FORM 110

The Commonwealth of Massachusetts Department of Industrial Accidents – Department 110

DIA Board # (If Known):



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

EMPLOYEE'S CLAIM

FOR USE BY EMPLOYEES OR DEPENDENTS CLAIMING BENEFITS AS A RESULT OF INJURY OR DEATH. ALL OTHER CLAIMANTS SHOULD USE FORM 115

IMPORTANT - INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.

	1. Employee's Name (Last, First, MI):		2. Social Security	Number*:	3. Home Te	elephone No.:	4. Date of Birth:	5. # of Dependents:	
E									
M P L O	6. Home Address (No., Street, City, State & Zip Code):				7. Employee's E-mail address (if available): 7a . Employee's Native Language Code:				
Y E E	8. Name, Address and BBO# of Employee's Attorney (if no attorney leave blank)**:								
	9. Attorney's E-mail address (Required): 9a.					9a. Attorney'	Pa. Attorney's Telephone No.:		
E M P L	10. Employer's Name & Address (No., Street, City, State & Zip Code):					10a. Industry Code (See Reverse Side):			
O Y E R	11. Workers' Compensation Insurance Carrier's Address and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR - See Instructions on reverse side):								
I	12. DATE OF INJURY (mm/dd/yyyy):				12a. Insurer's Case/Claim #:				
N J U R Y I N F	13. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):			14. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):					
	15. If Employee has Died, Date of Death (mm/dd/yyyy): 16. Describe Injury (Lower Back, leg, arm etc.):			
	a.						to body	•	
O R	18. Name(s) of Witness(es):					– b. c.	to body to body	-	
M A T				Actual		21. Has Employee Returned to Work?:			
I	\$								
O N	in the amount of \$								
	23. Section(s) of Law Claimed. Check all appropriate boxes below and attach documentation as required by M.G.L. c 152, § 7G, §10(1) and 452 CMR 1.07.								
B E N	a. Sec. 34 Total, Temporary Incapacity Comp. from (date): from					toand			
	fromto								
E F I	b. Sec. 35 Partial Incapacity Comp. from (date): from					to_		and	
T S	c. Sec. 36 Specific Comp. in the Amount of \$								
С	d. Sec. 31 Survivor's Benefits e. Sec. 33 Burial Expenses f. Secs. 13 & 30 Medical Expenses g. Other (Specify Sec):								
L A I	24. Name and Address of Facility Where Employee was First Treated:						25. Name of Trea	ting Physician:	
I M E	26. Employee's/Claimant's Signature:					27. Date (mm/dd	/yyyy):		
D	28. Attorney's Signature (if applicable):					29. Date (mm/dd/	′yyyy):		
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*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your claim. **Representation by an attorney is not required (see instructions on reverse side). Form 110 - Revised 7/2019 - Reproduce as needed.

EMPLOYEE'S CLAIM FILING INSTRUCTIONS

- 1. WHEN TO FILE: File this form if you have been injured on the job and your employer's workers' compensation insurer (the insurer) has denied your initial claim and/or is disputing any part of your claim and refuses to pay the compensation that you believe you are entitled. Please fill out the form completely and accurately. The Department of Industrial Accidents (DIA) is the agency that handles all disputed workers' compensation claims. You do not need to be represented by an attorney in order to file a Form 110. You may represent yourself in your claim. The term that applies to self representation is PRO SE. Initiating a claim PRO SE does not prevent you from getting an attorney later. If you need assistance, please call 1-800-323-3249 inside Massachusetts, or (857) 321-2149 outside Massachusetts.
- 2. WHERE TO FILE: The original form must be mailed to the DIA at the address shown on the front of the form. A copy must also be provided to the employer as well as the insurer. We recommend that the employee keep a third copy for their own records. When an employee is represented by counsel, this form must be sent via certified mail to the insurer. Please be advised - claims for compensation must be accompanied by proper documentation in accordance with M.G.L. c. 152, \$7G & 452 CMR 1.07.
- 3. EMPLOYER'S REQUIREMENTS: The law requires that all employers in Massachusetts carry a valid workers' compensation insurance policy at all times for all of their employees in the event of an industrial injury. Also, the employer must provide the name and address of the workers' compensation insurer upon request of an employee. If the employer refuses to provide this information or does not carry workers' compensation insurance, notify the DIA immediately.
- 4. EMPLOYEE'S SIGNATURE & DATE IN BOXES 26 & 27: This form may be filed by the Employee or the Employee's Attorney (if applicable). However, in all cases the Employee must sign and date this form.

NATIVE LANGUAGE CODES

1 - English / 2 - Portuguese / 3 - Haitian Creole / 04 - Spanish / 5 - Chinese / 6 - Vietnamese / 7 Cape Verdean / 9 - Other

INDUSTRY CODES									
Agriculture, Forestry and Fishing 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 07 Agriculture Production - Livestock 08 Forestry 09 Fishing, Hunting and Trapping Mining 10 10 Metal Mining 12 Coal Mining 13 Oil and Natural Gas 14 Nonmetallic Minerals, Except Fuels Construction 15 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors 20 Food and Kindred Products 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Textile Products 24 Lumber and Wood Products 25 Furniture and Fixtures 26 Paper and Allied Products 27 Printing and Publishing	28 Chemicals and Allied Products 29 Petroleum and Coal Products 30 Rubber and Misc. Plastic Products 31 Leather and Leather Products 32 Stone, Clay and Glass Products 33 Primary Metal Industries 34 Fabricated Metal Products 35 Industrial Machinery and Equipment 36 Electronic and Other Electrical Equipment 37 Transportation Equipment 38 Instruments and Related Products 39 Miscellaneous Manufacturing Industries Transportation and Public Utilities 40 40 Railroad Transportation 41 Local and Interurban Passenger Transit 42 Trucking and Warehousing 43 U.S. Postal Service 44 Water Transportation 45 Transportation by Air 46 Pipelines, Except Natural Gas 47 Transportations 49 Electric, Gas and Sanitary Services Wholesale Trade 50 50 Wholesale Trade - Durable Goods	51 Wholesale Trade - Non-durable Goods Retail Trade 52 52 Building Materials and Garden Supplies 53 General Merchandizing 54 Food Stores 55 Automotive Dealers and Service Stations 56 Apparel and Accessory Stores 57 Furniture and Home Furnishing Stores 58 Eating and Drinking Establishments 59 Miscellaneous Retail Finance, Insurance and Real Estate 60 Depository Institutions 61 Non-depository Institutions 62 Security and Commodity Brokers 63 Insurance Carriers 64 Insurance Agents, Brokers and Service 65 Real Estate 67 Holding and Other Investment Officers Services 70 70 Hotels and Other Lodging Places 72 Personal Services 73 Business Services 75 Auto Repair Services and Parking 76 Miscellaneous Repair Services	 78 Motion Pictures 79 Amusements and Recreation Services 80 Health Services 81 Legal Services 82 Educational Services 83 Social Services 84 Museums, Botanical, Zoological Gardens 86 Membership Organizations 87 Engineering and Management Services 88 Private Households 89 Services, NEC Public Administration 91 Executive, Legislative and Garden 92 Justice, Public Order, and Safety 93 Finance, Taxation, and Monetary Benefits 94 Administration of Human Services 95 Environmental Quality and Housing 96 Administration of Economic Program 97 National Security and International Affairs <u>Non-classifiable Establishments</u> 99 Non-classifiable Establishments 						
	NATURE OF INJUR	Y OR ILLNESS CODES							
 100 Amputation or Enucleation 110 Asphyxia or Strangulation Etc. 120 Burns (Heat) 130 Burns (Chemical) 140 Concussion 160 Contusion, Crushing, Bruise 170 Cut, Laceration, Puncture 190 Dislocation 200 Electric Shock, Electrocution 210 Fracture 250 Hernia, Rupture 300 Scratches, Abrasions 310 Sprains, Strains 	 157 Tuberculosis 159 Other Infective or Parasitic Diseases_ <u>Dermatitis</u> 180 Dermatitis, UNS* 183 Primary Infections of the Skin 184 Other Skin Conditions 185 Dermatitis, Allergenic or Contact 189 Skin Condition, NEC*** Poisoning Systemic 270 Poisoning, Systemic, UNS* 271 Due to Toxic Materials other than Lead 272 Diseases of the Blood and Blood Forming Organs 	 281 Aluminosis 282 Anthracosis 283 Asbestosis 284 Byssinosis 285 Siderosis 286 Silicosis 287 Other Pneumoconioses 289 Pneumoconiosis and Tuberculosis Nervous System, Conditions of 560 Nervous System, Conditions of - NEC** 561 Diseases of the Central Nervous System 562 Diseases of the Nerves and Peripheral 	Other 265 Carpal Tunnel Syndrome 510 Cardiovascular and Other Conditions of the Circulatory System 520 Complications Peculiar to Medical Care 500 Effects of Changes in Atmospheric Pressure 240 Effects of Environmental Heat 220 Effects of Environmental Heat 230 Effects of Environmental Heat 240 Effects of Environmental Heat 250 Eye, other Diseases of the Eye 230 Hearing Loss or Impairment 991 Heart Condition ,Excludes Heart Attack 320 Hemornbids						

