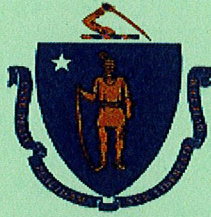


**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**Lafayette City Center, 2 Avenue de Lafayette, Boston, Massachusetts 02111-1750  
(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)

**UPT00189-09-23**  
(Certificate Number)

**July 1, 2023 to July 1, 2024**  
(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 Upton  
1 Main Street, Box 1  
Upton, MA 01568**  
(Employer, Address)

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Employer's Worker's 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 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

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(Name of Hospital)

(Address)

**TO BE POSTED BY EMPLOYER**



