



Dear Consumer,

The Department of Industrial Accidents (DIA) has revised the Notice to Employees poster and has established new notice requirements.

We have provided the revised poster on the back of this notice for your convenience.

As an employer, you must:

- Fill out the Notice to Employees
- Post in a visible location utilized and accessible to all employees.
 - If no such location exists, the poster must be distributed to employees electronically or by mailing a copy.
- The posted must be updated, reposted, and redistributed whenever any of the information changes.

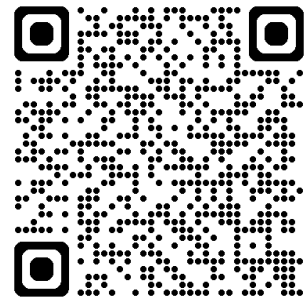
The revised poster is also available on the DIA website using the link or QR code below, in the following languages:

- | | |
|----------------|------------------|
| • English | • Haitian Creole |
| • Arabic | • Portuguese |
| • Cape Verdean | • Spanish |
| • Chinese | • Vietnamese |
| • Khmer | |

<https://www.mass.gov/info-details/notice-to-employees-poster>

Thank You,

Tempus Unlimited, Inc.





NOTICE TO EMPLOYEES

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF INDUSTRIAL ACCIDENTS



IF YOU ARE INJURED ON THE JOB:

- **Immediately notify your employer that you have been injured.**

Employer HR/Workers' Compensation Contact

Phone Number

- **Tell the medical provider that you have been injured at work and give the information below:**

Insurance Carrier

Address

Phone Number

Atlantic Charter Insurance Company

PCA, 25 New Chardon Street, Boston, MA 02114

(617) 488-6500

Employer

Address

- **If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).**
- **Additional information regarding your rights and eligibility for benefits pursuant the Workers' Compensation law may be obtained by contacting the Department of Industrial Accidents at 617.727.4900 or visiting www.mass.gov/dia.**

IF MEDICAL TREATMENT IS NEEDED:

Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

Phone Number:

