NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
600 Washington Street, Boston, Massachusetts 02111
617-727-4900 - http://www.mass.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:

**SELF INSURER**

NAME OF INSURANCE COMPANY

ADDRESS OF INSURANCE COMPANY

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**LICENSE #747**


POLICY NUMBER

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Cannon, Cochran Mgmt Services, Inc

100 Quannapowitt Pkwy, Wakefield, MA

(781) 683-1000

NAME OF INSURANCE COMPANY

TRESPREES OF BOSTON COLLEGE

ADDRESS

140 COMMONWEALTH AVE, CHESTNUT HILL, MA

EMPLOYER

ANASTOS CHIARAVAS

EMPLOYER’S WORKERS’ COMPENSATION OFFICER (IF ANY)

DATE

6/1/2011

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

**ST. ELIZABETH'S OCCUPATIONAL HEALTH**

736 CAMBRIDGE ST, BRIGHTON, MA

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER