



DIA Board #
(If Known):

INSURER'S NOTIFICATION OF PAYMENT

FILE THIS FORM WHEN WEEKLY BENEFITS ARE PAID WITHIN 14 DAYS OF INSURER'S RECEIPT OF A FIRST REPORT OF INJURY (FORM 101) OR AN INITIAL WRITTEN CLAIM FOR WEEKLY BENEFITS. DO NOT FILE THIS FORM FOR MEDICAL ONLY CLAIMS

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

I N S U R E R	1. Insurance Carrier's Name and Address:		2. Self-insured?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. Claim Representative's Name:		3. Self-insurer Number:	
	6. Insurer's Case File Number:		7. Did Insurer Receive First Report of Injury (Form 101): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Received (mm/dd/yyyy):	
8. Did Insurer Receive a Written Claim for Benefits from the Employee?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Received (mm/dd/yyyy):				
E M P L O Y E E	9. Employee's Name (Last, First, MI):		10. Employee's Social Security Number*:	
	11. Employee's Address (No. and Street, City, State, Zip Code):		12. Date of Birth (mm/dd/yyyy):	
	13. Employer's Name:			
	14. Employer's Address (No. and Street, City, State, Zip Code):			
I N J U R Y	15. DATE OF INJURY (mm/dd/yyyy):		16. Injury Code(s) Body Part Code(s)	
	17. FIRST day of total or Partial Incapacity to Earn Wages (mm/dd/yyyy):	18. FIFTH day of total or Partial Incapacity to Earn Wages (mm/dd/yyyy):	a. to body part a.	
			b. to body part b.	
			c. to body part c.	
19. If Employee has Died Date of Death:		20. Description (left leg...lower back...etc.):		
C O M P E N S A T I O N	21. <input type="checkbox"/> ACCEPTED <input type="checkbox"/> PAID WITHOUT PREJUDICE Average Weekly Wage \$ _____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual (See M.G.L. Chapter 152, Section 1(1) for definition.) Date Insurer Mailed First Payment (mm/dd/yyyy): _____ Amount Paid to Date: \$ _____ Paid Through (mm/dd/yyyy): _____			
	a. <input type="checkbox"/> <u>Type of Weekly Compensation</u>		Weekly Compensation Paid	
	b. <input type="checkbox"/> Total, Temporary Incapacity - Section 34		\$ _____	
	c. <input type="checkbox"/> Permanent & Total Incapacity - Section 34A		\$ _____	
d. <input type="checkbox"/> Partial Incapacity - Section 35		\$ _____		
e. <input type="checkbox"/> Dependency Coverage - Section 35A		\$ _____		
f. <input type="checkbox"/> Survivor's Benefits - Section 31		\$ _____		
22. Insurer's Signature :		23. Date Prepared (mm/dd/yyyy):		

INSURER'S NOTIFICATION OF PAYMENT

FILING INSTRUCTIONS

1. **WHEN TO FILE:** File this form within 14 days of the Insurer's receipt of the Employer's First Report of Injury (Form 101) or a written claim for weekly benefits on a form prescribed by the Department (Form 110) pursuant to 452 CMR 1.05(1).
2. **WHERE TO FILE:** This form should be mailed to the DIA at the address shown on the front of the form with a copy to the Employee and to the Employer.

INDUSTRY CODES

<p><u>Agriculture, Forestry and Fishing</u></p> <p>01 Agriculture Production - Crops</p> <p>02 Agriculture Production - Livestock</p> <p>07 Agricultural Services</p> <p>08 Forestry</p> <p>09 Fishing, Hunting and Trapping</p> <p><u>Mining</u></p> <p>10 Metal Mining</p> <p>12 Coal Mining</p> <p>13 Oil and Natural Gas</p> <p>14 Nonmetallic Minerals, Except Fuels</p> <p><u>Construction</u></p> <p>15 General Building Contractors</p> <p>16 Heavy Construction, Ex. Building</p> <p>17 Special Trade Contractors</p> <p><u>Manufacturing</u></p> <p>20 Food and Kindred Products</p> <p>21 Tobacco Products</p> <p>22 Textile Mill Products</p> <p>23 Apparel and Other Textile Products</p> <p>24 Lumber and Wood Products</p> <p>25 Furniture and Fixtures</p> <p>26 Paper and Allied Products</p> <p>27 Printing and Publishing</p>	<p>28 Chemicals and Allied Products</p> <p>29 Petroleum and Coal Products</p> <p>30 Rubber and Misc. Plastic Products</p> <p>31 Leather and Leather Products</p> <p>32 Stone, Clay and Glass Products</p> <p>33 Primary Metal Industries</p> <p>34 Fabricated Metal Products</p> <p>35 Industrial Machinery and Equipment</p> <p>36 Electronic and Other Electrical Equipment</p> <p>37 Transportation Equipment</p> <p>38 Instruments and Related Products</p> <p>39 Miscellaneous Manufacturing Industries</p> <p><u>Transportation and Public Utilities</u></p> <p>40 Railroad Transportation</p> <p>41 Local and Interurban Passenger Transit</p> <p>42 Trucking and Warehousing</p> <p>43 U.S. Postal Service</p> <p>44 Water Transportation</p> <p>45 Transportation by Air</p> <p>46 Pipelines, Except Natural Gas</p> <p>47 Transportation Services</p> <p>48 Communications</p> <p>49 Electric, Gas and Sanitary Services</p> <p><u>Wholesale Trade</u></p> <p>50 Wholesale Trade - Durable Goods</p>	<p>51 Wholesale Trade - Non-durable Goods</p> <p><u>Retail Trade</u></p> <p>52 Building Materials and Garden Supplies</p> <p>53 General Merchandizing</p> <p>54 Food Stores</p> <p>55 Automotive Dealers and Service Stations</p> <p>56 Apparel and Accessory Stores</p> <p>57 Furniture and Home Furnishing Stores</p> <p>58 Eating and Drinking Establishments</p> <p>59 Miscellaneous Retail</p> <p><u>Finance, Insurance and Real Estate</u></p> <p>60 Depository Institutions</p> <p>61 Non-depository Institutions</p> <p>62 Security and Commodity Brokers</p> <p>63 Insurance Carriers</p> <p>64 Insurance Agents, Brokers and Service</p> <p>65 Real Estate</p> <p>67 Holding and Other Investment Officers</p> <p><u>Services</u></p> <p>70 Hotels and Other Lodging Places</p> <p>72 Personal Services</p> <p>73 Business Services</p> <p>75 Auto Repair Services and Parking</p> <p>76 Miscellaneous Repair Services</p>	<p>78 Motion Pictures</p> <p>79 Amusements and Recreation Services</p> <p>80 Health Services</p> <p>81 Legal Services</p> <p>82 Educational Services</p> <p>83 Social Services</p> <p>84 Museums, Botanical, Zoological Gardens</p> <p>86 Membership Organizations</p> <p>87 Engineering and Management Services</p> <p>88 Private Households</p> <p>89 Services, NEC</p> <p><u>Public Administration</u></p> <p>91 Executive, Legislative and Garden</p> <p>92 Justice, Public Order, and Safety</p> <p>93 Finance, Taxation, and Monetary Benefits</p> <p>94 Administration of Human Services</p> <p>95 Environmental Quality and Housing</p> <p>96 Administration of Economic Program</p> <p>97 National Security and International Affairs</p> <p><u>Non-classifiable Establishments</u></p> <p>99 Non-classifiable Establishments</p>
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NATURE OF INJURY OR ILLNESS CODES

<p>100 Amputation or Enucleation</p> <p>110 Asphyxia or Strangulation Etc.</p> <p>120 Burns (Heat)</p> <p>130 Burns (Chemical)</p> <p>140 Concussion</p> <p>160 Contusion, Crushing, Bruise</p> <p>170 Cut, Laceration, Puncture</p> <p>190 Dislocation</p> <p>200 Electric Shock, Electrocution</p> <p>210 Fracture</p> <p>250 Hernia, Rupture</p> <p>300 Scratches, Abrasions</p> <p>310 Sprains, Strains</p> <p>400 Multiple Injuries</p> <p>900 No Injury</p> <p>950 Damage to Prosthetic Devices</p> <p>995 No Other Injury, NEC**</p> <p>999 Non-classifiable</p> <p><u>Infective or Parasitic Disease</u></p> <p>150 Infective or Parasitic Disease, UNS*</p> <p>151 Amebiasis</p> <p>152 Anthrax</p> <p>153 Brucellosis</p> <p>154 Conjunctivitis and Ophthalmia</p> <p>156 Tetanus</p>	<p>157 Tuberculosis</p> <p>159 Other Infective or Parasitic Diseases_</p> <p><u>Dermatitis</u></p> <p>180 Dermatitis, UNS*</p> <p>183 Primary Infections of the Skin</p> <p>184 Other Skin Conditions</p> <p>185 Dermatitis, Allergenic or Contact</p> <p>189 Skin Condition, NEC**</p> <p><u>Poisoning Systemic</u></p> <p>270 Poisoning, Systemic, UNS*</p> <p>271 Due to Toxic Materials other than Lead</p> <p>272 Diseases of the Blood and Blood Forming Organs</p> <p>273 Upper Respiratory Conditions</p> <p>274 Influenza, Pneumonia, Etc.</p> <p>276 Other Diseases of the Gastro-Intestinal Tract</p> <p>278 Effects of Lead</p> <p>279 Other Toxic Effects of One System Only</p> <p><u>Respiratory Systems, Conditions of</u></p> <p>570 Respiratory Systems, Conditions of</p> <p>571 Upper Respiratory</p> <p>572 Asthma, Influenza, Pneumonia</p> <p><u>Pneumoconiosis</u></p> <p>280 Pneumoconiosis</p>	<p>281 Aluminosis</p> <p>282 Anthracosis</p> <p>283 Asbestosis</p> <p>284 Bysionosis</p> <p>285 Siderosis</p> <p>286 Silicosis</p> <p>287 Other Pneumoconioses</p> <p>289 Pneumoconiosis and Tuberculosis</p> <p><u>Nervous System, Conditions of</u></p> <p>560 Nervous System, Conditions of - NEC**</p> <p>561 Diseases of the Central Nervous System</p> <p>562 Diseases of the Nerves and Peripheral Ganglia</p> <p><u>Neoplasm Tumor</u></p> <p>550 Neoplasm Tumor, UNS*</p> <p>551 Malignant</p> <p>552 Benign</p> <p><u>Radiation Effects</u></p> <p>290 Radiation Effects, UNS*</p> <p>291 Non-Ionizing Radiation</p> <p>292 Microwaves</p> <p>293 Ionizing Radiation - X-Ray</p> <p>294 Ionizing Radiation - Isotopes</p> <p>295 Welder's Flash</p>	<p><u>Other</u></p> <p>265 Carpal Tunnel Syndrome</p> <p>510 Cardiovascular and Other Conditions of the Circulatory System</p> <p>520 Complications Peculiar to Medical Care</p> <p>500 Effects of Changes in Atmospheric Pressure</p> <p>240 Effects of Environmental Heat</p> <p>220 Effects of Exposure to Low Temperature</p> <p>530 Eye, other Diseases of the Eye</p> <p>230 Hearing Loss or Impairment</p> <p>991 Heart Condition, Excludes Heart Attack</p> <p>320 Hemorrhoids</p> <p>330 Hepatitis, Serum and Infective</p> <p>275 Hepatitis, Toxic</p> <p>260 Inflammation of Joints, Etc.</p> <p>540 Mental Disorders</p> <p>900 No Illness</p> <p>999 Non-classifiable</p> <p>990 Occupational Disease, NEC**</p> <p>580 Symptoms and Ill-defined Conditions</p>
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BODY PART AFFECTED CODES

<p><u>Head</u></p> <p>100 Head, UNS*</p> <p>110 Brain</p> <p>120 Ear(s), UNS*</p> <p>121 Ear(s), External</p> <p>124 Ear(s), Internal</p> <p>130 Eye(s), UNS*</p> <p>140 Face, UNS*</p> <p>141 Jaw, Chin</p> <p>144 Mouth and Throat (vocal chords, larynx)</p> <p>146 Nose</p> <p>148 Face, Multiple Parts</p> <p>149 Face, NEC**</p> <p>150 Scalp</p>	<p>160 Skull</p> <p>198 Head Multiple</p> <p>200 Neck & Cervical Vertebrae</p> <p><u>UPPER EXTREMITIES</u></p> <p>300 Upper Extremities, NEC**</p> <p>310 Arm(s), UNS*</p> <p>311 Upper Arm</p> <p>313 Elbow(s)</p> <p>315 Forearm(s)</p> <p>318 Arm(s), Multiple</p> <p>319 Arm(s), NEC**</p> <p>320 Wrist(s)</p> <p>330 Hand(s), Not Wrists or Fingers</p> <p>340 Finger(s)</p>	<p>398 Upper Extremities, Multiple</p> <p>400 Trunk, UNS*</p> <p>410 Abdomen, Internal Organs, Inguinal Hernia</p> <p>420 Back</p> <p>430 Chest, Ribs, Breastbone, Internal Organs</p> <p>440 Hip(s)...Pelvis, Organs and Buttocks</p> <p>450 Shoulder(s)</p> <p>498 Trunk, Multiple</p> <p><u>LOWER EXTREMITIES</u></p> <p>500 Lower Extremities</p> <p>510 Leg(s), UNS*</p>	<p>513 Knee(s)</p> <p>515 Lower Leg(s)</p> <p>518 Leg(s), Multiple</p> <p>519 Leg(s), NEC**</p> <p>520 Ankle(s)</p> <p>530 Foot or Feet, Not Ankle</p> <p>540 Toe(s)</p> <p>598 Lower Extremities, Multiple</p> <p>700 MULTIPLE PARTS</p> <p>Applies when more than one major body part as been effected such as an arm and a leg</p> <p>999 NON-CLASSIFIABLE - Insufficient information to identify part of body effected. Includes damage to prosthetic devices.</p>
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