



August 21, 2025

FIRST CHURCH IN CAMBRIDGE CONGREGATIONAL  
11 GARDEN STREET  
CAMBRIDGE, MA 02138

Policy Number: 08 WEC NN5276

Dear Policyholder,

This packet includes the posting notices available for your Workers' Compensation policy from The Hartford. If any posting notices are attached below please print and post them in your workplace.

We recommend that you keep these documents posted in your workplace, following your state's requirements.

Thank you,  
The Hartford



# NOTICE TO EMPLOYEES

## THE COMMONWEALTH OF MASSACHUSETTS

### DEPARTMENT OF INDUSTRIAL ACCIDENTS



### IF YOU ARE INJURED ON THE JOB:

- o Immediately notify your employer that you have been injured.

Employer HR/Workers' Compensation Contact

Phone Number

- o Tell the medical provider that you have been injured at work and give the information below:

Insurance Carrier

Address

Phone Number

Twin City Fire Insurance Company

One Park Place, 300 South State St, 7th Floor,  
Syracuse, NY, 13202

(800) 327-3636

Employer

Address

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- o If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).
- o Additional information regarding your rights and eligibility for benefits pursuant the Workers' Compensation law may be obtained by contacting the Department of Industrial Accidents at 617.727.4900 or visiting [www.mass.gov/dia](http://www.mass.gov/dia).

### IF MEDICAL TREATMENT IS NEEDED:

Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

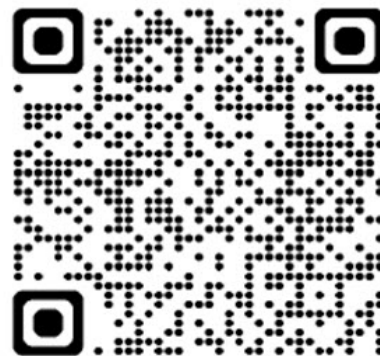
If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

Phone Number:

EMPLOYER: THIS NOTICE MUST BE FILLED OUT AND POSTED WHERE EMPLOYEES CAN READ IT PURSUANT M.G.L.C. 152, SECTIONS 21, 22, 30, AND 75B (2). EMPLOYERS MAY NOT RETALIATE, DISCRIMINATE (IN ACCORDANCE WITH ANY APPLICABLE STATE OR FEDERAL LAWS WHICH INCLUDES IMMIGRATION STATUS), OR PROVIDE FALSE INFORMATION ABOUT THE WORKERS' COMPENSATION PROCESS TO THEIR EMPLOYEES. THIS NOTICE MUST BE UPDATED, POSTED AND REDISTRIBUTED WHEN THERE ARE CHANGES TO THE INFORMATION.



REVISED JUNE 2024