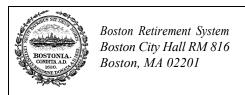


NOTICE OF INJURY

This Notice of Injury form must be filed with the Boston Retirement System by the member or department head, within ninety days from the date of the injury sustained or hazard undergone.

Section 1 - Member Information		
Name	SSN: XXX – XX	
Address		
City	State Zip Code	
suffered a personal injury or hazard undergone as a result of and while in the performance of his/her duties.		
Section 2 - Injury Informat	tion	
Type of Injury: Physical	Psychological Both	
Name and address of medical provider or hospital who treated member:	ble. If you need more space use the second page of this form.)	
Section 3 – Witness Information		
Please provide names/addresses o	of any witness to injury.	
Witness	Address	
Witness	Address	
Witness	Address	



Section 4– Statement and Signature

I sign this Notice of Injury Form under the pains and penalties of perjury. I affirm that the information presented is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to civil and criminal penalties. I understand that this form is to be filed at the Retirement Board only. It is not intended to replace any notice of injury

Signature	Date
Print Name	
Address	

The law requires that injuries in the line of duty shall be reported to the Boston Retirement System within ninety days to give unlimited time coverage for (1) retirement based upon accidental injuries or (2) an accidental death benefit.

If the Notice of Injury is not filed within ninety days, an application for (1) accidental disability retirement or (2) for a death benefit based upon accidental injuries incurred more than two years prior to the date of the application is void.