



**THE COMMONWEALTH OF MASSACHUSETTS**

*Department of Industrial Accidents*

600 Washington Street  
Boston, Massachusetts 02111

**JANE SWIFT**  
Governor

**ANGELO R. BUONOPANE**  
Director

*Department of Labor and Workforce Development*

**THOMAS J. GRIFFIN III**  
Commissioner

**CIRCULAR LETTER NO. 307**

**TO:** All Interested Parties  
**FROM:** Thomas J. Griffin III, Commissioner  
**RE:** New Department of Industrial Accidents Forms  
**DATE:** September 14, 2001

The Department of Industrial Accidents announces the release of new departmental forms to be used in all matters before the agency pursuant to M.G.L. c. 152 §6. The new forms are available at any DIA office or on-line at [www.state.ma.us/dia](http://www.state.ma.us/dia) (click on New Forms). PLEASE NOTE – there will be a three-and-a-half month grace period during which old forms will be accepted. However, as of *January 1, 2002* old forms will NOT be accepted. From that date forward all filings with the DIA must be submitted on the new forms. Below is a complete list of those forms that have been revised:

<u>FORM #</u>	<u>TITLE</u>
101	Employer's First Report of Injury
103	Insurer's Notification of Payment
104	Insurer's Notification of Denial
105	Agreement to Extend 180 Day Pay Without Prejudice Period
106	Insurer's Notification of Termination or Modification of Weekly Compensation During Payment Without Prejudice Period
107	Insurer's Notification of Acceptance, Resumption or Termination or Modification of Weekly Compensation
108	Insurer's Complaint for Modification, Discontinuance or Recoupment of Compensation
109	Notification of Withdrawal of Claim or Complaint

(Over)



<b><u>FORM #</u></b>	<b><u>TITLE</u></b>
110	Employees Claim Form
112	Appeal to Reviewing Board
112A	Affidavit in Support of Request for Waiver of Filing Fee Under Sec. 11C
113	Agreement to Pay Compensation
114	Notice of Change/Appearance of Counsel
115	Third Party Claim/Notice of Lien
116	Request for Lump Sum Conference
116A	Employer's Consent to Lump Sum
116B	Addendum to Lump Sum Agreement
116C	Lien Disclosure Form
117*	Agreement Redeeming Liability by Lump Sum Under G.L., c. 152, Sec. 48 for Injuries Occurring on or After November 1, 1986
117A*	Agreement Redeeming Liability by Lump Sum Under G.L., c. 152, Sec. 48 for Injuries Occurring Before November 1, 1986
121	Appeal of Conference Proceeding
122	Request for Section 37 or 37A Proceeding
123	Agreement Under Section 37 or 37A
124A	Notice of Arbitration Award
126	Employee's Earning Report
130	Complaint of Improper Claims Handling Against an Insurer
131	Request for Speedy Conference Because of Hardship
132	Affidavit in Support of Employee's Request for Speedy Conference Because of Hardship
133A	Utilization Review Agent Complaint Form
136	Affidavit of Indigence and Request for Waiver of § 11A(2) Fees
140*	Temporary Conference Memorandum Cover Form
141*	Last Best Offer at Conference
151	Individual Written Rehabilitation Program
152	Amendment/Suspension or Closure of Vocational Rehabilitation Program
160*	Employee's Biographical Data
161*	Employees Hearing Memorandum
162*	Insurer's Hearing Memorandum

There have been no changes made to the Form 137 – *Request for COLA Reimbursement.*

\*New Form Number

## **ADDENDUM TO CIRCULAR LETTER #307**

Upon further review, three forms issued by the Department of Industrial Accidents (DIA) on September 14, 2001 were amended to better serve the public and to facilitate processing. They are:

FROM 107    INSURER'S NOTIFICATION OF ACCEPTANCE, RESUMPTION OR  
                  TERMINATION    OR    MODIFICATION    OF    WEEKLY  
                  COMPENSATION

FORM 114    NOTICE OF CHANGE / APPEARANCE OF COUNSEL

and

FORM 121    APPEAL OF CONFERENCE PRECEEDING

These amended forms are available at any DIA office or on the Internet at [www.state.ma.us/dia](http://www.state.ma.us/dia). The deadline for use of old forms remains January 1, 2002. After that date, no old forms will be accepted by the DIA