

**NOTICE  
TO  
EMPLOYEES**

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TO  
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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 Insurance Company

**NAME OF INSURANCE COMPANY**

**ADDRESS OF INSURANCE COMPANY**

57 WE VK3218

02/26/20 - 02/26/21

**POLICY NUMBER**

**EFFECTIVE DATES**

MINER FINANCIAL & INS AGENCY

11231 GOLD EXPRESS DR STE 104

GOLD RIVER CA 95670

(916)-859-0360

**NAME OF INSURANCE AGENT**

**ADDRESS**

**PHONE**

**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**

# AVISO

**El patrón avisa que ha asegurado el pago de compensación a los empleados y sus dependientes, de acuerdo con lo provisto por la ley de responsabilidad de los patrones de seguro para sus empleados. Titulo 34, Capitulo 15, Articulo 5, revisión de estatutos del Estado de New Jersey, asegurándolos con.**

Hartford Underwriters Insurance Company

**Compañía de Seguro**

**por el periodo**

**Comenzando** 02/26/20

**Terminando** 02/26/21

**Patrón**

**De acuerdo con la ley mencionada arriba, esta notica debe ser colocada y mantenida en un lugar visible en todos los lugares de trabajo.**

# WORKERS' COMPENSATION NOTICE

**Employer:** GRANITE SOLUTIONS GROUPE INC.

has complied with the provisions of the Workers' Compensation Act (§34A-2-101, Utah Code Annotated), the Utah Occupational Disease Act (§34A-3-101, Utah Code Annotated), and the rules of the Labor Commission by insuring the liability to pay the compensation and other benefits provided by said Acts through:

**Insurance Company:** Twin City Fire Insurance Company

**Policy Number:** 57 WE VK3218

Address for the above insurance company: \_\_\_\_\_

Telephone number \_\_\_\_\_

Check here if the employer has been authorized by the Division of Industrial Accidents to self-insure and directly pay workers' compensation benefits.

## WORKERS' COMPENSATION

Workers' Compensation is insurance which pays medical expenses and helps offset lost wages for employees with work-related injuries or illnesses. If you have an on-the-job injury or occupational disease, it may pay for: hospital and medical bills, time lost from work, permanent loss of body function, prosthetic devices, and burial and dependent benefits in case of death.

### HOW TO REPORT AN ACCIDENT

1. Report the injury, no matter how slight, immediately to your supervisor. You may lose your rights if your injury is not reported within 180 days of the injury or work-related illness.
2. Ask your employer where you should go for treatment. If your employer has a first-aid room or company designated doctor, go there promptly for treatment. If not, go to a doctor of your choice.
3. Tell the doctor **HOW, WHEN and WHERE** the accident happened. The doctor will fill out a physician's initial report form. A copy of the report is given to you and copies of the report are sent to the insurance company and the Labor Commission within seven (7) days of your doctor visit.
4. Your employer shall fill out the employer's first report of injury form. A copy of this report is sent to the insurance company within seven (7) days of the accident. The insurance company will report the injury to the Labor Commission.

### HOW TO START COMPENSATION

1. Ask your employer which insurance company pays workers' compensation benefits for the company.
2. Ask your employer to report the accident to the insurance company and give you the claim number.
3. Call the insurance company and ask them to start your workers' compensation benefits. The insurance company will require the employer's report, the physician's report, and may ask you to fill out a request for compensation. Cooperate with the adjuster's investigation of the injury.
4. Ask your doctor to send medical reports to the insurance company, including the work status statement.

### REHABILITATION

If you cannot return to work, you may be eligible for a rehabilitation program. Contact the insurance company listed above or the Utah State Office of Rehabilitation.

**FRAUD STATEMENT:** "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

**UTAH  
LABOR COMMISSION**  
Industrial Accidents Division

160 East 300 South 3rd Floor P.O. Box 146610 Salt Lake City, Utah 84114-6610  
Office: (801)-530-6800 Fax: (801)-530-6804 Toll Free: (800)-530-5090 [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov)

If you want copy of an *Employee's Guide to Workers' Compensation* booklet or have questions, contact the Labor Commission or go to the webpage at [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov).

Note: This notice must be posted and kept continuously in public and conspicuous places in the office, shop or place of business of the employer as per §34A-2-204 and §34A-2-104.5, Utah Code Annotated.