

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

07/01/2022-07/01/2023

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. 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