

NOTICE  
TO  
EMPLOYEES



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# The Commonwealth of Massachusetts

## DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017

617-727-4900 - <http://www.state.ma.us/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 Massachusetts Human Resources Division- Workers' Compensation Unit

NAME OF INSURANCE COMPANY

One Ashburton Place Room 311/312 Boston, MA 02108

ADDRESS OF INSURANCE COMPANY

Self-insured

POLICY NUMBER

Human Resources Division Claims Unit

EFFECTIVE DATES

One Ashburton Place Boston, MA 02108

617-727-3437

NAME OF INSURANCE AGENT

University of Massachusetts Amherst

ADDRESS

181 President's Drive, 325 Whitmore Admin. Bldg.

PHONE #

413.545.6114

EMPLOYER

ADDRESS

10/11/16

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

N/A

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER