

NOTICE
TO
EMPLOYEES



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The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111
(617) 727-4900 – 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:

Liberty Mutual

NAME OF INSURANCE COMPANY

11100 Wayzata Blvd Ste 101 Minnetonka MN 55305

ADDRESS OF INSURANCE COMPANY

WCC-641-445128-019

POLICY NUMBER

Nola Benoit

EFFECTIVE DATES

763-546-7550

NAME OF INSURANCE AGENT

Strom Engineering Cooperation

ADDRESS

10505 Wayzata Blvd Ste 300 Minnetonka MN 55305

PHONE #

EMPLOYER

Compliance Team

ADDRESS

952-544-8644

3/15/2022

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

Based on Location of Job Assignment- Contact Program Coordinator

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER