



**Plymouth County Retirement Association**  
**60 Industrial Park Road**  
**Plymouth, MA 02360**  
**Phone number (508) 830 - 1803 \* Fax number (508) 830 - 1875**

## **NOTICE OF INJURY**

This Notice of Injury Form should be filed with the Plymouth County Retirement Association by the member or a department head within ninety days from the date of the accident or hazard undergone.

### **Section 1 – Member Information**

Name \_\_\_\_\_ SS# XXX - XX -

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

received injuries incurred through an accident in the line of duty or due to a hazard which occurred in the line of duty while employed with the Town/Agency of \_\_\_\_\_

as a \_\_\_\_\_ on   /   /    .

### **Section 2 – Injury Information**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of doctor \_\_\_\_\_  
 who attended to member \_\_\_\_\_

If not attended by a doctor, please note that instead of leaving blank.

### **Section 3 – Witnesses**

Please provide names/addresses of any witnesses 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Address \_\_\_\_\_

The law requires that injuries in the line of duty shall be reported to the Plymouth County Retirement Association 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 application is void.