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 – http://www.ma.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:

HARTFORD UNDERWRITERS INS COMPANY
NAME OF INSURANCE COMPANY

ONE HARTFORD PLAZA HARTFORD CT 06155
ADDRESS OF INSURANCE COMPANY

13 WN S63103	07/01/2025-07/01/2026
POLICY NUMBER	**EFFECTIVE DATES**

ARTHUR J GALLAGHER RISK MGMT SVCS	4000 MIDLANTIC DRIVE SUITE 200 MOUNT LAUREL NJ 08054	N/A
NAME OF INSURANCE AGENT	**ADDRESS**	**PHONE**

DREXEL UNIVERSITY	NO SPECIFIC LOCATION IN THE STATE OF MA
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. The employee may select his or her own physician. The reasonable and necessary costs of the services provided by the treating physician will be paid by the insurer if the treatment is connected to the work-related injury.

The above-named insurer has a preferred provider arrangement, in the cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such care at:

NAME OF HOSPITAL **ADDRESS**

TO BE POSTED BY EMPLOYER

Form WC 88 20 01 F Printed in U.S.A.