

NOTICE
TO
EMPLOYEES



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The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111
(617) 727-4900 – www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

COMMONWEALTH OF MA - HR DIVISION WORKERS COMPENSATION

NAME OF INSURANCE COMPANY		
ONE ASHBURTON PLACE - 3RD FLOOR BOSTON, MA 02108		
ADDRESS OF INSURANCE COMPANY		
N/A		
POLICY NUMBER	EFFECTIVE DATES	
EVA CHUNG 617-878-9824		
NAME OF INSURANCE AGENT	ADDRESS	PHONE #
UNIVERSITY OF MASSACHUSETTS DARTMOUTH - 285 OLD WESTPORT RD. DARTMOUTH, MA 02747 - 508-999-8060		
EMPLOYER	ADDRESS	
EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)	DATE	

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL	ADDRESS
TO BE POSTED BY EMPLOYER	