- 400 Multiple Injuries
- 900 No Injury
- 950 Damage to Prosthetic Devices
- 995 No Other Injury, NEC** 999 Non-classifiable
- Infective or Parasitic Disease
- 150 Infective or Parasitic Disease, UNS*
- 151 Amebiasis
- 152 Anthrax
- 153 Brucellosis
- 154 Conjunctivitis and Opthalmia
- 156 Tetanus

100 Head, UNS*

120 Ear(s), UNS*

121 Ear(s), External

124 Ear(s), Internal

130 Eye(s), UNS*

140 Face, UNS*

141 Jaw, Chin

Head

110 Brain

- 273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc.
- Tract
- 278 Effects of Lead
- 279 Other Toxic Effects of One System Only
- Respiratory Systems, Conditions of
- 570 Respiratory Systems, Conditions of
- 571 Upper Respiratory
- 572 Asthma, Influenza, Pneumonia
- Pneumoconiosis 280 Pneumoconiosi

- 290 Radiation Effects, UNS*

- BODY PART AFFECTED CODES 398 Upper Extremities, Multiple
- 198 Head Multiple 400 Trunk, UNS* 515 Lower Leg(s) 200 Neck & Cervical Vertebrae 410 Abdomen, Internal Organs, 518 Leg(s), Multiple UPPER EXTREMITIES Inguinal Hernia 519 Leg(s), NEC** 420 Back 300 Upper Extremities, NEC** 520 Ankle(s) 310 Arm(s), UNS* 430 Chest, Ribs, Breastbone, 530 Foot or Feet, Not Ankle

 - Internal Organs 440 Hip(s)..,Pelvis, Organs and
 - Buttocks
 - 450 Shoulder(s)
 - 498 Trunk, Multiple
 - LOWER EXTREMITIES
 - 500 Lower Extremities 510 Leg(s), UNS*
- 598 Lower Extremities, Multiple 700 MULTIPLE PARTS Applies when more than one major body part
- as been effected such as an arm and a leg 999 NON-CLASSIFIABLE - Insufficient infor-
- mation to identify part of body effected. Includes damage to prosthetic devises

149 Face, NEC*: 150 Scalp

146 Nose

148 Face, Multiple Parts

144 Mouth and Throat (vocal chords, larynx)

- Ganglia Neoplasm Tumor
- 550 Neoplasm Tumor, UNS*
- 551 Malignant
- 552 Benign
- Radiation Effects

- 330 Hepatitis, Serum and Infective
- 275 Hepatitis, Toxic
- 260 Inflammation of Joints, Etc.
- 540 Mental Disorders
- 900 No Illness
- 999 Non-classifiable

513 Knee(s)

540 Toe(s)

- 990 Occupational Disease, NEC**
- 580 Symptoms and Ill-defined Conditions

- 291 Non-Ionizing Radiation
- 292 Microwaves
- 293 Ionizing Radiation X-Ray
- 294 Ionizing Radiation Isotopes
- 295 Welder's Flash

- 276 Other Diseases of the Gastro-Intestinal

160 Skull

311 Upper Arm

315 Forearm(s)

318 Arm(s), Multiple

319 Arm(s), NEC**

330 Hand(s), Not Wrists or Fingers

313 Elbow(s)

320 Wrist(s)

340 Finger(s)