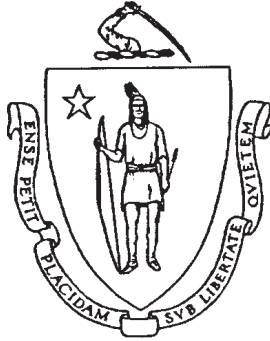


**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
LAFAYETTE 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:

Independent Schools Compensation Corporation www.ISCC-WC.com

NAME OF INSURANCE COMPANY

P.O. Box 845695, Boston, MA 022845695

ADDRESS OF INSURANCE COMPANY

WC 000944-20

01/01/2021 - 12/31/2021

POLICY NUMBER

EFFECTIVE DATES

FutureComp

711 East Main Street, Suite 201, Chicopee, MA 01020

(781) 939-2004

NAME OF INSURANCE AGENT

ADDRESS

PHONE

Five Colleges, Incorporated

97 Spring Street, Amherst, MA 01002

EMPLOYER

ADDRESS

Shonda Pettiford

01/01/2020

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