

# NOTICE TO EMPLOYEES

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## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111  
(617) 727-4900 – <http://www.ma.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:

HARTFORD UNDERWRITERS INS COMPANY

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**NAME OF INSURANCE COMPANY**

ONE HARTFORD PLAZA HARTFORD CT 06155

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**ADDRESS OF INSURANCE COMPANY**

57 WN S66200

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**POLICY NUMBER**

03/31/2024-03/31/2025

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**EFFECTIVE DATES**

Edgewood Partners Insurance Center

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**NAME OF INSURANCE AGENT**

10877 White Rock Road Suite 300 Rancho Cordova CA 95670

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**ADDRESS**

N/A

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**PHONE**

WMBE PAYROLLING INC, DBA TCWGLOBAL

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**EMPLOYER**

NO SPECIFIC LOCATION IN THE STATE OF MA

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**ADDRESS**

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**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 at the

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**NAME OF HOSPITAL**

**ADDRESS**

## TO BE POSTED BY EMPLOYER