

MASSACHUSETTS

UNEMPLOYMENT COMPENSATION

Employer name _____

Employer DUA ID# _____

Address _____

Employees of this business or organization are covered by Unemployment Insurance (UI), a program financed entirely by Massachusetts employers. No deductions are made from your salary to cover the cost of your Unemployment Insurance benefits.

WORKERS' COMPENSATION

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:

NAME OF INSURANCE COMPANY: _____

ADDRESS OF INSURANCE COMPANY: _____

POLICY NUMBER: EFFECTIVE DATES: _____

NAME OF INSURANCE AGENT: _____

ADDRESS: PHONE #: _____

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: _____



Regular Paydays for Employees of

(Company Name)

Shall be as follows:

Weekly Bi-Weekly Monthly Other _____

By: _____ Title: _____

