



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

1 Congress Street, Suite 100
Boston, Massachusetts 02114-2017

DEVAL L. PATRICK
Governor

PAUL V. BUCKLEY
Commissioner

TIMOTHY P. MURRAY
Lieutenant Governor

CIRCULAR LETTER #335 - AMENDMENT

TO: All Interested Parties

FROM: Paul V. Buckley, Commissioner

RE: Amended Circular Letter #335 - Form for Verification of
Workers' Compensation Coverage for Out-of-State Employers
Operating in Massachusetts

Date: October 28, 2010

This Amended Circular Letter is in place of and supersedes Circular Letter #335 issued on August 26, 2010.

The Department of Industrial Accidents (DIA) has promulgated a new form to be used by employers located in other states but conducting business and employing workers in Massachusetts. Form 154 – Verification of Massachusetts Workers' Compensation Coverage for Out-of-State Employers Operating in Massachusetts (amended Form 154 attached) will be completed by said employer's workers' compensation insurance carrier only upon the request of the DIA.

To clarify the usage of Form 154, it shall be completed by the insurance carrier of any out-of-state employer conducting business in Massachusetts at the request of the DIA's Office of Investigations. The DIA may also require an out-of-state business to submit this form at any time.

Use of this form shall commence immediately.

Sincerely,

A handwritten signature in cursive script, reading "Paul V. Buckley".

Paul V. Buckley
Commissioner