Your copy of the completed SCIF 3301 is also enclosed.

If you do not have a 2005 Physician Designation Form on file with the Personnel Office or if you have chosen not to designate a physician, you must seek medical treatment from one of the SCIF Medical Providers (see MPN information enclosed). Please be certain that the doctor's office is aware that you have filed a workers' compensation claim. They should contact SCIF at (951) 697-7300 for referral to the appropriate Claims Adjuster and information regarding authorization for treatment.

Please be advised that medical substantiation (off work note) is required whenever you are unable to work due your injury/illness. If you have absences directly related to your injury /illness, please be certain to provide your supervisor, your SCIF Claims Adjuster, the Personnel Timekeeper, and myself, with copies of all doctor's notes. Once your treating physician has released you back to work, with or without restrictions, you must provide a copy of your medical release to your supervisor and to the Return to Work Office, prior to returning to work.

If you have any questions or require assistance, please contact me at (760) 921-3000, extension 5216.

Sincerely,

A handwritten signature in black ink, appearing to read "Veronica Lara".

VERONICA LARA
Return to Work-OT
Enclosures

What happens if your claim is denied?

If your claim is denied, you or your medical insurance carrier will be responsible for the costs of any medical treatment that you receive as a result of your injury or illness. You will not be provided with any type of compensation. If you have lost time from work, you should contact your personnel office to discuss other leave options that may be available to you. If you agree with the denial, your claim will be closed. If you disagree with the denial, you have a right to dispute State Fund's determination. Your options for disputing the determination are outlined in the denial letter that is sent to you by State Fund.

What are your responsibilities?

As an injured worker, you should know that your entitlement to workers' compensation benefits is based on the medical information received regarding your injury. Your employer must rely upon medical information in order to coordinate all return to work issues that may arise. To alleviate any delays in the provision of your Workers' Compensation benefits, it may be helpful for you to remember that you are responsible for the following:

- Accept examination and treatment by the medical provider arranged for you by your employer, unless you have pre-designated (prior to your injury) a treating physician or medical group in writing.
- Provide State Fund and your employer with copies of medical notes or reports that you receive from your treating physician. These notes or reports contain information regarding your ability to work including any restrictions which must be considered by your employer.
- Inform both State Fund and your employer of any name or address changes.
- If you have lost time from work due to your injury, make sure to submit an *Absence Request* form (STD 634) each month that clearly notes the lost time due to your work-related injury or illness.

Who can you contact if you have additional questions or concerns?

Your department's Return to Work Coordinator:

<u>Denise Angel</u>	<u>760-921-3000 ext. 5216</u>	<u>Denise.Angel@cdcr.ca.gov</u>
Name	Phone	E-mail

Your State Fund claims adjuster:

<u>Gonzalo Acevedo</u>	<u>951-697-7369</u>	<u>ggacavedo@scif.com</u>
Name	Phone	E-mail

The Department of Industrial Relations, Division of Workers' Compensation web site:

www.dir.ca.gov/dwc/InjuredWorker.htm

I've Just Been Injured on the Job, What Happens Now?

Having an on-the-job injury or illness can be a traumatic event. While you recover, you are faced with the task of understanding your rights and responsibilities under the State of California Workers' Compensation system. The following information, along with the information provided in the *Notice of Potential Eligibility*, will hopefully answer most of the questions you have regarding "What happens now that I have been injured on the job?"

What happens after you have returned the Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility (e3301) to your employer?

Although you have up to a year from the date of your injury to file a claim form (e3301), it is important that you promptly return the completed claim form to avoid the risk of losing benefits to which you may be entitled. Once you have returned the claim form to your employer, it is forwarded to the State Compensation Insurance Fund (State Fund). State Fund is the adjusting agent that manages your claim for workers' compensation benefits and provides you with benefits to which you are entitled. State Fund will establish your workers' compensation claim and send you notification within fourteen days that your claim has been delayed, accepted, or denied. State Fund makes all liability determinations regarding your claim of injury or illness based on available medical documentation and relevant facts.

What happens if your claim is delayed?

If your claim is delayed, State Fund needs additional information in order to make a liability determination. State Fund has 90 days from your employer's date of knowledge that you are claiming a work-related injury or illness to make its determination. Your employer will pay for up to \$10,000 in medical treatment until a liability determination has been made. If the \$10,000 cap is reached prior to a liability determination, then you or your medical insurance carrier are responsible for paying the cost of any additional medical treatment that you receive as a result of your injury or illness. Also, you will not be compensated for any lost time from work pending State Fund's liability determination. If you miss time from work during the delay period, you should contact your personnel office to find out about other leave options that may be available to you. State Fund may send an investigator to gather more information or request that you attend a medical evaluation. You will be asked to complete and sign medical release forms so that State Fund can obtain copies of your prior medical records. State Fund will use all relevant information to make a liability determination regarding your claim.

What happens if your claim is accepted?

If your claim is accepted, State Fund will pay for all approved medical treatment, hospital visits, and reasonable medical transportation. State Fund will reimburse you or your insurance carrier for approved medical treatment received prior to the acceptance of your claim. State Fund will require you to submit a receipt with any requests for reimbursement of out-of-pocket medical expenses (for example, co-payment, parking fees). State Fund will provide you with all benefits to which you are legally entitled as described on the *Notice of Potential Eligibility*.

ISSUE DATE 02/29/12

NOTICE OF PERSONNEL ACTION
REPORT OF SEPARATION

PERSONNEL SERVICES DIVIS:
ROUTE TO DEPARTMENT
C&R

EMPLOYEE LAST NAME		FIRST NAME & MIDDLE INITIAL	
GUILIN		CHRISTOPHER B	
EMPLOYEE ADDRESS		ADDRESS WITHHOLD	
92225		YES	
DEPARTMENT OF:		CLASSIFICATION TITLE	
DEPT C&R IRONWOOD ST PRISON		HEAVY TRUCK DRIVER -CORRECTIONAL FACILITY-	
EFFECTIVE DATE	SEPARATION TYPE	APPOINTMENT STATUS	TIME BASE
03/02/12	VOLUNTARY RESIGNATION	CIVIL SERVICE PERMANENT	FULL TIME
SALARY PER	STATE SERVICE		
\$ 4019.00 MONTH			

THE REASON FOR YOUR SEPARATION IS: FAILED TO MEET CONDITIONS OF EMPLOYMENT
THE REGULAR SALARY PAYMENT FOR THE PAY PERIOD OF SEPARATION IS BASED ON:
002 DAYS 0000.0 HOURS

PAYMENT OF ACCUMULATED LEAVE CREDITS IS BASED ON VACATION 74 DAYS 000.0 HOURS
EXTRA HOURS 17 DAYS 001.5 HOUR
SICK LEAVE 000 DAYS 000.0 HOUR

IF YOU RETURN TO WORK WITHIN 6 MONTHS FROM YOUR DATE OF SEPARATION, YOU WILL
RETAIN ANY SICK LEAVE HOURS ACCUMULATED AND CREDITED WHEN SEPARATED AS WELL A
YOUR SENIORITY FOR PRIOR SERVICE.

YOU HAVE PERMISSIVE REINSTATEMENT ELIGIBILITY AS DEFINED IN G.C. 19140.
THIS MEANS YOU MAY RETURN TO CIVIL SERVICE EMPLOYMENT (WITHOUT TAKING
AN EXAMINATION) IN THE SAME CLASS YOU LEFT OR IN A CLASS WITH THE SAME OR
LOWER SALARY LEVEL. CONTACT STATE AGENCIES DIRECTLY IF YOU WISH
REEMPLOYMENT UNDER THIS CONDITION. THIS SEPARATION DOES NOT PLACE YOUR NAME
ON A LIST FOR FUTURE REHIRE.

IF YOU DID NOT COMPLETE A FORM ELECTING THE DISPOSITION OF YOUR
RETIREMENT CONTRIBUTIONS AND YOU WANT A REFUND OF THESE CONTRIBUTIONS,
WRITE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM. DEPENDING ON YOUR
CURRENT STATUS, YOU MAY BE ENTITLED TO A REFUND. IF YOU HAVE
REQUESTED A REFUND BUT DO NOT RECEIVE IT WITHIN 10 WEEKS, CONTACT
CALPERS. BY MAIL AT PUBLIC EMPLOYEES' RETIREMENT SYSTEM, P.O.
BOX 942711, SACRAMENTO, CA. 94229-2711, ATTENTION: REFUND SECTION;
OR PHONE (888) 225-7377; OR E-MAIL www.calpers.ca.gov.

FYT

THIS SUBSTANTIATES THE SEPARATION INFORMATION AS ENTERED ON THE OFFICIAL
EMPLOYMENT HISTORY RECORD. INFORMATION SHOWN ON THIS DOCUMENT IS ASSUMED
CORRECT. IF NOT, NOTIFY THE DEPARTMENTAL PERSONNEL OFFICE IN WRITING OF
ERRORS WITHIN 30 CALENDAR DAYS FROM ISSUE DATE.



Disability Retirement Election Application

888 CalPERS (or 888-225-7377) • TTY (877) 249-7442

RECEIVED

REC - 2 2013

CALPERS / CSOD
SBRO

Employer Information

☐ Check if this is an employer-originated application.

Employer must fill out and sign Section 12 on the last page of this application.

Application Type

☐ Disability Retirement

☐ Service Pending Disability Retirement

☒ Industrial Disability Retirement

☐ Service Pending Industrial Disability Retirement

Section 1

Please provide your name as it appears on the Social Security card.

Please display all dates in this order: month/day/year.

Information About You

CHRISTOPHER B GUILIN
Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Address

City

CA
State

Zip

USA
Country

Birth Date (mm/dd/yyyy)

☒ Male ☐ Female
Gender

Home Phone

Alternate Phone

Section 2

Information About Your Retirement

Please refer to the detailed instructions in this publication.

Last Day on Payroll (mm/dd/yyyy)

EOB
Retirement Effective Date (mm/dd/yyyy)

IRONWOOD STATE PRISON
Employer

HEAVY TRUCK DRIVER
Position Title

Please do not abbreviate your employer's name or position title.

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? ☒ No ☐ Yes, provide:

Name of System

Are you currently working with the other system? ☐ No ☐ Yes

Date of Retirement with Other System (mm/dd/yyyy)

Do not include Social Security, military or railroad retirement.

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIP
Your Name

Social Security Number or CalPERS ID

Section 3

Please complete all the questions below. If you need additional space, attach separate sheets and be sure to include your name and Social Security number or CalPERS ID on all sheets.

Local Safety members should not complete Section 3.

Disability Information

What is your specific disability?

Injuries to neck and back

When did the disability occur? (mm/dd/yyyy)

Actual 2-09-12 Report 2-10-12

03/13/12

How did the disability occur?

Slip & fall while on duty

What are your limitations/preclusions due to your injury or illness?

No heavy lifting, no sitting for a long time, no long standing

How has your injury or illness affected your ability to perform your job?

I am not able to climb onto trucks, lift over 10 lbs, ride in a vehicle which frequently stops in regards to suspensions & driving for long periods without stop + open gates.

Are you currently working in any capacity? ☒ No ☐ Yes

If yes, what is your employment status? ☐ Full-time ☐ Part-time

Job Duties:

Other information you would like to provide: I currently hospitalized for back surgery

If you indicated a third-party liability, CalPERS will require additional information.

Did a third party cause your injury? ☐ No ☐ Yes (If yes, CalPERS has a potential "right of subrogation.")

Section 4

Local Safety members should not complete Section 4.

Treating Physician Detail

Haider Spine Center

What is the complete name and address of your treating physician(s)?

Dennis Cramer

First Name

Last Name

Your Medical Record Number

6276 River Crest Drive, Suite A

Address

Riverside

City

State

ZIP

Country

Fail Neck + Back Syndrome

Specialty

Reconstructive Spine Surgery

Secondary Specialty

Phone Number

Scoliosis + Other Deformities

Spine Rehabilitation

Spine Trauma

CHRISTOPHER B BUTLER
Your Name

Social Security Number or CalPERS ID

Section 5

Select only one payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

These options apply to Option 4 Individual Lifetime Beneficiary only.

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

These options apply to Option 4, Court Ordered Community Property only.

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 5a-5d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this publication for more information.

- ☒ **Option 1** – To complete this option, you must also fill out Section 5d, *Balance of Contributions Beneficiary(ies)*.
- ☐ **Option 2** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
- ☐ **Option 2W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
- ☐ **Unmodified Allowance Option** – If you select this option there is no return of your member contributions and no monthly benefits payable upon your death – except the Survivor Continuance benefit, if applicable. There is no beneficiary designation for this option.
-
- ☐ **Option 4, Individual Lifetime Beneficiary** – If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
- ☐ **Option 2W & Option 1 Combined** – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*.
- ☐ **Option 3W & Option 1 Combined** – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*.
- ☐ **Specific Dollar Amount to Beneficiary** \$ _____ – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* Dollars
- ☐ **Specific Percentage to Beneficiary** _____ % – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* Percent
- ☐ **Reduced Allowance by** \$ _____ or _____ % **through** _____
Dollars Percent Date (mm/dd/yyyy)
To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
- ☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ _____ **reduction amount**
Dollars
To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

-
- ☐ **Option 4, Multiple Lifetime Beneficiaries** – To complete this option choice, you must also fill out Section 5b *Option 4 Multiple Lifetime Beneficiaries*.
-
- ☐ **Option 4, Court Ordered Community Property** – If you select this option, you must also complete Section 5c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Option 4 Community Property options.
- ☐ **Option 4/Unmodified** – There is no additional beneficiary designation for this option.
- ☐ **Option 4/1** – To complete this option, you must also fill out Section 5d, *Balance of Contributions Beneficiary(ies)*.
- ☐ **Option 4/2W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.
- ☐ **Option 4/3W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B ELLIS
Your Name

Social Security Number or CalPERS ID

Section 5a

Designate one beneficiary and provide all of that person's information including full name.

Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 5b

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

If you are married or are in a registered domestic partnership, your spouse or domestic partner may be entitled to the community property interest in the option allowance payable to your designated beneficiary, according to law.

Option 4 Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____ Dollar/Percent of Benefit _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____ Dollar/Percent of Benefit _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____ Dollar/Percent of Benefit _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 5c

List only the Option 4 beneficiary that is required by your court order.

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 5d

Designate up to three beneficiaries here. If you want to designate more than three beneficiaries, see the information in this publication on completing the **Post Retirement Lump Sum Beneficiary Designation** form.

If you are married or are in a registered domestic partnership, your spouse or domestic partner may be entitled to the community property interest in the option allowance payable to your designated beneficiary, according to law.

Option 1 Balance of Contributions Beneficiary(ies)

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☒ Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country USA

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☐ Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 6

All Applicants must complete this section.

Designate your beneficiary to receive your lump sum Retired Death Benefit.

Retired Death Benefit

This section designates the person who will receive your lump sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender ☐ Male ☒ Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country USA

Section 6 continues on page 6

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B BULLIN
Your Name

Social Security Number or CalPERS ID

Section 6, continued

All Applicants must complete this section.

Designate your beneficiary to receive your lump sum Retired Death Benefit.

Retired Death Benefit

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender ☐ Male ☐ Female Relationship to You

Address
City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birthdate (mm/dd/yyyy) Gender ☐ Male ☐ Female Relationship to You

Address
City State ZIP Country

Section 7

Please answer all five questions and complete the information in each section where you answered "Yes."

Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married on your disability retirement date? ☒ No ☐ Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender ☐ Male ☐ Female Date of Marriage (mm/dd/yyyy)

Address
City State ZIP Country

2. Will you be registered with the California Secretary of State as being in a domestic partnership on or before your disability retirement date? ☒ No ☐ Yes, provide:

Name of Domestic Partner (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender ☐ Male ☐ Female Date of Registered Partnership (mm/dd/yyyy)

Address
City State ZIP Country

3. Do you have any natural or adopted unmarried children under age 18? ☒ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender ☐ Male ☐ Female

Address
City State ZIP Country

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 7, continued

Survivor Continuance

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled?
☒ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

5. Are your parents dependent upon you for one-half of their support? ☒ No ☐ Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 8

Local safety members should not complete Section 8.

Workers' Compensation Detail

Do you have any worker's compensation claims? ☒ Yes ☐ No

#05774806 2-10-12 NECK BACK
Claim Number(s) Date of Injury (mm/dd/yyyy) Body Part(s)

STATE COMPENSATION INSURANCE FUND
Workers' Compensation Carrier

SARAH VARGAS GOMEZ
Name of Adjuster: First Last

(951) 6976338
Phone Number Fax

Email

FRESNO CLAIMS PROCESSING CENTER
Address of Workers' Compensation Claim Carrier

FRESNO
City

CA
State

93650-5005
ZIP

Section 9

Please choose one only.

Tax Withholding Election

Federal Income Tax Information. Please refer to the detailed instructions in this publication for more information.

☐ Do not withhold federal income tax.

☐ Withhold federal income tax in the amount of \$ _____ per month.
Dollars

☒ Withhold federal income tax based on the tax tables for:

☐ A married individual with _____ tax withholding exemptions.
Number

☒ A single individual with 1 tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

Please choose one only.

State withholding is optional for out-of-state residents.

State Income Tax Information. Please refer to the detailed instructions in this publication for more information.

☐ Do not withhold State of California income tax.

☐ Withhold State of California income tax in the amount of \$ _____ per month.
Dollars

☒ Withhold State of California income tax based on the tax tables for:

☐ A married individual with _____ tax withholding exemptions.
Number

☒ A single individual with 1 tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Section 10

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you do not want health coverage, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

☐ I decline continuation of my CalPERS health coverage into retirement.

CHRISTOPHER B GUILIA
Your Name

Social Security Number or CalPERS ID

Section 11

This section must be completed or your application will be returned.

Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

If your spouse's or domestic partner's signature is not available, see instructions in this publication on completing the Justification for Absence of Signature form.

Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this publication.

Are you legally married or do you have a legal domestic partner? ☐ Yes ☐ No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: ☒ Never Married/or in Partnership ☐ Divorced/Annulled
☐ Widowed Or Termination of Domestic Partnership

Christopher Guilia
Your Signature

12-2-13
Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

State of California, County of

On _____ before me, _____
Date Name of Notary/Witness

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature.

Silvia Wilson
Signature of Notary or CalPERS Representative

RPST
Position Title

12/2/13
Date (mm/dd/yyyy)

Silvia Wilson
Print Name

SBPO
CalPERS Office (if applicable)

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 12

Employer-Originated Application

To be completed if the employer is submitting the application on behalf of the member.

Is employee working in any capacity? ☐ No ☐ Yes ☐ Full-time ☐ Part-time

Signature of Employer

Print Name of Employer

Position Title of Employer

()
Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 2 (continued)

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

If there is not enough space to enter all your additional requirements or comments, attach a separate sheet. Be sure to use a label, or clearly write your name and Social Security number on each attachment.

Physical Requirements, continued

Activity	Never	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly Over 6 hours	Distance/ Height
Walking on uneven ground		✓	✓	✓	
Driving		✓	✓		
Working with heavy equipment		✓	✓		
Exposure to excessive noise		✓			
Exposure to extreme temperature, humidity, wetness		✓	✓	✓	
Exposure to dust, gas, fumes, or chemicals		✓	✓		
Working at heights		✓			
Operation of foot controls or repetitive movement		✓	✓		
Use of special visual or auditory protective equipment	✓				
Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)	✓				

Section 3

This form must be completed and signed by you and your employer and sent to a medical specialist along with other documentation.

The medical specialist must be the treating physician specializing in your disabling condition.

Signature of Employer and Member

If you are a Disability Retirement Election applicant, your employer must provide you a copy of this complete form. Your employer must send the signed original to CalPERS.

Also, you must attach your current job duty statement/job description and a copy of the *Physical Requirements of Position/Occupational Title* form to the *Physician's Report on Disability* form prior to sending them to a medical specialist. Complete document submittal requirements are described in *A Guide to Completing Your CalPERS Disability Retirement Election Application*.

If you are a Request to Work While Receiving Disability/Industrial Disability Benefits applicant or a Reinstatement from Disability/Industrial Disability Retirement applicant, you must attach the job duty statement/job description of the prospective job to a copy of the completed *Physical Requirements of Position/Occupational Title* form prior to sending them to a medical specialist. You must submit the resulting medical report and other required documents to CalPERS. The *Physician's Report on Disability* form is not required.

C. Ady...
Signature of Employer Representative
CFM I
Title

Date (mm/dd/yyyy)

(760) 921-43
Phone Number

CalPERS Business Partner ID

Christopher Guilin
Signature of Member

Phone Number

12/13
Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

RECEIVED

DEC - 2 2013

CalPERS / CSOD

Section 1

Member Information

CHRISTOPHER B GUILIN
Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Daytime Phone

Evening Phone

Address

City

State ZIP

I authorize the disclosure of my protected health information, including, but not limited to, medical histories, diagnoses, examination reports, chart notes, testing and test results, X-rays, operative reports, lab and medication records, prescriptions, and any other records relating to the prognosis, treatment or diagnosis of any physical, mental, psychological or psychiatric condition, to the California Public Employees' Retirement System (CalPERS) or its representative, for the sole purposes of determining my physical or mental condition, illness, or disability and my right, if any, to retirement or reinstatement under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.). I understand that any information about me disclosed pursuant to this Authorization will be used by CalPERS for the administration of its duties under the PERL, the Social Security Act, and the Public Employees' Medical and Hospital Care Act. I understand that submission of the requested information is mandatory under Government Code section 20128 and that failure to supply the information requested may result in CalPERS being unable to make a determination regarding my status.

This Authorization applies to any and all health and/or medical related information about me in the possession of any health care provider, health plan, insurance company or fund, employer or plan administrator, government agency, organization or entity administering a benefit program, rehabilitation organization or program.

I understand that if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, that information may be re-disclosed and would no longer be protected.

I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing by letter directed to the CalPERS Benefit Services Division at the address below. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization. Unless cancelled by me in writing, this Authorization shall be valid for four years from the date shown below. A photocopy of this Authorization shall be as valid as the original. I understand that I may request a copy of this Authorization at any time.

Section 2

Authorization to Release Information

I also authorize the disclosure of any and all personnel and other employment-related records on file with any of my present or former employers which relate to my job duties, work performance, and other work-related issues including, but not limited to, attendance and sick leave records and records of administrative and judicial action arising out of, or related to, my past or present employment.

Christopher B Guilin
Signature of Member

9-23-2013
Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
TTY: (877) 249-7442
(888) CalPERS (225-7377) phone • (916) 795-1280 fax
www.calpers.ca.gov

CalPERS ID:

July 18, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Mr. Christopher B Guilin

Dear Mr. Guilin:

We have received your application for industrial disability retirement; however, we are unable to accept it. The case of *Haywood v. American River Fire Protection District* (1998) 67 Cal.App.4th 1292, 79 Cal. Rptr.2d 749 holds that where "an employee is terminated for cause and the discharge is neither the ultimate result of a disabling medical condition nor preemptive of an otherwise valid claim for disability retirement, termination of the employment relationship renders the employee ineligible for disability retirement." The case of *Smith v. City of Napa* (2004) 120 Cal. App. 4th 194 and the Precedential Decision *In the Matter of Application for Disability Retirement of Robert C. Vandergoot and California Dept. of Forestry and Fire Protection (Respondents) (2013)* provide further clarification for the purposes of applying *Haywood*.

Following a review of your application and file, it has been determined that the facts of your case fit within the *Haywood* case. You were dismissed from employment for reasons which were not the result of a disabling medical condition. Additionally, the dismissal does not appear to be for the purpose of preventing a claim for disability retirement. Therefore, under the *Haywood* case, you are not eligible for disability retirement. For that reason, CalPERS cannot accept this application for industrial disability retirement.

The application has been cancelled. You will not be eligible to apply for disability retirement in the future unless you return to work for a CalPERS-covered employer and subsequently become unable to perform your job duties because of a physical or mental condition.

You have the right to appeal, if desired, by filing a written appeal with the System's Sacramento office, within thirty days of the mailing of this letter, in accordance with sections 555-555.4, Title 2, California Code of Regulations. An appeal, if filed, should set forth the factual basis and the legal authorities for such appeal. If you file an appeal, the Legal Office will contact you and handle all requests for information. If you have any questions regarding this matter, you may contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Suine', followed by a long horizontal flourish.

ANTHONY SUINE, Chief
Benefit Services Division

Enclosure

cc: Department Of Corrections California State Prison-Ironwood State Prison
State Compensation Insurance Fund-Fresno

CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTIONS 555 - 555.4

555. ACTION OF EXECUTIVE OFFICER.

The Executive Officer is hereby authorized to act: on any application for refund of contributions, crediting of service, correction of records, retirement for disability or service, and death benefits and allowances; and to fix and authorize the payment of any refund, allowance or benefit to which such applicant may be found to be entitled; to cause medical examination of retired persons; and to reinstate such persons from retirement upon his determination that disability does not exist. The Executive Officer may refer the question of an applicant's entitlement to any refund, allowance or benefit or of his reinstatement from retirement to a hearing officer for hearing.

The Executive Officer is hereby authorized and empowered to delegate to his subordinates authority to take any such action on his behalf.

555.1. RIGHT OF APPEAL.

Any applicant dissatisfied with the action of the Executive Officer on his application, other than his referral of the matter for hearing, may appeal such action to the Board by filing a written notice of such appeal at the offices of the Board within thirty days of the date of the mailing to him by the Executive Officer, at his most recent address of record, of notice of the action and right of appeal. An appeal shall contain a statement of the facts and the law forming the basis for appeal. Upon a satisfactory showing of good cause, the Executive Officer may grant additional time not to exceed 30 days, within which to file an appeal.

555.2. STATEMENT OF ISSUES.

Any applicant filing an appeal shall be entitled to a hearing, and upon the filing of an appeal in accordance with these rules, or upon the Executive Officer's referral of any question for hearing, the Executive Officer shall execute a statement of issues. Such action of the Executive Officer shall not preclude the Board from recalling the proceedings for its review or hearing.

555.3. ACCUSATION.

Any member whose retirement for disability has been requested by his employer shall be entitled to a hearing. The Executive Officer, upon determination that a member shall be retired for disability on such application, shall file an accusation and serve a copy thereof on the member and his employer.

555.4. HEARINGS.

All hearings shall be conducted in accordance with the provisions of Chapter 5, Part 1, Division 3, Title 2 of the Government Code. Each case shall be heard by the hearing officer alone. All proposed decisions of hearing officers shall be referred to the Board. The Executive Officer is hereby authorized and empowered to take, in the name and on behalf of the Board, any action which the Board is authorized or directed by law to take with respect to procedural and jurisdictional matters in connection with any case in which a statement of issues or accusation has been filed.

1400+

BETH BATHGATE, M.D.

Orthopedic Surgeon

1501 Ocotillo Drive, Suite 6

El Centro, CA 92243

(619) 283-2321

Mail correspondence to:

4203 Genesee Avenue, Suite 103, Box 167

San Diego, CA 92117

May 6, 2015

Craig Holiday, Esquire

Perona, Langer, Beck, Serbin & Mendoza

300 East San Antonio Drive

Long Beach, California 90807

Margaret Yingst, Esquire

State Compensation Insurance Fund

P. O. Box 65005

Fresno, California 93650-5005

Re: GUILIN, CHRISTOPHER

Emp: Department of Corrections

DOI: February 9, 2012

Claim: 05774806

DOE: May 6, 2015

PANEL REPRESENTED QUALIFIED MEDICAL EVALUATION

Dear Mr. Holiday and Ms. Yingst:

As requested, Mr. Christopher Guilin was seen for an Panel Represented Qualified Medical Evaluation in my El Centro office on May 6, 2015, regarding his orthopedic injury.

This report is submitted pursuant to 8 Cal. Code Regs. Section 9795(b)&(c) as an ML 103-95, Panel Represented Qualified Medical Evaluation and includes complexity factors (ii), (vi) and (vii) within the context of subdivision (b). Thirty minutes were spent in face-to-face time with the patient, two hours in review of the medical records and two hours in preparation of the report.

HISTORY OF INJURY

Mr. Guilin is a 52-year-old, right hand dominant male, who had an injury to his neck, left shoulder and lower back while performing his usual and customary duties as a heavy truck driver for the Department of Corrections at Ironwood State Prison on February 9, 2012. He was loading a truck pallet in the end of his truck and, as he stepped back to tighten the straps on the pallet, he lost his balance and slipped backward, falling and landing hard on his buttocks with immediate pain in the neck and back. The

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following morning, he had pain radiating down into his shoulder area and lower extremities. He reported the injury to his employer.

He was initially referred to Dr. Leonel Rodriguez. Dr. Rodriguez evaluated him, obtained x-rays of the cervical, thoracic and lumbar spine and recommended physical therapy. Mr. Guilin reports that his symptoms continued to be increasingly painful and he was referred to Dr. Thomas Haider, orthopedic surgeon. Dr. Haider evaluated him in March 2012 and recommended cervical spine surgery and an MRI of the lumbar spine.

Mr. Guilin notes that he had a previous cervical spine surgery and Dr. Haider had concerns about his recovery at this time. He was referred for an MRI, which was obtained several weeks later of the lumbar spine and returned to Dr. Haider while awaiting authorization for cervical spine surgery. Surgery was performed in June of 2012. The surgery was a C3-4 anterior cervical discectomy and fusion with interbody cage placement. This helped reduce some of his symptoms for a very brief period of time.

Mr. Guilin reports that during this time, his low back symptoms gradually increased. It was determined that he would need lumbar spine surgery and he underwent an anterior lumbar interbody fusion at the L4-5 and L5-S1 levels in August of 2013. Surgery was performed by Dr. Cramer. Mr. Guilin indicated this provided good relief of his symptoms.

He continued physical therapy for both the cervical and lumbar spine and received ongoing medications for his symptoms. Aquatherapy was recommended to help further his improvement. He reports that he continued to experience some temporary periods of left leg numbness and tingling and returned to Dr. Haider's office where he was evaluated and underwent a functional capacity evaluation in September of 2014. A sedentary job was recommended as well as frequent walks and stretching breaks. He was made permanent and stationary by Dr. Haider in December of 2014. Dr. Haider provided permanent work restrictions and future medical care provisions.

Medical records were received and included the following.

Mr. Guilin was seen by Leonel Rodriguez, M.D., family practitioner, on February 13, 2012, and a Doctor's First Report of Occupational Injury was completed. Truck driver who slipped at work on a banana peel and fell, hurting his back and head on February 9, 2012. Employed by Ironwood. He denied difficulty ambulating, or any numbness/tingling in the upper or lower extremities. History of neck injury many years ago. Diagnosis: Cervical spine sprain; Thoracic region sprain; Lumbar sprain. Medication prescribed. Physical therapy ordered.

Cervical spine x-rays were taken on February 13, 2012, and read by Cecil Bowen, M.D. Straightening of the cervical spine. C4-5 spinal segment surgically fused. Impression: Negative for bone or joint significant acute posttraumatic injury.

Thoracic spine x-rays were taken on February 13, 2012, and read by Dr. Bowen. Impression: No significant thoracic spine abnormality seen on exam.

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Lumbar spine x-rays were taken on February 13, 2012, and read by Dr. Bowen. Mild L1 vertebral body anterior wedge deformity appearing chronic. T11 and T12 vertebra demonstrated similar vertebral body appearance. L5-S1 intervertebral disc with moderate/advanced degenerative narrowing. L4-5 intervertebral disc with mild degenerative narrowing. L4-5 and L5-S1 apophyseal joints articulated with mild degenerative subchondral sclerosis. Impression: Negative for bone or joint significant acute posttraumatic injury.

On February 28, 2012, he was seen by Dr. Rodriguez. Physical therapy not helping with neck pain. Transfer care to orthopedic spine services.

He was seen by Rahul Basho, M.D. and Thomas Haider, M.D., orthopedic surgeons, on March 13, 2012. While employed as a truck driver for Ironwood on February 12, 2011, he was unloading cargo when he fell from a height of approximately three to four feet landing on his head and lower back. Previous cervical spine fusion surgery for traumatic fracture in 1981. Cervical spine x-rays demonstrated fusion extending from C4-5 and C5-6 with pin through the vertebral bodies, significant osteophyte formation and disc space collapse at C3-4 and C6-7, and degenerative disc disease at C2-3. Lumbar spine x-rays showed L5-S1 degenerative disc disease with no evidence of instability. Impression: Signs/symptoms of cervical myelopathy; Multilevel cervical spine degenerative disc disease C3-4 and C6-7; Status post previous C4 to C6 fusion; Lumbar spine degenerative disc disease. Anterior cervical discectomy and fusion C3-4 as well as lumbar spine MRI requested.

Lumbar spine MRI was performed on April 3, 2012, and read by Kenneth Tan, M.D. L4-5: Mild disc desiccation. Circumferential disc bulge measuring 3.8mm mildly impressing on the thecal sac. Bilateral facet arthrosis. Moderate bilateral neural foraminal narrowing. L5-S1: Moderate disc desiccation. Disc height moderately decreased. Circumferential disc bulge measuring 5.2mm. Bilateral facet arthrosis. Small right facet joint effusion. Marked bilateral neural foraminal narrowing. Impression: L4-5, 3.8 mm circumferential disc bulge mildly impressing on the thecal sac. Bilateral facet arthrosis and moderate bilateral neural foraminal narrowing. L5-S1, 5.2mm circumferential disc bulge without evidence of thecal sac or neural foraminal compression. Bilateral facet arthrosis and marked bilateral neural foraminal narrowing.

On April 3, 2012, he was seen by Drs. Basho and Haider. Continued neck and shoulder pain. Pending authorization for neck surgery. Lumbar spine MRI reviewed. Begin physical therapy for the lumbar spine. Seen for follow-up on June 12, 2012. Cervical spine MRI reviewed. Proceed with cervical spine surgery.

On May 11, 2012, he was seen by Ramesh Karody, M.D., internist. Preoperative examination. History of hypertension one year ago, hyperlipidemia, and broken neck. Impression: Accelerated hypertension; Abnormal EKG - premature ventricular complexes; Obesity; GERD. Scheduled for anterior cervical decompression and fusion C3-4. Cleared for surgery.

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Cervical spine surgery was performed by Dr. Basho on June 14, 2012. This was C3-4 anterior cervical discectomy and fusion, placement of interbody cage C3-4, application of anterior cervical plate C3-4, and harvesting of left iliac crest bone graft. Diagnosis: Cervical myelopathy and radiculopathy.

Dr. Haider saw him on June 26, 2012. Arm and neck pain essentially resolved following surgery. X-rays showed cage and plate in excellent position. Begin movement of the neck but avoid heavy lifting, pushing and pulling.

He was seen by Dennis Cramer, D.O., neurosurgeon, and Dr. Haider on May 15, 2013. Progressive back pain since slip and fall accident while working as a truck driver in February "2011". Doing well in regard to previous neck surgeries. Lumbar spine x-rays showed severe disc space collapse at L5-S1 and to a lesser degree at L4-5. Cervical x-rays revealed hardware and bone graft in stable position. Failed conservative care for the lumbar spine. Impression: Status post ACDF C3-4 June 2012; Status post C4-6 fusion 1980s; L4-5 and L5-S1 degenerative disc disease with radiculopathy. Bilateral facet arthrosis at both levels. Trigger point injections provided. Decompression fusion surgery recommended.

He was seen by Physicians Assistant Chad Sweetnam, and Drs. Cramer and Haider on August 7, 2013 and August 26, 2013. Moderate to severe back pain with radiation to the bilateral legs. Medications prescribed on August 7. Proceed with surgery.

On August 12, 2013, he was seen by Dr. Karody. Preoperative examination. History of back trouble. Impression: Episodic hypertension; Abnormal EKG; Morbid obesity. Scheduled for anterior/posterior spinal fusion L4-S1 with iliac crest bone graft and instrumentation. Cleared to proceed with surgery.

Chest x-rays were taken on August 12, 2013, and read by Hal Frederick, M.D. Impression: Mild widening of the space between the posterior left sixth and seventh ribs, possibly the result of prior surgery. Otherwise findings within normal limits.

Lumbar spine surgery was performed by Afshin Molkara, M.D. on August 27, 2013. This was anterior spine exposure. Diagnosis: Degenerative disc disease.

Lumbar spine surgery was performed by Dr. Cramer on August 27, 2013. This was anterior exposure of lumbar spine L4-5 and L5-S1. Anterior lumbar interbody fusion with placement of PEEK cages with anterior plate and screw fixation L4-5 and L5-S1. Right iliac crest bone marrow aspirate. Open reduction and correction of disc space collapse at L5-S1. Diagnosis: L4-5 and L5-S1 degenerative disc disease with radiculopathy. L4-5 and L5-S1 facet arthropathy; Significant disc space loss at L4-5 and L5-S1.

On October 21, 2013, he was seen by Babak Khamisi, M.D., spine surgeon, and Dr. Haider. Doing much better follow lumbar spine surgery. Some problems with flexibility. X-rays showed hardware in correct position, no loosening, and alignment well-maintained. Begin physical therapy. Medications dispensed.

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He was seen by Drs. Khamisi and Haider on December 2, 2013. Doing well compared to preoperative condition. Continue physical therapy. Medications provided. Seen for follow-up on January 13, 2014 and February 24, 2014. Minimal benefit from physical therapy. Aquatic therapy requested/pending. Medication dispensed.

He was seen by Drs. Khamisi and Haider on April 7, 2014, May 19, 2014, and June 30, 2014. Continued complaints of back stiffness. Leg pain significantly improved. Aquatic therapy beneficial. Medication prescribed on April 7. Continue home exercises. Diet/weight loss discussed.

On August 11, 2014, he was seen by Drs. Khamisi and Haider. Temporary episode of left leg numbness. Continued back pain. X-rays showed maintained alignment, hardware in correct position, and no lucency around the screws. Medications adjusted/prescribed. Close to maximum medical improvement. Functional capacity evaluation requested prior to P&S status.

He was seen by Drs. Khamisi and Haider on September 22, 2014. Continue back pain with pain radiating down the legs. Proceed with scheduled functional capacity evaluation. Medication dispensed.

A functional capacity evaluation was performed by Seyedamir Sherafat, D.C. on September 24, 2014. Conclusion: Good effort in performing test. It will be difficult for him to go back to his previous job as a truck driver. Sedentary job recommended as long as he is able to take frequent walks/stretching breaks.

He was seen by Drs. Khamisi and Haider on November 3, 2014. Work restrictions indicated per functional capacity evaluation. P&S evaluation to be scheduled. Medication provided.

Dr. Haider saw him on December 10, 2014, and a permanent and stationary evaluation was completed with regard to injury that occurred at work while employed by Ironwood on February 10, 2012. Impression: Status post anterior and posterior lumbar interbody fusion L4-S1 August 2013; Status post ACDF C3-4 June 2012; Status post C4-6 fusion 1980s. Permanent and stationary. Restricted to light work. Qualified injured worker. No indication for apportionment with regard to the lumbar spine. Apportionment indicated for the cervical spine, with 30 percent applicable to preexisting pathology/prior surgery at different levels of the neck and 70 percent to current industrial injury. Future medical care to include medication, therapy, injections and modalities, and further diagnostic testing/possible need further surgery. Whole person impairment of 48 percent.

He was seen by PA Sweetnam for Dr. Haider on March 11, 2015. Back pain complaints. Medication not effective. Medication prescribed. Pending QME.

CURRENT TREATMENT

Mr. Guilin currently sees Dr. Haider every three months for checkups and refill of medications as needed. He has no ongoing specific treatment and states that he was last evaluated in March of 2015. His next follow-up is in June. There are no recommendations outstanding at this time.

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MEDICATIONS

For his injury, Mr. Guilin takes carisoprodol, hydrocodone, acetaminophen, Naprosyn and ibuprofen. For unrelated reasons, he takes Tylenol, Aleve, Claritin, aspirin and AllerClear.

CURRENT COMPLAINTS

Mr. Guilin has cervical spine pain that is constant. The pain is increased with looking side to side and up and down. He has decreased range of motion and radiating pain to the left shoulder blade. He states that this radiating pain has improved significantly since the cervical spine surgery. He also states that the cervical spine pain is constantly present but medications help to reduce the symptoms. He states that, when he has severe pain, it is sharp and aching. He has pain that radiates down both arms to the hands on an occasional basis. He occasionally drops things from his hands. The pain in the cervical spine is increased when he sleeps in an awkward position.

He has lower back pain that comes and goes. The lower back pain is described as an aching sensation. He has numbness and tingling radiating to the foot. He has a stinging sensation in the bottom of the foot and the pain increases with prolonged standing and walking. The lower back pain increases with bending and stooping. He has pain with heavy lifting. He also has a burning sensation in the left buttock and hip area. He states that he enjoys walking now and attempts to do so on a regular basis. Walking helps to reduce stiffness in his lower back.

