

Print Form

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:

CHURCH MUTUAL INSURANCE COMPANY

NAME OF INSURANCE COMPANY

3000 SCHUSTER LANE, PO BOX 357, MERRILL WI 54452

ADDRESS OF INSURANCE COMPANY

0308905-07-911009

07-01-16 TO 07-01-17

POLICY NUMBER

EFFECTIVE DATES

RISK PLACEMENT SERVICES INC, TWO PIERCE PL, ITASCA IL 60143

866-595-8413

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

ROCHESTER INSTITUTE OF TECHNOLOGY, 65 CROWELL RD, EAST FLAMOUTH MA 02536

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

N/A
NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER