



Boston Retirement System
Boston City Hall Room 816
Boston, MA 02201

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 Information

Type of Injury: Physical Psychological Both

The cause, nature, time and location of the injury is as follows:
(Please be as descriptive as possible. If you need more space use the second page of this form.)

Name and address of
medical provider or hospital
who treated member:

Section 3 – Witness Information

Please provide names/addresses of any witness to injury.

Witness Address

Witness Address

Witness Address



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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.