Prior to his injury, he enjoyed doing daily activities at home such as mowing the lawn and general yard work. He is unable to tolerate these activities due to the severity of his pain.

ACTIVITIES OF DAILY LIVING

Mr. Guilin was asked about Activities of Daily Living per Table 1-2, page 4 of the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition.

When asked regarding his pain on a scale of 0 (no pain) to 10 (excruciating pain), he states that currently his pain is 7. At its worst, it is 7. On average, it is 6. The frequency of his pain is 6.

Self Care/Personal Hygiene: He states his pain interferes with his ability to dress himself at a 5, to shower or bathe without help at a 6, to wash or style his hair and/or shave at a 2. Pain interferes with his ability to put on his shoes and socks at a 6.

Communication: The pain interferes with his ability to write or type at a N/A.

Physical Activity: The pain interferes with his ability to walk for one block at a 6, with his ability to lift 10 pounds at a 5, with his ability to sit for one half hour at a 5, and to stand for one half hour at a 5. His pain interferes with his ability to climb one flight of stairs at an 8. Pain interferes with his ability to squat or kneel at an 8.

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Sensory/Nonspecialized Hand Activities: Pain interferes with his ability to do gripping, grasping, holding and manipulating objects at a 5.

Travel: Pain interferes with his ability to travel one hour by car at a 3.

Sexual Function: Pain interferes with his ability to engage in sexual activities at a 6.

Sleep: Pain interferes with his ability to get enough sleep at a 6. The patient completed the Epworth Sleepiness Scale with a total score of 1.

In general, his pain interferes with his daily activities at a 6. He limits his activities to prevent the pain from getting worse at a 3. Pain interferes with his ability to participate in social activities at a 4 and his ability to do jobs around the house at a 5.

With regard to the effect of his pain on mood on a scale of 1 (extremely high and good) to 10 (extremely low and bad), he rates his mood during the past week as 5. He states he has been anxious or worried about his pain at a 7. He states he has been depressed about his pain at a 7. He has been irritable at a 6. In general, he states he is anxious/worried about performing activities because they might make his pain worse at a 6.

JOB HISTORY

At the time of the injury, Mr. Guilin was employed as a heavy truck driver for the California Department of Corrections. He began working for Ironwood State Prison in January of 2005. He reports his job duties required he perform prolonged sitting while driving a truck throughout the prison facility. He was also required to lift heavy produce boxes, pull pallets of goods up and down ramps, push carts of food, drive around the prison facility and occasionally to other facilities. The heaviest thing he was required to lift without help was approximately 125 pounds and was described as a bread rack. He states that he lifts trays of bread from the ground to the rack for transportation throughout the facility. On a constant basis, he is required to drive, stand in one place, walk and walk over uneven ground. He is also required to perform gripping, reaching, reaching overhead, twisting, stooping, bending, squatting and crawling. On an occasional basis, he is required to sit in a chair, climb, push and kneel, and lift up to 100 pounds.

He is currently not working. He last worked on March 2, 2012. He indicates he was terminated from his employment for unrelated reasons.

PRIOR JOB HISTORY

Mr. Guilin previously worked for Valley Beverage as a driver for 17 years.

OTHER INJURIES

Mr. Guilin states that, while in college, he had an injury to the neck while playing football. He states that he injured the 5th and 6th vertebrae and was forced to wear a halo following surgical intervention. He was

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placed in the halo for 90 days and was treated for approximately two to three years for his injuries. At that time, he believes that he underwent cervical spine fusion for a fracture at C5 and C6 and indicates that he was last treated for that specific injury approximately 30 years ago. Between 1980 and 2007, he received occasional chiropractic treatment for neck pain as well as occasional low back pain.

Additionally, Mr. Guilin states that at age 20 he was involved in a motor vehicle accident in which he injured his knees. He had large lacerations which required sutures. There was no settlement, no permanent disability or work restrictions related to that incident.

GENERAL MEDICAL HISTORY

He has high blood pressure. He has had two cervical spine surgeries, one lumbar spine surgery and a tonsillectomy at age 10.

REVIEW OF MEDICAL RECORDS

1. Subpoenaed records from Haider Spine Center, Riverside Cardiology Associates
2. Cecil Bowen, M.D.: 02/13/12
3. Leonel Rodriguez, M.D.: 02/13/12, 02/28/12
4. Hurst Physical Therapy treatment notes: 02/22/12 – 03/08/12
5. Thomas Haider, M.D./Rahul Basho, M.D./Dennis Cramer, D.O./Babak Khamisi, M.D./Chad Sweetnam, PA-C: 03/13/12 – 03/11/15
6. U.R. Certifications: 03/30/12, 06/12/12, 06/14/13, 08/27/13
7. Kenneth Tan, M.D.: 04/03/12
8. Ramesh Karody, M.D.: 05/11/12, 08/12/13
9. Hal Frederick, M.D.: 08/12/13
10. Afshin Molkara, M.D.: 08/27/13
11. Seyedamir Sherafat, D.C.: 09/24/14

PHYSICAL EXAMINATION

The examinee is an alert, cooperative, right-handed, 52-year-old male, who appeared comfortable during the examination. In preparation for performing the examination of Mr. Guilin, and in accordance with

RE: GUILIN, CHRISTOPHER

May 6, 2015

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the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, he was provided a "warm-up" period such that he was observed performing range of motion activities about his spine and extremities. In addition, spinal examinations were performed utilizing the single or dual inclinometer where appropriate and extremity examinations were performed using the goniometer or inclinometer.

Height: 5'8"

Weight: 280 pounds

EXAMINATION OF THE NECK AND UPPER EXTREMITIES

Cervical Spine - General Examination

Tenderness and muscle guarding are present in the paracervical musculature and trapezius.

There are scars over the anterior neck.

Cervical spine range of motion is as follows. An inclinometer is used and the highest of three measurements is recorded.

	Measured <u>In Degrees (times 3)</u>	Normal ROM <u>In Degrees</u>
Flexion	50°	50°
Extension	30°	60°
Rotation - right	30°	80°
Rotation - left	40°	80°
Lateral bending - right	30°	45°
Lateral bending - left	35°	45°

Shoulders - General Examination

There is no tenderness in either shoulder noted. Muscle strength testing is normal in both shoulders.

Range of motion of the shoulders is normal bilaterally.

Special Tests - Shoulders

The impingement and relocation tests are normal bilaterally. The apprehension sign and drop arm sign are also normal bilaterally. There is no crepitation.

Elbows - General Examination

There is no tenderness of either elbow. Muscle strength testing of the elbows is normal bilaterally.

Range of motion of the elbows is normal bilaterally.

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Wrists - General Examination

No tenderness of either wrist or forearm is noted upon examination. Muscle strength testing is normal bilaterally.

Range of motion of the wrists is normal bilaterally.

Fingers and Thumbs - General Examination

Range of motion of the fingers and thumbs is normal bilaterally.

Nerve Testing

Tinel's, Phalen's, bent elbow, and Finkelstein's tests are negative bilaterally.

Deep tendon reflexes, biceps, triceps and brachioradialis, are 2+ and equal bilaterally.

Two point discrimination is normal bilaterally.

Grip Strength

Grip strength is tested using the Jamar Dynamometer set at the second notch. Dominant hand is on the right.

<u>Right</u>	<u>Left</u>
10 kg	7 kg
9 kg	7 kg
9 kg	6 kg

Girth Measurements

	<u>Right</u>	<u>Left</u>
Mid Biceps	39 cm	38 cm
Max Forearm	34 cm	33 cm

Credibility Testing

Diffuse Tenderness	Appropriate
Nonanatomic Nerve Dysfunction	Appropriate
Hypersensitivity	Appropriate

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EXAMINATION OF THE BACK

General Examination

Alignment of the examinee's spine and lower extremities is normal with no scoliosis or lordosis. The examinee has a normal gait and is able to walk on toes and heels.

Scars are present over the abdomen and low back.

There is tenderness and muscle guarding over the middle of the low back and paraspinal muscles diffusely.

Range of motion of the back is as follows. An inclinometer was used and the highest of three measurements is recorded.

	Measured in degrees <u>(3 times)</u>	Normal ROM <u>in degrees</u>
Flexion	35°	60°
Sacral Flexion 40°		
Extension	15°	25°
Lateral bending, right	10°	25°
Lateral bending, left	15°	25°
Thoracic rotation – right	30°	30°
Thoracic rotation – left	30°	30°
Thoracic flexion	50°	50°

Muscle Strength and Range of Motion

Range of motion and muscle testing of the extensor, flexor, invertor and evertor muscles of the hip, knee, ankle, subtalar and great toe joints are normal bilaterally.

Neurological Testing

Straight leg raising, seated and supine and cross, is normal bilaterally.

Deep tendon reflexes, both patellar and Achilles, are normal and equal bilaterally.

Sensation to pinprick is intact in both lower extremities.

<u>Girth Measurements</u>	<u>Right</u>	<u>Left</u>
Thigh	57 cm	57 cm
Calf	46 cm	46 cm

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Credibility Testing

Diffuse Tenderness	Appropriate
Nonanatomic Nerve Dysfunction	Appropriate
Histrionic Movements	Appropriate
Hypersensitivity	Appropriate

DIAGNOSIS

1. Chronic neck pain, status post C3-4 fusion in June of 2012 with prior fusion in the past.
2. Chronic low back pain, status post L4-S1 fusion.

CAUSATION

In my opinion, it is medically reasonable that Mr. Guilin injured his cervical and lumbar spine on February 9, 2012, when he slipped and fell while working for the Department of Corrections. There were no records with regard to shoulder problems following his injury and he had no symptoms related to his shoulder at this time. The left shoulder does not appear to be part of the injury.

DISCUSSION/DISABILITY STATUS

Mr. Guilin received medical treatment following his injury, including a cervical spine fusion and a lumbar spine fusion. His last surgery was in August of 2013. This was a lumbar fusion. He was considered permanent and stationary by Dr. Haider on December 10, 2013. In my opinion, this is medically reasonable as a date that he reached maximum medical improvement.

He was temporarily totally disabled from March 2, 2012, until he was permanent and stationary.

OBJECTIVE FACTORS SUPPORTING IMPAIRMENT RATING

1. Cervical and lumbar spine x-rays, February 13, 2012. Negative for bone or joint significant acute posttraumatic injury.
2. Thoracic spine x-rays, February 13, 2012. No significant thoracic spine abnormality seen on exam.
3. Lumbar spine MRI, April 3, 2012. L4-5, 3.8 mm circumferential disc bulge mildly impressing on the thecal sac. Bilateral facet arthrosis and moderate bilateral neural foraminal narrowing. L5-S1, 5.2mm circumferential disc bulge without evidence of thecal sac or neural foraminal compression. Bilateral facet arthrosis and marked bilateral neural foraminal narrowing.
4. Cervical spine surgery, June 14, 2012. This was C3-4 anterior cervical discectomy and fusion, placement of interbody cage C3-4, application of anterior cervical plate C3-4, and harvesting of left iliac crest bone graft. Diagnosis: Cervical myelopathy and radiculopathy.

06/12/15 10:45 Orthopedic Evaluation Center R0207-4102843020 Pg14/17

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5. Chest x-rays, August 12, 2013. Mild widening of the space between the posterior left sixth and seventh ribs, possibly the result of prior surgery. Otherwise findings within normal limits.
6. Lumbar spine surgery, anterior spine exposure. August 27, 2013. Diagnosis: Degenerative disc disease.
7. Lumbar spine surgery, August 27, 2013. This was anterior exposure of lumbar spine L4-5 and L5-S1. Anterior lumbar interbody fusion with placement of PEEK cages with anterior plate and screw fixation L4-5 and L5-S1. Right iliac crest bone marrow aspirate. Open reduction and correction of disc space collapse at L5-S1. Diagnosis: L4-5 and L5-S1 degenerative disc disease with radiculopathy. L4-5 and L5-S1 facet arthropathy; Significant disc space loss at L4-5 and L5-S1.
8. He has well-healed scars over the cervical spine and lumbar spine and abdomen related to his work injury. He has decreased range of motion and tenderness to palpation over the neck and low back.

IMPAIRMENT PER THE AMA GUIDES

Impairment of Mr. Guilin was assessed using the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. Per the *Guides*, if one spinal region is rated per the Range of Motion method, other spinal injuries are to be rated using a Diagnosis Related Estimate.

Cervical Spine 28% WPI:

Relative to the cervical spine, the patient is rated according to a DRE Cervical Category IV. Per Table 15-5 on page 392, this carries a range of 25% to 28% whole person impairment. The patient is placed in a DRE IV for findings of alteration of motion segment integrity due to a fusion. The patient in this case is rated as having 28% whole person impairment based on impacts to activities of daily living.

Lumbar Spine 24% WPI:

The patient is rated per Chapter 15, using the Range of Motion Method given the multiple levels of involvement.

Disorder impairment 13% WPI:

Table 15-7 on page 404

IV-D	12%
------	-----

IV-E	1%
------	----

These are added for 13% whole person impairment.

Range of Motion 13% WPI:

Tables 15-8 and 15-9, pages 407 and 409

Flexion	35°	5%
---------	-----	----

Extension	15°	3%
-----------	-----	----

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Lateral Bend right	10°	3%
--------------------	-----	----

Lateral Bend left	15°	2%
-------------------	-----	----

These are added for 13% whole person impairment based on decreased range of motion impairment.

Neurologic 0% WPI:

There are no motor or sensory deficits on exam.

The patient's whole person impairments (Disorder (13%), Range of Motion (13%), and Neurologic (0%)) are combined, per the Combined Values Chart on page 604, for 24% whole person impairment.

In my opinion, this fairly and accurately describes the impairment. There is no additional impairment per the Almaraz/Guzman decisions.

WORK RESTRICTIONS/VOCATIONAL DISPLACEMENT

In my opinion, Mr. Guilin is unable to perform his usual and customary occupation as a heavy truck driver for Department of Corrections. Vocational displacement benefits are indicated. He should be limited to no lifting greater than 20 pounds, no repetitive neck flexion and extension, and no repetitive bending or stooping.

APPORTIONMENT

The issue of apportionment has been considered pursuant to SB 899, particularly in regard to Labor Code §4663 and §4664, and in regard to the Escobedo decision.

There are no prior workers' compensation injuries to the involved body parts and therefore there is no apportionment to Labor Code §4664.

For Labor Code §4663, Mr. Guilin did have an injury to his cervical spine while playing football for the College of the Desert 33 years ago. He had a two level fusion at C4-5 and C5-6 according to his history. He states that he did not require ongoing treatment and was able to work without limits. He did see a chiropractor, Dr. Winters, a few times a year for neck and low back pain between 1980 and 2007, according to his history. However, he did not have any diagnostic studies. He had degenerative changes noted on his MRIs. In my opinion, there is a basis for apportionment to the above nonindustrial factors and degenerative changes of 30%.

The remaining 70% of his impairment is due to the industrial injury of February 9, 2012. This opinion considers his placement in a DRE IV for a one level fusion (he had two levels fused previously and had an additional one level fused as a result of the industrial injury) but also considers the increased likelihood of fusion at the level above or below a prior fusion as well as the increased impact to activities of daily living. After my review of the studies, his history, and his current examination, it is my opinion, to a level of reasonable medical probability, that 70% of the impairment is due to his industrial injury of February 9, 2012, with 30% considered to be pre-existing.

RE: GUILIN, CHRISTOPHER
May 6, 2015
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In regard to the lumbar spine, there are minor degenerative changes on MRI. There is no history of prior injury although he did have occasional chiropractic care for minor flareups of back pain. This is common. Therefore, it is my opinion within reasonable medical probability that 100% of the patient's impairment is due to the industrial injury of February 9, 2012.

MEDICAL TREATMENT

A provision for future medical care is indicated. Mr. Guilin should be allowed follow-up by the treating physician with medications, injections and physical therapy as needed. Diagnostic studies should be allowed under future medical care. Additional surgical treatment is not anticipated at this time.

DECLARATION

Pursuant to AB 3660, I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient on May 6, 2015 at El Centro and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

I further declare under penalty of perjury that the name and qualifications of each person who performed any services in connection with the report, including diagnostic studies, other than clerical preparation, are as follows: CMRS reviewed the report for grammar and consistency.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report.

Sincerely yours,

Beth Bathgate, M.D.

Beth Bathgate, M.D.

BH/e

Date: June 4, 2015

County: San Diego



Failed Neck & Back Syndrome
Reconstructive Spine Surgery
Scoliosis & Other Deformities
Spine Rehabilitation
Industrial Medicine
Pain Management
Spine Trauma

6276 River Crest Drive, Riverside, CA 92507
(951) 413-0200 FAX: (951) 653-5680

Return to Work/Activity Note

Patient: Guilin, Christopher

Employer: Ironwood

Date: 10/31/2012 10:59 AM

Claim Number:

Date of Injury: 02/09/2012

Next Appt: Date:

SSN: SS#:

MR#

****WORK STATUS****

The patient has been instructed to:

Return to clinic in: 6 weeks

Patient is instructed to remain off work until: 6 weeks

A handwritten signature in cursive script that reads "Haider".

Thomas T. Haider MD

12/10/2014 11:00 AM

Guilin Christopher



6276 River Crest Drive, Riverside, CA 92507
(951)413-0200 FAX: (951)653-5680

Failed Neck & Back Syndrome
Reconstructive Spine Surgery
Scoliosis & Other Deformities
Spine Rehabilitation
Industrial Medicine
Pain Management
Spine Trauma

12/10/2014 11:00 AM

State Comp Insurance Fund
P O Box 65005
Fresno, CA 93650

Attn: Gonzalo Acevedo

RE: Christopher Guilin

SS#:

Employer: Ironwood

D/Injury: 02/10/2012

Claim No.: 05774806

Sex: Male

Phone Number:

DOB:

Christopher Guilin was seen in this office on 12/10/2014 11:00 AM. The results of this examination are as follows:

Mr. Guilin is a 52-year-old male who has presented to this clinic for evaluation of his cervical and lumbar spine secondary to a job-related accident on 02/10/2012. The patient is being seen for a Permanent and Stationary Evaluation.

HISTORY OF INJURY:

Mr. Guilin states that on 02/12/2011, while employed as a truck driver, he was unloading a cargo, and while standing on a pallet, he fell from a height of approximately 3 to 4 feet landing on his head and his lower back. He states that this occurred at the end of the day. He continued to develop significant lower back, neck, and arm pain at that time. He states that his job involved a significant amount of driving and physical labor requiring him to lift at times weights in excess of 100 pounds. He states that since his injury, he continues to have significant neck and bilateral trapezial pain, left worse than right. He has treated this with therapy and no epidural steroid injections. He does report that he is beginning to fumble with his hands, having difficulty with handwriting, using a knife and fork, buttoning buttons. He feels as if he is off balanced.

PAST MEDICAL HISTORY:

The patient denies any prior injury to his lumbar spine prior to this accident. However, the patient has had a prior injury to his cervical spine.

WORK HISTORY:

The patient was employed as a truck driver. His job involved a significant amount of driving and physical labor requiring him to lift at times weights in excess of 100 pounds.

PHYSICAL EXAMINATION:**Cervical Spine:**

There is tenderness to palpation of the cervical region.

Range of motion of the neck is guarded. There is no crepitance with motion. Motion of the neck does cause painful symptoms.

His motion is 80% of normal with respect to rotation and 50% of normal with respect to flexion, extension and lateral bending.

There is no evidence of muscle spasm at the cervical spine.

There is a healed surgical scars at his neck.

Adsons test is negative. Compression/distraction of the neck does not change the patient's symptoms.

Deep tendon reflexes are 2+ and symmetrical at the biceps, triceps and brachioradialis.

Babinski reflexes are negative.

There is no clonus or spasticity in either upper extremity.

Upper Extremity Muscle Strength:

The muscle strength was checked in both upper extremities. The results are as follows:

	RIGHT	LEFT	Major Nerve Distribution
Shoulder Abduction:	5/5	5/5	C4
Elbow Flexion:	5/5	5/5	C5
Wrist Extension:	5/5	5/5	C6
Elbow Extension:	5/5	5/5	C7
Finger Abduction:	5/5	5/5	C8, T1

Upper Extremity Sensation:

	RIGHT	LEFT
C1:	Normal	Normal
C2:	Normal	Normal
C3:	Normal	Normal
C4:	Normal	Normal
C5:	Normal	Normal
C6:	Decreased	Decreased

12/10/2014 11:00 AM
 C7: Normal
 T1: Normal

Guilin Christopher
 Normal
 Normal

Lumbosacral Spine:

The patient is able to walk without any supportive device. The patient does not appear to have any discomfort with walking. The patient is able to get on the examining table with Difficulty or discomfort.

