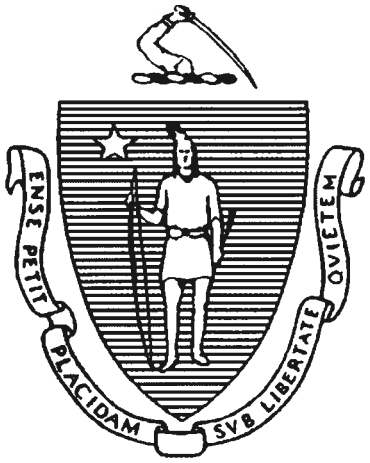
NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MA 02111

(617) 727-4900 – www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 4614
BUFFALO, NY 14240-4614

ADDRESS OF INSURANCE COMPANY

UB-0K349422-24-14-G — POLICY NUMBER

03-01-24 TO 03-01-25 — EFFECTIVE DATES

IMA INC — PO BOX 2992, WICHITA, KS 67201-2992

NAME OF INSURANCE AGENT — ADDRESS — PHONE #

IMA FINANCIAL GROUP, INC. — NO BUSINESS LOCATION, MA

EMPLOYER — ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY) — DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL — ADDRESS

TO BE POSTED BY EMPLOYER

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