



JOEL M PRESSMAN  
Commissioner

# *The Commonwealth of Massachusetts*

## *Department of Industrial Accidents*

*600 Washington Street*

*Boston, Mass. 02111*

January 29, 1987

CIRCULAR LETTER NO. 230

TO: ALL INTERESTED PARTIES

RE: ADJUSTMENTS TO COMPENSATION PURSUANT TO M.G.L.C. 152, SECTION  
34B.

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Effective November 1, 1986, insurers shall be entitled to quarterly reimbursements for supplemental benefits (Cost-of-Living Adjustments) paid pursuant to M.G.L. c.152, Section 34B. To apply for reimbursement of cost-of-living adjustments paid to an employee as a result of the applicability of Section 34B, please complete the attached form, front and back, and forward it to the listed address.

Requests for reimbursements should be submitted at the close of each quarter of the calendar year. The first request for reimbursements should be made on or after March 31, 1987. The first request should seek reimbursement for supplemental payments made between November 1, 1986 and March 31, 1987.

Additional forms may be obtained by written request from the Department of Industrial Accidents, Office of Administration:

COLA Processing  
DIA Office of Administration  
P.O. Box 9104, Essex Station  
Boston, MA 02112-9104



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FROM: \_\_\_\_\_ MAIL TO: COLA Processing  
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 \_\_\_\_\_  
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DIA Office of Administration  
 P.O. Box 9104, Essex Station  
 Boston, MA 02112-9104

Gentlemen:

Attached please find a request, pursuant to Section 65 (as amended by Chapter 572 of the Acts of 1985), for a permanent and total Cost of Living Adjustment (COLA) reimbursement. This request is made for COLA's paid on behalf of \_\_\_\_\_ claimants totaling \$\_\_\_\_\_.

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

FOR INTERNAL USE ONLY

COMMENTS:

PAYMENT APPROVED _____
DATE: _____

