



The Commonwealth of Massachusetts Department of Industrial Accidents – Department 124A Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750 Info. Line (800) 323-3249 Inside Mass. / (857) 321-7470 Outside Mass. www.mass.gov/dia

DIA Board # (If Known):

NOTIFICATION OF ARBITRATION <u>AWARD</u>

ATTACH COPIES OF ARBITRATION AWARD TO THIS FORM. SEND COPIES TO ALL PARTIES

1. Employee's Name (Last, First, MI):	2. Employee's Social Sec	urity Number*:	3. Employee's Telephone Number:
4. Employee's Address (No. and Street, City, State, Zip Code):			
5. Name of Employee's Attorney:		6. Telephone 1	Number of Employee's Attorney:
7. Attorney's Address:			
8. Employer's Name & Address (No. and Street, City, State, Zip Co	ode):		
9. Insurer's Name & Address (No. and Street, City, State, Zip Code	a).		
9. insurer 5 Warte & Audress (No. and Sureet, City, State, Zip Cour			
10. Name of Insurer's Attorney:		11. Telephone	Number of Insurer's Attorney:
12. Attorney's Address:			
13. Arbitrator's Name:			
14. Arbitrator's Firm Name:			
15. Arbitrator's Business Address (No., Street, City, State, Zip Cod	le):		
16. Arbitrator's Signature:		17. Date Prepa	ared (mm/dd/yyyy):
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