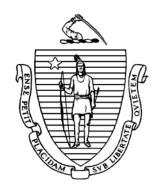
## NOTICE TO EMPLOYEES



# 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:

Everest insurance Company			
NAME OF	INSURANCE COMPANY		
477 Martinsville Road			
ADDRESS OF INSURANCE COMPANY			
86000096891		10/06/20	019 - 10/06/2020
POLICY NUMBER		EFFEC	CTIVE DATES
Bradley & Parker, Inc.	320 South Service Rd, Mellville, NY	11747	800-445-3393
NAME OF INSURANCE AGENT	ADDRESS		PHONE #
BeneTemps Inc. dba BTHR Soutions	25 Birmingham, Plymouth 02360		
EMPLOYER	ADDRESS		

### MEDICAL TREATMENT

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

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

Everest Insurance Company

ADDRESS

**DATE**