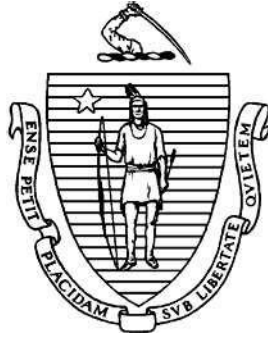


NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
617-727-4900 - <http://www.state.ma.us/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:

Massachusetts Education & Government Association Property & Casualty Group Inc. (MEGA)

NAME OF INSURANCE COMPANY

55 WALKERS BROOK DR., STE. 402, READING MA01867

ADDRESS OF INSURANCE COMPANY

WCX3406110023

7/1/2023- 7/1/2024

POLICY NUMBER

EFFECTIVE DATES

Braley & Wellington

44 Park Ave, PO Box 15127 Worcester, MA 01615

508-754-7255

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

WACHUSETT REGIONAL SCHOOL
DISTRICT

1745 Main Street Jefferson, MA 01522

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 at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER