

NOTICE TO EMPLOYEES

THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS



IF YOU ARE INJURED ON THE JOB:

• Immediately notify yo	ur employer that yo	ou have been injured.
Employer HR/Workers' Compensation Contact		Phone Number
• Tell the medical provi	der that you have be	een injured at work and give the information below:
Insurance Carrier	Address	Phone Number
Employer	Address	
• If the employer fails to Claim (Form 110).	o report the injury to	o the insurer, the employee may file an Employee's
	y be obtained by co	thts and eligibility for benefits pursuant the Workers ontacting the Department of Industrial Accidents at dia.
	IF MEDICAL TE	REATMENT IS NEEDED:
•	select their own me	edical provider. Medical treatment costs that are work injury will be paid by the above-named
•	•	ded below, the above-named insurer and the insurer has arranged for your
Medical Facility:	Address:	
Phone Number:		