

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## 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:

Massachusetts Interlocal Insurance Association

#### NAME OF INSURANCE COMPANY

PO Box 5795, Boston, MA 02206-5795

#### ADDRESS OF INSURANCE COMPANY

HAL 00170-19

7/1/2018-6/30/2019

#### POLICY NUMBER

Massachusetts Interlocal Insurance Association

PO Box 5795, Boston, MA 02206-5795

#### EFFECTIVE DATES

800-374-4405

#### NAME OF INSURANCE AGENT

Town of Halifax

#### ADDRESS

499 Plymouth Street, Halifax, MA 02338

#### PHONE #

#### EMPLOYER

Charlie Seelig

#### ADDRESS

7/1/2018

#### 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

Beth Israel Deaconess

275 Sandwich Street, Plymouth,

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER