

FIRST REPORT OF INJURY OR ILLNESS

TO BE COMPLETED BY INSURANCE CARRIER OR SELF-INSURED EMPLOYER

INJURED WORKER INFORMATION:

Name:	Phone:
Address:	City: State: Zip:
Social Security Number:	Date of Birth:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>
Occupation / Job Title:	Date Hired:
Employment Status:	Number of Dependents:
Wage: Wage Period: Daily <input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Full Pay for Day of Injury: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Days Worked per Week:

EMPLOYER INFORMATION:

Business Name:	Phone:
Employer Contact:	Phone:
Mailing Address:	City: State: Zip:
Physical Address:	City: State: Zip:
Industry Code:	Employer FEIN: Occupational Class Code:

INSURANCE INFORMATION:

Carrier:	Phone:	Carrier FEIN:
Carrier Address:	City:	State: Zip:
Claim Administrator:	Phone:	Administrator FEIN:
Administrator Address:	City:	State: Zip:
Policy / Self-Insured Number:	Policy Period:	
Jurisdiction Claim Number (JCN):	Claim Administrator Claim Number:	

OCURANCE:

Date of Injury / Disease:	Time of Injury:	Date Employer Notified:
Nature:	Body Part:	Cause:
Last Day Worked:	Date Disability Began:	Date Returned to Work:
Fatality: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Death:	Date Administrator Notified:
Location of Occurrence: Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:		

Accident Description:

Witnesses: Yes No If yes list their names and phone number:

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For your protection, it is required by Utah Law to give notice that workers' compensation fraud is a crime. See next page for full fraud statement.



INSTRUCTIONS TO THE INSURANCE CARRIER OR SELF-INSURED EMPLOYER

This form is to be completed by the insurance carrier or self-insured employer within 14 days of the initial notice of the injury for all claims not being denied or investigated.

An insurance carrier or self-insured claim administrator has notice of a work injury upon receipt of verbal or written information that includes:

1. the name of the employer;
2. the name of the employee; and
3. the date of injury.

Notice may come from the employer, the injured worker, a medical provider, or the Industrial Accidents Division.

If the initial filing is to be a denial (form 089/MTC 04) or under investigation (form 441/MTC UI), please ensure that the required filing is processed within 14 days of notice as described above to avoid a penalty assessment pursuant to Utah Code Ann. §34A-2-407(8)(a).

Form 100 Injured Workers' Rights and Responsibilities must be sent by the insurance carrier/self-insured employer to the injured worker accompanying the initial report of injury filing (form 122C/MTC 00, form 089/MTC 04, or form 441/MTC UI).

Mandatory Reporting Requirements:

Injured Worker: Carrier must mail Form 122C to the injured worker on the same date the first report of injury or illness is submitted to the Division.

Labor Commission Filing: The first report of injury or illness on claims with a date of injury of December 31, 2012 and forward must be filed with the Labor Commission using EDI (MTC 00). Claims prior to this date may be filed using EDI or on paper form 122C and mailed, if preferred.

FRAUD WARNING:

Any person who knowingly presents false or fraudulent underwriting information, files, claim for disability compensation, medical benefits, health care fees, or other professional services are of guilty of a crime and may be subject to fines and confinement in state prison.



THIS FORM IS TO BE PROVIDED TO THE INJURED WORKER WITH THE INITIAL REPORT OF INJURY**RIGHTS**

Medical Expenses: You are entitled to have all reasonable medical expenses paid that are as a result of a work-related injury or illness. You may also be eligible for reimbursement for travel to and from approved medical care.

Compensation Benefits: You may be entitled to 66-2/3% of your wages up to 100% of the state average weekly wage if the claim is found to be compensable and a physician states you are totally unable to work. No compensation benefits are to be paid in the first three (3) days unless the disability prevents you from working for more than a total of fourteen (14) days. If your work injury or illness prevents you from earning your full wage while you are recovering and working with restrictions, you may be entitled to partial compensation. If you have sustained a permanent impairment due to an industrial injury or disease, you are entitled to disability compensation based on an impairment rating as determined by a physician. If you are permanently and totally disabled from working due to an industrial injury, you may need to apply for a hearing at the Labor Commission to determine if benefits are due.

Dependent Benefits: In the case of death of an employee resulting from a work-related injury, workers' compensation shall pay some funeral and burial expenses. In addition, the deceased worker's spouse, dependent children, and other dependents may be entitled to monthly payments.

Reemployment Assistance: You may be eligible for reemployment assistance if you are unable to return to work due to an industrial injury. Contact the insurance adjuster or the Utah State Office of Rehabilitation for further information at (801)-887-9500 or www.usor.utah.gov.

RESPONSIBILITIES:

Employer's Physician: If your employer has a company physician or designated clinic for industrial accidents, you must see the company physician first or you may be obligated to pay for the difference in medical costs. After you have been seen by your employer's physician, you have the right to change the treating physician once throughout the duration of your claim.

Medical Records: You shall comply with rules adopted by the Labor Commission regarding disclosure of your medical records which are relevant to the industrial accident or illness claim, otherwise benefits could be denied.

Cooperation: Promptly provide information requested by the insurance adjuster and cooperate with the investigation of your claim. If a claim is denied and you disagree with the denial reason, you may file an application for hearing and an Administrative Law Judge will issue a decision on your claim.

Medical Cooperation: You must cooperate with your employer or the insurance adjuster by following prescribed medical treatments / evaluations / visits as to return to work as quickly as possible.

Concerns: Contact the insurance adjuster if problems arise concerning your industrial accident claim regarding medical treatment, payment of medical bills, compensation benefits, or work restrictions. If you have any additional questions regarding your rights and responsibilities throughout the duration of the claim process, feel free to contact the Utah Labor Commission, Division of Industrial Accidents.

The employer must provide a copy of this form to the injured worker with form 122E Employer's First Report of Injury. Additionally, the carrier/self-insured employer must provide a copy of this form to the injured worker with the initial injury report processed for the claim (Form 122C, 089, or 441).

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ESTE FORMULARIO DEBE SER PROPORCIONADO AL TRABAJADOR LESIONADO CON EL INFORME INICIAL DE LESIÓN**DERECHOS:**

Gastos Médicos: Usted tiene derecho a que se paguen todos los gastos médicos razonables que sean como resultado de una lesión o enfermedad relacionada con el trabajo. También puede ser elegible para el reembolso por el viaje hacia y desde proveedores médicos aprobados.

Beneficios De La Compensación: Usted puede tener derecho a 66-2/3% de su salario hasta el 100% del salario promedio semanal del estado si el reclamo se determina que es compensable y un médico declara que usted es totalmente incapaz de trabajar. No se pagan beneficios de compensación en los primeros tres días a menos que la discapacidad le impida trabajar más de un total de 14 días. Si su lesión laboral o enfermedad le impide ganar su salario completo mientras se está recuperando y trabajando con restricciones, puede tener derecho a una compensación parcial. Si usted ha sufrido una incapacidad permanente debido a una lesión o enfermedad industrial, tiene derecho a una compensación de incapacidad que es basada en una calificación de incapacidad que es determinada por un médico. Si está permanentemente y totalmente incapacitado de trabajar debido a una lesión o enfermedad laboral, tiene que solicitar una audiencia en la Comisión Laboral para determinar si los beneficios son debidos.

Beneficios Para Dependientes: En caso de muerte de un empleado como resultado de una lesión relacionada con el trabajo, la compensación para los trabajadores pagará algunos gastos funerarios y del entierro. Además, el esposo/la esposa, los hijos a cargo, y otros dependientes del trabajador fallecido pueden tener derecho a pagos mensuales.

Asistencia De Reemplazo: Usted puede ser elegible para recibir asistencia de reemplazo si no puede regresar al trabajo debido a una lesión laboral. Para obtener más información, comuníquese con el ajustador de seguros o con la Oficina de Rehabilitación del Estado de Utah al 801-887-9500 o www.usor.utah.gov.

RESPONSABILIDADES:

Médico Del Empleador: Si su empleador tiene un médico de la compañía o una clínica designada para accidentes industriales, es necesario ver al médico de la compañía primero o puede estar obligado a pagar por la diferencia en los gastos médicos. Después de haber sido visto por el médico del empleador, tiene el derecho de cambiar al médico tratante una vez durante la duración de su reclamo.

Registros Médicos: Usted deberá cumplir con las reglas adoptadas por la Comisión Laboral con respecto al descargo de sus registros médicos que sean relevantes al reclamo de accidente o enfermedad industrial, si no los beneficios podrían ser negados.

Cooperación: Proporcione rápidamente la información solicitada del ajustador de seguros y coopere con la investigación de su reclamo. Si se niega su reclamo y no está de acuerdo con la razón de denegación, puede presentar una solicitud de audiencia y un Juez de Derecho Administrativo hará una decisión sobre su reclamo.

Cooperación Médica: Usted debe cooperar con su empleador o con el ajustador de seguros en seguir los tratamientos, evaluaciones, y visitas médicas para regresar al trabajo lo más rápido posible.

Preocupaciones: Póngase en contacto con el ajustador de seguros si tiene problemas acerca de su reclamo de accidente industrial con respecto al tratamiento médico, pago de facturas médicas, beneficios de compensación o restricciones de trabajo. Si tiene preguntas adicionales sobre sus derechos y responsabilidades durante el proceso de reclamo, debe comunicarse con la Comisión Laboral de Utah, División de Accidentes Industriales

El empleador debe proporcionar una copia de esta forma al trabajador lesionado junto con la forma 122E (primer reporte de accidente del empleador) adicionalmente la compañía de seguros o compañía auto asegurada debe proporcionar una copia de esta forma al trabajador lesionado junto con el primer reporte de accidente. (forma 122 c, 089, or 441).

ADVERTENCIA DE FRAUDE

Cualquier persona que a sabiendas presente información falsa o fraudulenta a la compañía de seguros, aplique por un reclamo por incapacidad, beneficios médicos, honorarios de atención médica u otros servicios profesionales, es culpable de un crimen y esta sujeto a multas o encarcelamiento en una prisión estatal.

