



The Commonwealth of Massachusetts

Division of Industrial Accidents

Leverett Saltonstall Building, Government Center

100 Cambridge Street, Boston 02202

I.A.B. FILE NO.
ATTENTION OF:

Circular Letter No. 218

October 8, 1985

To: All Insurance Companies Licensed to Transact Workmen's
Compensation Business in the Commonwealth

RE: Filing Requirements

In accordance with Section 63 of Chapter 152, The Workmen's Compensation Act of Massachusetts, all insurance companies licensed to write workmen's compensation insurance in the Commonwealth are required to file Notices of policy issuances using the prescribed 3 x 5 card form with the Division of Industrial Accidents, 100 Cambridge Street, Boston, MA 02202 within five days after the issuance of a workmen's compensation insurance policy. No further notice need be filed in case such insurance is renewed, extended or otherwise continued by such company. Such issuance shall not be cancelled or shall not be otherwise terminated until ten days after written notice of such cancellation or termination is given to the Division or until a notice has been received by said Division that the employer has secured insurance from another insurance company or has otherwise insured the payment of compensation provided for by this Chapter.

Since the Notice of policy issuance is public information and subject to legal actions, it is imperative that the Notices be both accurate and complete as respects the following.

Name and Address of the employer should indicate the legal status i.e., whether an individual, partnership, association, corporation, joint venture, receiver, or trustee or other legal entity. Complete names including trade names must be stated in full, e.g. John Brown d/b/a Central Market; Robert Jones and Alfred Smith, Trustee of Federal Realty Trust; James Black and William White d/b/a/ J. T. Jones and Company. If there is a parent company or a conglomerate along with several subsidiary companies all covered by the same insurer, then the parent company should submit one card for the parent company and a typewritten attached sheet listing all subsidiary companies.

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Name of Insurance Company and effective dates should be stated accurately. Show name of individual insurance company providing coverage not group name. Show correct policy number and the period covered, i.e. one, two, or three years.


Changes. Every change and the date of such change whether name change, address change, or period of coverage change, should be fully reported, giving both old and new names in full so the Division records may be updated.

Cancellation and termination dates should be stated exactly. The Division has, in the past, received cancellation notices indicating cancellation dates earlier than the policy dates. Do not submit card or intent to terminate insurance coverage, but just submit notice of final termination only.

Please note that inadequate filings require time consuming correspondence, telephoning and clerical labor by both the Division and insurance companies, accordingly accurate and complete Notices are extremely important in the process of providing benefits as required by the Workmen's Compensation Act.

This Circular Letter should be referred to Underwriting Departments and personnel directly involved in the filing of Notices with the Division.

Very truly yours,


Francis J. Joyce
Secretary

Please note that copies of 3 x 5 card forms on cancellation and termination of workmen's compensation policies should also be filed with the Workers' Compensation Rating & Inspection Bureau of Massachusetts, 40 Broad Street, Boston, MA 02109.

Also in accordance with the Bureau Administrative Rules, copies of policy information pages and endorsements are to be sent to the Workers' Compensation Rating & Inspection Bureau of Massachusetts. Please do not send policy information pages or endorsements to the Division of Industrial Accidents.