

## NCCSIF Workers' Compensation Team Contacts

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*Temporary Coverage*

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**Members Served**

City of Folsom (Last name A-G)

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**Members Served**

City of Folsom (Last name H-P)

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**Members Served**

City of Folsom (Last name Q-Z)  
City of Lincoln

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**Members Served**

City of Galt  
City of Jackson  
City of Placerville

**Terri Westerman**

FM Claims Examiner  
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**Members Served**

All Members – Future medical claims

**Amanda Jinks**, Claims Examiner

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**Members Served**

City of Dixon  
City of Oroville  
City of Red Bluff  
City of Rio Vista  
City of Rocklin  
City of Yuba City

**Ned Popovic**, Claims Examiner

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**Members Served**

City of Anderson  
City of Auburn  
City of Colusa  
City of Corning  
City of Elk Grove  
City of Gridley  
City of Ione  
City of Marysville  
City of Nevada City  
City of Willows  
Town of Paradise

**General LWP Contact Information:**

**Main Phone:** (916) 609-3600

**Mailing:** PO Box 349016, Sacramento, CA 95834

**General Fax:** (408) 725-0395

To file a new claim email: [FROI@lwpcclaims.com](mailto:FROI@lwpcclaims.com)

