



TO: Consumers of the RI VDC Program

FROM: Fiscal Intermediary Department

RE: Employment Packages

Welcome to the Tempus Unlimited, Inc. Fiscal Intermediary (FI) program. Enclosed please find all the pre-populated forms you will need to sign, date and return to us in order to start your participation in the FI Program. The following is a list of the forms and a brief description of their use:

VDC Veteran and ADNA Agreement: The Agreement explains the roles and responsibilities for the Consumer and the Aging and Disability Network Agencies (ADNA) to manage the Veteran Directed Care (VDC) program. The Consumer completes and signs this form.

SS-4 Application for Employer Identification Number (EIN): Each Veteran is an employer in the FI program. You will need an Employer Identification Number (EIN) in order for Tempus Unlimited, Inc. to report tax withholding and other information for your workers, to the Internal Revenue Service. This form is required by the Federal Government. The Veteran, Legal Guardian, or POA completes and signs this form.

RI Business Application and Registration Form (BAR): This application is similar to the SS-4 above, however it is required by the State of Rhode Island. The Veteran, Legal Guardian, or POA completes and signs this form.

8821 Tax Information Authorization: This form will allow Tempus Unlimited, Inc. to inspect and receive information about the tax forms indicated on line 3(b) and for the tax periods indicated on line 3(c) on form 8821. The Veteran, Legal Guardian, or POA completes and signs this form.

2678 Employer Appointment of Agent: This form will allow Tempus Unlimited, Inc. to file the appropriate forms with the Internal Revenue Service (IRS) as an agent of the Veteran. The Veteran, Legal Guardian, or POA completes and signs this form.

RI-2848 Power of Attorney and Declaration of Representative: This form allows Tempus Unlimited, Inc. the Power of Attorney for the following forms we file on your behalf: The State Income Tax withholding and the BAR Form. The Veteran, Legal Guardian, or POA completes and signs this form.

Fiscal Intermediary Procedure for Submitting Complaints and Grievances: This policy explains how you would proceed in filing a grievance if you were ever unhappy with the services Tempus Unlimited, Inc. provides.

Tempus Unlimited, Inc. Notice of Privacy Practices (NNP): The NNP describes how Protected Health Information (PHI) about you may be used or disclosed, and how you may access this information.

Consent to the Use and Disclosure of Protected Health Information: By completing and signing this form, the Veteran acknowledges consent/non-consent regarding the release of PHI and permission to leave detailed voicemails on home/cell phone. The Veteran, Surrogate or Legal Guardian completes and signs this form.

RI Department of labor and Training Notice (DLT): As an employer in Rhode Island, you need to post this Notice where your Direct Care Workers (DCWs) can see it. In the event that one of your DCWs is injured while working for you, the name and telephone number of your Workers' Compensation Insurance Company are on the form. **Please fill in your name and address before posting.**

Change of Veteran Address Form: If you (Veteran) should move, we require a signed change of address form or a letter of instruction to make the change (**we cannot accept changes over the phone**). Payroll packages are mailed directly to the Veteran/Surrogate address and we cannot re-direct the payroll package unless we have received a signed request.

Emergency Notification System (RAVE): We will use the system to notify you of office closings, important updates and other information that we need to provide quickly. Registration is not required however; an opt-out letter is mailed for those that prefer to not receive these notifications.

Please complete these forms as soon as possible and return them via the fax at the number listed below or mail them to our office at the address listed below. Once we have received your completed FI forms and your ADNA Case Manager submits the final approved Veteran Spending plan from the VA informing you of the approved start date to begin payroll, we will mail timesheets and forms for your DCWs to complete in order to process their payrolls.

If you have any questions, please contact Tempus Unlimited, Inc. at Toll-Free at 1-877-479-7577 Monday through Friday between the hours of 7:30AM and 4:30PM. One of our Consumer Relations Specialists will be happy to assist you.



Fiscal Intermediary Procedure for submitting Complaints and Grievances

Tempus Unlimited, Inc. processes payrolls and related tax filings as the Fiscal Intermediary (FI) for consumers in the Veterans Directed Care (VDC) Program. Tempus Unlimited, Inc. is obligated to provide these services in a professional, courteous and timely manner. Consumers or Surrogates should feel free to voice their concerns whenever they believe these standards are not being met.

