

**NOTICE
TO
EMPLOYEES**

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**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111
(617) 727-4900 – <http://www.ma.gov/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 Accident and Indemnity Company

NAME OF INSURANCE COMPANY

One Park Place, 300 South State St, 7th Floor Syracuse NY 13202

ADDRESS OF INSURANCE COMPANY

08 WEC LI5907

12/17/20 - 12/17/21

POLICY NUMBER

EFFECTIVE DATES

FITTS INSURANCE AGENCY INC

2 WILLOW STREET SUITE 102
SOUTHBOROUGH MA 01745

(508)-620-6200

NAME OF INSURANCE AGENT

ADDRESS

PHONE

CONGREGATIONAL FINANCE LLC

P O BOX 80035 SOUTH DARTMOUTH MA 02748

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