There is tenderness to palpation of the lumbosacral region.

The lower back range of motion is restricted and does cause painful symptoms. There is guarding with motion. His motion is 40% of normal.

Hyperextension of the lower back does cause radiating pain to the buttocks or posterior thigh region.

There is healed surgical scar in the lower back. There is no skin lesion in the lower back. There is no abnormal pigmentation. There are no hair patches. There are no neurofibromas in the lower back.

There is no gluteal atrophy.

The paraspinous muscles are symmetrical. There is muscle spasm.

Straight leg raising is negative bilaterally in the seated and supine positions.

Gaenslen test is negative. Pelvic compression test is negative.

Bent-knee femoral stretch test is negative bilaterally.

Deep tendon reflexes are 2+ and symmetrical at both knees and ankles.

The lower extremities appear to have adequate circulation. There is no abnormal swelling or discoloration in either lower extremity.

Lower Extremity Muscle Strength:

	RIGHT		LEFT		Major Nerve Distribution
Hip Flexion:	5/5	5/5	5/5	5/5	L2, L3
Knee Flexion:	5/5	5/5	5/5	5/5	L4, L5
Knee Extension:	5/5	5/5	5/5	5/5	L3, L4
Ankle Dorsiflexion:	5/5	5/5	5/5	5/5	L4, L5
Big Toe Extension:	5/5	5/5	5/5	5/5	L5
Ankle Plantar Flexion:	5/5	5/5	5/5	5/5	L5, S1

Lower Extremity Sensation:

	RIGHT	LEFT
L1 Nerve Distribution	Normal	Normal
L2 Nerve Distribution	Normal	Normal

12/10/2014 11:00 AM

Guilin Christopher

L3 Nerve Distribution	Normal	Normal
L4 Nerve Distribution	Normal	Normal
L5 Nerve Distribution	Normal	Normal
S1 Nerve Distribution	Decreased	Decreased

DIAGNOSTIC TEST:

X-ray of the lumbar spine shows evidence of anterior and posterior fusion L4-S1.

IMPRESSION:

1. S/P anterior and posterior lumbar interbody fusion L4-S1, 8/27/2013
2. S/P ACDF C3-4, 06/2012.
3. S/P C4 to C6 fusion, 1980s.

PLAN:

The patient was examined today. He has healed surgical scars at his neck. There is tenderness and guarding at his neck. His motion is 80% of normal with respect to rotation and 50% of normal with respect to flexion, extension and lateral bending. He has a healed surgical scar in his lower back. There is tenderness and guarding in his lower back. His motion is 40% of normal. He has increased pain with flexion and extension. He is able to walk on his tiptoes and heels.

The patient has reached a plateau with his recovery. He is considered permanent stationary as of today.

OBJECTIVE FACTORS OF DISABILITY:

Healed surgical scar in the neck as well as the lower back, decreased range of motion at the neck and lower back status post cervical fusion as well as lumbar fusion.

WORK RETRICTION:

The patient is restricted to light work.

VOC REHAB:

The patient is a QIIV.

APPORTIONMENT:

Apportionment not indicated with respect to his lower back. He has no prior history of any type of injury, symptoms or pre-existing pathology. As far as the patient's neck is concerned, the patient has had history of neck fracture for which he ended up with a two-level fusion in the 1980s. He did well after that. He had occasional neck pain, but did relatively well. The patient did have degenerative changes above and below the level of the previous fusion which I feel should be considered pre-existing pathology. The patient however developed most of his symptoms to his neck after this industrial injury which ended up with surgery. I feel that 30% apportionment should be applicable to pre-existing pathology and prior surgery at different levels of his neck and the other

70% due to the current industrial injury.

FUTURE MEDICAL CARE:

The patient will need followup care for medication, short course of therapy, injections, and modalities. Should the patient develop increasing symptoms at his neck and/or lower back, he will then need further diagnostic testing and possible further surgery.

*I have spent **2 hours** reviewing the patient chart. I reviewed office visits from 03-13-2012 to 11-03-2014 in order to derive the right objective and subjective factors of disability. This also included review of diagnostic testings such as x-rays, MRIs and nerve conduction studies. Review of different types of treatment was necessary to see what kind of treatment has been more effective for this patient. The treatments that have been more successful were itemized as part of the patients future medical care.*

*I have spent more than **2 hours** researching through AMA Guides to the Evaluation of Permanent Impairment Fifth edition. Chapter 15 of this book provides criteria for evaluating permanent impairments of the spine, including how they affect the individuals ability to perform activities of daily living (ADL). An updated diagnosis of the patient was used in this section and based on this diagnosis the proper method of calculation of impairment rating was used.*

*I have spent **2 hours** face to face with the patient going over the history of different treatments and the outcome of each treatment rendered. This was used to see whether the patient has reached maximum medical improvement. According to the AMA Guides to the Evaluation of Permanent Impairment Fifth edition. Chapter 15 page 373, "impairment is rated only when the individual has reached maximum medical improvement.*

*Total hours for Review of Records: **6 hours***

Sincerely,



Thomas T. Haider MD

This progress report has been prepared by myself and is being submitted, as to the patients status, pursuant to 8.C.C.R. 9785.

DISCLOSURE STATEMENT

This is to certify that this patient was examined in our Riverside office by the undersigned physician's assistant/physicians. The undersigned physician's assistant/physicians actually performed the evaluation and the time spent performing such evaluation was in compliance with the guidelines established by the Industrial Medical Council or the administrative director pursuant to Paragraph 5 of Subdivision J of Section 139.2.

DECLARATION

I declare under penalty or perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief except as to the information I have indicated that I have received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except noted herein, that I believe it to be true.

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

12/10/2014 11:00 AM

Guilin Christopher

DATE OF REPORT: 12/10/2014

Dated: 12/17/2014

Cal. Lic. #: G61537

Executed at: 6276 River Crest Drive Riverside, CA 92507

Name: Thomas Haider MD

Address: 6276 River Crest Drive Riverside, CA 92507

Date: 12/17/2014 1:51 AM

Specialty: Orthopedics

Phone: (951) 413-0200

**Thomas T. Haider MD**

CC:

Perona, Langer, Beck Serbin & Mendoza
Patrick Hawkins
300 E San Antonio Drive
Long Beach,, CA 90807-0948

Thomas Haider, MD

6276 River Crest Drive
Riverside, CA 92507

Phone: (951) 413-0200 Fax: (951) 653-5680

Report of Permanent Medical Impairment

Patient: Christopher Guilin

Case Identifiers

Patient Name: Christopher Guilin
Patient Address: .5
Date of Birth:
Claim #: 05774806
Date of Injury/Illness: 02/10/2012
Evaluation Date: 12/10/2014
Employer: Ironwood
Employer Address:

**Christopher Guilin reached Maximum
Medical Improvement on 12/10/2014.**

Total Impairment Values

Spine 48%

DRE Method

Cervical Diagnosis Related Estimates

This portion of the evaluation was conducted by Thomas Haider, MD on 12/10/2014.

The patient qualifies for Cervical DRE Category V, which allows 35%-38% WP impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 392-395 (Table 15:5)

Calculated Impairment:

35% WP

Assigned Impairment:

35% WP

Report of Permanent Medical Impairment

Patient: Christopher Gullin

Lumbar Diagnosis Related Estimates

This portion of the evaluation was conducted by Thomas Haider, MD on 12/10/2014.

The patient qualifies for Lumbar DRE Category IV, which allows 20%-23% WP impairment.

Impairment Calculation/Discussion

Refer to AMA Guides, 5th Edition, Chapter 15, pp 384-388 (Table 15:3)

Impairment

20% WP

Total Spine/Pelvis Impairment

48% WP

Report of Permanent Medical Impairment

Patient: Christopher Guilin

Disclosure Statement

I declare under penalty of perjury, that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated that I have received from others. As to that information, I declare under penalty of perjury, that the information accurately describes information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury, that I personally performed the evaluation of the patient and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

I further declare under penalty of perjury, that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

I further declare under penalty of perjury, that no one has performed any services in connection with the report, including diagnostic studies, other than clerical preparation. I further declare under penalty of perjury, that I devote annually greater than 1/3 of my time to medical treatment. I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury.

The opinions rendered in this report are based on the information available to me at the time of this evaluation. If further information is required to be reviewed, I reserve the right to change my opinion.


Thomas Haider, MD

Haider Spine Center

6276 River Crest Drive
Riverside, CA 92507

Phone: (951) 413-0200 Fax: (951) 653-5680

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ISSUE DATE 02/29/12

NOTICE OF PERSONNEL ACTION
REPORT OF SEPARATION

ROUTE TO DEPARTMENT O
C&R
444-211-6379-001
4271

EMPLOYEE LAST NAME	FIRST NAME & MIDDLE INITIAL		
GUILIN	CHRISTOPHER B		
EMPLOYEE ADDRESS	ADDRESS		
92225	WITHHOLD		
	YES		
DEPARTMENT OF:	CLASSIFICATION TITLE		
DEPT C&R IRONWOOD ST PRISON	HEAVY TRUCK DRIVER -CORRECTIONAL FACILITY-		
EFFECTIVE DATE	SEPARATION TYPE	APPOINTMENT STATUS	TIME BASE
03/02/12	VOLUNTARY RESIGNATION	CIVIL SERVICE PERMANENT	FULL TIME
SALARY PER	STATE		
\$ 4019.00 MONTH	SERVICE		

THE REASON FOR YOUR SEPARATION IS: FAILED TO MEET CONDITIONS OF EMPLOYMENT
THE REGULAR SALARY PAYMENT FOR THE PAY PERIOD OF SEPARATION IS BASED ON:

002 DAYS 0000.0 HOURS

PAYMENT OF ACCUMULATED LEAVE CREDITS IS BASED ON VACATION 74 DAYS 000.0 HOURS
EXTRA HOURS 17 DAYS 001.5 HOURS
SICK LEAVE 000 DAYS 000.0 HOURS

IF YOU RETURN TO WORK WITHIN 6 MONTHS FROM YOUR DATE OF SEPARATION, YOU WILL
RETAIN ANY SICK LEAVE HOURS ACCUMULATED AND CREDITED WHEN SEPARATED AS WELL AS
YOUR SENIORITY FOR PRIOR SERVICE.

YOU HAVE PERMISSIVE REINSTATEMENT ELIGIBILITY AS DEFINED IN G.C. 19140.
THIS MEANS YOU MAY RETURN TO CIVIL SERVICE EMPLOYMENT (WITHOUT TAKING
AN EXAMINATION) IN THE SAME CLASS YOU LEFT OR IN A CLASS WITH THE SAME OR
LOWER SALARY LEVEL. CONTACT STATE AGENCIES DIRECTLY IF YOU WISH
REEMPLOYMENT UNDER THIS CONDITION. THIS SEPARATION DOES NOT PLACE YOUR NAME
ON A LIST FOR FUTURE REHIRE.

IF YOU DID NOT COMPLETE A FORM ELECTING THE DISPOSITION OF YOUR
RETIREMENT CONTRIBUTIONS AND YOU WANT A REFUND OF THESE CONTRIBUTIONS,
WRITE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM. DEPENDING ON YOUR
CURRENT STATUS, YOU MAY BE ENTITLED TO A REFUND. IF YOU HAVE
REQUESTED A REFUND BUT DO NOT RECEIVE IT WITHIN 10 WEEKS, CONTACT
CALPERS. BY MAIL AT PUBLIC EMPLOYEES' RETIREMENT SYSTEM, P.O.
BOX 942711, SACRAMENTO, CA. 94229-2711, ATTENTION: REFUND SECTION;
OR PHONE (888) 225-7377; OR E-MAIL www.calpers.ca.gov.



THIS SUBSTANTIATES THE SEPARATION INFORMATION AS ENTERED ON THE OFFICIAL
EMPLOYMENT HISTORY RECORD. INFORMATION SHOWN ON THIS DOCUMENT IS ASSUMED
CORRECT. IF NOT, NOTIFY THE DEPARTMENTAL PERSONNEL OFFICE IN WRITING OF
ERRORS WITHIN 30 CALENDAR DAYS FROM ISSUE DATE.



California Public Employees' Retirement System

December 24, 2013

CHRISTOPHER B. GUILIN

CalPERS ID.

Dear CHRISTOPHER B. GUILIN:

This letter is to acknowledge receipt of your application for Service Retirement effective December 01, 2013.

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

You may be entitled to receive a disability retirement if you are unable to work because of an illness or injury. To request a service pending disability retirement, you must complete a Disability Retirement Election Application. Please note that your retirement date cannot be earlier than the day following your last day on pay status.

CalPERS will send you a letter providing the date of your first retirement check, the amount you can expect to receive, and important income tax information. This letter is usually sent after you have separated from employment but before you receive your first retirement benefit check. Changes to the benefit option election you make, beneficiary you designate, or the retirement date you request, cannot be made after you receive your first full retirement benefit check.

Retirement Type: Service Retirement
Last Day on Payroll: February 29, 2012
Date of Birth:

Retirement Effective Date: December 01,
2013
Option Selected: Option 1

Federal Tax: Single 1
State Tax: Single 1

Quality service is a high priority at CalPERS. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience.

my|CalPERS 0964

If you have any questions, please visit our Web site www.calpers.ca.gov, or you may contact us toll free at **888 CalPERS** (or 888-225-7377).

Benefit Services Division



**CalPERS
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796**

CalPERS ID Number

SUBJECT: Additional Information Required to Process DR/IDR Application

We have received a Disability or Industrial Disability Retirement Application from the above named CalPERS member. However, for CalPERS to continue processing the member's application, we need additional information. Please refer to the checked box below:

- ☐ Medical report(s) from treating physician (i.e., narrative, consultative, x-ray, MRI interpretive reports, etc.) - MEDICAL REPORT
☐ Detailed job description - JOB DESCRIPTION
☐ Information requested from employer - MISC EMPLOYER INFO
☐ Medical information from the worker's compensation carrier - SCIF/WC MEDICAL INFO
☐ Medical report(s) from CalPERS Independent Medical Examination and/or Supplemental Independent Medical Examination reports - IME REPORT
☐ Job Assessment report(s) - JOB ASSESSMENT REPORT
☒ Other supporting document(s) - SUPPORTIVE DOC (DISABILITY)

Thank you for your assistance.



California Public Employees' Retirement System

January 04, 2014

CHRISTOPHER B. GUILIN

CalPERS ID

Dear CHRISTOPHER B. GUILIN,

At your request, effective February 01, 2014 your monthly PERS benefit payment will be transmitted by Electronic Fund Transfer (EFT) to:

Account Type: EFT - Checking

Account No:

Financial Institution:

Routing Number:

A monthly benefit statement will be available based on your chosen mailing preference. This statement will indicate the amount deposited in your account and itemize any reimbursements or authorized deductions.

If you wish to change the account to which your money is being sent by EFT, you must file a new Direct Deposit Authorization form. If you wish to cancel your EFT and begin receiving paper warrants again, please advise us in writing. Be sure to include your Social Security Number or CalPERS Id and your signature on your letter to authorize this change.

IMPORTANT: Please keep this letter with your important retirement documents. If you need to contact PERS regarding your EFT payment, be sure to include your bank account number, financial institution routing number (listed in the first paragraph of this letter), Social Security Number or CalPERS Id, and signature in your letter.

If you have any questions, please visit our Web site, or you may contact us toll free at 888 CalPERS (or 888-225-7377)

my|CalPERS 1291



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
TTY: (877) 249-7442
(888) CalPERS (225-7377) phone • (916) 795-1280 fax
www.calpers.ca.gov

February 6, 2014

Mr. Christopher Guilin

Mr. Guilin:

Please review the enclosed courtesy copy of a recent disability case correspondence.

If you have any questions, please contact us at the above address, or call 888-CalPERS or (888-225-7377) for assistance.

Sincerely,

NICOLE ESZLINGER
Retirement Program Specialist
Disability Retirement Section



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
TTY: (877) 249-7442
(888) CalPERS (225-7377) phone • (916) 795-1280 fax
www.calpers.ca.gov

CalPERS ID:

February 6, 2014

Department Of Corrections
California State Prison-Ironwood
PO Box 2229
Blythe, CA 92226

RE: Christopher Guilin
Occupation: Heavy Truck Driver

Dear Personnel Officer:

Christopher Guilin is a former Heavy Truck Driver who requesting disability retirement. The member is requesting a retirement date earlier than the first day of the month in which CalPERS received the application 12/12/13. The member is requesting the 2/29/12 as his retirement date. We must determine whether or not we can accept this request, and we hope you can supply some background information. If we do not receive a reply within 30 days from the date of this letter, we will make our determination based on the information provided by the member.

1. Did the member indicate that he was retiring because he was too disabled to continue working?
2. What did the member state as the reason for stopping work?
3. At the time the member stopped working, was an industrial injury/illness claim pending or filed within the preceding three years? If so, what is the complete name and address of the workers' compensation insurer and what is the claim number?
4. What information or counseling was the member given regarding disability retirement?

Thank you for your assistance. Your cooperation is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Eszlinger", with a stylized flourish at the end.

NICOLE ESZLINGER
Retirement Program Specialist
Disability Retirement Section

cc: Christopher Guilin

Request for Required Information



**THIS SHEET MUST BE THE TOP DOCUMENT
OF THE PACKAGE YOU SUBMIT TO CalPERS**

CalPERS
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796

RE: Christopher Guillin

Member Name

_____ *CalPERS ID Number*

DATE: [DATE]

SUBJECT: Additional Information Required to Process DR/IDR Application

We have received a Disability or Industrial Disability Retirement Application from the above named CalPERS member. However, for CalPERS to continue processing the member's application, we need additional information. Please refer to the checked box below:

- ☐ Medical report(s) from treating physician (i.e., narrative, consultative, x-ray, MRI interpretive reports, etc.) - MEDICAL REPORT
- ☐ Detailed job description - JOB DESCRIPTION
- ☐ Information requested from employer - MISC EMPLOYER INFO
- ☐ Medical information from the worker's compensation carrier - SCIF/WC MEDICAL INFO
- ☐ Medical report(s) from CalPERS Independent Medical Examination and/or Supplemental Independent Medical Examination reports - IME REPORT
- ☐ Job Assessment report(s) - JOB ASSESSMENT REPORT
- ☒ Other supporting document(s) - SUPPORTIVE DOC (DISABILITY)

Thank you for your assistance.



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
TTY: (877) 249-7442
(888) CalPERS (225-7377) phone • (916) 795-1280 fax
www.calpers.ca.gov

CalPERS ID:

March 17, 2014

Mr. Christopher B Guilin

Dear Mr. Guilin:

We have received your application for industrial disability retirement. However, we are unable to determine whether your application can be accepted, due to insufficient information. The case of *Haywood v. American River Fire Protection District* (1998) 67 Cal.App.4th 1292, 79 Cal. Rptr.2d 749 holds that where "an employee is terminated for cause and the discharge is neither the ultimate result of the disabling medical condition nor preemptive of an otherwise valid claim for disability retirement, the termination of the employment relationship renders the employee ineligible for disability retirement."

CalPERS presently does not have the official documents relating to your termination and will need to obtain them from your employer in order to determine if the facts of your case fit within the Haywood case.

In the event we cannot accept your application, you will be notified in writing. At that time, your application will be cancelled. You will not be eligible to apply for disability retirement in the future unless you return to work for a CalPERS-covered employer and subsequently become unable to perform your job duties because of a physical or mental condition.

If you have any questions concerning this matter, you may contact us at the above address or phone number.

Sincerely,

NICOLE ESZLINGER
Retirement Program Specialist
Disability Retirement Section



California Public Employees' Retirement System

August 08, 2014

CHRISTOPHER B. GUILIN

CalPERS ID:

Dear CHRISTOPHER B. GUILIN:

This letter is to acknowledge receipt of your application for Industrial Disability Retirement.

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

If you are eligible for this benefit, we will contact you and your employer for any additional information required to process the application. If for any reason you are found not eligible for Industrial Disability/Disability Retirement, you will be formally notified.

Please note that the application may not be cancelled after you have been found disabled. If you are eligible to retire from service and desire to do so, you must apply prior to the approval date of your retirement for disability or within thirty days thereafter.

This application will be processed as quickly as possible. You can help expedite this process by promptly providing all information requested. If you are approved for this benefit CalPERS will send you a letter providing the date of your first retirement check, the amount you can expect to receive, and important income tax information.

