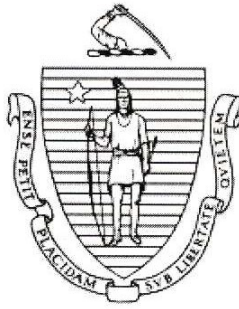


**NOTICE
TO
EMPLOYEES**



**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:

NEEIA Compensation, Inc.

NAME OF INSURANCE COMPANY

P.O. Box 3249, Springfield, MA 01101

ADDRESS OF INSURANCE COMPANY

21-5000310

POLICY NUMBER

1/1/21 - 1/1/22

EFFECTIVE DATES

FutureComp – T.P.A.

711 East Main St, Suite 201, Chicopee, MA 01020

855-874-0123

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Suffolk University

8 Ashburton Place, Boston, MA 02108

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 as the:

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER