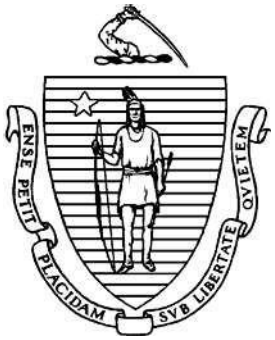
NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

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:

Massachusetts Education & Government Association Property & Casualty Group Inc. (MEGA)

NAME OF INSURANCE COMPANY

55 WALKERS BROOK DR., STE. 402, READING MA 01867

ADDRESS OF INSURANCE COMPANY

POLICY NUMBER		EFFECTIVE DATES
WCX3406110023		7/1/2026- 7/1/2027
Braley & Wellington	44 Park Ave, PO Box 15127 Worcester, MA 01615	508-754-7255
NAME OF INSURANCE AGENT	ADDRESS	PHONE #
WACHUSETT REGIONAL SCHOOL DISTRICT	1745 Main Street Jefferson, MA 01522	
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

TO BE POSTED BY EMPLOYER