

LETTER No. 1

AUTHORIZATION FOR PERMANENT TOTAL
DISABILITY BENEFITS OFFSET BY SOCIAL SECURITY
DISABILITY BENEFITS

INSURER: SAIF Corporation

SAIF Corporation
400 High Street SE
Salem, OR 97312-1000

OFFSET AMOUNT	\$525.64
EFFECTIVE DATE	July 1, 2008
ISSUE DATE	July 11, 2008
INJURED WORKER	Ms. Jane Sample
CLAIM NUMBER	7000515F

In accordance with ORS 656.209, you are required to offset the benefits payable to the above-named injured worker.

Offset benefits in the following manner. Statutory benefits will be offset first. Any remaining offset will be applied to the Retroactive Program portion of the benefit. Offset is effective the date indicated above as July 1, 2008.

The insurer is required to send a notice of explanation to the injured worker with a copy to the Compliance Section. Notice must be sent within 15 days of the date the offset authorization is issued. Explain how the injured worker's benefits will be affected by this authorization. Include effective dates, benefit amounts before and after offset, and any other information to help the worker understand the status of his/her benefits.

This authorization will remain in effect until the injured worker no longer receives SSA disability benefits or is deceased, or until superseded by a subsequent authorization. Offset will terminate effective the first of the month in which the injured worker no longer receives SSA disability benefits or is deceased. It is the insurer's responsibility to automatically terminate offset under these circumstances.

Benefits & Certifications Unit
Workers' Compensation Division

NOTE TO INJURED WORKERS: Any injured worker aggrieved by this authorization may ask the Workers' Compensation Division, Compliance Section, for reconsideration. Upon receipt of the request for reconsideration, the Compliance Section will review the amount of offset and determine if the amount is correct.

cc: Ms. Jane Sample, 1234 Main Street, Pendleton, OR 97218

Before