



# NOTICE TO EMPLOYEES

## THE COMMONWEALTH OF MASSACHUSETTS

### DEPARTMENT OF INDUSTRIAL ACCIDENTS



### **IF YOU ARE INJURED ON THE JOB:**

- **Immediately notify your employer that you have been injured.**

Employer HR/Workers' Compensation Contact

Phone Number

- **Tell the medical provider that you have been injured at work and give the information below:**

Insurance Carrier

Address

Phone Number

---

Employer

Address

- 
- **If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).**
  - **Additional information regarding your rights and eligibility for benefits pursuant the Workers' Compensation law may be obtained by contacting the Department of Industrial Accidents at 617.727.4900 or visiting [www.mass.gov/dia](http://www.mass.gov/dia).**

### **IF MEDICAL TREATMENT IS NEEDED:**

Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

---

Phone Number:

