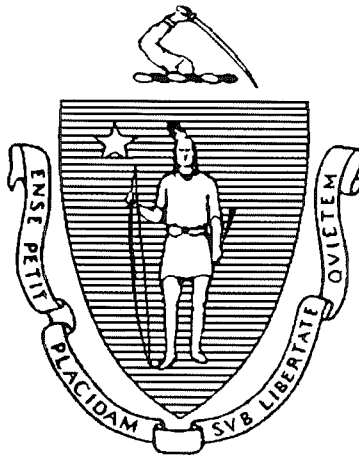


**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111  
(617) 727-4900 – www.mass.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:

**THE TRAVELERS INSURANCE COMPANIES**

**NAME OF INSURANCE COMPANY**

P.O. BOX 4614  
BUFFALO, NY 14240-4614

**ADDRESS OF INSURANCE COMPANY**

UB-6J700024-20-14-G

01-01-20 TO 01-01-21

**POLICY NUMBER**

**EFFECTIVE DATES**

A J GALLAGHER RMS

210 INDUSTRIAL PARK RD STE 130  
JOHNSTOWN, PA 15904

**NAME OF INSURANCE AGENT**

**ADDRESS**

**PHONE #**

UNIVERSITY OF PITTSBURGH

29 QUASSON RD  
CHATHAM  
MA 02633

**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**