

# WORKERS' COMPENSATION

## 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](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:

NAME OF INSURANCE COMPANY: ZURICH AMERICAN INSURANCE COMPANY

ADDRESS OF INSURANCE COMPANY: 1299 ZURICH WAY, SCHAUMBURG, IL 60196-5870

POLICY NUMBER: WC 005714152-07 EFFECTIVE DATES: 1/1/2023 to 1/1/2024

NAME OF INSURANCE AGENT: Worldwide Specialty

ADDRESS: 668 S Service Rd, Ste 235, Melville, NY11747 PHONE #: 631-390-0900

EMPLOYER: The FootBridge Companies, LLC ADDRESS: 200 Brickstone Sq., Ste 405, Andover, MA 01810

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY): \_\_\_\_\_

DATE: 1/1/2023

### 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. The employee may select his or her own physician. The reasonable and necessary costs of the services provided by the treating physician will be paid by the insurer if the treatment is connected to the work-related injury. The above-named insurer has a preferred provider arrangement, in the cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such care at:

NAME OF HOSPITAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TO BE POSTED BY EMPLOYER**

**PRINT**