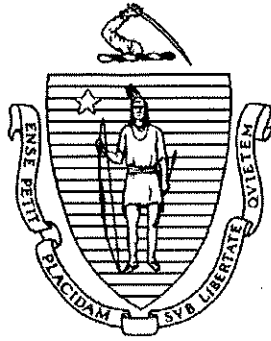


NOTICE
TO
EMPLOYEES



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:

THE PMA COMPANIES

NAME OF INSURANCE COMPANY

PO BOX 3031 380 SENTRY PARKWAY BLUE BELL PA 19422-0754 1-888-476-2669

ADDRESS OF INSURANCE COMPANY

202475-48-64-96-3

07-01-2024 TO 07-01-2025

POLICY NUMBER

WILLIS TOWERS WATSON NORTHEAST, INC. 200 N. WARNER ROAD, #300 KING OF PRUSSIA PA 19406

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

LEHIGH UNIVERSITY ATTN: KIM NIMMO 616 BRODHEAD AVE BETHLEHEM PA 18015-3011

EMPLOYER

ADDRESS

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. The employee may select his or her own physician. The reasonable and necessary costs of the services provided by the treating physician will be paid by the insurer if the treatment is connected to the work-related injury.

The above-named insurer has a preferred provider arrangement, in the cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such care at:

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER