



# City Of Attleboro, Massachusetts

## CONTRIBUTORY RETIREMENT BOARD

Government Center, 77 Park Street

Attleboro, Massachusetts 02703

508-223-2222 x3201 • Fax 508-223-2063

---

## NOTICE OF INJURY

---

### INTRODUCTION

The Notice of Injury form allows a member to notify the Attleboro Retirement Board of an injury received in the line of duty or due to a hazard that occurred in the line of duty.

M.G.L. c. 32 § 7 requires that members provide written notice to their Retirement Board within **ninety days** to give unlimited time coverage for retirement based on accidental injuries or for an accidental death benefit.

If the member does not provide written notice to their Retirement Board within the required timeframe, an application for disability retirement or death benefit based on accidental injuries incurred more than two years prior to the date of application is void.

Members should provide as much detail as possible about the cause of the injury to later prove that the injury was in fact received in the line of duty. Brief descriptions or descriptions lacking detail may render the Notice of Injury unhelpful to their claim for accidental disability retirement or an accidental death benefit.

Injuries “presumed” to be incurred in the line of duty on this Notice of Injury form should only include injuries that are presumptive under M.G.L. c. 32. Contractually agreed upon presumptions with a member’s employer have no bearing on the requirements for accidental disability retirement or accidental death benefits if those presumptions do not appear in the statute.

If the Attleboro Retirement Board acknowledges receipt of a Notice of Injury, the Retirement Board **does not** make any representation as to the validity of a member’s claim. The Retirement Board’s acknowledgement is simply that the Notice of Injury form is properly completed and filed within the required timeframe.

Note that filing a Notice of Injury with the Retirement Board **does not** constitute an application for disability retirement, nor an accidental death benefit.



# City Of Attleboro, Massachusetts

## CONTRIBUTORY RETIREMENT BOARD

Government Center, 77 Park Street  
Attleboro, Massachusetts 02703  
508-223-2222 x3201 • Fax 508-223-2063

### NOTICE OF INJURY

#### TO THE BOARD OF RETIREMENT:

This is to notify you that the following member received injuries incurred through accident in the line of duty or due to a hazard that occurred in the line of duty.

#### MEMBER INFORMATION (required)

Name:	
Address:	
SS#: _____ - _____ - _____	Telephone: _____
Department or Agency where Employed:	Job Title:
Member Date of Birth: _____ / _____ / _____	Date of Entry into Service: _____ / _____ / _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	If Married, Name of Spouse:
If Married, Spouse's Date of Birth: _____ / _____ / _____	If Married, Spouse's Maiden Name:

#### INJURY INFORMATION (required)

Note: These questions may NOT be left blank.

Some statement must be made such as "not taken to a hospital," "no witnesses," etc.

Nature of Injury:	Date and Time of Injury:
Cause of Injury: <i>If more space is needed, please use other side and check the box below.</i>	
<input type="checkbox"/> Continued on other side	
Name of Doctor:	Name of Hospital:
Hospital Address:	
Witness #1 Name:	Witness #1 Phone Number:
Witness #1 Address:	
Witness #2 Name:	Witness #2 Phone Number:
Witness #2 Address:	

---

## NOTICE OF INJURY

---

### MEMBER ACKNOWLEDGEMENT (required)

The statements and facts contained in this document are correct, complete, accurately presented, and are made under the pains and penalties of perjury.

I understand that **injuries incurred in the line of duty must be reported to the Retirement Board within 90 days** to give unlimited time coverage for retirement based on accidental injuries or an accidental death benefit.

I also understand that if this Notice of Injury is not filed within ninety days an application for disability retirement or for a death benefit based on accidental injuries incurred more than two years prior to the date of application is void.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member's Supervisor or Department Head

\_\_\_\_\_  
Date

### CAUSE OF INJURY (CONTINUED FROM PAGE 2)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date