



# 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

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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.

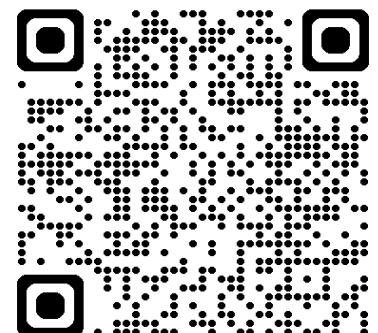
If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

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Phone Number:





# AVISO PARA EMPLEADOS

## COMMONWEALTH DE MASSACHUSETTS

### DEPARTAMENTO DE ACCIDENTES INDUSTRIALES



### SI USTED TIENE UN ACCIDENTE EN EL TRABAJO:

- **Avise inmediatamente a su empleador que tuvo un accidente.**

Contacto de RH del Empleador/Indemnización por Accidente Laboral

Número de Teléfono

- **Avise al proveedor médico que usted tuvo un accidente en el trabajo y proporcione la siguiente información:**

Compañía de Seguros

Dirección

Número de Teléfono

Empleador

Dirección

- **Si el empleador no informa el accidente a la compañía de seguros, el trabajador puede presentar un Reclamo del Empleado (Form. 110).**
- **Puede contactar al Departamento de Accidentes Industriales a través del 617.727.4900 o [www.mass.gov/dia](http://www.mass.gov/dia) para obtener información adicional sobre sus derechos y elegibilidad para los beneficios según la ley de Indemnización por Accidentes de Trabajo.**

### SI SE REQUIERE TRATAMIENTO MÉDICO:

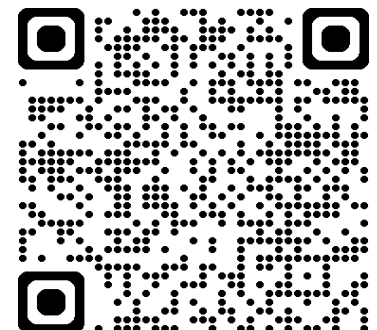
Los trabajadores que resulten lesionados pueden elegir sus propios proveedores médicos. Los costos por tratamientos médicos que sean razonables, necesarios y relativos al accidente laboral serán pagados por la compañía aseguradora que se menciona anteriormente.

Si se incluye información de una institución médica a continuación, significa que la compañía aseguradora mencionada tiene un acuerdo con un proveedor de preferencia para que su tratamiento inicial se realice en:

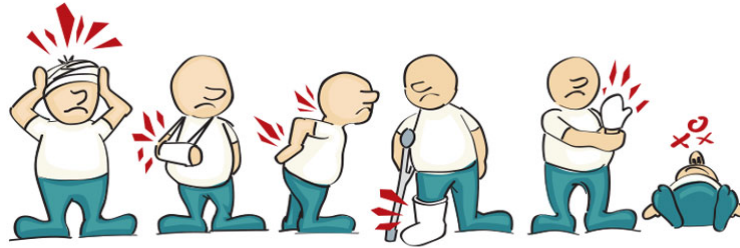
Institución Médica:

Dirección:

Número de Teléfono:



**No matter how large or how small,  
You must remember to report them all.**



**Report ALL work-related incidents IMMEDIATELY to your supervisor.**

Report every injury that occurs, even if you don't need medical attention.

Any unsafe work conditions should also be reported to your supervisor so that they may be corrected.

## How to report a work-related injury



Online • [www.normandyins.com](http://www.normandyins.com)



App • [www.normandyins.com/claim-app](http://www.normandyins.com/claim-app)



Search: Normandy - Claims Reporting



Email • [compcare@normandyins.com](mailto:compcare@normandyins.com)



Call • 833-968-7642 (833-YOURNIC)



Fax • 833-770-1220

You do not need to wait until the incident report form is completed. Simply report the injury to Normandy Insurance right away with whatever information you have.

Questions?  
Call 866-688-6442  
Visit us at [www.normandyins.com](http://www.normandyins.com)



**NORMANDY**  
INSURANCE COMPANY



## REPORTING A CLAIM

- Once an employee reports an injury, provide the employee instructions on how to obtain medical care
  - **In an emergency, dial 911** or get the employee to the closest hospital, emergency room or medical facility. In a non-emergency situation, the employee should be directed to an urgent care or walk-in clinic you have selected
  - Contact the medical provider/facility to let them know that an employee is being sent over for treatment and that a drug test should be completed on the injured employee
- To report a claim, **notify Normandy Insurance IMMEDIATELY (within 24 hours) via:**
  - Phone at **833-968-7642 (833-YOURNIC)** (this is the preferred method of reporting a claim), or
  - Email the completed First Notice of Injury form (DWC-1) to [compcare@normandyins.com](mailto:compcare@normandyins.com), or
  - Online at [www.normandyins.com](http://www.normandyins.com), or
  - Fax the completed First Notice of Injury form (DWC-1) to 833-770-1220
  - Immediate notification of a claim may help reduce the cost of the claim
  - Your company could be fined by the state for failure to report a claim to your insurance carrier
- If there is a job-related death or hospitalization of 1 or more employees you must notify OSHA **within 8 hours**, and each work-related inpatient hospitalization, as well as amputations and losses of an eye must be reported to OSHA **within 24 hours**. The reporting regulations affect all employers covered by OSHA, even those who are partially exempt from maintaining injury and illness records
  - The Occupational Safety and Health Administration (OSHA) in your state by telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742). Or by electronic submission using the reporting application located on OSHA's public Web site at [www.osha.gov](http://www.osha.gov).
- Have the injured employee and supervisor and/or witnesses complete an Accident Investigation Report form
  - **NOTE: If you do not agree with the description of the accident or believe that an accident did not occur, you are still required to report the incident to Normandy. It is imperative that a claim be reported, even if it is questionable.**
- Maintain continuous contact with the injured employee to let them know that you are concerned about their well-being and that work is available. If an employee is released by their treating physician to return to work in an alternate duty capacity, you should attempt to make the necessary accommodations to bring the injured employee back into the workplace
- You can expect to hear from your adjuster within 24 hours of reporting a claim and also throughout the duration of the claim, but it is important that you also keep in touch with your adjuster.
- Provide your adjuster with any pertinent information that you may have with regard to your claims
- If an employee needs further medical treatment for the same injury or is having problems with claims payments, instruct them to contact their adjuster at 866-688-6442.
- Please visit [www.normandyins.com](http://www.normandyins.com) for more information.



## Claim Reporting Instructions

### To Report A Claim:

**Phone:** 833-968-7642 (833-YOURNIC)

**Online:** [www.normandyins.com](http://www.normandyins.com)

**Email:** [compcare@normandyins.com](mailto:compcare@normandyins.com)

**Fax:** 833-770-1220

### PHONE REPORTING:

If reporting by **PHONE**, the operator that answers the phone will ask question in regards to the accident. S/he will also obtain some personal information about the injured worker that is required in order to file a workers' compensation claim.

If necessary that operator will either connect the caller with the adjuster in order to obtain physician information in regards to where to treat. If the call is placed after hours that operator will provide the physician information.

### FAX OR EMAIL REPORTING:

If reporting by **FAX** or **EMAIL**, claims should be reported on the **State Form DWC-1, First Report of Injury or Illness**. The following information is required for claim entry:

- Full name, address, telephone number of injured employee
- Occupation, date of birth, sex of injured employee
- The injured employee's Social Security number
- Date and time of accident
- Employee's description of accident
- Injury/illness that occurred, part of body injured
- Company name, phone, address; and policy number, if known
- Employer's location address is different from above
- Did the employee return to work? If so, note the date.
- Do you (the employer) agree with the accident?
- Name of physician or hospital where employee was sent by you for treatment
- Place/address accident occurred\*
- Employee date of hire\*

*\*Not required, but preferred*

A PDF version of the DWC-1 form that can be completed electronically is available for your convenience if you choose to report a claim via email or fax. Please contact your adjuster at **866-688-6442** to get a copy of this form.



## First Fill Form

Client Name: Normandy Insurance

### 1. Instructions for the **EMPLOYER**:

- Provide this form to your injured worker to have any prescription filled for up to **7 Days**, and please fill out the information below:

**Injured Worker Name:**

**SS#:**

**Injured Worker DOB:**

**Injured Worker Phone:**

**Injured Worker Employer:**

**Date of Injury:**

**Injured Worker Address:**

**City:**

**State:**

**Zip:**

### 2. Instructions for the **INJURED WORKER** / Instrucciones para el **TRABAJADOR LESIONADO**:

- You, the injured worker, will need to bring this form and provide it to the pharmacy along with your prescriptions related to the treatment of your work related injury/illness
- Usted, el trabajador lesionado, deberá llevar este formulario y entregarlo en la farmacia junto con sus recetas relacionadas con el tratamiento de su lesión/enfermedad laboral.

### 3. Instructions for the **PHARMACY**:

- Please submit workers' compensation claims to **S1 Medical** using the following information:

<b>BIN</b>	<b>PCN</b>	<b>Group Id</b>	<b>Member Id</b>
610237	123119	NOR001	Injured Worker SS#

- Prescription(s) will fill for up to **7 Days**. If there is a remaining balance on the script after it is filled, S1 Medical will call back if and when the balance has been approved. If you need assistance, please call **S1 Medical** at (888) 356-3332.

Representative's on-call 24 hours/7 days a week.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (888) 356-3332**



## COMO REPORTAR UNA RECLAMACIÓN

- Una vez que un empleado reporta una lesión o una enfermedad, dele instrucciones sobre cómo obtener atención médica.
  - **En caso de emergencia, marque el 911** o lleve al empleado al hospital, sala de emergencias o centro médico más cercano  
En una situación que no sea de emergencia, el empleado debe ser dirigido a una clínica de atención urgente (urgente care) o ambulatoria (walk-in) que usted haya seleccionado.
  - Contacte al proveedor/centro médico para informarles que se va a enviar a un empleado para que reciba tratamiento y que se debe realizar una prueba de drogas al empleado lesionado
- Para informar de un accidente, **notifique a Normandy Insurance INMEDIATAMENTE (en un plazo de 24 horas) a través de:**
  - Por teléfono, llamando **al 833-968-7462 (833-YOURNIC)** (este es el método preferido para notificar un accidente), o
  - Envíe por correo electrónico el Formulario de Primera Notificación de Lesión diligenciado a **compcare@normandyins.com** , o
  - En línea en **www.normandyins.com**,o
  - Envíe por fax el Formulario de Primera Notificación de Lesión (DWC-1) diligenciado al 833-770-1220
  - La notificación inmediata de un accidente puede ayudar a reducir el costo del mismo
  - Su empresa podría ser multada por el Estado por no comunicar un accidente a su aseguradora
- Si se produce una muerte u hospitalización relacionada con el trabajo de uno o más empleados, debe notificar a la OSHA **en un plazo de 8 horas**, y cada hospitalización relacionada con el trabajo, así como las amputaciones y pérdidas de un ojo deben notificarse a la OSHA **en un plazo de 24 horas**. La normativa de notificación afecta a todos los empleadores cubiertos por la OSHA, incluso a los que están parcialmente exentos de mantener registros de lesiones y enfermedades
  - La Administración de Seguridad y Salud Ocupacional (OSHA) de su estado llamando al número de teléfono central gratuito de la OSHA, 1-800-321-OSHA (1-800-321-6742). O bien mediante el envío electrónico a través de la aplicación de notificación que se encuentra en el sitio web público de la OSHA en **www.osha.gov**.
- Hacer que el empleado lesionado y el supervisor y/o los testigos completen un formulario de Informe de Investigación de Accidentes
  - **NOTA: Si no está de acuerdo con la descripción del accidente o cree que no se ha producido un accidente, usted sigue estando obligado a informar del incidente a Normandy. Es imperativo que se reporte un accidente, aunque éste sea dudoso.**
- Mantenga un contacto continuo con el empleado lesionado para hacerle saber que se preocupa por su bienestar y que el trabajo está disponible. Si el médico tratante autoriza a un empleado a volver al trabajo en una capacidad de trabajo alternativo, usted debe intentar hacer los ajustes necesarios para que el empleado lesionado vuelva a su lugar de trabajo.



- Usted puede esperar tener noticias de parte de su ajustador dentro de las 24 horas de haber reportado un accidente y también durante la duración de la reclamación, pero es importante que usted también se mantenga en contacto con su ajustador.
- Proporcione a su ajustador cualquier información pertinente que pueda tener con respecto a sus reclamaciones
- Si un empleado necesita más tratamiento médico por la misma lesión o tiene problemas con los pagos de las reclamaciones, indíquele que se ponga en contacto con su ajustador en el 866-688-6442.
- Para más información, por favor visite **[www.normandyins.com](http://www.normandyins.com)** .





## Instrucciones para reporte de reclamaciones

### Para Reportar un Accidente:

Teléfono: 833-968-7462 (833-YOURNIC)

En línea: [www.normandyins.com](http://www.normandyins.com)

Email: [compcare@normandyins.com](mailto:compcare@normandyins.com)

Fax: 833-770-1220

### REPORTAR POR VÍA TELEFÓNICA:

Si se reporta por vía **TELEFÓNICA**, la operadora que contesta el teléfono hará preguntas en relación con el accidente. También obtendrá algunos datos personales del trabajador lesionado que son necesarios para presentar una reclamación de indemnización por accidente de trabajo.

Si es necesario, ese operador pondrá en contacto a la persona que llama con el ajustador para obtener información respecto del médico y lugar de tratamiento. Si la llamada se realiza fuera del horario de atención al público, el operador proporcionará la información del médico.

### REPORTE POR FAX O CORREO ELECTRÓNICO:

Si se reporta por **FAX** o **EMAIL**, los accidentes deben notificarse en el **formulario estatal DWC-1, First Report of Injury or Illness** form. La siguiente información es necesaria para presentar la reclamación:

- Nombre completo, dirección y número de teléfono del trabajador lesionado
- Ocupación, fecha de nacimiento, sexo del empleado lesionado
- Número de Seguridad Social del trabajador lesionado
- Fecha y hora del accidente
- Descripción del accidente por parte del empleado
- Lesión/enfermedad ocurrida, parte del cuerpo lesionada
- Nombre de la empresa, teléfono, dirección y número de póliza, si se conoce
- La dirección del empleador es diferente a la anterior
- ¿El empleado volvió a trabajar? Si es así, anote la fecha.
- ¿Está usted (el empleador) de acuerdo con el accidente?
- Nombre del médico u hospital al que fue enviado el empleado para su tratamiento
- Lugar/dirección donde ocurrió el accidente\*
- Fecha de contratación del empleado\*

*\*No es necesario, pero sí preferible*

Para su comodidad, existe una versión en PDF del formulario DWC-1 que puede diligenciar electrónicamente si decide reportar un accidente por correo electrónico o fax. Por favor, póngase en contacto con su ajustador en el **866-688-6442** para obtener una copia de este formulario.



## First Fill Form

Client Name: Normandy Insurance

### 1. Instructions for the **EMPLOYER**:

- Provide this form to your injured worker to have any prescription filled for up to **7 Days**, and please fill out the information below:

**Injured Worker Name:**

**SS#:**

**Injured Worker DOB:**

**Injured Worker Phone:**

**Injured Worker Employer:**

**Date of Injury:**

**Injured Worker Address:**

**City:**

**State:**

**Zip:**

### 2. Instructions for the **INJURED WORKER** / Instrucciones para el **TRABAJADOR LESIONADO**:

- You, the injured worker, will need to bring this form and provide it to the pharmacy along with your prescriptions related to the treatment of your work related injury/illness
- Usted, el trabajador lesionado, deberá llevar este formulario y entregarlo en la farmacia junto con sus recetas relacionadas con el tratamiento de su lesión/enfermedad laboral.

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Representative's on-call 24 hours/7 days a week.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (888) 356-3332**

# EMPLOYER'S GUIDE TO THE MASSACHUSETTS WORKERS' COMPENSATION SYSTEM

Esta guía está disponible en español en nuestro sitio electrónico: [www.mass.gov/dia](http://www.mass.gov/dia)

Este Guia está disponível em português no nosso site: [www.mass.gov/dia](http://www.mass.gov/dia)

Es manual sta skritu na Kriolu di Kabu  
Verdi prontu pa bu uzu na *website*  
(pagina na interneti): [www.mass.gov/dia](http://www.mass.gov/dia)

本指南的中文版位於我們的網址：  
[www.mass.gov/dia](http://www.mass.gov/dia)

Có Hướng Dẫn này bằng tiếng  
Việt Nam tại mạng lưới của chúng tôi:  
[www.mass.gov/dia](http://www.mass.gov/dia)

W ap jwenn gid sa a ekri nan lang kreyòl  
sou sit entènèt nou an: [www.mass.gov/dia](http://www.mass.gov/dia)

គោលការណ៍ណែនាំនេះ

អាចមានជាភាសាខ្មែរនៅលើវេបសាយរបស់យើង :  
[www.mass.gov/dia](http://www.mass.gov/dia)

يتوفر هذا الدليل باللغة العربية على موقعنا التالي على الويب:  
[www.mass.gov/dia](http://www.mass.gov/dia)

Form 101 is the Employer's First Report of Injury or Fatality form. It is used to report an injury or fatality to the Department of Industrial Accidents. The form includes fields for employee information (name, address, date of birth, date of injury, etc.), injury details (location, nature of injury, etc.), and compensation status (whether the employee is receiving compensation, etc.). The form is titled "EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY" and includes instructions for filing the form.

## WHAT IS WORKERS' COMPENSATION?

The Massachusetts workers' compensation system is in place to make sure that workers are protected by insurance if they are injured on the job or contract a work-related illness. The system also limits employer exposure to liability for workplace and illnesses (except in cases of wilful negligence).

Under this system, employers are required by Massachusetts General Laws c. 152, § 25A to provide workers' compensation (WC) insurance coverage for all their employees. This insurance pays for any reasonable and necessary medical treatment related to the injury or illness and also pays partial compensation for lost wages after the first 5 calendar days of total or partial disability.

The Department of Industrial Accidents (DIA) is the agency responsible for administering the workers' compensation law in Massachusetts. Employers in Massachusetts have certain obligations under this law. This guide outlines an employer's requirements for compliance with the law.

Included in this guide are sections on:

- Insurance Requirements
- Exemption for Certain Corporate Officers
- What Happens If an Employer Does Not Have Workers' Compensation Insurance
- How to Verify Workers' Compensation Insurance
- Injury/Illness Reporting Requirements
- How to File/What to do with the *Employer's First Report of Injury/Fatality (Form 101)*
- First Report Violation Notice
- How to Appeal a First Report Violation Notice
- The Claims Reporting Process From Injury or Work-Related Illness to Adjudication
- Lump Sum Settlement
- Vocational Rehabilitation Services
- The Best Ways to Reduce Your Workers' Compensation Insurance Expenses
- The Americans with Disabilities Act (ADA)
- Some Frequently Asked Questions by Employers

## INSURANCE REQUIREMENTS

All employers in Massachusetts are required to carry workers' compensation insurance covering their employees, including themselves if they are an employee of their company. This requirement applies regardless of the number of hours worked in any given week, except that domestic service employees must work a minimum of 16 hours per week in order to require coverage.

Employers are required to notify their employees of the name of the workers' compensation insurance carrier. A ***NOTICE TO EMPLOYEES*** poster must be posted in a common area of the workplace in English and other appropriate languages. The poster can be obtained by calling the DIA (one is included at the end of this guide), on our website at [www.mass.gov/dia](http://www.mass.gov/dia) or from your insurance company. Failure to post this information may subject the employer to a fine of \$100.

Members of a Limited Liability Company (LLC), partners of a Limited Liability Partnership (LLP), and partnerships or sole proprietors of an unincorporated business are *not required* to carry workers' compensation insurance for themselves. However, such members, partners and sole proprietors *may now choose* to purchase workers' compensation insurance coverage for themselves. To obtain coverage, the member or partner should contact an insurance broker and request to purchase a policy. Please be advised that optional coverage applies **ONLY** to such members, partners or sole proprietors. Any *employee* of such an entity, who is not a member or partner in the business, **MUST** be covered by workers' compensation insurance.

## EXEMPTION FOR CERTAIN CORPORATE OFFICERS

Certain corporate officers may request exemption from coverage under the workers' compensation act. Any corporate officer who owns at least 25% interest in the corporation may exempt themselves from the provisions of the workers' compensation act. Such an exemption **DOES NOT** apply to employees of a corporation who are not listed as corporate officers. All employees must be covered by a valid workers' compensation policy at all times. In order for corporate officers to exercise this right of exemption, they must sign the *Affidavit of Exemption for Certain Corporate Officers or Directors (Form 153)*, stating whether or not they wish to exempt themselves. All exemptions must be filed with the DIA's Office of Investigations in Boston for approval at:

Department of Industrial Accidents  
Office of Investigations  
Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02111-1750

## WHAT HAPPENS IF AN EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE

Employers operating without workers' compensation insurance will be issued a **STOP WORK ORDER** by the DIA Office of Investigations and shall be assessed a minimum fine of \$100 per day commencing on the date of the issuance. Fines accrue each day until insurance coverage becomes effective, and the fine must be paid in full to release the **STOP WORK ORDER**, as authorized under MGL c. 152 § 25C. These orders can be appealed, but fines accrue at \$250 per day when appealed, and **STOP WORK ORDERS** remain in effect until insurance becomes effective and the fine is paid.

Payment of these fines can be paid by Visa, Mastercard or Discover, by contacting the DIA Office of Investigations in Boston between 8 AM and 4 PM, at (857) 321-7406. Payments are also accepted in person up until 4 PM at any of the DIA offices:

- Boston: Lafayette City Center, 2 Avenue de Lafayette
- Fall River: 1 Father DeValles Blvd, 3<sup>rd</sup> Floor
- Lawrence: 354 Merrimack St., Entrance C, Suite 320
- Springfield: 436 Dwight St., Rm. 105
- Worcester: Mercantile Center, 100 Front St., Suite 310

In addition, the employer may be subject to criminal sanctions including not more than one-year imprisonment and/or up to a \$1500 fine upon conviction. Uninsured employers are also subject to debarment from public contracts for a period of 3 years.

If an employer fails to carry workers' compensation coverage and an employee is injured on the job, that employee may be eligible to receive compensation from the Workers' Compensation Trust Fund; however, the DIA's Legal Department will make every effort on behalf of the Trust Fund to collect those monies from the noncompliant employer.

## HOW TO VERIFY WORKERS' COMPENSATION COVERAGE

The Department of Industrial Accidents provides the public with a free web-based "Proof of Coverage" (POC) tool that can help verify whether a particular employer has a current workers' compensation insurance policy. Although the POC tool is not designed to detect fraud, in some cases, it may assist DIA investigators (via online referrals) in determining whether fraud exists. To access the POC tool, simply go to [www.mass.gov/dia](http://www.mass.gov/dia) and click on the link on the "DIA Key Resources" and then "Verify Workers' Compensation Coverage." The POC tool is accessible 24 hours a day.

If after checking the POC tool for a business, you believe that coverage is not in effect, you can contact our Office of Investigations at (857) 321-7406 or toll-free at 1-877-MASSAFE (1-877-627-7233) or fill out the referral form online.

## INJURY/ILLNESS REPORTING REQUIREMENTS

An injured worker becomes eligible for weekly compensation benefits when they are not able to earn wages for 5 full or partial calendar days as result of a work-related injury or illness. The days of loss do not have to be consecutive. At this point, the employer is required to electronically file the *Employer's First Report of Injury/Fatality (Form 101)*.

If an injury or illness results in less than 5 calendar days of full or partial disability, then it is considered a "medical-only" claim and would not be required to be reported to the DIA. However, a medical only claim would be required to be filed with your insurance company, as any resulting medical treatment would be paid for by the insurance company.

The *Employer's First Report of Injury/Fatality (Form 101)* can only be filed electronically with the DIA. Once the form has been filled out, the employer should print 3 copies of the *Employer's First Report of Injury/Fatality (Form 101)*: 1 for the employer's records, 1 for the insurance carrier and 1 that must be sent to the employee. This form must be filed with the DIA within 7 calendar days (not including Sundays and legal holidays) from the 5th full or partial day the employee has been disabled. Submission of this form does not constitute an admission of liability.

Any employer who does not file this form on time 3 times in any given 12-month period shall be fined \$100 for each violation thereafter. Failure to pay the fine within 30 calendar days of receipt of an invoice from the DIA shall be considered a separate violation. The fines progressively escalate with each failure to pay with a penalty of \$100 increments.

If an employee does not report the injury or illness as work related to you right away, you would have 7 calendar days (not including Sundays or legal holidays) from the notification of the injury or illness to electronically file the form. For example, if an employee was out of work for 3 weeks and did not notify you they were out due to a work-related injury or illness until they returned to work, you would have 7 calendar days (not including Sundays and legal holidays) from the notification to electronically file the *Employer's First Report of Injury/Fatality (Form 101)*.

**Please note:** In a case such as cited above, be sure to fill out the box on the form marked “**DATE REPORTED**” with the date the injury or illness was actually reported to you. This will prevent your company from being fined for failing to file the report within the statutory limits.

## WHAT TO DO WITH THE EMPLOYER’S FIRST REPORT OF INJURY/FATALITY (FORM 101)

Employers **MUST** file the *Employer’s First Report of Injury/Fatality (Form 101)* electronically.

The Department has procedures in place for filing forms electronically using a log-in and password. Visit our website at [www.mass.gov/dia](http://www.mass.gov/dia) to sign up for an account by looking for the “Apply For A DIA Online Account” link in the “Online Services” module.

Once you have completed the form, there is a print button you can use to make a hard copy of the form. You should make 3 copies of this form: 1 copy **MUST** be given to the employee; 1 copy to your insurance company and keep 1 copy for your records.

If the form you submitted is incomplete or contains an error, it will be rejected by the DIA and you will receive an auto-rejection notice and in the comment screen the errors will be labeled. You will be asked to correct the information and resubmit the form. This will help you to avoid incurring a fine. If your submission is successful, you will receive a transmittal ID Number. Please keep the Transmittal ID Number for your records.

## FIRST REPORT VIOLATION NOTICE

As the employer, it is important that you electronically file the *Employer’s First Report of Injury/Fatality (Form 101)* accurately and timely; otherwise, you may receive a First Report Violation Notice. There are a number of reasons for receiving this First Report Violation Notice. The most common reasons are:

1. The First Report is filed late.
2. The employer erroneously does not electronically file an *Employer’s First Report of Injury/Fatality (Form 101)* with the DIA and only files with their insurance agent or company.
3. The employer receives an auto-rejection notice from the department and does not fix the errors and resubmit the corrected form.
4. The insurer sends the department either an *Insurer’s Notification of Payment (Form 103)* or *Insurer’s Notification of Denial (Form 104)* in response to a report from an employer that should have been filed as a medical-only claim.
5. The DIA has made an error.

## HOW TO APPEAL A FIRST REPORT VIOLATION NOTICE

The DIA is required by law to fine those employers who have not filed an *Employer’s First Report of Injury/Fatality (Form 101)* within the statutory time limits. **YOU MUST EITHER PAY THE FINE OR APPEAL WITHIN 30 DAYS.** Please mail payments to:



Department of Industrial Accidents  
P. O. Box 3732  
Boston, MA 02241-3732

If you receive an *Employer Injury Report Violation Notice (Form 60)* from the DIA, and believe that it is not warranted, these are the steps to appeal it:

### STEP 1 - APPEAL

All inquiries/appeals must be submitted in writing along with a copy of the violation invoice. Briefly state in a letter the reasons you believe that you are not liable for this fine. You must do this within 30 calendar days from the date of the notice. Include all RELEVANT information.

### STEP 2 - DIA's RESPONSE

The DIA will conduct an individual administrative review of your appeal. This means that we will research and/or pull the original forms from our files and confirm the basis for the original issuance of the fine. If the research and review supports your contention, we will take corrective action to withdraw the violation. You will be notified in writing of the DIA's decision.

### STEP 3 - HEARING

If you are not satisfied with the result of this administrative review, you have the right to request a formal hearing by the DIA within 14 calendar days of receiving our decision. You will be notified of the date, time and place of this hearing.

