

## MEMORANDUM

TO: Parish Administrators, Parish Business Managers, School Business Managers  
FROM: The Massachusetts Catholic Self-Insurance Group (MCSIG)  
Date: September 11, 2024  
RE: **Labor Law Poster Update - Notification of Changes That Affect Your Location**

We'd like to inform you of an important update to the Workers' Compensation Posting Notice effective immediately.

The Massachusetts Department of Industrial Accidents has updated the Workers' Compensation notice to reflect that if an employer fails to report an injury to their insurer, the employee may file an Employee's Claim Form. In addition, the notice has been updated with a new format, logo, and QR code. The poster revision date is August 15, 2024.

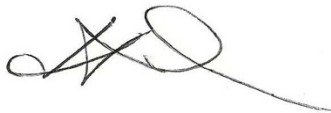
In order for your location to stay in compliance with these recent changes, the attached updated posting must be downloaded, printed, and then posted next to your current labor law poster.

Prior to printing the notice, please be sure to fill in the following fields with your location's information:

- Employer HR/Workers' Compensation Contact and phone number
- Employer
- Employer Address

Please let me know if you have any questions or concerns.

Sincerely,



Joseph McEnness  
Administrator, MCSIG  
[admin@masscatholic.org](mailto:admin@masscatholic.org)



# NOTICE TO EMPLOYEES

## THE COMMONWEALTH OF MASSACHUSETTS

### DEPARTMENT OF INDUSTRIAL ACCIDENTS



### IF YOU ARE INJURED ON THE JOB:

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

Employer HR/Workers' Compensation Contact

Phone Number

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

Insurance Carrier

Address

Phone Number

Employer

Address

- **If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).**
- **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:

