

NOTICE TO EMPLOYEES

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

IF YOU ARE INJURED ON THE JOB:

- Immediately notify your employer that you have been injured.

Employer HR/Workers Compensation Contact

Phone Number

- Tell the medical provider that you have been injured at work and give the information below:

Insurance Carrier

Address

Phone Number

Employer

Address

- If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).
- Addir 617.727.4900 or visit www.mass.gov/dia.

IF MEDICAL TREATMENT IS NEEDED:

Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

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