**Please Note:** If you do not pay the fine or appeal your original violation, additional violations on your account will be incurred. Department regulations (452 C.M.R. 1.03 (3) (C)) do not provide for any appeal to *Demand Notices (Form 420)*. The fine is due within 14 calendar days of receipt of the administrative review. Only one administrative review is allowed for each violation.

## THE CLAIMS REPORTING PROCESS FROM INJURY OR WORK-RELATED ILLNESS TO ADJUDICATION

### STEP 1 - INJURY OR WORK-RELATED ILLNESS:

When an employee is incapable of earning full wages for 5 or more full or partial calendar days due to an occupational injury or illness, the employer must electronically file the original *Employer's First Report of Injury/Fatality (Form 101)* with the DIA and send a copy to their insurance carrier, a copy to the injured worker and keep a copy for their records. This form must be filed within 7 calendar days (not including Sundays and legal holidays) from the 5th day of full or partial disability.

### STEP 2 - PAYMENT OR DENIAL OF CLAIM

Once the insurer receives the form, they have 14 calendar days to pay benefits on an *Insurer's Notification of Payment (Form 103)* or notify the employee and the DIA that they are denying the claim by sending an *Insurer's Notification of Denial (Form 104)*. The insurance company can pay on a claim for up to the first 180 days following the initial injury or illness without accepting liability for the claim. During this 180 day "Pay Without Prejudice" period, the insurer can stop or modify the payments after giving a 7 calendar day notice to the injured worker and the DIA on an *Insurer's Notification of Termination or Modification of Weekly Compensation During Payment Without Prejudice Period (Form 106)*. The insurer, with the consent of the injured worker and approval of the DIA, can extend the initial 180 day period for another 180 days on an



*Agreement to Extend 180 Day Payment Without Prejudice Period (Form 105)*. After the initial 180 day period has passed, the insurer can stop or reduce payment only for reasons specified by the Workers' Compensation Act and regulations.

If the insurer denies the claim or stops or reduces payment once it has been initiated, the employee can then file an *Employee's Claim (Form 110)* to request a Conciliation, the first step in the Dispute Resolution process.

### **STEP 3 - CONCILIATION**

The first proceeding scheduled on a contested claim is called a Conciliation, which is an informal meeting between your insurance company and your employee or your employee's attorney. At Conciliation an attempt is made to settle the issues in dispute. These are usually held within 12 business days of the *Employee's Claim (Form 110)* being received by the DIA. Notification of the Conciliation date will be sent to your insurance company, and it is the responsibility of your insurance company to send a representative to the Conciliation. Employers generally do not attend Conciliations. Only if the case involves § 28, Wilful Misconduct of Employer, will a notification of the Conciliation date and time also be sent to the employer, who must attend this proceeding. If an agreement is not reached, the claim is referred to a Conference, the second step in the Dispute Resolution process.

### **STEP 4 - CONFERENCE**

The Conference is an informal proceeding before an Administrative Judge. The insurer and the employee must be present at the Conference. The employer will receive notification for the date of the Conference, but is only obligated to attend the Conference if the claim involves § 28, Wilful Misconduct of Employer. At the Conference, the employee would need to show: (A) they were disabled; (B) the injury or illness was work related; and (C) that any disputed medical bills were for reasonable and necessary treatment. Following the Conference, the judge will issue an order of payment or denial. Either side may appeal this within 14 calendar days. If the Conference order is appealed, it will proceed to the Hearing stage.

### **STEP 5 - HEARING**

At a Hearing, the same Administrative Judge who presided at the Conference now holds a formal proceeding in which all the evidence is considered. The employee and the insurance company must be present at the Hearing, along with any witnesses. A notification for the Hearing date will be sent to the employer. The employer must attend the Hearing if the claim involves § 28, Wilful Misconduct of Employer. Massachusetts Rules of Evidence apply and sworn testimony from witnesses is taken. After reviewing all the information available, the judge will then issue a written decision. If either party to the case believes the judge made an error of law or exceeded their authority with the ruling, the party has 30 calendar days from the filing date of the decision to file an appeal to the Reviewing Board.

### **STEP 6 - REVIEWING BOARD**

This board is made up of 6 Administrative Law Judges, 3 of whom will examine the Hearing transcripts. They may ask for oral arguments or written briefs from either party. The Reviewing Board can reverse the decision of the Administrative Judge; or, if they find an error of law, can remand a case back to the Hearing stage before the same Administrative Judge. The Reviewing Board may also uphold the Administrative Judge's decision if they find there were no errors of law made. Decisions can be appealed within 30 days to the Massachusetts Appeals Court. The employer must attend the oral arguments, or submit a brief, if the claim involves § 28, Wilful Misconduct of Employer.

**Please Note:** If the Conference or Hearing is rescheduled, the DIA recommends that you check with your insurance representative for the new date and time.

## LUMP SUM SETTLEMENT

In many cases, an insurer and injured worker will agree to settle a case through a Lump Sum Settlement. This one-time payment is made in place of weekly compensation checks and certain other benefits. Under the workers' compensation law, employers with an experience modification that could be affected by the settlement must give a written consent for the settlement between the insurer and the employee. Please visit our website at [www.mass.gov/dia](http://www.mass.gov/dia) or call our Public Information Office for a Lump Sum Brochure.

## VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation (VR) services are nonmedical services designed to restore the employee to suitable employment at a salary that is commensurate with what they earned before the injury. Services may include evaluation of the injured worker's capabilities, vocational testing, counseling or guidance, workplace modifications, and/or job placement assistance/formal training.

The benefit of returning an injured worker back to work for their employer, whether it is on light duty or through modifications in the workplace or work hours, would be an improved workers' compensation history and a modification of their insurance rates. M.G.L. c. 152, § 75B, as amended by c. 572, § 58 of the Acts of 1985, prohibits an employer in Massachusetts from firing, refusing to hire, rehire, or promote or otherwise discriminate against a qualified handicapped person on account of that person's handicap. Please visit our website at [www.mass.gov/dia](http://www.mass.gov/dia) or call our Public Information Office for a VR Brochure.

## THE BEST WAY TO REDUCE YOUR WORKERS' COMPENSATION INSURANCE EXPENSES

### Pre-Loss Objective

Most injuries can be prevented before they occur. Here are some of the things you can do to prevent injuries at your company:

#### STEP 1 – WORKPLACE SAFETY EDUCATION AND TRAINING

The best way to reduce injury and illness in the workplace is to establish a comprehensive safety and health education and training program. Preventive programs designed to train you and your employees in the recognition, avoidance and prevention of unsafe or unhealthy working conditions in the workplace have been successful in reducing injury and illness as well as increasing productivity.

The DIA Office of Safety awards grants to qualified applicants based upon a competitive selection process initiated with a Request For Response (RFR). For information about the safety grant program, to apply for a grant, or to find a list of safety training providers in Massachusetts, visit our web site at [www.mass.gov/dia](http://www.mass.gov/dia) or contact:

Office of Safety  
Department of Industrial Accidents  
Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02114-2017  
(857) 321-7376

## STEP 2 - JOINT LABOR-MANAGEMENT SAFETY COMMITTEES

An essential ingredient for reducing injuries and illnesses is the establishment of a joint labor-management safety committee at the work site. This committee will provide a systematic forum for identifying and correcting health and safety concerns in the workplace. Worker participation and involvement is fundamental to the success of any occupational health and safety program.

If you show your employees that you care about their safety, they will make the extra effort to ensure that your company is a safe place to work.

### Post-Loss Objective

After an injury or illness has occurred, there are things you can do that will affect your workers' compensation insurance costs.

## STEP 1 - MEDICAL ATTENTION

When an employee is injured or suffers an illness, the most important thing is to provide reasonable and necessary medical attention as soon as possible. An injured or ill employee is entitled to adequate and reasonable medical care, including doctor visits, hospital services, prescriptions, etc. Except for the employee's first scheduled appointment, which an employer may require to be with a health provider within their preferred provider arrangement, the worker has the right to choose their own healthcare professional for treatment and to change this professional once. Speedy and efficient medical attention can reduce the long-term disability of the employee and keep insurance premiums down.

## STEP 2 - INJURY REPORT

Fill out all forms that need to be filed and notify your workers' compensation insurance company of all injuries and illnesses. If the employee is disabled or not capable of earning their full wages for five or more full or partial calendar days, you must electronically file the *Employer's First Report of Injury or Fatality (Form 101)*. Remember, there is a fine if you do not file the correct form in a timely manner.

You should notify the adjuster for the insurance company and provide the adjuster with any documents they need, so that the claim can be processed without unreasonable delay.

## STEP 3 - INFORMATION

Maintain contact with the employee, the adjuster, the medical providers and any other party involved. Keep records of all documents and give the employee a copy.

## STEP 4 – RETURN TO WORK

One of the most important ways to reduce your workers' compensation costs is by returning the employee to work. Job or tool modification can help the employee return to work as soon as possible and helps prevent future injuries.

## THE AMERICANS WITH DISABILITY ACT (ADA)

An employer may not inquire into an applicant's workers' compensation history before making a conditional offer of employment.

After making a conditional offer, an employer may ask about a person's workers' compensation history in a medical inquiry or examination that is required of all applicants in the same job category.

An employer may not require an applicant to have a medical examination because a response to a medical inquiry (as opposed to results from a medical examination) discloses a previous work-related injury, unless all applicants in the same job category are required to have the examination.

Whether an injured worker is protected by the Americans With Disabilities (ADA) will depend on whether or not the person meets the ADA definition of an "individual with a disability" and "qualified individual with a disability."

The fact that an employee is awarded workers' compensation benefits or is assigned a high Workers' Compensation disability rating, does not automatically establish that this person is protected by the ADA.

Filing a workers' compensation claim does not prevent an injured worker from filing a charge under the ADA. "Exclusivity" clauses in state workers' compensation laws bar all other civil remedies related to an injury that has been compensated by a workers' compensation system. However, these clauses do not prohibit a qualified individual with a disability from filing a discrimination charge with the Equal Employment Opportunity Commission (EEOC) or filing a suit under the ADA if issued a "right to sue" letter by the EEOC.

The Americans with Disability Act prohibits you from giving a physical or medical examination to a potential applicant unless a job has been offered to the person. Remember, it is illegal to discriminate against people with a disability. For more information on the ADA, please call the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000 or The Massachusetts Office on Disability at (617) 727-7440.

## **SOME FREQUENTLY ASKED QUESTIONS BY EMPLOYERS**

### **Q: How does the workers' compensation law define an employee?**

M.G.L. c. 152, § 1 (4) states that an employee is "every person in the service of another under any contract of hire, express or implied, oral or written." Exceptions include but are not limited to:

- Seamen engaged in interstate/foreign commerce;
- Salesmen of real estate or consumer goods who work on a commission, or buy/sell basis, other than in a retail establishment, (with a written contract stating they are not treated as an employee under federal tax law);
- Taxi drivers who lease their cabs on a fee basis not related to fares collected (and who are not treated as an employee under federal tax law);
- Persons engaged in interstate/foreign commerce that is covered by federal law for compensation for injury or death.

### **Q: How does the DIA define an independent contractor and must they be covered under a workers' compensation policy?**

Questions regarding independent contractor coverage will be answered by one of our attorneys. Please contact our Legal Unit at (857) 321-7423.

**Q: Where do I get the *Employer's First Report of Injury or Fatality (Form 101)*?**

As of January 1, 2014, Employer's First Report of Injury or Fatality - Form 101 is no longer available in paper-form. All Form 101's **MUST BE** filed electronically through an online account with the DIA.

To establish an account with us, please go to our website at [www.mass.gov/dia](http://www.mass.gov/dia) and look for the link entitled "Apply For A DIA Online Account" located in our "Online Services" module.

**Q: I am starting a business and need workers' compensation insurance. What do I do?**

You can obtain insurance through any insurance agent or broker who handles business insurance or through a direct writer of insurance. For more information, call the Workers' Compensation Rating and Inspection Bureau at (617) 439-9030.

**Q: I own a small business. The only person working with me is my wife (or any relative). Do I need workers' compensation insurance?**

Yes. Family members must be covered by workers' compensation insurance even if they are the only employees of the company. The exception would be if they were listed as partner on an LLC, or filed for an exemption as corporate officer with at least 25% ownership.

**Q: I am a corporate officer, the sole owner of the corporation. I have two employees working for me. I know I need workers' compensation insurance for my employees, but do I have to cover myself?**

No. The workers' compensation law allows corporate officers who own at least 25% of the corporation to exempt themselves from workers' compensation coverage. Such corporate officers can file the *Affidavit of Exemption for Certain Corporate Officers or Directors (Form 153)* with the DIA to exempt themselves. This change does not affect the requirement that all employers cover their employees with WC insurance.

**Q: I am the owner of a business outside of Massachusetts and have been hired to do some work in Massachusetts. Do I need to get a Massachusetts policy for workers' compensation?**

You are required to cover your employees with Workers' Compensation benefits under Massachusetts law. You do not need to buy a policy strictly for Massachusetts if in your existing Workers' Compensation policy Massachusetts coverage is listed in Section 3A. Notation somewhere else in the policy that "all states are covered" or something similar is not acceptable.

**Q: I am an employer, and I have a question about the experience modification for my business.**

Call the Workers' Compensation Rating and Inspection Bureau at (617) 439-9030.

**Q: I am an employer; who can answer a question about the assessment on my workers' compensation insurance?**

Call the DIA Assessment Office at (617) 626-5469 or (617) 626-5468.

**Q: I need to replace an employee who was injured or suffered an occupational illness and is collecting workers' compensation; do I have to hold the job open for the employee?**

Unless a union contract or the individual's contract of hire requires it, or unless the employee falls under another lawful and recognized protected status, an employer does not have to hold an injured worker's job open while they are unable to work due to an occupational accident or illness. M.G.L. c. 152, § 75A does require

employers to give preferential treatment in the rehiring of injured workers when they are ready to return to work, provided there is a job available that the employee is capable of doing. M.G.L. c. 152, § 75B requires that employers make all reasonable accommodations to anyone who is deemed to be a qualified handicapped person under M.G.L. c. 151B.

**Q: What must employers do to make sure that employees are aware of insurance coverage and/or other related information?**

All employers must post a *NOTICE TO EMPLOYEES* on a bulletin board in a suitable public area on their premises in English and other appropriate languages. The notice, which is available on our website at [www.mass.gov/dia](http://www.mass.gov/dia), at all DIA offices and included in this brochure, must be completed in its entirety indicating the insurance carrier, the address, policy number, and a contact person to whom injuries or incidents should be reported. This is all public information and must be readily available to any person who needs it. Failure to provide the information to the employee is a violation of the law, and the employer is subject to a fine. There is also an optional space on the notice to list a designated healthcare provider for initial treatment following an injury.

**Q: As an employer, what rights do I have during the claims process?**

While the insurer is legally the interested party during the claims process, the employer will receive notice of a Conciliation, Hearing, Lump Sum Conference or any proceeding involving employer misconduct (M.G.L. c. 152 § 28). If a § 28 Wilful Misconduct of Employer proceeding is called involving your business, you are required to attend. It is your right as the employer to attend the Conciliation, Conference and/or Hearing proceedings; however, you may not participate unless you are called as a witness. For this purpose, you are encouraged to maintain well-documented records of all accidents and reports including names of witnesses. If you have any pertinent information relating to any claims, you should inform the insurer.

**Q: If one of my employees uses my facilities to do some purely personal work, would they still be able to claim WC benefits if they were injured?**

If what they were involved in was purely personal, then they probably would not be able to claim benefits under your Workers' Compensation policy. But if it was held that use of your facilities was part of their compensation for their employment, it could be held that the injury was incidental to employment and thus covered by Workers' Compensation.

For additional "Frequently Asked Questions" please visit our website at [www.mass.gov/dia](http://www.mass.gov/dia).

## Public Information

Workers' Compensation Law is complex; therefore, the procedures for filing a claim may be confusing. This brochure should answer most of your basic questions. If you need more information, call any of our regional offices or contact our Public Information Office; from within Massachusetts, call our toll-free line: (800) 323-3249. From outside Massachusetts, call (857) 321-7470. You can also get information by visiting our website at [www.mass.gov/dia](http://www.mass.gov/dia).

**TDD (teletype for the hard of hearing only):** (800) 224-6196

## DIA Regional Offices:

### **Boston:**

Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02111-1750  
(617) 727-4900; (800) 323-3249

### **Springfield:**

436 Dwight Street, Rm. 105  
Springfield, MA 01103  
(413) 784-1133

### **Fall River:**

1 Father DeValles Blvd, 3<sup>rd</sup> Floor  
Fall River, MA 02723  
(508) 676-3406

### **Worcester:**

Mercantile Center  
100 Front St., Suite 310  
Worcester, MA 01608  
(508) 753-2072

### **Lawrence:**

354 Merrimack St.  
Entrance C, Suite 230  
Lawrence, MA 01843  
(978) 683-6420;

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**COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF INDUSTRIAL ACCIDENTS**

EMPLOYER'S GUIDE TO WORKERS' COMPENSATION is published by the Massachusetts Department of Industrial Accidents, Lafayette City Center, 2 Avenue de Lafayette - October, 2019 - **Printed on recycled paper.**



# EMPLOYER'S GUIDE TO THE MASSACHUSETTS WORKERS' COMPENSATION SYSTEM

Esta guía está disponible en español en nuestro sitio electrónico: [www.mass.gov/dia](http://www.mass.gov/dia)

Este Guia está disponível em português no nosso site: [www.mass.gov/dia](http://www.mass.gov/dia)

Es manual sta skritu na Kriolu di Kabu  
Verdi prontu pa bu uzu na *website*  
(pagina na interneti): [www.mass.gov/dia](http://www.mass.gov/dia)

本指南的中文版位於我們的網址：  
[www.mass.gov/dia](http://www.mass.gov/dia)

Có Hướng Dẫn này bằng tiếng  
Việt Nam tại mạng lưới của chúng tôi:  
[www.mass.gov/dia](http://www.mass.gov/dia)

W ap jwenn gid sa a ekri nan lang kreyòl  
sou sit entènèt nou an: [www.mass.gov/dia](http://www.mass.gov/dia)

គោលការណ៍ណែនាំនេះ

អាចមានជាភាសាខ្មែរនៅលើវេបសាយរបស់យើង :  
[www.mass.gov/dia](http://www.mass.gov/dia)

يتوفر هذا الدليل باللغة العربية على موقعنا التالي على الويب:  
[www.mass.gov/dia](http://www.mass.gov/dia)

Form 101 is the Employer's First Report of Injury or Fatality form. It is used to report an injury or fatality to the Department of Industrial Accidents. The form includes fields for employee information (name, address, date of birth, date of injury, etc.), injury details (location, nature of injury, etc.), and compensation status (whether the employee is receiving compensation, etc.). The form is titled "FORM 101 The Commonwealth of Massachusetts Department of Industrial Accidents - Department 101" and "EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY". It also includes a section for "INSTRUCTIONS AND CODES ON THE REVERSE SIDE" and a note that "THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION".



## WHAT IS WORKERS' COMPENSATION?

The Massachusetts workers' compensation system is in place to make sure that workers are protected by insurance if they are injured on the job or contract a work-related illness. The system also limits employer exposure to liability for workplace and illnesses (except in cases of wilful negligence).

Under this system, employers are required by Massachusetts General Laws c. 152, § 25A to provide workers' compensation (WC) insurance coverage for all their employees. This insurance pays for any reasonable and necessary medical treatment related to the injury or illness and also pays partial compensation for lost wages after the first 5 calendar days of total or partial disability.

The Department of Industrial Accidents (DIA) is the agency responsible for administering the workers' compensation law in Massachusetts. Employers in Massachusetts have certain obligations under this law. This guide outlines an employer's requirements for compliance with the law.

Included in this guide are sections on:

- Insurance Requirements
- Exemption for Certain Corporate Officers
- What Happens If an Employer Does Not Have Workers' Compensation Insurance
- How to Verify Workers' Compensation Insurance
- Injury/Illness Reporting Requirements
- How to File/What to do with the *Employer's First Report of Injury/Fatality (Form 101)*
- First Report Violation Notice
- How to Appeal a First Report Violation Notice
- The Claims Reporting Process From Injury or Work-Related Illness to Adjudication
- Lump Sum Settlement
- Vocational Rehabilitation Services
- The Best Ways to Reduce Your Workers' Compensation Insurance Expenses
- The Americans with Disabilities Act (ADA)
- Some Frequently Asked Questions by Employers

## INSURANCE REQUIREMENTS

All employers in Massachusetts are required to carry workers' compensation insurance covering their employees, including themselves if they are an employee of their company. This requirement applies regardless of the number of hours worked in any given week, except that domestic service employees must work a minimum of 16 hours per week in order to require coverage.

Employers are required to notify their employees of the name of the workers' compensation insurance carrier. A ***NOTICE TO EMPLOYEES*** poster must be posted in a common area of the workplace in English and other appropriate languages. The poster can be obtained by calling the DIA (one is included at the end of this guide), on our website at [www.mass.gov/dia](http://www.mass.gov/dia) or from your insurance company. Failure to post this information may subject the employer to a fine of \$100.

Members of a Limited Liability Company (LLC), partners of a Limited Liability Partnership (LLP), and partnerships or sole proprietors of an unincorporated business are *not required* to carry workers' compensation insurance for themselves. However, such members, partners and sole proprietors *may now choose* to purchase workers' compensation insurance coverage for themselves. To obtain coverage, the member or partner should contact an insurance broker and request to purchase a policy. Please be advised that optional coverage applies **ONLY** to such members, partners or sole proprietors. Any *employee* of such an entity, who is not a member or partner in the business, **MUST** be covered by workers' compensation insurance.

## EXEMPTION FOR CERTAIN CORPORATE OFFICERS

Certain corporate officers may request exemption from coverage under the workers' compensation act. Any corporate officer who owns at least 25% interest in the corporation may exempt themselves from the provisions of the workers' compensation act. Such an exemption **DOES NOT** apply to employees of a corporation who are not listed as corporate officers. All employees must be covered by a valid workers' compensation policy at all times. In order for corporate officers to exercise this right of exemption, they must sign the *Affidavit of Exemption for Certain Corporate Officers or Directors (Form 153)*, stating whether or not they wish to exempt themselves. All exemptions must be filed with the DIA's Office of Investigations in Boston for approval at:

Department of Industrial Accidents  
Office of Investigations  
Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02111-1750

## WHAT HAPPENS IF AN EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE

Employers operating without workers' compensation insurance will be issued a **STOP WORK ORDER** by the DIA Office of Investigations and shall be assessed a minimum fine of \$100 per day commencing on the date of the issuance. Fines accrue each day until insurance coverage becomes effective, and the fine must be paid in full to release the **STOP WORK ORDER**, as authorized under MGL c. 152 § 25C. These orders can be appealed, but fines accrue at \$250 per day when appealed, and **STOP WORK ORDERS** remain in effect until insurance becomes effective and the fine is paid.

Payment of these fines can be paid by Visa, Mastercard or Discover, by contacting the DIA Office of Investigations in Boston between 8 AM and 4 PM, at (857) 321-7406. Payments are also accepted in person up until 4 PM at any of the DIA offices:

- Boston: Lafayette City Center, 2 Avenue de Lafayette
- Fall River: 1 Father DeValles Blvd, 3<sup>rd</sup> Floor
- Lawrence: 354 Merrimack St., Entrance C, Suite 320
- Springfield: 436 Dwight St., Rm. 105
- Worcester: Mercantile Center, 100 Front St., Suite 310

In addition, the employer may be subject to criminal sanctions including not more than one-year imprisonment and/or up to a \$1500 fine upon conviction. Uninsured employers are also subject to debarment from public contracts for a period of 3 years.

If an employer fails to carry workers' compensation coverage and an employee is injured on the job, that employee may be eligible to receive compensation from the Workers' Compensation Trust Fund; however, the DIA's Legal Department will make every effort on behalf of the Trust Fund to collect those monies from the noncompliant employer.

## HOW TO VERIFY WORKERS' COMPENSATION COVERAGE

The Department of Industrial Accidents provides the public with a free web-based "Proof of Coverage" (POC) tool that can help verify whether a particular employer has a current workers' compensation insurance policy. Although the POC tool is not designed to detect fraud, in some cases, it may assist DIA investigators (via online referrals) in determining whether fraud exists. To access the POC tool, simply go to [www.mass.gov/dia](http://www.mass.gov/dia) and click on the link on the "DIA Key Resources" and then "Verify Workers' Compensation Coverage." The POC tool is accessible 24 hours a day.

If after checking the POC tool for a business, you believe that coverage is not in effect, you can contact our Office of Investigations at (857) 321-7406 or toll-free at 1-877-MASSAFE (1-877-627-7233) or fill out the referral form online.

## INJURY/ILLNESS REPORTING REQUIREMENTS

An injured worker becomes eligible for weekly compensation benefits when they are not able to earn wages for 5 full or partial calendar days as result of a work-related injury or illness. The days of loss do not have to be consecutive. At this point, the employer is required to electronically file the *Employer's First Report of Injury/Fatality (Form 101)*.

If an injury or illness results in less than 5 calendar days of full or partial disability, then it is considered a "medical-only" claim and would not be required to be reported to the DIA. However, a medical only claim would be required to be filed with your insurance company, as any resulting medical treatment would be paid for by the insurance company.

The *Employer's First Report of Injury/Fatality (Form 101)* can only be filed electronically with the DIA. Once the form has been filled out, the employer should print 3 copies of the *Employer's First Report of Injury/Fatality (Form 101)*: 1 for the employer's records, 1 for the insurance carrier and 1 that must be sent to the employee. This form must be filed with the DIA within 7 calendar days (not including Sundays and legal holidays) from the 5th full or partial day the employee has been disabled. Submission of this form does not constitute an admission of liability.

Any employer who does not file this form on time 3 times in any given 12-month period shall be fined \$100 for each violation thereafter. Failure to pay the fine within 30 calendar days of receipt of an invoice from the DIA shall be considered a separate violation. The fines progressively escalate with each failure to pay with a penalty of \$100 increments.

If an employee does not report the injury or illness as work related to you right away, you would have 7 calendar days (not including Sundays or legal holidays) from the notification of the injury or illness to electronically file the form. For example, if an employee was out of work for 3 weeks and did not notify you they were out due to a work-related injury or illness until they returned to work, you would have 7 calendar days (not including Sundays and legal holidays) from the notification to electronically file the *Employer's First Report of Injury/Fatality (Form 101)*.

**Please note:** In a case such as cited above, be sure to fill out the box on the form marked “**DATE REPORTED**” with the date the injury or illness was actually reported to you. This will prevent your company from being fined for failing to file the report within the statutory limits.

## WHAT TO DO WITH THE EMPLOYER’S FIRST REPORT OF INJURY/FATALITY (FORM 101)

Employers **MUST** file the *Employer’s First Report of Injury/Fatality (Form 101)* electronically.

The Department has procedures in place for filing forms electronically using a log-in and password. Visit our website at [www.mass.gov/dia](http://www.mass.gov/dia) to sign up for an account by looking for the “Apply For A DIA Online Account” link in the “Online Services” module.

Once you have completed the form, there is a print button you can use to make a hard copy of the form. You should make 3 copies of this form: 1 copy **MUST** be given to the employee; 1 copy to your insurance company and keep 1 copy for your records.

If the form you submitted is incomplete or contains an error, it will be rejected by the DIA and you will receive an auto-rejection notice and in the comment screen the errors will be labeled. You will be asked to correct the information and resubmit the form. This will help you to avoid incurring a fine. If your submission is successful, you will receive a transmittal ID Number. Please keep the Transmittal ID Number for your records.

## FIRST REPORT VIOLATION NOTICE

As the employer, it is important that you electronically file the *Employer’s First Report of Injury/Fatality (Form 101)* accurately and timely; otherwise, you may receive a First Report Violation Notice. There are a number of reasons for receiving this First Report Violation Notice. The most common reasons are:

1. The First Report is filed late.
2. The employer erroneously does not electronically file an *Employer’s First Report of Injury/Fatality (Form 101)* with the DIA and only files with their insurance agent or company.
3. The employer receives an auto-rejection notice from the department and does not fix the errors and resubmit the corrected form.
4. The insurer sends the department either an *Insurer’s Notification of Payment (Form 103)* or *Insurer’s Notification of Denial (Form 104)* in response to a report from an employer that should have been filed as a medical-only claim.
5. The DIA has made an error.

## HOW TO APPEAL A FIRST REPORT VIOLATION NOTICE

The DIA is required by law to fine those employers who have not filed an *Employer’s First Report of Injury/Fatality (Form 101)* within the statutory time limits. **YOU MUST EITHER PAY THE FINE OR APPEAL WITHIN 30 DAYS.** Please mail payments to:

Department of Industrial Accidents  
P. O. Box 3732  
Boston, MA 02241-3732

If you receive an *Employer Injury Report Violation Notice (Form 60)* from the DIA, and believe that it is not warranted, these are the steps to appeal it:

### STEP 1 - APPEAL

All inquiries/appeals must be submitted in writing along with a copy of the violation invoice. Briefly state in a letter the reasons you believe that you are not liable for this fine. You must do this within 30 calendar days from the date of the notice. Include all RELEVANT information.

### STEP 2 - DIA's RESPONSE

The DIA will conduct an individual administrative review of your appeal. This means that we will research and/or pull the original forms from our files and confirm the basis for the original issuance of the fine. If the research and review supports your contention, we will take corrective action to withdraw the violation. You will be notified in writing of the DIA's decision.

### STEP 3 - HEARING

If you are not satisfied with the result of this administrative review, you have the right to request a formal hearing by the DIA within 14 calendar days of receiving our decision. You will be notified of the date, time and place of this hearing.

**Please Note:** If you do not pay the fine or appeal your original violation, additional violations on your account will be incurred. Department regulations (452 C.M.R. 1.03 (3) (C)) do not provide for any appeal to *Demand Notices (Form 420)*. The fine is due within 14 calendar days of receipt of the administrative review. Only one administrative review is allowed for each violation.

## THE CLAIMS REPORTING PROCESS FROM INJURY OR WORK-RELATED ILLNESS TO ADJUDICATION

### STEP 1 - INJURY OR WORK-RELATED ILLNESS:

When an employee is incapable of earning full wages for 5 or more full or partial calendar days due to an occupational injury or illness, the employer must electronically file the original *Employer's First Report of Injury/Fatality (Form 101)* with the DIA and send a copy to their insurance carrier, a copy to the injured worker and keep a copy for their records. This form must be filed within 7 calendar days (not including Sundays and legal holidays) from the 5th day of full or partial disability.

### STEP 2 - PAYMENT OR DENIAL OF CLAIM

Once the insurer receives the form, they have 14 calendar days to pay benefits on an *Insurer's Notification of Payment (Form 103)* or notify the employee and the DIA that they are denying the claim by sending an *Insurer's Notification of Denial (Form 104)*. The insurance company can pay on a claim for up to the first 180 days following the initial injury or illness without accepting liability for the claim. During this 180 day "Pay Without Prejudice" period, the insurer can stop or modify the payments after giving a 7 calendar day notice to the injured worker and the DIA on an *Insurer's Notification of Termination or Modification of Weekly Compensation During Payment Without Prejudice Period (Form 106)*. The insurer, with the consent of the injured worker and approval of the DIA, can extend the initial 180 day period for another 180 days on an

*Agreement to Extend 180 Day Payment Without Prejudice Period (Form 105)*. After the initial 180 day period has passed, the insurer can stop or reduce payment only for reasons specified by the Workers' Compensation Act and regulations.

If the insurer denies the claim or stops or reduces payment once it has been initiated, the employee can then file an *Employee's Claim (Form 110)* to request a Conciliation, the first step in the Dispute Resolution process.

### **STEP 3 - CONCILIATION**

The first proceeding scheduled on a contested claim is called a Conciliation, which is an informal meeting between your insurance company and your employee or your employee's attorney. At Conciliation an attempt is made to settle the issues in dispute. These are usually held within 12 business days of the *Employee's Claim (Form 110)* being received by the DIA. Notification of the Conciliation date will be sent to your insurance company, and it is the responsibility of your insurance company to send a representative to the Conciliation. Employers generally do not attend Conciliations. Only if the case involves § 28, Wilful Misconduct of Employer, will a notification of the Conciliation date and time also be sent to the employer, who must attend this proceeding. If an agreement is not reached, the claim is referred to a Conference, the second step in the Dispute Resolution process.

### **STEP 4 - CONFERENCE**

The Conference is an informal proceeding before an Administrative Judge. The insurer and the employee must be present at the Conference. The employer will receive notification for the date of the Conference, but is only obligated to attend the Conference if the claim involves § 28, Wilful Misconduct of Employer. At the Conference, the employee would need to show: (A) they were disabled; (B) the injury or illness was work related; and (C) that any disputed medical bills were for reasonable and necessary treatment. Following the Conference, the judge will issue an order of payment or denial. Either side may appeal this within 14 calendar days. If the Conference order is appealed, it will proceed to the Hearing stage.

### **STEP 5 - HEARING**

At a Hearing, the same Administrative Judge who presided at the Conference now holds a formal proceeding in which all the evidence is considered. The employee and the insurance company must be present at the Hearing, along with any witnesses. A notification for the Hearing date will be sent to the employer. The employer must attend the Hearing if the claim involves § 28, Wilful Misconduct of Employer. Massachusetts Rules of Evidence apply and sworn testimony from witnesses is taken. After reviewing all the information available, the judge will then issue a written decision. If either party to the case believes the judge made an error of law or exceeded their authority with the ruling, the party has 30 calendar days from the filing date of the decision to file an appeal to the Reviewing Board.

### **STEP 6 - REVIEWING BOARD**

This board is made up of 6 Administrative Law Judges, 3 of whom will examine the Hearing transcripts. They may ask for oral arguments or written briefs from either party. The Reviewing Board can reverse the decision of the Administrative Judge; or, if they find an error of law, can remand a case back to the Hearing stage before the same Administrative Judge. The Reviewing Board may also uphold the Administrative Judge's decision if they find there were no errors of law made. Decisions can be appealed within 30 days to the Massachusetts Appeals Court. The employer must attend the oral arguments, or submit a brief, if the claim involves § 28, Wilful Misconduct of Employer.

**Please Note:** If the Conference or Hearing is rescheduled, the DIA recommends that you check with your insurance representative for the new date and time.

## LUMP SUM SETTLEMENT

In many cases, an insurer and injured worker will agree to settle a case through a Lump Sum Settlement. This one-time payment is made in place of weekly compensation checks and certain other benefits. Under the workers' compensation law, employers with an experience modification that could be affected by the settlement must give a written consent for the settlement between the insurer and the employee. Please visit our website at [www.mass.gov/dia](http://www.mass.gov/dia) or call our Public Information Office for a Lump Sum Brochure.

## VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation (VR) services are nonmedical services designed to restore the employee to suitable employment at a salary that is commensurate with what they earned before the injury. Services may include evaluation of the injured worker's capabilities, vocational testing, counseling or guidance, workplace modifications, and/or job placement assistance/formal training.

The benefit of returning an injured worker back to work for their employer, whether it is on light duty or through modifications in the workplace or work hours, would be an improved workers' compensation history and a modification of their insurance rates. M.G.L. c. 152, § 75B, as amended by c. 572, § 58 of the Acts of 1985, prohibits an employer in Massachusetts from firing, refusing to hire, rehire, or promote or otherwise discriminate against a qualified handicapped person on account of that person's handicap. Please visit our website at [www.mass.gov/dia](http://www.mass.gov/dia) or call our Public Information Office for a VR Brochure.

## THE BEST WAY TO REDUCE YOUR WORKERS' COMPENSATION INSURANCE EXPENSES

### Pre-Loss Objective

Most injuries can be prevented before they occur. Here are some of the things you can do to prevent injuries at your company:

#### STEP 1 – WORKPLACE SAFETY EDUCATION AND TRAINING

The best way to reduce injury and illness in the workplace is to establish a comprehensive safety and health education and training program. Preventive programs designed to train you and your employees in the recognition, avoidance and prevention of unsafe or unhealthy working conditions in the workplace have been successful in reducing injury and illness as well as increasing productivity.

The DIA Office of Safety awards grants to qualified applicants based upon a competitive selection process initiated with a Request For Response (RFR). For information about the safety grant program, to apply for a grant, or to find a list of safety training providers in Massachusetts, visit our web site at [www.mass.gov/dia](http://www.mass.gov/dia) or contact:

Office of Safety  
Department of Industrial Accidents  
Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02114-2017  
(857) 321-7376

## STEP 2 - JOINT LABOR-MANAGEMENT SAFETY COMMITTEES

An essential ingredient for reducing injuries and illnesses is the establishment of a joint labor-management safety committee at the work site. This committee will provide a systematic forum for identifying and correcting health and safety concerns in the workplace. Worker participation and involvement is fundamental to the success of any occupational health and safety program.

If you show your employees that you care about their safety, they will make the extra effort to ensure that your company is a safe place to work.

### Post-Loss Objective

After an injury or illness has occurred, there are things you can do that will affect your workers' compensation insurance costs.

## STEP 1 - MEDICAL ATTENTION

When an employee is injured or suffers an illness, the most important thing is to provide reasonable and necessary medical attention as soon as possible. An injured or ill employee is entitled to adequate and reasonable medical care, including doctor visits, hospital services, prescriptions, etc. Except for the employee's first scheduled appointment, which an employer may require to be with a health provider within their preferred provider arrangement, the worker has the right to choose their own healthcare professional for treatment and to change this professional once. Speedy and efficient medical attention can reduce the long-term disability of the employee and keep insurance premiums down.

## STEP 2 - INJURY REPORT

Fill out all forms that need to be filed and notify your workers' compensation insurance company of all injuries and illnesses. If the employee is disabled or not capable of earning their full wages for five or more full or partial calendar days, you must electronically file the *Employer's First Report of Injury or Fatality (Form 101)*. Remember, there is a fine if you do not file the correct form in a timely manner.

You should notify the adjuster for the insurance company and provide the adjuster with any documents they need, so that the claim can be processed without unreasonable delay.

## STEP 3 - INFORMATION

Maintain contact with the employee, the adjuster, the medical providers and any other party involved. Keep records of all documents and give the employee a copy.

## STEP 4 – RETURN TO WORK

One of the most important ways to reduce your workers' compensation costs is by returning the employee to work. Job or tool modification can help the employee return to work as soon as possible and helps prevent future injuries.

## THE AMERICANS WITH DISABILITY ACT (ADA)

An employer may not inquire into an applicant's workers' compensation history before making a conditional offer of employment.



After making a conditional offer, an employer may ask about a person's workers' compensation history in a medical inquiry or examination that is required of all applicants in the same job category.

An employer may not require an applicant to have a medical examination because a response to a medical inquiry (as opposed to results from a medical examination) discloses a previous work-related injury, unless all applicants in the same job category are required to have the examination.

Whether an injured worker is protected by the Americans With Disabilities (ADA) will depend on whether or not the person meets the ADA definition of an "individual with a disability" and "qualified individual with a disability."

The fact that an employee is awarded workers' compensation benefits or is assigned a high Workers' Compensation disability rating, does not automatically establish that this person is protected by the ADA.

Filing a workers' compensation claim does not prevent an injured worker from filing a charge under the ADA. "Exclusivity" clauses in state workers' compensation laws bar all other civil remedies related to an injury that has been compensated by a workers' compensation system. However, these clauses do not prohibit a qualified individual with a disability from filing a discrimination charge with the Equal Employment Opportunity Commission (EEOC) or filing a suit under the ADA if issued a "right to sue" letter by the EEOC.

The Americans with Disability Act prohibits you from giving a physical or medical examination to a potential applicant unless a job has been offered to the person. Remember, it is illegal to discriminate against people with a disability. For more information on the ADA, please call the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000 or The Massachusetts Office on Disability at (617) 727-7440.

## **SOME FREQUENTLY ASKED QUESTIONS BY EMPLOYERS**

### **Q: How does the workers' compensation law define an employee?**

M.G.L. c. 152, § 1 (4) states that an employee is "every person in the service of another under any contract of hire, express or implied, oral or written." Exceptions include but are not limited to:

- Seamen engaged in interstate/foreign commerce;
- Salesmen of real estate or consumer goods who work on a commission, or buy/sell basis, other than in a retail establishment, (with a written contract stating they are not treated as an employee under federal tax law);
- Taxi drivers who lease their cabs on a fee basis not related to fares collected (and who are not treated as an employee under federal tax law);
- Persons engaged in interstate/foreign commerce that is covered by federal law for compensation for injury or death.

### **Q: How does the DIA define an independent contractor and must they be covered under a workers' compensation policy?**

Questions regarding independent contractor coverage will be answered by one of our attorneys. Please contact our Legal Unit at (857) 321-7423.

**Q: Where do I get the *Employer's First Report of Injury or Fatality (Form 101)*?**

As of January 1, 2014, Employer's First Report of Injury or Fatality - Form 101 is no longer available in paper-form. All Form 101's ***MUST BE*** filed electronically through an online account with the DIA.

To establish an account with us, please go to our website at [www.mass.gov/dia](http://www.mass.gov/dia) and look for the link entitled "Apply For A DIA Online Account" located in our "Online Services" module.

**Q: I am starting a business and need workers' compensation insurance. What do I do?**

You can obtain insurance through any insurance agent or broker who handles business insurance or through a direct writer of insurance. For more information, call the Workers' Compensation Rating and Inspection Bureau at (617) 439-9030.

**Q: I own a small business. The only person working with me is my wife (or any relative). Do I need workers' compensation insurance?**

Yes. Family members must be covered by workers' compensation insurance even if they are the only employees of the company. The exception would be if they were listed as partner on an LLC, or filed for an exemption as corporate officer with at least 25% ownership.

**Q: I am a corporate officer, the sole owner of the corporation. I have two employees working for me. I know I need workers' compensation insurance for my employees, but do I have to cover myself?**

No. The workers' compensation law allows corporate officers who own at least 25% of the corporation to exempt themselves from workers' compensation coverage. Such corporate officers can file the *Affidavit of Exemption for Certain Corporate Officers or Directors (Form 153)* with the DIA to exempt themselves. This change does not affect the requirement that all employers cover their employees with WC insurance.

**Q: I am the owner of a business outside of Massachusetts and have been hired to do some work in Massachusetts. Do I need to get a Massachusetts policy for workers' compensation?**

You are required to cover your employees with Workers' Compensation benefits under Massachusetts law. You do not need to buy a policy strictly for Massachusetts if in your existing Workers' Compensation policy Massachusetts coverage is listed in Section 3A. Notation somewhere else in the policy that "all states are covered" or something similar is not acceptable.

**Q: I am an employer, and I have a question about the experience modification for my business.**

Call the Workers' Compensation Rating and Inspection Bureau at (617) 439-9030.

**Q: I am an employer; who can answer a question about the assessment on my workers' compensation insurance?**

Call the DIA Assessment Office at (617) 626-5469 or (617) 626-5468.

**Q: I need to replace an employee who was injured or suffered an occupational illness and is collecting workers' compensation; do I have to hold the job open for the employee?**

Unless a union contract or the individual's contract of hire requires it, or unless the employee falls under another lawful and recognized protected status, an employer does not have to hold an injured worker's job open while they are unable to work due to an occupational accident or illness. M.G.L. c. 152, § 75A does require

employers to give preferential treatment in the rehiring of injured workers when they are ready to return to work, provided there is a job available that the employee is capable of doing. M.G.L. c. 152, § 75B requires that employers make all reasonable accommodations to anyone who is deemed to be a qualified handicapped person under M.G.L. c. 151B.

**Q: What must employers do to make sure that employees are aware of insurance coverage and/or other related information?**

All employers must post a *NOTICE TO EMPLOYEES* on a bulletin board in a suitable public area on their premises in English and other appropriate languages. The notice, which is available on our website at [www.mass.gov/dia](http://www.mass.gov/dia), at all DIA offices and included in this brochure, must be completed in its entirety indicating the insurance carrier, the address, policy number, and a contact person to whom injuries or incidents should be reported. This is all public information and must be readily available to any person who needs it. Failure to provide the information to the employee is a violation of the law, and the employer is subject to a fine. There is also an optional space on the notice to list a designated healthcare provider for initial treatment following an injury.

**Q: As an employer, what rights do I have during the claims process?**

While the insurer is legally the interested party during the claims process, the employer will receive notice of a Conciliation, Hearing, Lump Sum Conference or any proceeding involving employer misconduct (M.G.L. c. 152 § 28). If a § 28 Wilful Misconduct of Employer proceeding is called involving your business, you are required to attend. It is your right as the employer to attend the Conciliation, Conference and/or Hearing proceedings; however, you may not participate unless you are called as a witness. For this purpose, you are encouraged to maintain well-documented records of all accidents and reports including names of witnesses. If you have any pertinent information relating to any claims, you should inform the insurer.

**Q: If one of my employees uses my facilities to do some purely personal work, would they still be able to claim WC benefits if they were injured?**

If what they were involved in was purely personal, then they probably would not be able to claim benefits under your Workers' Compensation policy. But if it was held that use of your facilities was part of their compensation for their employment, it could be held that the injury was incidental to employment and thus covered by Workers' Compensation.

For additional "Frequently Asked Questions" please visit our website at [www.mass.gov/dia](http://www.mass.gov/dia).

## Public Information

Workers' Compensation Law is complex; therefore, the procedures for filing a claim may be confusing. This brochure should answer most of your basic questions. If you need more information, call any of our regional offices or contact our Public Information Office; from within Massachusetts, call our toll-free line: (800) 323-3249. From outside Massachusetts, call (857) 321-7470. You can also get information by visiting our website at [www.mass.gov/dia](http://www.mass.gov/dia).

**TDD (teletype for the hard of hearing only):** (800) 224-6196

## DIA Regional Offices:

### **Boston:**

Lafayette City Center  
2 Avenue de Lafayette  
Boston, MA 02111-1750  
(617) 727-4900; (800) 323-3249

### **Springfield:**

436 Dwight Street, Rm. 105  
Springfield, MA 01103  
(413) 784-1133

### **Fall River:**

1 Father DeValles Blvd, 3<sup>rd</sup> Floor  
Fall River, MA 02723  
(508) 676-3406

### **Worcester:**

Mercantile Center  
100 Front St., Suite 310  
Worcester, MA 01608  
(508) 753-2072

### **Lawrence:**

354 Merrimack St.  
Entrance C, Suite 230  
Lawrence, MA 01843  
(978) 683-6420;

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**COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF INDUSTRIAL ACCIDENTS**

EMPLOYER'S GUIDE TO WORKERS' COMPENSATION is published by the Massachusetts Department of Industrial Accidents, Lafayette City Center, 2 Avenue de Lafayette - October, 2019 - **Printed on recycled paper.**