NOTICE TO EMPLOYEES

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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:

ALLMERICA FINACIAL BENEFIT INSURANCE COMPAY		
NAME OF INSURANCE COMPANY		
440 LINCOLN ST PO BOX 15144 WORCESTER, MA 01615		
ADDRESS OF INSURANCE COMPANY		
W2N-H586762-05		05/05/2026
POLICY NUMBER		EFFECTIVE DATES
ARTHUR J GALLAGHER	1 RESEARCH DR STE 300B	800-333-7234
NAME OF INSURANCE AGENT	ADDRESS	PHONE #
SOLIDUS TECHNICAL SOLUTIONS	55 OLD BEDFORD RD	
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 Worker's 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 tréating 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