

Appendix 7

NOTICE TO EMPLOYEES



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The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

Lafayette City Center, 2 Avenue de Lafayette, Boston, Massachusetts 02114-2017
(617)-727-4900

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 and 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:

MIIA Property and Casualty Group, Inc.

(Name of Self-Insured Group)

3 Center Plaza, Suite 610, Boston, MA 02108

(Address of Self-Insured Group)

ROW00045-09-22
(Certificate Number)

July 1, 2022 to July 1, 2023
(Effective Dates)

MIIA Property and Casualty Group, Inc.

3 Center Plaza, Suite 610, Boston, MA 02108

(Name of Group Administrator, Address, Phone)

(800) 799-6442

Town of Rowley

Town Hall, 139 Main Street

Rowley, MA 01969

(Employer, Address)

Deb Fagan, Amy Lydon, Natalie Lovett *7/1/22*
Employer's Worker's Compensation Officer (If Any) *978 948 2705* (Date)
978 948 2372

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 Worker's Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee must select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by 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)

Anna Jacques Hospital 25 Highland St. Newburyport,
TO BE POSTED BY EMPLOYER *MA*