



TO: Consumers of the VIP Program

FROM: Fiscal Intermediary Department

RE: Workers' Compensation for Employees

The Tempus Unlimited, Inc. Fiscal Intermediary Department provides each employer with Workers' Compensation Insurance in the event an employee becomes injured while working for a consumer. Consumers are required to notify employees that they are eligible for Workers' Compensation along with the necessary information to report an injury.

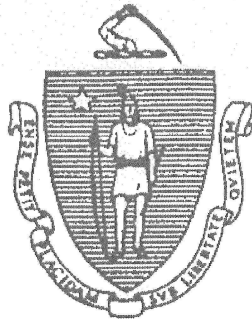
On the reverse side of this notice, please find a *NOTICE TO EMPLOYEES* that has been completed with the name and address of the Insurance Company along with the name and address of the Insurance Agent. Each consumer must complete the Employer section (consumer name) and Address section (consumer address) and post the *NOTICE TO EMPLOYEES* in a suitable public area on their premises. This notice is also available on our website at <http://www.tempusunlimited.org/>

The following is information you need to know about your Workers' Compensation Policy:

Atlantic Charter  
25 New Chardon St.  
Boston, MA 02114

If an employee should become injured while working for you please advise them to contact Atlantic Charter Insurance Company at 617-488-6500.

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

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

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 - <http://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:

**Atlantic Charter Insurance Company 617-488-6500**

NAME OF INSURANCE COMPANY

**25 New Chardon Street, Boston, MA 02114**

ADDRESS OF INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATES

**HUB International, 229 Ballardvale St., Wilmington, MA 01887 978-657-5100**

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

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

**Nearest Hospital to Consumer's Home**

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**