- I. If a consumer or surrogate is unhappy with the service, or with a representative of the FI, they can call (toll-free at 877-479-7577), fax, (800-359-2884) , email to: MAFMS@tempusunlimited.org, include the word “Complaint” in the subject line, or mail your letter to the Consumer Relations Supervisor at Tempus Unlimited, Inc., 600 Technology Center Drive, Stoughton, MA 02072. The Consumer Relations Supervisor will review the circumstances regarding the complaint and attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- II. If a consumer is not satisfied with the action taken by the Consumer Relations Supervisor, and they feel strongly that their complaint is the result of a violation of law, or regulation, or egregious error or service, they can send an email to: Grievance@tempusunlimited.org, or mail to 600 Technology Center Drive, Stoughton, MA. 02072, ATTN: Compliance Department. The Compliance Office will review the circumstances regarding the grievance and will attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- III. If a consumer is not satisfied with the action taken by the Compliance Department, the grievance will be forwarded to the CEO/FI Director via email and/or consumer should submit their grievance by US Mail to Chief Executive Officer/Fiscal Intermediary Director, 600 Technology Center, Stoughton, MA 02072. The CEO/FI Director will conduct an investigation of the circumstances through telephone interviews, personal interviews and/or reviews of written or printed documents relating to the issues.
- IV. Within ten days of receiving the written grievance, the CEO/FI Director will issue a decision in writing to the consumer using the same method as the complainant (email or mail).
- V. If the consumer is dissatisfied with the decision of the CEO/FI Director, the grievance will be transferred to the appropriate parties at the Aging Service Access Point (ASAP) and Veterans Affairs (VA).

Notice of Privacy Practices

Tempus Unlimited Fiscal Intermediary

Notice of Privacy Practices

Effective Date: February 16, 2026

This notice describes how Protected Health Information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

This Notice is provided on behalf of **Tempus Unlimited Inc.** (referred to as “the Agency”).

PURPOSE

This notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out payment for Fiscal Intermediary program services, required by the contract entered between the Massachusetts Executive Office of Health and Human Services and Tempus Unlimited, Inc.

Protected Health Information is information that may identify the Consumer and that relates to the consumer’s past, present or future physical or mental health, and may include name, address, phone numbers, and other identifying information.

[2026 ADDITION] The Agency operates as a Fiscal Intermediary and provides administrative, payment, and oversight services. The Agency does not provide clinical treatment services and does not originate medical or behavioral health treatment records.

We are required by law to give you this notice and to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We reserve the right to change the privacy practices described in it. A current version of this Notice may be obtained from the Agency website, www.tempusunlimited.org and will be posted in our offices. You may also request a current copy by sending a written request to the Agency Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Agency health care professionals, employees, volunteers, and others who work in any of the Tempus Unlimited, Inc. Programs that you may participate in.

YOUR PRIVACY RIGHTS

You have the following rights relating to your Protected Health Information:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of Agency created documents. Your request to obtain a copy of these documents must be in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or another designated individual.
- Request that an amendment to your Protected Health Information (PHI), if you feel the information is incomplete or incorrect.
- Obtain an accounting of certain disclosures Protected Health Information.
- We will obtain your written permission for uses and disclosures of your Protected Health information sent to you by alternative means or at alternative locations.
- We will obtain your permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or another designated individual.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information and to abide by the terms of this Notice.

We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information.

Notice of Privacy Practices

Tempus Unlimited Fiscal Intermediary

[2026 ADDITION] In some circumstances, federal or state laws may impose more restrictive limits on the use and disclosure of certain health information. When such laws apply, the Agency complies with the more restrictive legal requirement.

We will not use or disclose your information other than as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. We will request that you submit that request in writing. We will offer an accommodation to document your request if needed.

EXAMPLES OF USES AND DISCLOSURES

We will use your Protected Health information to provide services.

- **Public Health:** We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and is required by law.
- **Communicable Disease:** We may disclose your Protected Health information to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- **Law Enforcement and Legal Proceedings:** **[2026 REVISED]** We may disclose your Protected Health Information as required by law, such as in response to a valid court order, subpoena, discovery request, or other lawful process. When the Agency is not the originator of clinical or treatment records, requests for such records may be redirected to the provider of records.
- **As Required by Law:** **[2026 REVISED]** We disclose Protected Health Information when required by federal, state, or local law and in accordance with any applicable confidentiality requirements that may impose additional restrictions.
- **Health Oversight Activities:** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight Agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- **Abuse or Neglect:** We may disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect.
- **Legal Proceedings:** We may disclose your protected Health information during any judicial or administrative proceeding or in response to a court order, subpoena, discovery request, or other lawful process.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
- **To Avoid Serious Threat to Health or Safety:** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- **For Specific Government Functions:** In certain situations, we may disclose Protected Health Information of veterans. We may disclose your Protected Health Information for national security activities required by law.

