

## NOTICE TO EMPLOYEES

## THE COMMONWEALTH OF MASSACHUSETTS **DEPARTMENT OF INDUSTRIAL ACCIDENTS**



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

| • Immediately notify y   | our employer t  | that you have bee  | en injured.        |  |
|--|-----------------|--------------------|--------------------|--|
| Employer HR/Workers' Compe   | nsation Contact | Phone Number       |                    |  |
| • Tell the medical prov  | ider that you h | ave been injured   | at work and give t | the information below:                             |
| Insurance Carrier  | ,               | Address            |                    | Phone Number                                       |
| Employer   | A               | Address            |                    |  |
| • If the employer fails to Claim (Form 110).                         | o report the in | njury to the insur | er, the employee r | may file an Employee's                             |
|  | ay be obtained  | d by contacting th | = =                | s pursuant the Workers'<br>Industrial Accidents at |
|  | IF MEDIC        | AL TREATMEN        | NT IS NEEDED:      |  |
| Injured workers may reasonable, necessar insurer.                    | select their ov | wn medical provi   | der. Medical trea  | tment costs that are                               |
| If medical facility in has a preferred pro-<br>initial treatment at: |                 |                    |                    |  |
| Medical Facility:  | Address:        |                    |                    |  |
| Phone Number:  |                 |                    |                    |  |
|  |                 |                    |                    |  |