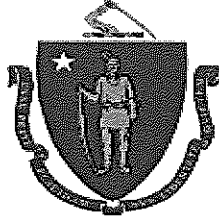


**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
(617)-727-4900**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 and 30, this will give you notice that I (we) have provided for payment to out injured employees under the above mentioned chapter by insuring with:

MIA Property and Casualty Group, Inc.

(Name of Self-Insured Group)

One Winthrop Square, 2nd Floor, Boston, MA 02110

(Address of Self-Insured Group)

11-046
(Certificate Number)

July 1, 2011 to July 1, 2012
(Effective Dates)

MIA, Inc.

One Winthrop Square, 2nd Floor, Boston, MA 02110
(Name of Group Administrator, Address, Phone)

(800) 374-4405

**Town of Duxbury
878 Tremont Street
Duxbury, MA 02332**
(Employer, Address)

Jannie Horne

July 1, 2011

Employer's Worker's 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 must select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by 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

Jordan Hospital, 245 Sandwich Street, Plymouth, MA

(Name of Hospital)

(Address)

TO BE POSTED BY EMPLOYER