COMPLAINTS

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your Protected Health Information. We create a record of the care and services you receive at the Agency. We need this record to provide services to you and to comply with certain legal requirements.

If you believe your Privacy Rights have been violated, you may make a complaint to us or to the US Secretary of Health and Human Services at: <http://www.hhs.gov/>

Complaints to the Agency may be submitted to:

Tempus Unlimited, Inc. Compliance Department
600 Technology Center Drive
Stoughton, MA 02072
Email a complaint to: Grievance@TempusUnlimited.org.

There will be no retaliation for filing a complaint.

Aviso Sobre Prácticas de Privacidad

Tempus Unlimited Intermediario Fiscal



Aviso Sobre Prácticas de Privacidad

Fecha Efectiva: Febrero 16, 2026

Este aviso describe cómo se puede utilizar y compartir la Información Médica Protegida sobre usted, y cómo puede acceder a esta información. Por favor léalo con mucha atención.

Este aviso se proporciona en nombre de **Tempus Unlimited Inc.** (referido como “la Agencia”).

PROPÓSITO

Este aviso sobre prácticas de privacidad describe cómo podemos utilizar y compartir su Información Médica Protegida (PHI) para realizar el pago de los servicios del programa Intermediario Fiscal, tal y como lo exige el contrato establecido entre la Oficina Ejecutiva de Salud y Servicios Humanos de Massachusetts y Tempus Unlimited, Inc.

La Información Médica Protegida es información que puede identificar al consumidor/a y que se refiere a su salud física o mental pasada, presente o futura, y puede incluir nombre, dirección, números de teléfono y otra información identificativa.

[2026 ADICIÓN] La Agencia opera como Intermediario Fiscal y presta servicios administrativos, de pago y de supervisión. La Agencia no presta servicios de tratamiento clínico y no genera registros médicos ni de tratamiento de salud mental.

La ley nos exige que le proporcionemos este aviso y que mantengamos la privacidad y seguridad de su información médica protegida. Debemos cumplir con las obligaciones y prácticas de privacidad descritas en este aviso y proporcionarle una copia a usted.

Nos reservamos el derecho a modificar las prácticas de privacidad descritas en el presente documento. La versión actualizada de este aviso se puede obtener en la página web de la Agencia, www.tempusunlimited.org y se publicará en nuestras oficinas. También puede solicitar una copia actualizada enviando una solicitud por escrito al Departamento de Cumplimiento de la Agencia (Agency Compliance Department), 600 Technology Center Drive, Stoughton, MA 02072.

QUIÉN DEBERÁ SEGUIR ESTE AVISO

Este aviso describe las prácticas de los profesionales de la salud, empleados, voluntarios y otras personas que trabajan en cualquiera de los programas de Tempus Unlimited, Inc. Programas en los que usted pueda participar.

SUS DERECHOS DE PRIVACIDAD

Usted tiene los siguientes derechos en relación con su Información Médica Protegida:

- Obtenga una copia actualizada en papel de este aviso.
- Inspeccione o obtenga una copia de los documentos creados por la Agencia. Su solicitud para obtener una copia de estos documentos debe realizarse por escrito o en un formato que nos permita verificar que el solicitante es Consumidor/a o Guardián o otra persona designada.
- Solicite una modificación de su Información Médica Protegida (PHI) si considera que la información está incompleta o es incorrecta.
- Obtenga un informe de ciertas divulgaciones de Información Médica Protegida.
- Obtendremos su permiso por escrito para el uso y la divulgación de su información médica protegida que se le envíe por medios alternativos o a ubicaciones alternativas.
- Obtendremos su permiso para los usos y divulgaciones de su Información Médica Protegida que no estén cubiertos por el Aviso o permitidos por la ley. Excepto en la medida en que el uso o la divulgación ya se hayan realizado, usted puede cancelar este permiso. Esta solicitud de cancelación debe presentarse por escrito o en un formato que nos permita verificar que el solicitante es Consumidor/a o Guardián o otra persona designada.

NUESTRAS RESPONSABILIDADES

La ley nos exige mantener la privacidad y seguridad de su información médica protegida y cumplir con los términos de este Aviso.

Le informaremos de inmediato si se produce un incidente que pueda haber comprometido la privacidad o la seguridad de su información.

Aviso Sobre Prácticas de Privacidad

Tempus Unlimited Intermediario Fiscal



[2026 ADICIÓN] En algunas circunstancias, las leyes federales o estatales pueden imponer límites más restrictivos al uso y la divulgación de cierta información médica. Cuando se aplican esas leyes, la Agencia cumple con los requisitos legales más restrictivos.

No utilizaremos ni divulgaremos su información fuera de lo aquí descrito, a menos que usted nos autorice a hacerlo. Si nos autoriza, puede cambiar de decisión en cualquier momento. Le pediremos que envíe su solicitud por escrito. Le proporcionaremos un medio para documentar su solicitud si es necesario.

EJEMPLOS DE USOS Y DIVULGACIONES

Utilizaremos su información médica protegida para proporcionar servicios.

- **Salud Pública:** Podemos dar su Información Médica Protegida a agencias de salud pública que se encargan de prevenir o controlar enfermedades, heridas o discapacidades y es requerido por la ley.
- **Enfermedad Transmisible:** Podemos divulgar su Información Médica Protegida a una persona que pueda haber estado expuesta a una enfermedad contagiosa o que pueda correr el riesgo de contraer o transmitir la enfermedad o condición, si está autorizado por la ley, como en el caso de una enfermedad que requiera cuarentena.
- **Ejecución de la ley y Procedimientos Legales:** **[2026 REVISADO]** Podemos divulgar su Información Médica Protegida según lo exija la ley, por ejemplo, en respuesta a una orden judicial válida, una citación, una solicitud de descubrimiento o otro proceso legal. Cuando la Agencia no es la originadora de los registros clínicos o de tratamiento, las solicitudes de esos registros pueden ser redirigidas al proveedor de los registros.
- **Según lo exige la ley:** **[2026 REVISADO]** Divulgamos la Información Médica Protegida cuando así lo exige la legislación federal, estatal o local, y de acuerdo con cualquier requisito de confidencialidad aplicable que pueda imponer restricciones adicionales.
- **Actividades de Supervisión de Salud:** Podemos divulgar su Información Médica Protegida a una agencia de supervisión de la salud para actividades autorizadas por la ley, tales como investigaciones y inspecciones. Las agencias de supervisión son aquellas que supervisan el sistema de salud, los programas de beneficios gubernamentales, como Medicaid, y otros programas reguladores del gobierno.
- **Abuso o Negligencia:** Podemos divulgar su Información Médica Protegida a las autoridades gubernamentales que estén autorizadas por ley a recibir informes de sospechas de abuso o negligencia.
- **Procedimientos Legales:** Podemos divulgar su Información Médica Protegida durante cualquier procedimiento judicial o administrativo, o en respuesta a una orden judicial, citación, solicitud de descubrimiento o otro proceso legal.
- **Usos y Divulgaciones Requeridos:** Debemos divulgar información cuando así lo requiera el Secretario del Departamento de Salud y Servicios Humanos para investigar o determinar nuestro cumplimiento de las Regulaciones de Privacidad de HIPAA.
- **Para Evitar Amenazas Graves para la Salud o la Seguridad:** Podemos utilizar y divulgar su Información Médica Protegida cuando sea necesario para prevenir una amenaza grave para su salud o seguridad, o para la salud o seguridad del público o de otra persona.
- **Para Funciones Gubernamentales Específicas:** En algunas situaciones, podemos compartir la Información Médica Protegida de los veteranos. Podemos compartir su Información Médica Protegida para actividades de seguridad nacional que la ley exige.

QUEJAS

Entendemos que la información médica sobre usted y su salud es personal y confidencial, y nos comprometemos a proteger la confidencialidad de su Información Médica Protegida. Creamos un registro de la atención y los servicios que recibe en la Agencia. Necesitamos este registro para proporcionarle servicios y cumplir con ciertos requisitos legales.

