

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:

SELF-INSURER

NAME OF INSURANCE COMPANY

ADDRESS OF INSURANCE COMPANY

LICENSE # 747

6/1/2017 - 5/31/2018

POLICY NUMBER

EFFECTIVE DATES

CANNON, COCHRAN MGMT SERVICES, INC 100 QUANNAPOWITT PKWY, WAKEFIELD, MA 781-683-1000

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

TRUSTEES OF BOSTON COLLEGE

140 COMMONWEALTH AVE, CHESTNUT HILL, MA 02467

EMPLOYER

ADDRESS

ANASTOS CHIAVARAS

6/1/2017

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

ST ELIZABETH'S HOSPITAL

736 CAMBRIDGE STREET, BRIGHTON, MA 02135

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER