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(/) Workers' Rights & Safety (/topics/workers-rights-safety) Workers' Compensation (/topics/workers-compensation) Department of Industrial Accidents Forn

DIA alphabetical form list

All the Department of Industrial Accidents (DIA) forms that we use.

Forms

Addendum to Lump Sum Agreement: Vocational Rehabilitation Status

(/doc/form-116b-addendum-to-lump-sum-agreement-vocational-rehabilitation-status/download) (Form 116B)

Affidavit for Builders, Contractors, Plumbers, and Electricians

(/doc/affidavits-for-builders-contractors-plumbers-and-electricians/download)

Affidavit of Employee in Application for Trust Fund Benefits

(/doc/form-170-affidavit-of-employee-in-application-for-trust-fund-benefits/download) (Form 170)

Affidavit of Exemption for Certain Corporate Officers

(/doc/form-153-affidavit-of-exemption-for-certain-corporate-officers/download) (Form 153) (Updated 2/2/2022)

Affidavits for General Businesses (/doc/affidavits-for-general-businesses/download)

Affidavit of Indigence and Request for Waiver of §11A(2) Fees

(/doc/form-136-affidavit-of-indigence-and-request-for-waiver-of-ss-11a2-fees/download) (Form 136)

Affidavit in Support of Employee's Request for a Speedy Conference Because of Hardship

(/doc/form-132-affidavit-in-support-of-employees-request-for-speedy-conference-because-of-hardship/download) (Form 132)

Affidavit in Support of Request for Waiver of Filing Fee Under §11C

(/doc/form-112a-affidavit-in-support-of-request-for-waiver-of-filing-fee-under-ss-11c/download) (Form 112A)

Agreement to Extend 180 Day Payment-Without-Prejudice Period

(/doc/form-105-agreement-to-extend-180-day-payment-without-prejudice-period/download) (Form 105) - Form 105 will only be accepted via email. Please include the DIA Board Number in the upper right corner of the Form. Forms not submitted via email will not be reviewed or considered approved. Please email the completed Form 105 to DIA-Form105conciliation@mass.gov). You do not need to include a coversheet.

Agreement That No Impartial Physician Report is Required

(/doc/form-121a-agreement-that-no-impartial-physician-report-is-required/download) (Form 121A)

Agreement to Pay Compensation (/doc/form-113-agreement-to-pay-compensation/download) (Form 113) - Form 113 will only be accepted via email. Please include the DIA Board Number in the upper right corner of the Form. Forms not submitted via email will not be reviewed or considered approved. Please email the completed Form 113 to DIA-Form113conciliation@mass.gov (mailto:DIA-Form113conciliation@mass.gov). You do not need to include a coversheet.

Amendment, Suspension or Closure of Vocational Rehabilitation Plan

(/doc/form-152-amendmentsuspension-or-closure-of-vocational-rehabilitation-plan-0/download) (Form 152)

Appeal of a Conference Order (/doc/form-121-appeal-of-a-conference-order/download) (Form 121)

Appeal to Reviewing Board (/doc/form-112-appeal-to-reviewing-board/download) (Form 112)

Application to Become an Approved Utilization Review Agent and Affidavit of Compliance forms

(/doc/application-to-become-an-approved-utilization-review-agent-and-affidavit-of-compliance-forms/download)

Application to Serve as an Impartial Physician (/doc/application-to-serve-as-an-impartial-physician/download)

Average Weekly Wage Computation Schedule (/doc/form-127-average-weekly-wage-computation-schedule/download) (Form 127)

Conference Memorandum (/doc/form-140-conference-memorandum/download) (Form 140)

Consent of an Employer to Lump Sum Settlement

(/doc/form-116a-employer-consent-to-lump-sum-agreement/download) (Form 116A)

Complaint of Improper Claims Handling Against an Insurer

 $\frac{(\text{/doc/form-130-complaint-of-improper-claims-handling-against-an-insurer/download})}{(\text{/files/documents/2016/08/qq/form-130.pdf})} \ (Form 130)$

CR-28 Massachusetts Workers' Compensation COLA Data Form (/files/documents/2016/10/pp/cr-28.pdf)

• Massachusetts Workers' Compensation COLA Offset Worksheet (/doc/cola-offset-general-guidelines-for-insurers/download)

DOR Lien Release Request Guidance

(/doc/dor-lien-release-request-quidance/download?_ga=2.109671109.1575783002.1534341709-392389783.1533303031)

Employee Biographical Data Form (/doc/form-160-employees-biographical-data-sheet/download) (Form 160)

Employee Claim (Form 110 (/doc/form-110-employee-claim/download)) Effective May 23, 2020, this form can only be filed via DIA online CMS System (/dia-online-services).

To find out how to file the required attachments, <u>please read our Administrative Bulletin # 4</u> (/doc/administrative-bulletin-4-online-filing/download).

- Directions on how to fill out the Form 110
 (/doc/directions-form-110-employee-claim-english/download) English
- Directions on how to fill out the Form 110 (/doc/directions-form-110-employee-claim-arabic/download)
 Arabic
- Directions on how to fill out the Form 110
 (/doc/directions-form-110-employee-claim-cape-verdean-creole/download) Cape Verdean
- Directions on how to fill out the Form 110 (/doc/directions-form-110-employee-claim-chinese/download) Chinese
- Directions on how to fill out the Form 110
 (/doc/directions-form-110-employee-claim-haitian-creole/download) Haitian Creole
- <u>Directions on how to fill out the Form 110</u>
 (/doc/directions-form-110-employee-claim-khmer/download) Khmer
- <u>Directions on how to fill out the Form 110</u> (/doc/directions-form-110-employee-claim-portuguese/download)- Portuguese
- Directions on how to fill out the Form 110 (/doc/directions-form-110-employee-claim-spanish/download) Spanish
- Directions on how to fill out the Form 110 (/doc/directions-form-110-employee-claim-vietnamese/download) Vietnamese

Employee Earning Report (/doc/form-126-employee-earning-report/download) (Form 126)

Employee's Hearing Memorandum (/doc/form-161-employees-hearing-memorandum/download) (Form 161)

Employee's Claim for Post-Lump Sum Medical Mediation

(/doc/form-110-a-employees-claim-for-post-lump-sum-medical-mediation/download) (Form 110A)

Employer Consent to Lump Sum Agreement (/doc/form-116a-employer-consent-to-lump-sum-agreement/download) (Form 116A)

Employer First Report of Injury (Form 101) can only be filed electronically

(/how-to/file-an-employers-first-report-of-injury-illness-or-death-form-101-online)

Health Care Provider Complaint Form (/doc/form-134-health-care-provider-complaint/download) (Form134)

Individual Written Rehabilitation Program (/doc/form-151-individual-written-rehabilitation-program-form/download) (Form 151)

Insurance Certification Request Form (/doc/insurance-certification-request-form/download)

Insurer's Complaint for Modification, Discontinuance or Recoupment of Compensation (Form 108) - <u>can</u> <u>only be filed via DIA online CMS System (/dia-online-services)</u>. To find out how to file the required attachments, <u>please read our Administrative Bulletin # 4 (/doc/administrative-bulletin-4-online-filing/download)</u>.

Insurer's Hearing Memorandum (/doc/form-162-insurers-hearing-memorandum/download) (Form 162)

Insurer's Notification of Acceptance, Resumption, Termination or Modification of Weekly Compensation (Form 107) - can only be filed via DIA online CMS System (/dia-online-services).

Insurance Inquiry Form (/doc/insurance-inquiry/download)

Insurer's Notification of Denial (Form 104) - can only be filed via DIA online CMS System (/dia-online-services).

Insurer's Notification of Payment (Form 103) - can only be filed via DIA online CMS System (/dia-online-services).

Insurer's Notification of Termination or Modification of Weekly Compensation During Payment-Without-Prejudice Period (Form 106) - can only be filed via DIA online CMS System (/dia-online-services).

Insurer's Request for Post-Lump Sum Medical Mediation

(/doc/form-108-a-insurers-request-for-post-lump-sum-medical-mediation/download) (Form 108-A)

Last Best Offer at Conference (/doc/form-141-last-best-offer/download) (Form 141)

Lien Disclosure (/doc/form-116c-lien-disclosure-form/download) (Form 116C)

Lump Sum Settlement Agreement for Injuries On or After 11/1/1986

(/doc/form-117-lump-sum-settlement-agreement-for-injuries-on-or-after-1111986-0/download) (Form 117) (/doc/lump-sum-agreement-for-injuries-on-or-after-1111986-form-117/download)

Lump Sum Agreement for Injuries Before 11/1/1986

(/doc/form-117a-agreement-for-redeeming-liability-by-lump-sum-under-gl-c-152-sec-48-for-injuries/download) (Form 117A)

Uniform Lump Sum Settlement Employee Affidavit

(/doc/uniform-lump-sum-settlement-employee-affidavit/download) (updated 1/31/2022)

MGL c. 152, §65B Appeal of Cancellation or Termination of Policy

(/doc/mgl-sec-65b-appeal-of-cancellation-or-termination-of-policy/download)

Mileage Reimbursement Form for VR Providers (/doc/mileage-reimbursement-form-for-vr-providers/download)

Motion for Expedited Conference (/doc/form-125-motion-for-expedited-conference/download) (Form 125)

Notification of Arbitration Award (/doc/form-124a-notification-of-arbitration-award/download) (Form 124A)

Notice of Change/Appearance of Counsel (Form 114) - <u>can only be filed via DIA online CMS System</u> (/dia-online-services)

Notification of Withdrawal of Claim or Complaint

(/doc/form-109-notification-of-withdrawal-of-claim-or-complaint/download) (Form 109)

OEVR Provider Quarterly Report for Closed Cases - No RTW

(/files/documents/2016/08/sd/oevr-certified-provider-quarterly-report-no-rtw.pdf)

OEVR Provider Quarterly Report for Closed Cases - RTW

(/files/documents/2016/08/sn/oevr-certified-provider-quarterly-report-closed-file-rtw.pdf)

OEVR Provider Quarterly Report for Open Cases

(/files/documents/2016/08/mu/oevr-certified-provider-quarterly-report-open-files.pdf)

Posters - Notice to Employees

Poster - Notice to Employees (/doc/poster-notice-to-employees-english/download) (English)

Poster - Notice to Employees (/doc/poster-notice-to-employees-arabic/download) (Arabic)

<u>Poster - Notice to Employees</u> (/doc/poster-notice-to-employees-cape-verdean-creole/download) (Cape Verdean)

Poster - Notice to Employees (/doc/poster-notice-to-employees-chinese/download) (Chinese)

Poster - Notice to Employees (/doc/poster-notice-to-employees-haitian-creole/download) (Haitian Creole)

Poster - Notice to Employees (/doc/poster-notice-to-employees-khmer/download)(Khmer)

Poster - Notice to Employees (/doc/poster-notice-to-employees-portuguese/download)(Portuguese)

Poster - Notice to Employees (/doc/poster-notice-to-employees-spanish/download) (Spanish)

Poster - Notice to Employees (/doc/poster-notice-to-employees-vietnamese/download) (Vietnamese)

Referral for Mandatory Meeting (/files/documents/2016/08/wf/oevr-referral-for-mandatory-meeting.pdf)

Request for Lump Sum Conference (Form 116) - <u>can only be filed via DIA online CMS System</u> (/dia-online-services)

Request to Records Access Office for File Information

(/doc/request-to-records-access-officer-for-file-information/download)

Reguest for §§ 37/37A Proceedings/Agreement Forms (Form 122 and 123)

- Form 122 (/doc/form-122-request-for-sections-3737a-proceedings/download)
- Form 123 (/doc/form-123-request-for-sections-3737a-agreement/download)

Request for § 46A Conference in Conjunction with Lump Sum Under § 48

(/doc/form-46a-request-for-section-46a-conference-in-conjunction-with-lump-sum-under-section-48/download) (Form 46A)

Request for Speedy Conference Because of Hardship

(/doc/form-131-request-for-speedy-conference-because-of-hardship/download) (Form 131)

Section 15 Calculator Version 8.5 (/doc/section-15-calculator-version-85/download) (updated 4/2012)

Section 15 Interactive Petition v. 2.7 (/doc/section-15-interactive-petition-v270/download) (updated 4/2020) Please be advised these petitions MUST be EMAILED to Edna.Smith@mass.gov (mailto:Edna.Smith@mass.gov)

Section 19 Agreement (/doc/form-19-section-19-agreement-0/download) (Form 19)

Section 19A Medical Mediation Agreement (/doc/form-19a-medical-mediation-agreement-updated-212022) (Form 19A) Updated 2/1/2022

Section 50 Interest Calculator - 3/09 (/files/documents/2016/08/qy/sec-50-calculator.xls)

Third Party Claim/Notice of Lien (Form 115) - can only be filed via DIA online CMS System (/dia-online-services)

<u>Utilization Review (UR) Agent Complaint Form (/doc/form-133a-utilization-review-ur-agent-complaint/download)</u> (Form 133A)

Verification of Massachusetts Workers' Compensation Coverage for Out-of-State employers operating in Massachusetts (/doc/form-154-verification-of-workers-compensation-coverage-by-out-of-state-employers-operating-in/download) (Form 154)

W-9 - Request for Taxpayer Identification Number and Certification

(/doc/w-9-request-for-taxpayer-identification-number-and-certification/download)

CONTACT

Public Information Office

Address

Boston DIA

Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750

Directions (https://maps.google.com/?q=Lafayette+City+Center%2C+2+Avenue+de+Lafayette%2C+Boston%2C+MA+02111-1750)

Phone

(857) 321-7470 (tel:8573217470)

Phones open M-F 8 am - 5 pm

TTY (800) 224-6196 (tel:8002246196)

Phones open M-F 8 am - 5 pm

Toll Free In Massachusetts Only (800) 323-3249 (tel:8003233249)

Phones open M-F 8 am - 5 pm.

RELATED

DIA numerical form list (/service-details/dia-numerical-form-list)

DIA assessment forms (/service-details/dia-assessment-forms)

Standards and Procedures for § 11A(2) Impartial Fee Waiver

(/info-details/standards-and-procedures-for-ss-11a2-impartial-fee-waiver)