Si cree que se han violado sus Derechos de Privacidad, puede presentar una queja ante nosotros o ante el Secretario de Salud y Servicios Humanos de los Estados Unidos en: <http://www.hhs.gov/>

Las quejas dirigidas a la Agencia pueden enviarse a:

Tempus Unlimited, Inc. Compliance Department
600 Technology Center Drive
Stoughton, MA 02072

Envíe una queja por correo electrónico a: Grievance@TempusUnlimited.org.

No habrá repercusiones por presentar una queja.

Change Form and Supply Request

Tempus Unlimited, Inc. 600 Technology Center Drive Stoughton MA 02072 Phone (877)479-7577 Fax (800)359-2884 Email MAFMS@tempusunlimited.org

This Change Form is submitted to change information for **(check one)**: Consumer/Participant PCA/Worker Surrogate

Consumer/Participant # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Consumer/Participant Name <input style="width: 95%;" type="text"/>	Type of Change (Required) <input type="checkbox"/> Consumer/Participant Address <input type="checkbox"/> PCA/Worker Address <input type="checkbox"/> Surrogate Address	Change Requested By (Required) <input type="checkbox"/> Consumer/Participant <input type="checkbox"/> Surrogate <input type="checkbox"/> PCA/Worker <input type="checkbox"/> PCM/CM
Last 4 Digits of SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PCA/Worker Name <input style="width: 95%;" type="text"/>		

If you have terminated a PCA/Worker, you must complete a PCA/Worker Employment Termination Form. You can obtain this form from our website <https://tempusunlimited.org/> or by contacting us @ 1-877-479-7577. A Consumer Relations Specialist will be happy to assist.

First Name <input style="width: 98%;" type="text"/>	Initial <input style="width: 20px; height: 20px;" type="text"/>
Last Name <input style="width: 98%;" type="text"/>	
Address Type <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Home and Mailing are the same	
Address <input style="width: 98%;" type="text"/>	
City <input style="width: 95%;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/> ZIP Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Phone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Cell Phone Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Email Address <input style="width: 98%;" type="text"/>	

Name (Print) _____
Signature (only the signature of the requestor is required) _____
Date

Supply Request:

- Timesheets
 FI Paid Time Off Timesheets
 Payment Schedule
 New Hire Paperwork (NHP)
 Form W4
 E-Timesheet Application
 Direct Deposit Application
 Debit Card Application
 Change Forms
 Other: _____

Change Form and Supply Request Instructions

Change Form

- Check who the change form is being submitted for (Consumer/Participant, PCA/Worker or Surrogate)

This Change Form is submitted to change information for **(check one)**: Consumer/Participant PCA/Worker Surrogate

- Enter Consumer/Participant # and Participant/ Consumer Name
- Enter Last 4 of SSN and PCA/Worker Name (if applicable)
- Check Type of Change and Change Requested By

Type of Change (Required)	Change Requested By (Required)
<input type="checkbox"/> Consumer/Participant Address	<input type="checkbox"/> Consumer/Participant
<input type="checkbox"/> PCA/Worker Address	<input type="checkbox"/> Surrogate
<input type="checkbox"/> Surrogate Address	<input type="checkbox"/> PCA/Worker
	<input type="checkbox"/> PCM/CM

- Enter information to be updated
 - First Name
 - Middle Initial (if applicable)
 - Last Name
 - Address (Indicate Home or Mailing)
 - City, State and Zip Code
 - Phone Number
 - Cell Number
 - Email Address
 - Appropriate Individual should Print Name, Sign and Date the form

Signatures

- Only the signature of the requestor is required
- Only the Consumer/Participant/Surrogate or PCM Staff can update Consumer Information
- Only the Surrogate can update Surrogate Information
- Only the PCA/Worker can update PCA Information

Supply Request

- Check the forms you would like to be mailed to you (you can check more than one box).

Completed forms can be sent via Mail, Fax or Email (see top of page one). All requests will be processed in the order they are received



WHO MAY NOT BE A WORKER

Surrogate

Any Legally Responsible Relative
of the Waiver Participant



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.

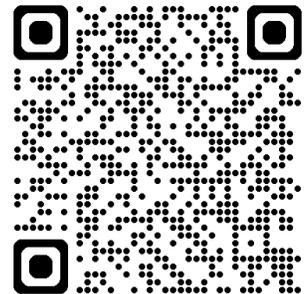
The revised poster is also available on the DIA website using the link or QR code below, in the following languages:

- | | |
|----------------|------------------|
| • 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:

