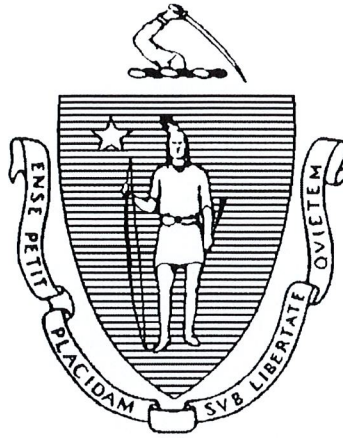


**NOTICE
TO
EMPLOYEES**



**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:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 4614
BUFFALO, NY 14240-4614

ADDRESS OF INSURANCE COMPANY

UB-8J306410-23-14-G

12-01-23 TO 12-01-24

POLICY NUMBER

EFFECTIVE DATES

RIGGS CNSLMN MCHL DOWNES

555 FAIRMONT AVE
BALTIMORE, MD 21286

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

DICKINSON COLLEGE

5 FORT ST
FAIRHAVEN
MA 02719

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

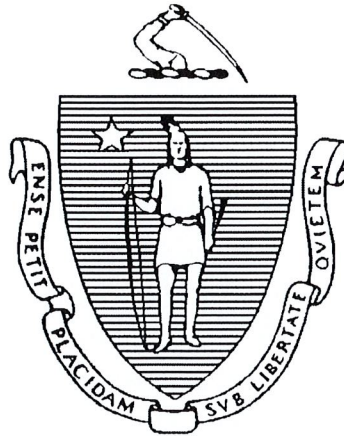
The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the 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

NOTICE TO EMPLOYEES



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RIGGS CNSLMN MCHL DOWNES

555 FAIRMONT AVE
BALTIMORE, MD 21286

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

DICKINSON COLLEGE

120 WARREN AVE
MARLBOROUGH
MA 01752

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

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