

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:

The Twin City Fire Insurance Company
NAME OF INSURANCE COMPANY

One Park Place, 300 South State St, 7th Floor Syracuse NY 13202
ADDRESS OF INSURANCE COMPANY

21 WB AH1779		01/30/18
POLICY NUMBER		EFFECTIVE DATES
A J GALLAGHER RISK MNGMT SVCS INC	200 S ORANGE AVE SUITE 1350 ORLANDO FL 32801	(800)-524-0191
NAME OF INSURANCE AGENT	ADDRESS	PHONE
RELIANT MISSION INC	11002 LAKE HART DR STE 100 ORLANDO FL 32832	
EMPLOYER	ADDRESS	

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)	DATE
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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
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TO BE POSTED BY EMPLOYER