Retirement Type: Industrial Disability
Retirement
Last Day on Payroll: February 29, 2012
Date of Birth:

Option Selected: Option 1

Federal Tax: Single 1
State Tax: Single 1

my|CalPERS 0964

Quality service is a high priority at CalPERS. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience.

If you have any questions, please visit our Web site www.calpers.ca.gov, or you may contact us toll free at **888 CalPERS** (or 888-225-7377).

Benefit Services Division



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

September 16, 2014

Christopher B. Guilin

Subject: In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.

Dear Mr. Guilin:

This is to acknowledge that your case was received in the California Public Employees' Retirement System's (CalPERS) Legal Office on September 15, 2014. We will notify you when your case has been assigned to an attorney who will represent CalPERS regarding your appeal. As your appeal proceeds to hearing, CalPERS will request a hearing date from the Office of Administrative Hearings, and will serve you with its Statement of Issues and a Notice of Hearing.

Please send all future correspondence regarding this matter to the above post office box.

In the hearing on your case, a lawyer from the CalPERS Legal Office will be present to represent CalPERS. We recommend that you retain a lawyer to represent your interests at the hearing. If you decide to seek representation by an attorney, we suggest that you do so as soon as possible, as most attorneys' calendars are filled months in advance. Continuances are not favored generally under the law, and that CalPERS specifically disfavors continuances. If an attorney is representing you, please provide us with your attorney's name and address.

Enclosed is a CalPERS brochure entitled "General Procedures for Administrative Hearings" that you may find useful if you decide to represent yourself. Also enclosed are similar brochures published by the Office of Administrative Hearings.

While the attorney representing CalPERS cannot give you legal advice as to how to present your case at hearing, he/she can assist you with the procedural aspects of the hearing if you do not have counsel of your own. Accordingly, as questions come up about how to do something that is required as part of the hearing process, you may seek assistance from the CalPERS attorney assigned to represent CalPERS in your case.

If you have any questions about this letter, you may contact the Legal Office directly at (916) 795-3675.

Sincerely,



NANCY HAO
CalPERS Legal Office

NH/

Enclosures

cc: Personnel Officer, Ironwood State Prison, California Department of Corrections and Rehabilitation

Joanne Cordy, California Department of Corrections & Rehabilitation



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

September 18, 2014

Christopher B. Guilin

Subject: **NOTICE OF CASE ASSIGNMENT** - In the Matter of
Accepting the Application for Industrial Disability Retirement
of CHRISTOPHER B. GUILIN, Respondent, and
IRONWOOD STATE PRISON, CALIFORNIA
DEPARTMENT OF CORRECTIONS AND
REHABILITATION, Respondent.

Dear Mr. Guilin:

This is in response to your letter of appeal dated July 26, 2014. Jeanlaurie Ainsworth, Senior Staff Attorney, has been assigned to represent the California Public Employees' Retirement System (CalPERS) in this matter. Please send all future correspondence regarding this matter to the above post office box.

CalPERS will request a hearing date from the Office of Administrative Hearings, and will serve you with its Statement of Issues and a Notice of Hearing.

If you have any questions, you may contact Ms. Ainsworth at (916) 795-3675.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Hao".

NANCY HAO
CalPERS Legal Office

NH/

cc: Personnel Officer, Ironwood State Prison, California Department of Corrections
and Rehabilitation

Joanne Cordy, California Department of Corrections and Rehabilitation

DIVISION OF ADULT INSTITUTIONS

IRONWOOD STATE PRISON

19005 Wiley's Well Road

P. O. Box 2229

Blythe, CA 92226



Christopher Guilin
Heavy Truck Driver
Ironwood State Prison
P.O. Box 2229
Blythe, CA 92226

Dear Mr. Guilin,

This letter is to acknowledge the outstanding job you have done with the non-utilization of sick time.

More specifically, you did not utilize any sick time during 2010, which is extraordinary. Many times, problems arise that make it almost impossible not to miss work; however, you have managed to work through these trying times without missing work. You have proven that you value your career and have displayed the qualities of integrity, character, judgment, and loyalty.

On behalf of the institution, I would like to personally thank you for your efforts in being an exemplary employee by not utilizing sick time in 2010

Sincerely,

TIM BUSEY
Warden (A)

Approved for presentation DPF

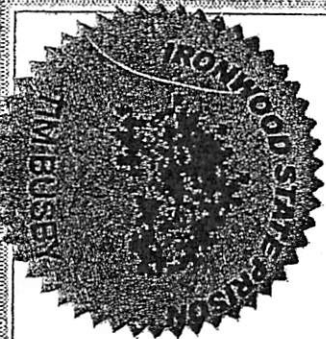
A handwritten signature, likely of the Warden, is located at the bottom right of the page. It is a stylized, cursive signature.

Certificate of Appreciation

This certificate is awarded to

CHRISTOPHER GUMIN

is to acknowledge the outstanding job you have done with not
using any of your sick time during 2010.



Signature

A stylized, handwritten signature in dark ink, appearing to be "J. Houser".

Warden (a)

Date 1/1/11

MATTHEW G. JACOBS, GENERAL COUNSEL
JEANLAURIE AINSWORTH, SENIOR STAFF ATTORNEY, SBN 139985
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811
P. O. Box 942707, Sacramento, CA 94229-2707
Telephone: (916) 795-3675
Facsimile: (916) 795-3659

Attorneys for California Public
Employees' Retirement System

BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

In the Matter of Accepting the Application for Industrial Disability Retirement of	)	CASE NO. 2014-0947
	)	OAH NO. 2014120983
)	
CHRISTOPHER B. GUILIN,	)	<u>AMENDED NOTICE OF</u>
	)	CONTINUED HEARING
Respondent,	)	(location room number changed)
)	
and	)	(Pursuant to Gov. Code, § 11509)
)	
IRONWOOD STATE PRISON,	)	Hearing Date: December 1, 2015
CALIFORNIA DEPARTMENT OF	)	Time: 10:00 a.m.
CORRECTIONS AND REHABILITATION,	)	Hearing Location: Riverside, CA
	)	Prehearing Conf.: None Scheduled
Respondent.	)	Settlement Conf.: None Scheduled
)	

TO THE RESPONDENT(S) above named: Christopher B. Guilin, by service on
Christopher B. Guilin; and Ironwood State Prison, California Department of Corrections
and Rehabilitation, by service on its Personnel Officer.

YOU AND EACH OF YOU WILL PLEASE TAKE NOTICE that the hearing of the
Statement of Issues in the above-entitled matter to be held before an Administrative
Law Judge of the Office of Administrative Hearings of the State of California has been
continued from September 3, 2015, to **December 1, 2015, commencing at 10:00**
a.m., for 1-day hearing, at 3737 Main Street, Room 204, Riverside, CA 92501 upon

1 the charges made in the Statement of Issues served upon the respondent. If you
2 object to the place of hearing, you must notify the presiding officer within 10 days after
3 this notice is served on you. Failure to notify the presiding officer within 10 days will
4 deprive you of a change in the place of the hearing. You may contact Robert Walker,
5 Presiding Administrative Law Judge of the OAH San Diego at (619) 525-4475.

6 You may be present at the hearing. You have a right to be represented by an
7 attorney at your own expense. You are not entitled to the appointment of an attorney
8 to represent you at public expense. You are entitled to represent yourself without legal
9 counsel. You may present any relevant evidence and will be given full opportunity to
10 cross-examine all witnesses testifying against you. You are expected to be ready to
11 proceed with your case at the time of hearing. Failure to appear at the hearing, either
12 through an attorney or personally, if you do not have an attorney, may result in a
13 default. This means that CalPERS' decision will be upheld irrespective of any
14 evidence that may or may not be introduced in your absence.

15 You have a right to an interpreter if you do not proficiently speak or understand
16 English. If you need an interpreter, you must notify CalPERS immediately so that
17 appropriate arrangements can be made.

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents, or other things by applying to said agency at: Office of Administrative Hearings, Office of Administrative Hearings, 1350 Front Street, Suite 3005, San Diego, CA 92101.

**BOARD OF ADMINISTRATION, CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM**

Dated: 10/2/2015

JEANLAURIE AINSWORTH,
SENIOR STAFF ATTORNEY

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On October 6, 2015, I served the foregoing document described as:

NOTICE OF CONTINUED HEARING – In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2014-0947; OAH No. 2014120983.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed and/or e-filed as follows:

Christopher B. Guilin

Office of Administrative Hearings
1350 Front Street, Suite 3005
San Diego, CA 92101
sanfilings@dqs.ca.gov

Ironwood State Prison
California Department of Corrections & Rehabilitation
P. O. Box 2229
Blythe, CA 92226

Joanne Cordy
California Department of Corrections & Rehabilitation
Office of Personnel Services
1515 "S" Street, Room 556-North
Sacramento, CA 95811

[X] BY MAIL – As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[X] BY ELECTRONIC FILING: I caused such documents to be e-filed to the e-mail address(es) shown above.

Executed on October 6, 2015, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Odessa Moore

NAME



SIGNATURE



Disability Retirement Election Application

888 CalPERS (or 888-225-7377) • TTY (877) 249-7442

RECEIVED

DEC - 2 2013

CalPERS / CSOD
SDRO

Employer Information

☐ Check if this is an employer-originated application.

Employer must fill out and sign Section 12 on the last page of this application.

Application Type

☐ Disability Retirement

☐ Service Pending Disability Retirement

☒ Industrial Disability Retirement

☐ Service Pending Industrial Disability Retirement

Section 1

Please provide your name as it appears on the Social Security card.

Please display all dates in this order: month/day/year.

Information About You

CHRISTOPHER B GUILIN
Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Address

City State ZIP

USA
Country

Bl. ... Date (mm/dd/yyyy)

☒ Male ☐ Female
Gender

Home Phone

Alternate Phone

Section 2

Information About Your Retirement

Please refer to the detailed instructions in this publication.

Last Day on Payroll (mm/dd/yyyy)

EOB
Retirement Effective Date (mm/dd/yyyy)

IRONWOOD STATE PRISON
Employer

HEAVY TRUCK DRIVER
Position Title

Please do not abbreviate your employer's name or position title.

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? ☒ No ☐ Yes, provide:

Name of System

Are you currently working with the other system? ☐ No ☐ Yes

Date of Retirement with Other System (mm/dd/yyyy)

Do not include Social Security, military or railroad retirement.

CHRISTOPHER B GULIP
Your Name

Social Security Number or CalPERS ID

Section 3

Please complete all the questions below. If you need additional space, attach separate sheets and be sure to include your name and Social Security number or CalPERS ID on all sheets.

Local Safety members should not complete

Section 3.

Disability Information

What is your specific disability? Injuries to neck and back

When did the disability occur? (mm/dd/yyyy) 03/13/12

How did the disability occur? Slip & fall while on duty

What are your limitations/preclusions due to your injury or illness? No heavy lifting, no sitting for a long time, no long standing

How has your injury or illness affected your ability to perform your job? I am not able to climb onto trucks, lift over 10 lbs, ride in a vehicle which frequently stops in regards to suspensions & driving for long periods without stop & open gates.

Are you currently working in any capacity? ☒ No ☐ Yes

If yes, what is your employment status? ☐ Full-time ☐ Part-time

Job Duties: _____

Other information you would like to provide: I currently hospitalized for back surgery

If you indicated a third-party liability, CalPERS will require additional information.

Did a third party cause your injury? ☐ No ☐ Yes (If yes, CalPERS has a potential "right of subrogation.")

Section 4

Local Safety members should not complete
Section 4.

Treating Physician Detail Haider Spine Center

What is the complete name and address of your treating physician(s)?

Dennis Cramer

First Name

Last Name

Your Medical Record Number

6276 River Crest Drive, Suite A

Address

Riverside

City

CA

State

92507

ZIP

USA

Country

Fail Neck + Back Syndrome

Specialty

Secondary Specialty

Phone Number

Reconstructive Spine Surgery
Scoliosis & Other Deformities
Spine Rehabilitation
Spine Trauma

(951) 413-0200

CHRISTOPHER B. GULIAN
Your Name

Social Security Number or CalPERS ID

Section 5

Select only one payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

These options apply to Option 4 Individual Lifetime Beneficiary only.

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

These options apply to Option 4, Court Ordered Community Property only.

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 5a-5d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this publication for more information.

☒ **Option 1** – To complete this option, you must also fill out Section 5d, *Balance of Contributions Beneficiary(ies)*.

☐ **Option 2** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Option 2W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Option 3** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Option 3W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Unmodified Allowance Option** – If you select this option there is no return of your member contributions and no monthly benefits payable upon your death – except the Survivor Continuance benefit, if applicable. There is no beneficiary designation for this option.

☐ **Option 4, Individual Lifetime Beneficiary** – If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.

☐ **Option 2W & Option 1 Combined** – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*.

☐ **Option 3W & Option 1 Combined** – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*.

☐ **Specific Dollar Amount to Beneficiary** \$ _____ – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* Dollars

☐ **Specific Percentage to Beneficiary** _____ % – To complete this option, you must also fill out Section 5a *Individual Lifetime Beneficiary* Percent

☐ **Reduced Allowance by** \$ _____ or _____ % **through** _____
Dollars Percent Date (mm/dd/yyyy)
To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ _____ reduction amount
Dollars
To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Option 4, Multiple Lifetime Beneficiaries** – To complete this option choice, you must also fill out Section 5b *Option 4 Multiple Lifetime Beneficiaries*.

☐ **Option 4, Court Ordered Community Property** – If you select this option, you must also complete Section 5c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Option 4 Community Property options.

☐ **Option 4/Unmodified** – There is no additional beneficiary designation for this option.

☐ **Option 4/1** – To complete this option, you must also fill out Section 5d, *Balance of Contributions Beneficiary(ies)*.

☐ **Option 4/2W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

☐ **Option 4/3W** – To complete this option, you must also fill out Section 5a, *Individual Lifetime Beneficiary*.

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B. CULLIN
Your Name

Social Security number or CalPERS ID

Section 5a

Designate one beneficiary and provide all of that person's information including full name.

Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You

Gender

Address

City State ZIP Country

Section 5b

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

If you are married or are in a registered domestic partnership, your spouse or domestic partner may be entitled to the community property interest in the option allowance payable to your designated beneficiary, according to law.

Option 4 Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You Dollar/Percent of Benefit

Gender

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You Dollar/Percent of Benefit

Gender

Address

City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You Dollar/Percent of Benefit

Gender

Address

City State ZIP Country

Section 5c

List only the Option 4 beneficiary that is required by your court order.

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Relationship to You

Gender

Address

City State ZIP Country

CHRISTOPHER B. GUILIN
Your Name

S

Security number or CalPERS ID

Section 5d.

Designate up to three beneficiaries here. If you want to designate more than three beneficiaries, see the information in this publication on completing the **Post Retirement Lump Sum Beneficiary Designation form**.

If you are married or are in a registered domestic partnership, your spouse or domestic partner may be entitled to the community property interest in the option allowance payable to your designated beneficiary, according to law.

Option 1 Balance of Contributions Beneficiary(ies)

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) Gender Relationship to You
☐ Male ☒ Female
MOTHER

City State ZIP Country
CA 92225 USA

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) Gender Relationship to You
☐ Male ☐ Female

Address
City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) Gender Relationship to You
☐ Male ☐ Female

Address
City State ZIP Country

Section 6

All Applicants must complete this section.

Designate your beneficiary to receive your lump sum Retired Death Benefit.

Retired Death Benefit

This section designates the person who will receive your lump sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) Gender Relationship to You
☐ Male ☒ Female
Mother

Address
City State ZIP Country
USA

Section 6 continues on page 6

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 6, continued

All Applicants must complete this section.

Designate your beneficiary to receive your lump sum Retired Death Benefit.

Retired Death Benefit

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Gender Relationship to You

Address
City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birthdate (mm/dd/yyyy) ☐ Male ☐ Female Gender Relationship to You

Address
City State ZIP Country

Section 7

Please answer all five questions and complete the information in each section where you answered "Yes."

Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married on your disability retirement date? ☒ No ☐ Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Gender Date of Marriage (mm/dd/yyyy)
Address
City State ZIP Country

2. Will you be registered with the California Secretary of State as being in a domestic partnership on or before your disability retirement date? ☒ No ☐ Yes, provide:

Name of Domestic Partner (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Gender Date of Registered Partnership (mm/dd/yyyy)
Address
City State ZIP Country

3. Do you have any natural or adopted unmarried children under age 18? ☒ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) ☐ Male ☐ Female Gender
Address
City State ZIP Country

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 7, continued

Survivor Continuance

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled?
☒ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

5. Are your parents dependent upon you for one-half of their support? ☒ No ☐ Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Address

City

State

ZIP

Country

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security Number or CalPERS ID

Section 8

Local safety members should not complete Section 8.

Workers' Compensation Detail

Do you have any worker's compensation claims? ☒ Yes ☐ No

#05774806 2-10-12 NECK BACK
Claim Number(s) Date of Injury (mm/dd/yyyy) Body Part(s)

STATE COMPENSATION INSURANCE FUND
Workers' Compensation Carrier

SARAH VARGAS GOMEZ
Name of Adjuster: First Last

Phone Number

Fax

Email

FRESNO CLAIMS PROCESSING CENTER
Address of Workers' Compensation Claim Carrier

FRESNO CA 93650-5005
City State ZIP

Section 9

Tax Withholding Election

Please choose one only.

Federal Income Tax Information. Please refer to the detailed instructions in this publication for more information.

- ☐ Do not withhold federal income tax.
- ☐ Withhold federal income tax in the amount of \$ _____ per month.
Dollars
- ☒ Withhold federal income tax based on the tax tables for:
- ☐ A married individual with _____ tax withholding exemptions.
Number
- ☒ A single individual with 1 tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

Please choose one only.
State withholding is optional for out-of-state residents.

State Income Tax information. Please refer to the detailed instructions in this publication for more information.

- ☐ Do not withhold State of California income tax.
- ☐ Withhold State of California income tax in the amount of \$ _____ per month.
Dollars
- ☒ Withhold State of California income tax based on the tax tables for:
- ☐ A married individual with _____ tax withholding exemptions.
Number
- ☒ A single individual with 1 tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

- ☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Section 10

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you **do not want health coverage**, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

- ☐ I decline continuation of my CalPERS health coverage into retirement.

CHRISTOPHER B GUILD
Your Name

Social Security Number or CalPERS ID

Section 11

This section must be completed or your application will be returned.

Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

If your spouse's or domestic partner's signature is not available, see instructions in this publication on completing the *Justification for Absence of Signature* form.

Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this publication.

Are you legally married or do you have a legal domestic partner? ☐ Yes ☐ No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: ☒ Never Married/or in Partnership ☐ Divorced/Annulled

☐ Widowed Or Termination of Domestic Partnership

Your Signature

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

State of California, County of _____

On _____

Date

before me, _____

Name of Notary/Witness

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative

Position Title

Date (mm/dd/yyyy)

Print Name

CalPERS Office (if applicable)

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GULIN
Your Name

Social Security Number or CalPERS ID

Section 12

Employer-Originated Application

To be completed if the employer is submitting the application on behalf of the member.

Is employee working in any capacity? ☐ No ☐ Yes ☐ Full-time ☐ Part-time

Signature of Employer

Print Name of Employer

Position Title of Employer

()
Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

Put your name and Social Security number or CalPERS ID at the top of every page.

CHRISTOPHER B GUILIN
Your Name

Social Security number or CalPERS ID

Section 2 (continued)

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

If there is not enough space to enter all your additional requirements or comments, attach a separate sheet. Be sure to use a label, or clearly write your name and Social Security number on each attachment.

Physical Requirements, continued

Activity	Never	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly Over 6 hours	Distance/ Height
Walking on uneven ground		✓			
Driving		✓	✓	✓	
Working with heavy equipment		✓	✓		
Exposure to excessive noise		✓			
Exposure to extreme temperature, humidity, wetness		✓	✓	✓	
Exposure to dust, gas, fumes, or chemicals		✓	✓		
Working at heights		✓			
Operation of foot controls or repetitive movement		✓	✓		
Use of special visual or auditory protective equipment	✓				
Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)	✓				

Section 3

This form must be completed and signed by you and your employer and sent to a medical specialist along with other documentation.

The medical specialist must be the treating physician specializing in your disabling condition.

Signature of Employer and Member

If you are a Disability Retirement Election applicant, your employer must provide you a copy of this completed form. Your employer must send the signed original to CalPERS.

Also, you must attach your current job duty statement/job description and a copy of the *Physical Requirements of Position/Occupational Title* form to the *Physician's Report on Disability* form prior to sending them to a medical specialist. Complete document submittal requirements are described in *A Guide to Completing Your CalPERS Disability Retirement Election Application*.

If you are a Request to Work While Receiving Disability/Industrial Disability Benefits applicant or a Reinstatement from Disability/Industrial Disability Retirement applicant, you must attach the job duty statement/job description of the prospective job to a copy of the completed *Physical Requirements of Position/Occupational Title* form prior to sending them to a medical specialist. You must submit the resulting medical report and other required documents to CalPERS. The *Physician's Report on Disability* form is not required.

C. Ady...
Signature of Employer Representative

Date (mm/dd/yyyy)

CFM 1
Title

(760) 921-435
Phone Number

CalPERS Business Partner ID

Christopher Guilin
Signature of Member

(760) 922-0750
Phone Number

12/27/3
Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

RECEIVED

DEC - 2 2013

CalPERS / CSOD
SBRO

Section 1

Member Information

CHRISTOPHER B GUILIN
Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or California ID

Daytime Phone

Evening Phone

Address

City

State

ZIP

I authorize the disclosure of my protected health information, including, but not limited to, medical histories, diagnoses, examination reports, chart notes, testing and test results, X-rays, operative reports, lab and medication records, prescriptions, and any other records relating to the prognosis, treatment or diagnosis of any physical, mental, psychological or psychiatric condition, to the California Public Employees' Retirement System (CalPERS) or its representative, for the sole purposes of determining my physical or mental condition, illness, or disability and my right, if any, to retirement or reinstatement under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.). I understand that any information about me disclosed pursuant to this Authorization will be used by CalPERS for the administration of its duties under the PERL, the Social Security Act, and the Public Employees' Medical and Hospital Care Act. I understand that submission of the requested information is mandatory under Government Code section 20128 and that failure to supply the information requested may result in CalPERS being unable to make a determination regarding my status.

This Authorization applies to any and all health and/or medical related information about me in the possession of any health care provider, health plan, insurance company or fund, employer or plan administrator, government agency, organization or entity administering a benefit program, rehabilitation organization or program.

I understand that if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, that information may be re-disclosed and would no longer be protected.

I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing by letter directed to the CalPERS Benefit Services Division at the address below. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization. Unless cancelled by me in writing, this Authorization shall be valid for four years from the date shown below. A photocopy of this Authorization shall be as valid as the original. I understand that I may request a copy of this Authorization at any time.

Section 2

Authorization to Release Information

I also authorize the disclosure of any and all personnel and other employment-related records on file with any of my present or former employers which relate to my job duties, work performance, and other work-related issues including, but not limited to, attendance and sick leave records and records of administrative and judicial action arising out of, or related to, my past or present employment.

Christopher B Guilin
Signature of Member

9-23-2013
Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796

MATTHEW G. JACOBS, GENERAL COUNSEL
JEANLAURIE AINSWORTH, SENIOR STAFF ATTORNEY, SBN 139985
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811
P. O. Box 942707, Sacramento, CA 94229-2707
Telephone: (916) 795-3675
Facsimile: (916) 795-3659

Attorneys for California Public
Employees' Retirement System

BOARD OF ADMINISTRATION

CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

In the Matter of Accepting the Application	)	CASE NO. 2014-0947
for Industrial Disability Retirement of	)	OAH NO. 2014120983
)	
CHRISTOPHER B. GUILIN,	)	NOTICE OF HEARING
)	
Respondent,	)	(Pursuant to Gov. Code, § 11509)
)	
and	)	ALJ: To Be Assigned
	)	Hearing Date: September 3, 2015
IRONWOOD STATE PRISON,	)	Time: 9:00 a.m.
CALIFORNIA DEPARTMENT OF	)	Hearing Location: San Bernardino
CORRECTIONS AND REHABILITATION,	)	Prehearing Conf.: None Scheduled
	)	Settlement Conf.: None Scheduled
Respondent.)	

TO THE RESPONDENT(S) above named: Christopher B. Guilin by service on
Christopher B. Guilin; and Ironwood State Prison, and California Department of
Corrections and Rehabilitation, by service on its Personnel Officer.

YOU AND EACH OF YOU WILL PLEASE TAKE NOTICE that the hearing of the
Statement of Issues in the above-entitled matter has been set and will be held before
an Administrative Law Judge of the Office of Administrative Hearings of the State of
California at. San Bernardino Regional Office, 650 Hospitality Lane, Suite 330

1 San Bernardino, CA 92408, for a one-day hearing on September 3, 2015 at 9:00 a.m.,
2 upon the charges made in the Statement of Issues served upon the respondent. If you
3 object to the place of hearing, you must notify the presiding officer within 10 days after
4 this notice is served on you. Failure to notify the presiding officer within 10 days will
5 deprive you of a change in the place of the hearing. You may contact Robert Walker,
6 Presiding Administrative Law Judge of the OAH San Diego at (619) 525-4475.

7 You may be present at the hearing. You have a right to be represented by an
8 attorney at your own expense. You are not entitled to the appointment of an attorney
9 to represent you at public expense. You are entitled to represent yourself without legal
10 counsel. You may present any relevant evidence and will be given full opportunity to
11 cross-examine all witnesses testifying against you. You are expected to be ready to
12 proceed with your case at the time of hearing. Failure to appear at the hearing, either
13 through an attorney or personally, if you do not have an attorney, may result in a
14 default. This means that CalPERS' decision will be upheld irrespective of any
15 evidence that may or may not be introduced in your absence.

16 You have a right to an interpreter if you do not proficiently speak or understand
17 English. If you need an interpreter, you must notify CalPERS immediately so that
18 appropriate arrangements can be made.

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents, or other things by applying to said agency at: Office of Administrative Hearings, 1350 Front Street, Suite 3005 San Diego, CA 92101.

**BOARD OF ADMINISTRATION, CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM**

Dated: 1/9/2015

JEANLAURIE AINSWORTH,
SENIOR STAFF ATTORNEY

MATTHEW G. JACOBS, GENERAL COUNSEL
JEANLAURIE AINSWORTH, SENIOR STAFF ATTORNEY, SBN 139985
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811
P. O. Box 942707, Sacramento, CA 94229-2707
Telephone: (916) 795-3675
Facsimile: (916) 795-3659

Attorneys for California Public
Employees' Retirement System

BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

In the Matter of Accepting the Application
for Industrial Disability Retirement of

CHRISTOPHER B. GUILIN,

Respondent,

and

IRONWOOD STATE PRISON,
CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION,

Respondent.

AGENCY CASE NO. 2014-0947
OAH NO.

STATEMENT OF ISSUES

Hearing Date:

Hearing Location: San Bernardino

Prehearing Conf.: None Scheduled

Settlement Conf.: None Scheduled

California Public Employees' Retirement System (CalPERS) states:

I

CalPERS makes and files this Statement of Issues in its official capacity as
such and not otherwise.

II

Respondent Christopher B. Guilin (respondent Guilin) was employed by
respondent Ironwood State Prison, California Department of Corrections and

1 Rehabilitation (CDCR) as a Heavy Truck Driver on December 19, 2005. By virtue of
2 this employment, respondent Guilin became a state safety member of CalPERS
3 subject to Government Code section 21154.

4 III

5 On or about February 24, 2012, CDCR served respondent Guilin a "Notice of
6 Non Punitive Separation – Failure to Meet Conditions of Employment" and appeal
7 rights, which states in part:

8 The Separation shall take effect March 2, 2012, close of
9 business. [11] . . . [11]

10 You have failed to meet the conditions of employment in the
11 area of maintaining a California driver's license which
allows you to drive heavy trucks, in accordance with the
following:

- 12 • California Government Code 19585 (d), which states
13 in part,: For the purposes of this section,
14 requirements for continuing employment shall be
15 limited to the acquisition or retention of specified
16 licenses, certificates, registrations, or other
17 professional qualifications, education, or eligibility for
18 continuing employment or advancement to the fully
19 qualified level within a particular class series."
- State Personnel Board Specification for Heavy Truck
Driver, Correctional Facility which states in part, and
"MINIMUM QUALIFICATIONS - Possession of a
California driver's license valid for the operation of
any combination of vehicles." [11] . . . [11]

20 IV

21 On or about February 29, 2012, CDCR served respondent Guilin a "Notice of
22 Personnel Action – Report of Separation," with effective date of March 2, 2012.

23 ///

24 ///

V

On or about December 2, 2013, respondent Guilin signed an application for industrial disability retirement, which was received by CalPERS on December 13, 2013. In filing the application, disability was claimed on the basis of an orthopedic (neck and back) condition that occurred at work on or about February 9, 2012.

VI

The following provisions of the Government Code were in effect at all times pertinent to this appeal:

Section 21152 provides in part:

Application to the board for retirement of a member for disability may be made by: [¶] . . . [¶]

(d) The member or any person in his or her behalf.

Section 21154 provides:

The application shall be made only (a) while the member is in state service, or (b) while the member for whom contributions will be made under Section 20997, is absent on military service, or (c) within four months after the discontinuance of the state service of the member, or while on an approved leave of absence, or (d) while the member is physically or mentally incapacitated to perform duties from the date of discontinuance of state service to the time of application or motion. On receipt of an application for disability retirement of a member, other than a local safety member with the exception of a school safety member, the board shall, or of its own motion it may, order a medical examination of a member who is otherwise eligible to retire for disability to determine whether the member is incapacitated for the performance of duty. On receipt of the application with respect to a local safety member other than a school safety member, the board shall request the governing body of the contracting agency employing the member to make the determination.

///

1 VII

2 Respondent Guillin was no longer in state service at the time he applied for
3 industrial disability retirement. CalPERS reviewed the facts and statutes and legal
4 precedent presented by *Haywood v. American River Fire Protection District* (1998)
5 67 Cal.App.4th 1292 (*Haywood*); *Smith v. Napa* (2004) 120 Cal.App.4th 194 (*Smith*);
6 and *In the Matter of Robert Vandergoot* (*Vandergoot*) (2003) California Public
7 Employees' Retirement System Board of Administration, Precedential Decision No.
8 13-01, and found that respondent Guillin was terminated because he no longer met the
9 requirement of the position due to his driver's license being revoked as a result of a
10 conviction of California Vehicle Code 23152(a) driving under the influence of alcohol
11 with a blood alcohol content of .08% or greater.

12 The termination was neither the ultimate result of a disabling medical condition
13 nor preemptive of an otherwise valid claim for disability retirement. Under *Haywood*,
14 *Smith*, and *Vandergoot*, respondent Guillin's employment relationship with CDCR was
15 severed and thus he had no right to return to his employment which is a prerequisite in
16 qualifying to apply for disability retirement under Government Code section 21154.

17 VIII

18 After review of respondent Guillin's employment status with CDCR, CalPERS
19 has determined that respondent Guillin is ineligible to apply for industrial disability
20 retirement and canceled his application.

21 IX

22 By letter dated July 18, 2014, respondent Guillin was notified of CalPERS'
23 determination to cancel his industrial disability retirement application based on
24 termination by CDCR.

X

By letter dated July 26, 2014, respondent Guilin filed a timely appeal challenging the cancellation of his industrial disability application, and has requested an administrative hearing.

XI

This appeal is limited to the issue of whether respondent Guilin is eligible to apply for industrial disability retirement based on an orthopedic (neck and back) condition, or whether his application and eligibility for industrial disability retirement is precluded by operation of *Haywood, Smith, and Vandergoot*.

Should respondent Guilin be found eligible to submit an application for industrial disability retirement, issues regarding his medical condition and industrial causation will be handled under a separate appeal.

BOARD OF ADMINISTRATION, CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Dated: DEC 8 2014

BY


ANTHONY SUINE, Chief
Benefit Services Division

**COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6, 11507.7
PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505**

Section 11507.5: Exclusivity of Discovery Provisions.

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

(Added by Stats. 1968, ch. 808.)

Section 11507.6: Discovery; Procedures, Scope, and Methods.

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of the following in the possession or custody or control or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including but not limited to reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person, signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

(Added by Stats. 1968, ch. 808; Amended by Stats. 1985, ch. 1328, Stats. 1995, ch. 938, § 31, operative July 1, 1997.)

Section 11507.7: Motion to Compel Discovery; Contents, Service Time Limit

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it¹ matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

(Added by Stats.1968, ch. 808; Amended by Stats.1971, ch. 1303, Stats. 1980, ch. 548; Stats. 1995, ch. 938, § 31, operative July 1, 1997.)

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On January 9, 2015, I served the foregoing document described as:

STATEMENT OF ISSUES, NOTICE OF HEARING, and Government Code §§ 11507.5, 11507.6 and 11507.7 (relating to discovery under the Administrative Procedure Act) – In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2014-0947; OAH No. 2014120983.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed and or e-filed as follows:

Christopher B. Guilin

OAH San Diego
Office of Administrative Hearings 1350
Front Street, Suite 3005
San Diego, CA 92101
sanfilings@dgs.ca.gov

Ironwood State Prison
California Department of Corrections &
Rehabilitation
P. O. Box 2229
Blythe, CA 92226

Joanne Cordy
California Department of Corrections &
Rehabilitation
Office of Personnel Services
1515 "S" Street, Room 556-North
Sacramento, CA 95811

[x] BY CERTIFIED MAIL/RRR – As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[x] BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on January 9, 2015, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Odessa Moore

NAME



SIGNATURE



Physician's Report on Disability

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

This form must be completed by a physician/medical specialist who specializes in your disabling condition. The following information is needed in connection with the patient's application for disability retirement benefits under the California Public Employees' Retirement Law. Type or print clearly.

Section 1

Please fill out completely and fully describe the nature and severity of impairment. Also, include copies of the patient's medical and referenced diagnostic test reports.

Member Information

Name of Member (First Name, Middle Initial, Last Name) CHRISTOPHER GUILIN Social Security Number or CalPERS ID _____
 Position/Occupational Title TRUCK DRIVER Birth Date (mm/dd/yyyy) _____
 For Kaiser Patients, Medical Record Number _____

Section 2

Please provide history of patient's illness/injury.

Patient and Member are the same person.

Member History

Date of First Visit (mm/dd/yyyy) 03/13/2012 Date of Last Examination (mm/dd/yyyy) 09/24/2014
 Date Present Illness/Injury Occurred (mm/dd/yyyy) 02/09/2012 Date Member Unable to Perform Job Duties (mm/dd/yyyy) 02/09/2012

Origin of Injury: ☒ Work Related ☐ Non-Work Related

Describe How Injury Occurred
WHILE EMPLOYED AS A TRUCK DRIVER, PATIENT WAS UNLOADING CARGO AND WHILE STANDING ON A PALLET HE FELL FROM A HEIGHT OF APPROX. 3 TO 4 FEET LANDING ON HIS HEAD AND LOWER BACK. HE CONTINUED TO DEVELOP SIGNIFICANT LOWER BACK, NECK AND ARM PAIN AT THAT TIME.

Section 3

Please provide history of patient's illness/injury.

Examination Findings

Chief Complaints PATIENT CONTINUES TO HAVE PAIN IN HIS BACK THAT IS RADIATING DOWN TO LEGS
 Subjective Symptoms POST SURGICAL OF CERVICAL/LUMBAR - STILL EXPERIENCING BACK PAIN
 Height 281 lbs Weight 167/108 Blood Pressure _____

Section 4

Provide dates and findings of any X-rays, EKGs, laboratory or diagnostic testing performed. Use additional sheets if necessary.

If there is not enough space to enter all your diagnosis, attach a separate sheet. Be sure to use a label, or clearly write your Social Security number on each attachment.

Diagnosis

Diagnosis 1 CERVICAL SPONDYL W/ MYELOPATHY/ CERVICAL DISC DEGEN
POST SURGERY - ANTERIOR CERVICAL DECOMPRESSION/FUSION - 06/2012
 Objective Examination Findings 1 9/1/2011 - CERVICAL MRI - DISC DESSICATION/ BILATERAL FORAMINAL NARROWING AT C3-4
 Diagnostic Test - Dates and Findings _____
 Restrictions/Limitations, if so specify. _____
 Diagnosis 2 LUMBAR NEURITIS NOS/ LUMBO SAC DISC DEGEN
POST SURGERY - LUMBAR INTERBODY FUSION AT L4-S1 - 08/27/2013
 Objective Examination Findings 2 4/3/2012 LUMBAR MRI - DISC BULGES AT L4-5 AND L5-S1
 Diagnostic Test - Dates and Findings _____
 Restrictions/Limitations, if so specify. _____

Comments

Put your name and Social Security number or CalPERS ID at the top of every page

CHRISTOPHER GUILIN
Your Name

Social Security Number or CalPERS ID

Section 5

Review the attached duty statement and physical requirements of the member's position prior to answering these questions.

Member Incapacity

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This "substantial incapacity" must be due to a medical condition of permanent or extended and uncertain duration. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. **Prophylactic restrictions are not a basis for a disability retirement.**

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer? ☒ Yes ☐ No

If yes, you must describe specific job duties/work activities that the member is unable to perform due to incapacity. Refer to member's job duty statement and *Physical Requirements of Position/Occupational Title* form.

PATIENT IS UNABLE TO SIT OR STAND FOR A SHORT DURATION OF TIME. NO REPETITIVE BENDING, STUDDING, CROUCHING OR LIFTING.

2. Will the incapacity be permanent? ☐ Yes ☒ No
If not, probable duration ☐ < 6 months ☒ 6 months - 1 year ☐ 1 - 2 years ☐ Other
If other, please describe _____
3. Was the job duty statement/job description reviewed to make your medical opinion? ☒ Yes ☐ No
4. Was the *Physical Requirements of Position/Occupational Title* form reviewed to make your medical opinion? ☒ Yes ☐ No
5. Was information reviewed that the member provided? ☐ Yes ☒ No
If so, please attach the information provided by the member.

Section 6

Member Mental Status

Is the member mentally able to handle financial affairs and enter into legally binding contracts?
☒ Yes ☐ No Date of Onset (mm/dd/yyyy) _____

Is the member competent to endorse checks with the realization of nature and consequence of the act?
☒ Yes ☐ No Date of Onset (mm/dd/yyyy) _____

Section 7

Physician's Signature

Mail completed report directly to CalPERS. Do not give to member.

All questions on this form must be answered or application will be incomplete, which will delay processing.

CalPERS has my permission to release a photocopy of report to member, upon written request. ☒ Yes ☐ No

BABAK KHAMSI, MD
Print Physician Name

951-413-0200
Phone Number

951-653-5161
Fax Number

6276 RIVER CREST DRIVE
Address

RIVERSIDE
City

[Signature]
Signature of Physician

ORTHOPAEDIC SURGERY
Medical Specialty

CA 92507
State ZIP

10/29/2014
Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796

6276 River Crest Drive
Riverside, CA 92507
(951) 413-0200

www.haidraphonecenter.com

HAIDERAPHONE CENTER, INC.
6276 River Crest Drive
Riverside, CA 92507
(951) 413-0200

www.haidraphonecenter.com

Fax Send Report

Date/Time : NOV-03-2014 03:29PM MON
 Fax Number :
 Fax Name :
 Model Name : SCX-5835_5935 Series

No.	Name/Number	Start Time	Time	Mode	Page	Result
905	919167951280	11-03 03:26PM	02' 06	ECM	012/012	OK

FAX

From: HAIDER SPINE CENTER MEDICAL GROUP, INC.
 To: C. M. PERLS
 Date: 11/3/2014
 Regarding: PHYSICIAN'S REPORT OF DISABILITY
 Pages: 12, including cover page Fax #: (916) 795-1280

RE: CHRISTOPHER GUILIN
GOOD DAY, C. PERLS. PLEASE FIND THE COMPLETED PHYSICIAN'S
REPORT OF DISABILITY FOR CHRISTOPHER GUILIN.

THANK YOU, STEVE

Thank you, Steve Davila

Phone Number: 951-413-0225

Fax Number: 951-653-5161

FAX Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please contact the sender immediately by replying to this fax and delete the material from any computer.



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 2796
Sacramento, CA 95812-2796
TTY: (916) 795-3240
888CalPERS or (888-225-7377) • (916) 795-1280 FAX
www.calpers.ca.gov

CalPERS ID

February 6, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Mr. Christopher Guilin

Dear Mr. Guilin:

Your file is being reviewed in regard to having your disability retirement become effective upon the expiration of benefits which is 2/29/12. This is earlier than the first day of the month in which CalPERS received your application 12/12/13. We need your response to the following questions before further action can be taken on your request. Include as much explanation as possible when answering these questions.

1. Did any physician instruct you to stop working as a Heavy Truck Driver because of permanent disability? *Yes* If no, when did your doctor determine that you were incapacitated for your former job duties?
2. Did you advise the Department Of Corrections California State Prison-Ironwood you had to retire because of a disability? *No* If no, why not? Did you believe that you were unable to perform your duties at that time because of incapacity? *yes*
Why not? I was shortly terminated after my accident.
3. Did you contact CalPERS for information regarding disability retirement before you ceased working? If no, why not? If yes, what assistance did you receive?
NO I was assigned to workmens comp by phys cran.
4. On what date did you become aware that you could submit an application for disability retirement? Why did you not apply at that time?
9/23/13 I was waiting for Dr Harder Spine Center and my Supervisor Signature 12.2.13

When your reply is received, we will continue the process to determine whether or not we can approve your request for an earlier retirement date.

NOTICE TO MEMBER

Cooperation in providing the requested information is essential to CalPERS' efforts to reach a determination; however, we cannot proceed without it and will cancel the request for an earlier retirement date if we do not receive a written response within 30 days of the date of this letter. A cancellation notice will be forwarded upon expiration of the 30 days.

All documents received at CalPERS are imaged by our Document Management Center, therefore you must attach the enclosed Request for Required Information form to the top of the documents you will be sending to CalPERS.

Sincerely,

A handwritten signature in black ink, appearing to read 'NE', is positioned above the typed name.

NICOLE ESZLINGER
Retirement Program Specialist
Disability Retirement Section

Enclosures

cc: Department Of Corrections California State Prison-Ironwood

NOTICE OF ASSIGNED HEARING DATES

Case Name: Guilin, Christopher B.
Agency: California Public Employees' Retirement System

OAH Case No. 2014120983
Agency Case No. 2014-0947

The following time(s), hearing date(s), and location(s) have been assigned to the case entitled above:

Date:	Time	Location
09/03/2015	9:00AM	CalPERS San Bernardino Office 650 E. Hospitality Lane Ste. 330 San Bernardino, CA 92408

This case has been filed with the San Diego regional office of the Office of Administrative Hearings (OAH). All further communications related to this case shall reference the OAH file number and be directed to OAH, 1350 Front Street, Suite 3005, San Diego, CA 92101- Telephone No. (619) 525-4475/Facsimile No. (916) 376-6325/ Email: SanFilings@dgs.ca.gov.

OAH is dedicated to ensuring that all qualified individuals with disabilities have equal access to our facilities and legal proceedings. More information about accessibility can be found on our website at www.dgs.ca.gov/oah.

The agency shall serve on all parties and file with OAH the Notice of Hearing pursuant to Government Code section 11509.

This notice has been mailed, faxed, or electronically transmitted to:

Jeanlaurie Ainsworth
PO Box 942707
Sacramento, CA 94229-2707

Christopher B. Guilin

Date: December 29, 2014

OAH - San Diego - General Jurisdiction,
Office of Administrative Hearings



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

December 29, 2014

Presiding Judge
Office of Administrative Hearings
1350 Front Street, Suite 3005
San Diego, CA 92101

Subject: PEREMPTORY CHALLENGE - In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.

Dear Presiding Judge:

Pursuant to California Code of Regulation section 1034 and Government Code section 114.25.40(d), I am exercising my right to a peremptory challenge regarding ALJ, Beth Faber Jacobs.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeanlaurie Ainsworth".

JEANLAURIE AINSWORTH
Senior Staff Attorney

JLA:odm

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On December 29, 2014, I served the foregoing document described as:

PEREMPTORY CHALLENGE- In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2014-0947; OAH No.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed and/or e-filed as follows:

Christopher B. Guilin

Office of Administrative Hearings
1350 Front Street, Suite 3005
San Diego, CA 92101
sanfilings@dqs.ca.gov

Ironwood State Prison
California Department of Corrections &
Rehabilitation
P. O. Box 2229
Blythe, CA 92226

Joanne Cordy
California Department of Corrections &
Rehabilitation
Office of Personnel Services
1515 "S" Street, Room 556-North
Sacramento, CA 95811

[X] BY MAIL -- As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[X] BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on December 29, 2014, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Odessa Moore

NAME



SIGNATURE



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

January 9, 2015

**CERTIFIED MAIL –
RETURN RECEIPT REQUESTED**

Christopher B. Guilin

Subject: In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.

Dear Mr. Guilin:

Enclosed is a copy of the Statement of Issues which CalPERS has filed with the Office of Administrative Hearings in accordance with the Administrative Procedure Act. Also enclosed are the Notice of Hearing, and copies of Government Code §§ 11507.5, 11507.6 and 11507.7 relating to discovery.

The Office of Administrative Hearings (OAH) set the hearing date on the notice of hearing. I would like to remind you at this time that continuances are not favored generally under the law, and that CalPERS specifically disfavors continuances. If you are considering obtaining an attorney to represent you at this hearing, please do so as soon as possible. Most attorneys' calendars are booked far in advance, and CalPERS will not consider failure to obtain timely legal representation as "good cause" for granting a continuance. Sufficient time is also needed to gather pertinent documents and to schedule witness appearance.

If you decide to proceed without counsel, I would like to repeat the instructions previously provided to you in the OAH brochure, *Information from the State Office of Administrative Hearings*:

"Remember: Before the hearing closes, you must submit all the evidence you want the judge to consider."

"Your chance to present evidence is at the hearing. Only in rare cases will the judge allow you to send evidence later."

In a Statement of Issues proceeding, the burden of proof is on you to show your eligibility for benefits, and you do this by presenting your evidence (witness testimony and documents) to the judge at the hearing. Documents received after the case is "deemed submitted" may be excluded from consideration by the Administrative Law Judge and/or the CalPERS Board of Administration.]

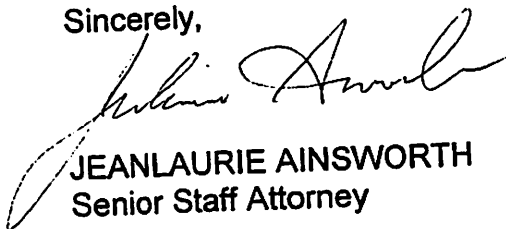
By means of this letter, I am requesting, pursuant to Government Code § 11507.6, that you provide me with the following information and documents within 30 days of the date of this letter:

1. The names and addresses of any witnesses which you intend to call at the hearing; and
2. Copies of all writings, recordings, documents and any items of evidence which pertain to this matter or which you intend to introduce at the hearing.

This is a continuing discovery request. You are obligated to supplement your response promptly with any additional information that comes to your attention after you have responded.

Failure to comply with this discovery request may result in a delay in the hearing date and in the issuance of further orders by the Office of Administrative Hearings. It could also result in your not being able to introduce the evidence that is the subject of this request.

Sincerely,



JEANLAURIE AINSWORTH
Senior Staff Attorney

JLA:odm

Enclosures



California Public Employees' Retirement System

December 06, 2013

CHRISTOPHER B. GUILIN

CalPERS ID:

Dear CHRISTOPHER B. GUILIN:

This letter is to acknowledge receipt of your application for Industrial Disability Retirement retirement

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

If you are eligible for this benefit, we will contact you and your employer for any additional information required to process the application. If for any reason you are found not eligible for Industrial Disability/Disability retirement, you will be formally notified.

Please note that the application may not be cancelled after you have been found disabled. If you are eligible to retire from service and desire to do so, you must apply prior to the approval date of your retirement for disability or within thirty days thereafter.

This application will be processed as quickly as possible. You can help expedite this process by promptly providing all information requested. If you are approved for this benefit CalPERS will send you a letter providing the date of your first retirement check, the amount you can expect to receive, and important income tax information.

Retirement Type: Industrial Disability
Retirement
Last Day on Payroll: February 29, 2012
Date of Birth:

Option Selected: Option 1

Federal Tax: Single 1
State Tax: Single 1

my|CalPERS 0964

Quality service is a high priority at **CalPERS**. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience.

If you have any questions, please visit our Web site www.calpers.ca.gov, or you may contact us toll free at **888 CalPERS** (or 888-225-7377).

Benefit Services Division

Memorandum

Date : November 15, 2011

To : T. BUSBY
WARDEN – IRONWOOD STATE
PRISON

CONFIDENTIAL

Subject: **NEGATIVE CONTACT INFORMATION**

On Sunday, November 13, 2011 at approximately 1200 hours I was sitting in my truck parked in my driveway at my residence eating my lunch. Approximately 10 minutes later a Riverside County Sheriff unit pulled into my driveway parking behind me. At this time he conducted a field sobriety test. The officer booked me into jail under a DUI. I submitted to a blood test but I have not been informed of the results.

Four hours later I was released; I was informed that my court date would be January 17, 2012. At this date I will be present along with my attorney.

Additional information will be forthcoming. In the event you may have any questions or need any other information please feel free to contact me at extension 6004, Central Kitchen.

Respectfully

C. GUILIN
HDTD - ISP



LT. RICHARDS,
PLEASE LOOK INTO THIS
AND ADVISE, I BELIEVE
THERE IS A NEXUS, AS
MR. GUILIN IS A HONOLULU
TRUCK DRIVER. IF SO,
PLEASE CONTACT 989
COW
11-16-11

NOTICE OF NON PUNITIVE SEPARATION - FAILURE TO MEET CONDITIONS
OF EMPLOYMENT
Guilin, Christopher
Heavy Truck Driver
Page 5 of 5

SUPPORTING DOCUMENTS

1. Negative Contact Information memorandum – 1 page
2. Form DS 367, Temporary Driver License – 1 page
3. Arrest Report – 11 pages
4. Forensic Alcohol Analysis – 1 page
5. Notice of Hearing – 1 page
6. Order of Disqualification – 1 page
7. Heavy Truck Driver (Correctional Facility) State Personnel Board
Specification – 2 pages

NOTICE OF NON PUNITIVE SEPARATION - FAILURE TO MEET CONDITIONS
OF EMPLOYMENT

Guilin, Christopher
Heavy Truck Driver
Page 2 of 5

IV
STATEMENT OF FACTS

You have failed to meet the conditions of employment in the area of maintaining a California driver's license which allows you to drive heavy trucks, in accordance with the following:

- California Government Code 19585 (d), which states in part, "For the purposes of this section, requirements for continuing employment shall be limited to the acquisition or retention of specified licenses, certificates, registrations, or other professional qualifications, education, or eligibility for continuing employment or advancement to the fully qualified level within a particular class series."
- State Personnel Board Specification for Heavy Truck Driver, Correctional Facility, which states in part, "MINIMUM QUALIFICATIONS Possession of a California driver's license valid for the operation of any combination of vehicles."

Below are the facts supporting this decision.

A

1. On October 1, 2011, you were arrested for violation of California Vehicle Code (CVC) 23152(a) Driving while under the influence of alcohol, and (b) Driving with a blood alcohol content (BAC) of 08% or greater.
2. As a result of this arrest, your California Driver's License (CDL) was suspended. You were subsequently issued a temporary CDL, which allowed you to drive heavy trucks while at work. The temporary CDL was in effect for thirty (30) days from November 13, 2011.
3. You requested a Department of Motor Vehicle (DMV) hearing, which was held on February 9, 2012. The DMV Driver Safety line confirmed that your temporary CDL was extended to the date of your DMV hearing on February 9, 2012.
4. The DMV hearing resulted in a one (1) year suspension of your heavy truck driver license, effective February 20, 2012 and through February 19, 2013.

NOTICE OF NON PUNITIVE SEPARATION - FAILURE TO MEET CONDITIONS
OF EMPLOYMENT

Guilin, Christopher
Heavy Truck Driver
Page 3 of 5

5. Based on the current suspension of your heavy truck driver license, you are no longer able to meet the essential functions in your current classification of heavy truck driver.

V
APPEAL RIGHTS

1. Right to respond to appointing power.

In accordance with State Personnel Board Rule 52.3 (Skelly rule), you are entitled to at least five (5) working days within which to respond to this notice. You may respond orally or in writing. If you wish to respond you may do so to:

KIM NEWMAN
Employee Disciplinary Officer
Ironwood State Prison
PO Box 2229
Blythe, CA 92226
Telephone number (760) 921-4381

You are entitled to a reasonable amount of State time to prepare your response to the charges. You are not entitled to a formal hearing with examination of witnesses at this stage of the proceedings. However, you may be represented by another in presenting your response. The appointing power may sustain, amend, modify, or revoke the non punitive action in whole or in part.

2. Right to Appeal to the State Personnel Board.

Regardless of whether you respond to these charges to the appointing power, you are advised that you have the right to file a written answer to this notice with the State Personnel Board, 801 Capitol Mall, Sacramento, California 95814, not later than thirty (30) calendar days after the effective date of this action. An answer shall be deemed to be a request for hearing or investigation as provided in Section 19575 of the Government Code. If you answer as provided, the Board or its authorized representative shall, within a reasonable time, hold a hearing and shall notify the parties of the time and place thereof. If you fail to answer within the time specified, the

BEFORE THE
BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATE OF CALIFORNIA

In the Matter of the Statement of Issues
Against:

CHRISTOPHER B. GUILIN,

And

IRONWOOD STATE PRISON,
CALIFORNIA DEPARTMENT OF
CORRECTIONS AND
REHABILITATION,

Respondents.

Case No. 2014-0947

OAH No. 2014120983

ORDER DENYING MOTION FOR
CONTINUANCE

A hearing is set for September 3, 2015.

Jeanlaurie Ainsworth, Senior Staff Attorney, represents CalPERS.

MOTION FOR CONTINUANCE

On August 19, 2015, the Office of Administrative Hearings (OAH) received Ms. Ainsworth's motion to continue the hearing.

The grounds for the motion are: Ms. Ainsworth has been unable to locate a key witness to testify about respondent Guilin's employment.

In Ms. Ainsworth's motion, she does not explain who the key witness is, what testimony PERS hopes to elicit from him or her, why that testimony is important, or why that testimony cannot be obtained from other witnesses. Moreover, PERS filed this matter on December 29, 2014. Ms. Ainsworth has been unable to locate this key witness in seven and one-half months, but she does not explain why she expects to be able to locate him or her in the future.

FAILURE TO DEMONSTRATE GOOD CAUSE

The motion contains no facts that would support a finding that there is good cause.

Government Code section 11524, subdivision (a), provides that the judge to whom a case has been assigned or the presiding judge may grant a continuance for good cause. (Arnett v. Office of Administrative Hearings (1996) 49 Cal. App. 4th 332, 342. Dresser v. Board of Medical Quality Assurance (1982) 130 Cal. App. 3d 506, 518.)

Continuances should be granted sparingly and only on a proper and adequate showing of good cause. (Arnett v. Office of Administrative Hearings (1996) 49 Cal. App. 4th 332, 342, quoting County of San Bernardino v. Doria Mining and Engineering Co. (1977) 72 Cal. App. 3d 776, 781.)

California Rule of Court 3.1322 is instructive. It provides, "Circumstances that may indicate good cause include . . . the unavailability of an essential lay or expert witness . . . a party . . . [or] trial counsel because of death, illness, or other excusable circumstances."

In determining whether to continue a matter due to the unavailability of a witness, courts generally have held that the facts expected to be proven by the witness's testimony must be material and must be such that they cannot be otherwise proven. (Wilbur v. Everhardy (1917) 176 Cal. 142; Ferrari v. Mabretti (1945) 70 Cal.App.2d 492)

FAILURE TO COMPLY WITH REGULATION

In Ms. Ainsworth's motion, she says that, because of her hearing schedule, she has been unable to communicate with the respondents regarding their dates of availability in the future. It simply is unbelievable that Ms. Ainsworth has been unable to find the time to make two telephone calls.

The moving party failed to comply with California Code of Regulations, title 1, section 1020.

That regulation provides:

(a) A Case filed with OAH is assigned to the Presiding Judge until reassigned to another ALJ.

(b) A Motion to continue a Hearing shall be in writing, directed to the Presiding Judge, and Served on all other parties.

(c) Before filing the Motion, the moving party shall make reasonable efforts to confer with all other parties to determine whether any party opposes the Motion and to obtain future dates when all parties are unavailable for Hearing over the next six months and at least three alternative preferred future Hearing dates.

(d) The Motion shall include all facts which support a showing of good cause to continue the Hearing, as well as:

- (1) the Case name, and OAH Case number;
 - (2) the date, time and place of the Hearing;
 - (3) the address and daytime telephone number of the moving party;
 - (4) the name, address and telephone number of all other parties;
 - (5) a list of all previous Motions to continue the Hearing and the dispositions thereof;
 - (6) whether or not any party opposes the Motion;
 - (7) any future dates when the parties are unavailable for Hearing over the next six months and any preferred future Hearing dates obtained pursuant to paragraph (c);
 - (8) if the moving party has not included all of the information required pursuant to this paragraph (d), the reasons why it is not included;
 - (9) a reference to any legal or other requirement to set the Hearing within a certain period of time, and whether or not the parties have waived the requirement.
- (e) If the Motion is not timely pursuant to section 11524(b) or other applicable law, the Motion shall include all facts justifying the lack of timeliness.
- (f) The Motion may include a proposed order granting the continuance.
- (g) Any party may request a written order from OAH reflecting the disposition of the Motion.
- (h) Any party opposing the Motion shall file with OAH and Serve on all other parties a written opposition.
- (i) The Presiding Judge may waive any requirement of this regulation, including but not limited to the requirement for a written Motion, written opposition, written order, and/or any

notice to other parties.

(j) Regulation 1022 does not apply to Motions for continuance filed under this regulation.

ORDER

The motion is denied.

OPTIONAL MATTERS

In order to facilitate setting dates for hearings, pretrial conferences, and settlement conferences, the following suggestions are made:

It is recommended that the parties confer to determine dates on which parties and counsel are unavailable.

It is recommended that the parties confer as to preferred dates for the hearing.

In a case in which the hearing is expected to take three days, it is recommended that the parties confer regarding a preferred date for a settlement conference.

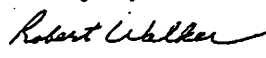
In a case in which the hearing is expected to take more than three days and in all teacher dismissal cases, it is recommended that the parties confer regarding a preferred date for prehearing and settlement conferences.

Prehearing and settlement conferences should be approximately 30 to 40 days earlier than the hearing.

JUDICIAL REVIEW

A party intending to seek judicial review of a denial of a motion for continuance should immediately review Government Code section 11524, subdivision (c).

DATED: August 20, 2015.

DocuSigned by:

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ROBERT WALKER
Presiding Administrative Law Judge
Office of Administrative Hearings

DECLARATION OF SERVICE

Case Name: Guilin, Christopher B.

OAH No.: 2014120983

I, Gilbert Villalba, declare as follows: I am over 18 years of age and am not a party to this action. I am employed by the Office of Administrative Hearings. My business address is 1350 Front Street, Suite 3005, San Diego, CA 92101. On August 20, 2015, I served a copy of the following document(s) in the action entitled above:

ORDER DENYING MOTION FOR CONTINUANCE

to each of the person(s) named below at the addresses listed after each name by the following method(s):

Jeanlaurie Ainsworth
Senior Staff Counsel
CalPERS
PO Box 942707
Sacramento, CA 94229-2707
VIA FACSIMILE (916) 795-3659

Ironwood State Prison
California Department of Corrections &
Rehabilitation
P.O. Box 2229
Blythe, CA 92226

Christopher B. Guilin

VIA US Mail

☒ **United States Mail.** I enclosed the document(s) in a sealed envelope or package addressed to the person(s) at the address(es) listed above, and placed the envelope or package for collection and mailing, in accordance with the Office of Administrative Hearings' ordinary business practices, in San Diego, California. I am readily familiar with the Office of Administrative Hearings' practice for collecting and processing documents for mailing. Correspondences are deposited in the ordinary course of business with the United States Postal Service in a sealed envelope or package with postage fully prepaid. [☐ by certified mail].

☒ **Fax Transmission.** Based upon agreement of the parties to accept service by fax transmission, I personally transmitted the above-described document(s) to the person(s) at the fax number(s) listed above, from fax machine number (916) 376-6325, pursuant to Government Code section 11440.20 and California Code of Regulations, title 1, section 1008, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration was executed at San Diego, California on August 20, 2015.

DocuSigned by:
Gilbert Villalba
C787C1EA1CCF4A8...

Gilbert Villalba, Declarant

BEFORE THE
BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
STATE OF CALIFORNIA

In the Matter of the Statement of Issues
Against:

CHRISTOPHER B. GUILIN,

Respondent.

Case No. 2014-0947

OAH No. 2014120983


ACKNOWLEDGEMENT OF
PEREMPTORY CHALLENGE

This matter is set for hearing beginning on September 3, 2015.

On December 29, 2014, the Office of Administrative Hearings received complainant's peremptory challenge of Administrative Law Judge Beth Faber Jacobs.

The challenge satisfies the requirements of California Code of Regulations, title 1, section 1034.

Dated: August 20, 2015.


ROBERT WALKER
Presiding Administrative Law Judge
Office of Administrative Hearings

DECLARATION OF SERVICE

Case Name: Guilin, Christopher B.

OAH No.: 2014120983

I, Faith Dix, declare as follows: I am over 18 years of age and am not a party to this action. I am employed by the Office of Administrative Hearings. My business address is 1350 Front Street, Suite 3005, San Diego, CA 92101. On August 20, 2015, I served a copy of the following document(s) in the action entitled above:

ACKNOWLEDGEMENT OF PEREMPTORY CHALLENGE

to each of the person(s) named below at the addresses listed after each name by the following method(s):

Jeanlaurie Ainsworth
Senior Staff Counsel
CalPERS
PO Box 942707
Sacramento, CA 94229-2707
VIA FACSIMILE (916) 795-3659

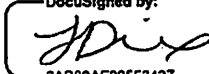
Christopher B. Guilin

VIA US Mail

☒ **United States Mail.** I enclosed the document(s) in a sealed envelope or package addressed to the person(s) at the address(es) listed above, and placed the envelope or package for collection and mailing, in accordance with the Office of Administrative Hearings' ordinary business practices, in San Diego, California. I am readily familiar with the Office of Administrative Hearings' practice for collecting and processing documents for mailing. Correspondences are deposited in the ordinary course of business with the United States Postal Service in a sealed envelope or package with postage fully prepaid. [☐ by certified mail].

☒ **Fax Transmission.** Based upon agreement of the parties to accept service by fax transmission, I personally transmitted the above-described document(s) to the person(s) at the fax number(s) listed above, from fax machine number (916) 376-6325, pursuant to Government Code section 11440.20 and California Code of Regulations, title 1, section 1008, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration was executed at San Diego, California on August 20, 2015.

DocuSigned by:

3AB80AF92553437...

Faith Dix, Declarant



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

August 18, 2015

Honorable Robert Walker
Presiding Administrative Law Judge
Office of Administrative Hearings
1350 Front Street, Suite 3005
San Diego, CA 92101
sanfilings@dqs.ca.gov

Subject: In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.
OAH No.: 2014120983
Hearing Date: 9/3/2015

Dear Judge Walker:

I am writing to request a continuance in the above-entitled matter. I am asking for a continuance because CalPERS has not been able to locate a key witness to testify about Respondent Christopher Guilin's employment and the adverse actions taken. The case involves issues pertaining to Respondent's termination and severance of return rights to his employment.

Because of my hearing schedule, I have not been able to contact respondents to obtain dates in December or January, which would be acceptable to the other parties.

I am currently set for four other hearings in September; six other hearings in October; three hearings and a court appearance in November; and two hearings in December, and I anticipate being out December 15 through 31.

Thank you for your assistance. I can be reached at (916) 752-4534.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeanlaurie Ainsworth".

JEANLAURIE AINSWORTH
Senior Staff Attorney

JLA:tim

cc: Christopher B. Guilin
Ironwood State Prison, CDCR
Joanne Cordy, California Department of Corrections & Rehabilitation
Mari Cobbler, BNSD

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On August 19, 2015, I served the foregoing document described as:

REQUEST FOR HEARING CONTINUANCE LETTER – In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2014-0947; OAH No. 2014120983.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed and/or e-filed as follows:

Christopher B. Guilin

Office of Administrative Hearings –
San Diego
1350 Front Street, Suite 3005
San Diego, CA 92101

***Via USPS**

***Via e-file at: sanfilings@dgs.ca.gov**

Ironwood State Prison
California Department of Corrections &
Rehabilitation
P. O. Box 2229
Blythe, CA 92226

Joanne Cordy
CDCR
Office of Personnel Services
1515 "S" Street, Room 556-North
Sacramento, CA 95811

***Via USPS**

***Via USPS**

[XXX]

BY MAIL – As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

Executed on August 19, 2015, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Christy Bodily

NAME



SIGNATURE

1 MATTHEW G. JACOBS, GENERAL COUNSEL
JEANLAURIE AINSWORTH, SENIOR STAFF ATTORNEY, SBN 139985
2 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811
3 P. O. Box 942707, Sacramento, CA 94229-2707
Telephone: (916) 795-3675
4 Facsimile: (916) 795-3659

5 Attorneys for California Public
Employees' Retirement System

6
7
8 BOARD OF ADMINISTRATION

9 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

10 In the Matter of Accepting the Application)	CASE NO. 2014-0947
for Industrial Disability Retirement of)	OAH NO. 2014120983
11 CHRISTOPHER B. GUILIN,)	NOTICE OF HEARING
12 Respondent,)	(Pursuant to Gov. Code, § 11509)
13 and)	ALJ: To Be Assigned
14 IRONWOOD STATE PRISON,)	Hearing Date: September 3, 2015
CALIFORNIA DEPARTMENT OF)	Time: 9:00 a.m.
15 CORRECTIONS AND REHABILITATION,)	Hearing Location: San Bernardino
16 Respondent.)	Prehearing Conf.: None Scheduled
	Settlement Conf.: None Scheduled

17
18 TO THE RESPONDENT(S) above named: Christopher B. Guilin by service on
19 Christopher B. Guilin; and Ironwood State Prison, and California Department of
20 Corrections and Rehabilitation, by service on its Personnel Officer.

21 YOU AND EACH OF YOU WILL PLEASE TAKE NOTICE that the hearing of the
22 Statement of Issues in the above-entitled matter has been set and will be held before
23 an Administrative Law Judge of the Office of Administrative Hearings of the State of
24 California at. San Bernardino Regional Office, 650 Hospitality Lane, Suite 330
25

1 San Bernardino, CA 92408, for a one-day hearing on September 3, 2015 at 9:00 a.m.,
2 upon the charges made in the Statement of Issues served upon the respondent. If you
3 object to the place of hearing, you must notify the presiding officer within 10 days after
4 this notice is served on you. Failure to notify the presiding officer within 10 days will
5 deprive you of a change in the place of the hearing. You may contact Robert Walker,
6 Presiding Administrative Law Judge of the OAH San Diego at (619) 525-4475.

7 You may be present at the hearing. You have a right to be represented by an
8 attorney at your own expense. You are not entitled to the appointment of an attorney
9 to represent you at public expense. You are entitled to represent yourself without legal
10 counsel. You may present any relevant evidence and will be given full opportunity to
11 cross-examine all witnesses testifying against you. You are expected to be ready to
12 proceed with your case at the time of hearing. Failure to appear at the hearing, either
13 through an attorney or personally, if you do not have an attorney, may result in a
14 default. This means that CalPERS' decision will be upheld irrespective of any
15 evidence that may or may not be introduced in your absence.

16 You have a right to an interpreter if you do not proficiently speak or understand
17 English. If you need an interpreter, you must notify CalPERS immediately so that
18 appropriate arrangements can be made.

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents, or other things by applying to said agency at: Office of Administrative Hearings, 1350 Front Street, Suite 3005 San Diego, CA 92101.

**BOARD OF ADMINISTRATION, CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM**

Dated: 1/9/2015

JEANLAURIE AINSWORTH,
SENIOR STAFF ATTORNEY

MATTHEW G. JACOBS, GENERAL COUNSEL
JEANLAURIE AINSWORTH, SENIOR STAFF ATTORNEY, SBN 139985
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811
P. O. Box 942707, Sacramento, CA 94229-2707
Telephone: (916) 795-3675
Facsimile: (916) 795-3659

Attorneys for California Public
Employees' Retirement System

BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

In the Matter of Accepting the Application
for Industrial Disability Retirement of

CHRISTOPHER B. GUILIN,

Respondent,

and

IRONWOOD STATE PRISON,
CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION,

Respondent.

AGENCY CASE NO. 2014-0947
OAH NO.

STATEMENT OF ISSUES

Hearing Date:
Hearing Location: San Bernardino
Prehearing Conf.: None Scheduled
Settlement Conf.: None Scheduled

California Public Employees' Retirement System (CalPERS) states:

I

CalPERS makes and files this Statement of Issues in its official capacity as
such and not otherwise.

II

Respondent Christopher B. Guilin (respondent Guilin) was employed by
respondent Ironwood State Prison, California Department of Corrections and

1 Rehabilitation (CDCR) as a Heavy Truck Driver on December 19, 2005. By virtue of
2 this employment, respondent Guilin became a state safety member of CalPERS
3 subject to Government Code section 21154.

4 III

5 On or about February 24, 2012, CDCR served respondent Guilin a "Notice of
6 Non Punitive Separation – Failure to Meet Conditions of Employment" and appeal
7 rights, which states in part:

8 The Separation shall take effect March 2, 2012, close of
9 business. [11] . . . [11]

10 You have failed to meet the conditions of employment in the
11 area of maintaining a California driver's license which
allows you to drive heavy trucks, in accordance with the
following:

- 12 • California Government Code 19585 (d), which states
13 in part: For the purposes of this section,
14 requirements for continuing employment shall be
15 limited to the acquisition or retention of specified
16 licenses, certificates, registrations, or other
professional qualifications, education, or eligibility for
continuing employment or advancement to the fully
qualified level within a particular class series."
- 17 • State Personnel Board Specification for Heavy Truck
18 Driver, Correctional Facility which states in part, and
19 "MINIMUM QUALIFICATIONS - Possession of a
California driver's license valid for the operation of
any combination of vehicles." [11] . . . [11]

20 IV

21 On or about February 29, 2012, CDCR served respondent Guilin a "Notice of
22 Personnel Action – Report of Separation," with effective date of March 2, 2012.

23 ///

24 ///

V

On or about December 2, 2013, respondent Guilin signed an application for industrial disability retirement, which was received by CalPERS on December 13, 2013. In filing the application, disability was claimed on the basis of an orthopedic (neck and back) condition that occurred at work on or about February 9, 2012.

VI

The following provisions of the Government Code were in effect at all times pertinent to this appeal:

Section 21152 provides in part:

Application to the board for retirement of a member for disability may be made by: [¶] . . . [¶]

(d) The member or any person in his or her behalf.

Section 21154 provides:

The application shall be made only (a) while the member is in state service, or (b) while the member for whom contributions will be made under Section 20997, is absent on military service, or (c) within four months after the discontinuance of the state service of the member, or while on an approved leave of absence, or (d) while the member is physically or mentally incapacitated to perform duties from the date of discontinuance of state service to the time of application or motion. On receipt of an application for disability retirement of a member, other than a local safety member with the exception of a school safety member, the board shall, or of its own motion it may, order a medical examination of a member who is otherwise eligible to retire for disability to determine whether the member is incapacitated for the performance of duty. On receipt of the application with respect to a local safety member other than a school safety member, the board shall request the governing body of the contracting agency employing the member to make the determination.

///

VII

Respondent Guillin was no longer in state service at the time he applied for industrial disability retirement. CalPERS reviewed the facts and statutes and legal precedent presented by *Haywood v. American River Fire Protection District* (1998) 67 Cal.App.4th 1292 (*Haywood*); *Smith v. Napa* (2004) 120 Cal.App.4th 194 (*Smith*); and *In the Matter of Robert Vandergoot (Vandergoot)* (2003) California Public Employees' Retirement System Board of Administration, Precedential Decision No. 13-01, and found that respondent Guillin was terminated because he no longer met the requirement of the position due to his driver's license being revoked as a result of a conviction of California Vehicle Code 23152(a) driving under the influence of alcohol with a blood alcohol content of .08% or greater.

The termination was neither the ultimate result of a disabling medical condition nor preemptive of an otherwise valid claim for disability retirement. Under *Haywood*, *Smith*, and *Vandergoot*, respondent Guillin's employment relationship with CDCR was severed and thus he had no right to return to his employment which is a prerequisite in qualifying to apply for disability retirement under Government Code section 21154.

VIII

After review of respondent Guillin's employment status with CDCR, CalPERS has determined that respondent Guillin is ineligible to apply for industrial disability retirement and canceled his application.

IX

By letter dated July 18, 2014, respondent Guillin was notified of CalPERS' determination to cancel his industrial disability retirement application based on termination by CDCR.

X

By letter dated July 26, 2014, respondent Guilin filed a timely appeal challenging the cancellation of his industrial disability application, and has requested an administrative hearing.

XI

This appeal is limited to the issue of whether respondent Guilin is eligible to apply for industrial disability retirement based on an orthopedic (neck and back) condition, or whether his application and eligibility for industrial disability retirement is precluded by operation of *Haywood, Smith, and Vandergoot*.

Should respondent Guilin be found eligible to submit an application for industrial disability retirement, issues regarding his medical condition and industrial causation will be handled under a separate appeal.

BOARD OF ADMINISTRATION, CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Dated DEC 8 2014

BY


ANTHONY SUINE, Chief
Benefit Services Division

**COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6, 11507.7
PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505**

Section 11507.5: Exclusivity of Discovery Provisions.

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

(Added by Stats. 1968, ch. 808.)

Section 11507.6: Discovery; Procedures, Scope, and Methods.

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of the following in the possession or custody or control or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including but not limited to reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person, signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

(Added by Stats. 1968, ch. 808; Amended by Stats. 1985, ch. 1328, Stats. 1995, ch. 938, § 31, operative July 1, 1997.)

Section 11507.7: Motion to Compel Discovery; Contents, Service Time Limit

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it¹ matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

(Added by Stats.1968, ch. 808; Amended by Stats.1971, ch. 1303, Stats. 1980, ch. 548; Stats. 1995, ch. 938, § 31, operative July 1, 1997.)

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On January 9, 2015, I served the foregoing document described as:

STATEMENT OF ISSUES, NOTICE OF HEARING, and Government Code §§ 11507.5, 11507.6 and 11507.7 (relating to discovery under the Administrative Procedure Act) – In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2014-0947; OAH No. 2014120983.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed and or e-filed as follows:

Christopher B. Guilin

OAH San Diego
Office of Administrative Hearings 1350
Front Street, Suite 3005
San Diego, CA 92101
sanfilings@dqs.ca.gov

Ironwood State Prison
California Department of Corrections &
Rehabilitation
P. O. Box 2229
Blythe, CA 92226

Joanne Cordy
California Department of Corrections &
Rehabilitation
Office of Personnel Services
1515 "S" Street, Room 556-North
Sacramento, CA 95811

[x]

BY CERTIFIED MAIL/RRR – As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[X]

BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on January 9, 2015, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Odessa Moore
NAME


SIGNATURE

NOTICE OF ASSIGNED HEARING DATES

Case Name: Guilin, Christopher B.
Agency: California Public Employees' Retirement System

OAH Case No. 2014120983
Agency Case No. 2014-0947

The following time(s), hearing date(s), and location(s) have been assigned to the case entitled above:

Date	Time	Location
09/03/2015	9:00AM	CalPERS San Bernardino Office 650 E. Hospitality Lane Ste. 330 San Bernardino, CA 92408

This case has been filed with the San Diego regional office of the Office of Administrative Hearings (OAH). All further communications related to this case shall reference the OAH file number and be directed to OAH, 1350 Front Street, Suite 3005, San Diego, CA 92101- Telephone No. (619) 525-4475/Facsimile No. (916) 376-6325/ Email: SanFilings@dgs.ca.gov.

OAH is dedicated to ensuring that all qualified individuals with disabilities have equal access to our facilities and legal proceedings. More information about accessibility can be found on our website at www.dgs.ca.gov/oah.

The agency shall serve on all parties and file with OAH the Notice of Hearing pursuant to Government Code section 11509.

This notice has been mailed, faxed, or electronically transmitted to:

Jeanlaurie Ainsworth
PO Box 942707
Sacramento, CA 94229-2707

Christopher B. Guilin

Date: December 29, 2014

OAH - San Diego - General Jurisdiction,
Office of Administrative Hearings



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

December 29, 2014

Presiding Judge
Office of Administrative Hearings
1350 Front Street, Suite 3005
San Diego, CA 92101

Subject: PEREMPTORY CHALLENGE - In the Matter of Accepting the
Application for Industrial Disability Retirement of CHRISTOPHER
B. GUILIN, Respondent, and IRONWOOD STATE PRISON,
CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION, Respondent.

Dear Presiding Judge:

Pursuant to California Code of Regulation section 1034 and Government Code
section 114.25.40(d), I am exercising my right to a peremptory challenge
regarding ALJ, Beth Faber Jacobs.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeanlaurie Ainsworth", is written over the typed name.

JEANLAURIE AINSWORTH
Senior Staff Attorney

JLA:odm

PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On December 29, 2014, I served the foregoing document described as:

PEREMPTORY CHALLENGE- In the Matter of Accepting the Application for Industrial Disability Retirement of CHRISTOPHER B. GUILIN, Respondent, and IRONWOOD STATE PRISON, CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION, Respondent.; Case No. 2014-0947; OAH No.

on interested parties in this action by placing ____ the original XX a true copy thereof enclosed in sealed envelopes addressed and/or e-filed as follows:

Christopher B. Guilin

Office of Administrative Hearings
1350 Front Street, Suite 3005
San Diego, CA 92101
sanfilings@dgs.ca.gov

Ironwood State Prison
California Department of Corrections & Rehabilitation
P. O. Box 2229
Blythe, CA 92226

Joanne Cordy
California Department of Corrections & Rehabilitation
Office of Personnel Services
1515 "S" Street, Room 556-North
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[X] BY MAIL — As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[X] BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on December 29, 2014, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Odessa Moore

NAME



SIGNATURE



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

Ref. No. 2014-0947

January 9, 2015

**CERTIFIED MAIL –
RETURN RECEIPT REQUESTED**

Christopher B. Guilin

**Subject: In the Matter of Accepting the Application for Industrial
Disability Retirement of CHRISTOPHER B. GUILIN,
Respondent, and IRONWOOD STATE PRISON,
CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION, Respondent.**

Dear Mr. Guilin:

Enclosed is a copy of the Statement of Issues which CalPERS has filed with the Office of Administrative Hearings in accordance with the Administrative Procedure Act. Also enclosed are the Notice of Hearing, and copies of Government Code §§ 11507.5, 11507.6 and 11507.7 relating to discovery.

The Office of Administrative Hearings (OAH) set the hearing date on the notice of hearing. I would like to remind you at this time that continuances are not favored generally under the law, and that CalPERS specifically disfavors continuances. If you are considering obtaining an attorney to represent you at this hearing, please do so as soon as possible. Most attorneys' calendars are booked far in advance, and CalPERS will not consider failure to obtain timely legal representation as "good cause" for granting a continuance. Sufficient time is also needed to gather pertinent documents and to schedule witness appearance.

If you decide to proceed without counsel, I would like to repeat the instructions previously provided to you in the OAH brochure, *Information from the State Office of Administrative Hearings*:

"Remember: Before the hearing closes, you must submit all the evidence you want the judge to consider."

"Your chance to present evidence is at the hearing. Only in rare cases will the judge allow you to send evidence later."

In a Statement of Issues proceeding, the burden of proof is on you to show your eligibility for benefits, and you do this by presenting your evidence (witness testimony and documents) to the judge at the hearing. Documents received after the case is "deemed submitted" may be excluded from consideration by the Administrative Law Judge and/or the CalPERS Board of Administration.]

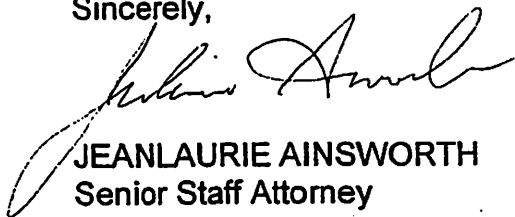
By means of this letter, I am requesting, pursuant to Government Code § 11507.6, that you provide me with the following information and documents within 30 days of the date of this letter:

1. The names and addresses of any witnesses which you intend to call at the hearing; and
2. Copies of all writings, recordings, documents and any items of evidence which pertain to this matter or which you intend to introduce at the hearing.

This is a continuing discovery request. You are obligated to supplement your response promptly with any additional information that comes to your attention after you have responded.

Failure to comply with this discovery request may result in a delay in the hearing date and in the issuance of further orders by the Office of Administrative Hearings. It could also result in your not being able to introduce the evidence that is the subject of this request.

Sincerely,



JEANLAURIE AINSWORTH
Senior Staff Attorney

JLA:odm

Enclosures