

NOTE – This form should be filed with the Retirement Board by the member or in his behalf WITHIN NINETY DAYS from the date of accident or hazard undergone.

The Commonwealth of Massachusetts
ESSEX REGIONAL RETIREMENT SYSTEM
DANVERS, MA 01923

NOTICE OF INJURY

TO THE BOARD OF RETIREMENT:

This is to notify you thatreceived injuries incurred through
(Full Name of Employee)
accident in the line of duty or due to a hazard which occurred in the like line of duty while employed in the service at the
..... on and whose home address is
(Name of Department or Institution) (Month) (Day) (Year)

.....
(Street and Number) (City or Town) (Zip)

1. Single..... Married..... 1a. If married, spouse's name.....

2. Date of Birth.....2a. Date of Entry in Service

3. Rate of regular compensation on the date of the accidentper

4. The cause of injury was.....
Describe Cause of Injury

.....
(If statement requires more space use other side of this blank and write in this space – SEE OTHER SIDE)

.....
(Important: Sign your name after what you write on the other side)

5. The nature of injury is as follows:.....
(Describe Injury with as much exactness as possible)

.....
IMPORTANT: # 6, 7& 8 must not be left blank. Some statement must be made. –Example—Not taken to a hospital, No witness, etc.

6. NAME AND ADDRESS OF DOCTOR WHO ATTENDED EMPLOYEE

Address
(Street and Number) (City)) (State) (Zip)

7. NAME AND ADDRESS OF HOSPITAL

Address.....
(Street and Number) (City)) (State) (Zip)

8. NAME AND ADDRESS OF WITNESS (If possible, give 2 named of eye witnesses)

1. Name.....Address No.Street
City or Town..... StateZip.....

2. Name.....Address No.Street
City or Town..... StateZip.....

.....
IMPORTANT: # 6, 7& 8 must not be left blank. Some statement must be made. –Example—Not taken to a hospital, No witness, etc.

SIGNATURE..... Date.....
(If other informant, relationship or title of superior officer)

IMPORTANT

The Law requires that injuries incurred in the line of duty AFTER JULY 1, 1938, shall be reported to the RETIREMENT BOARD WITHIN NINETY DAYS to give unlimited coverage for (1) retirement based upon accidental injuries or (2) an accidental death benefit.

IF the NOTICE OF INJURY is not so filed WITHIN NINETY DAYS an APPLICATION for (1) accidental disability retirement or (2) for a death benefit based upon accidental injuries incurred MORE THAN TWO YEARS PRIOR to the date of application, IS VOID.