Grand River Insurance Agency

Workers' Compensation Claim Kit – Massachusetts

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Dear Policyholder:

Thank you for placing your workers' compensation coverage with Grand River Insurance Agency (GRIA). We look forward to working with you to fulfill all your workers' compensation needs.

Enclosed you will find documentation necessary for the processing and administration of a claim in the event of a workplace injury, as well as important information regarding workers' compensation requirements for your state (i.e., posting notices, compliance laws, etc.).

Please utilize the documents included to collect valid information regarding the injured employee and incident and send the documents in when reporting the claim or upon request.

All new claims can be reported to claims@grandriverservices.com. Please email a completed first report of injury form along with a brief message describing the claim.

Massachusetts state law recommends employers report every industrial injury or occupational disease claim to their workers' compensation carrier as soon as possible or within 5 days of employer knowledge of injury. State law also requires that employers authorize initial medical treatment within 24 hours of knowledge that an occupational injury of illness has been sustained or reported, regardless of the legitimacy of the claim. Failure to comply may result in the loss of "medical control" and a significant increase in the potential claim cost.

We will attempt to contact you and the injured worker within 24 hours of receiving the First Report of Injury.

Questions regarding your insurance policy or coverage should be directed to your Grand River agent. We thank you for choosing Incline Casualty Company as your workers' compensation carrier and look forward to providing you superior customer service and compassionate care for your injured workers.

Workers' Compensation Posting Requirements

Workers' Compensation Notice Posters (WC7506j and WC9249c)

- Post in one or more conspicuous places at all business locations

To complete these forms (WC7506j and WC9249c), please enter the following information in the spaces provided:

- Policy number and effective dates (start and end)
- Name, address, and phone number of your insurance agent
- Your company name and address
- Name of your company's workers' compensation officer (if any)
- Date posted
- Name and address of a local hospital to provide emergency medical treatment

NOTICE TO EMPLOYEES

NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAYFAYETTE 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:

Incline Casualty Company

NAME OF INSURANCE COMPANY

13215 Bee Cave Parkway, Building B, Suite 150, Austin, TX 78738

ADDRESS OF INSURANCE COMPANY

POLICY NUMBER EFFECTIVE DATES

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 PARA EMPLEADOS

AVISO PARA EMPLEADOS

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750

(617) 727-4900 - www.mass.gov/dia

De acuerdo con lo dispuesto por los artículos 21, 22 y 30 del capítulo 152 de las Leyes Generales de Massachussets, por el presente notificamos que hemos previsto el pago a nuestros empleados lesionados, conforme al capítulo antes mencionado, mediante un seguro con:

Incline Casualty Company

NOMBRE DE LA COMPAÑÍA DE SEGURO

13215 Bee Cave Parkway, Building B, Suite 150, Austin, TX 78738

DOMICILIO DE LA COMPAÑÍA DE SEGURO

NÚMERO DE PÓLIZA FECHAS DE VIGENCIA

NOMBRE DEL AGENTE DE SEGUROS DOMICILIO TELÉFONO

EMPLEADOR DOMICILIO

FUNCIONARIO DEL EMPLEADOR PARA ACCIDENTES DE TRABAJO (SI HUBIERA) FECHA

TRATAMIENTO MÉDICO

En caso de lesiones personales ocurridas a raíz del trabajo o durante el trabajo, la aseguradora cuyo nombre aparece arriba debe prestar servicios médicos y hospitalarios adecuados razonables de acuerdo con lo dispuesto por la Ley de Accidentes de Trabajo. El empleado lesionado debe recibir una copia del Primer Informe de Lesión. El empleado puede elegir su propio médico. El costo razonable de los servicios prestados por el médico que asista en el caso será abonado por la aseguradora, siempre que el tratamiento sea necesario y esté razonablemente relacionado con la lesión ocupacional. En caso de que se necesite atención hospitalaria, por la presente se notifica a los empleados que la aseguradora ha dispuesto que esa atención sea prestada en:

NOMBRE DEL HOSPITAL DOMICILIO

ANUNCIO PUBLICADO POR EL EMPLEADOR