

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:

HARTFORD FIRE INSURANCE COMPANY

NAME OF INSURANCE COMPANY

ONE PARK PLACE, 300 S. STATE ST., 7TH FLOOR
SYRACUSE, NY 13202

ADDRESS OF INSURANCE COMPANY

08 WEC PB6756

07/14/12

POLICY NUMBER

EFFECTIVE DATES

DOHERTY INSURANCE AGENCY INC

PO BOX 1985
ANDOVER

MA 01810

NAME OF INSURANCE AGENT

ADDRESS

PHONE

OCCUPATIONAL HEALTH CONNECTIONS

P.O. BOX 2106
METHUEN

MA 01844

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

