

FORM 239 - Insurer/Employer Quarterly Report on Reemployment Efforts

INSTRUCTIONS: *Section 34A-8a-203 of the Utah Injured Worker Reemployment Act requires insurance carriers and employers to submit this quarterly report on their reemployment efforts in behalf of injured workers. This **Form 239 – Insurer/Employer Quarterly Report on Reemployment Efforts** must be submitted to the Division of Industrial Accidents no later than 45 days after the end of each calendar quarter. **Section 34A-8a-203** authorizes the Division to impose a penalty of up to \$500 against an insurer or employer for late filing of this quarterly report.*

The Labor Commission rules and forms related to the Utah Injured Worker Reemployment Act can be found on the Division of Industrial Accidents' website at <http://laborcommission.utah.gov/IndustrialAccidents/index.html>

PLEASE PRINT OR TYPE (Please use MM/DD/YYYY for all dates)

- 1) _____ Total number of injured workers for whom a reporting entity is required during the previous quarter to **file Form 206 – Insurer/Employer Initial Reemployment Report for Injured Worker** under **Section 34A-8a-301**;
- 2) _____ Total number of disabled injured workers for whom the reporting entity **made a referral** in accordance with **Section 34A-8a-302**;
- 3) _____ Total number of disabled injured workers for whom the reporting entity **did not make a referral** in accordance with **Section 34A-8a-302** because:
 - (i) the injured worker was not medically stable during the quarter;
 - (ii) the injured worker's physical capacity had not been determined during the quarter; or
 - (iii) liability for the injured worker's claim was under review during the quarter;
- 4) _____ Total number of disabled injured workers reported in Subsection (2)(a) for whom a referral or reemployment plan described in **Section 34A-8a-302** was **not necessary** because:
 - (i) the injured worker returned to work in the same job, a new job, or a modified job:
 - (A) with the same employer; or
 - (B) a new employer;
 - (ii) the injured worker became self-employed;
 - (iii) the injured worker returned to work as a result of vocational rehabilitation support services, as defined by rule by the commission made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; or
 - (iv) the injured worker's disability was too severe to return to work.

Insurer or Employer's Name: _____

Contact Name: _____ Job Title: _____

Telephone: (_____) _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date **Form 239** submitted: ____ / ____ / ____ (MM/DD/YYYY)

for Year: _____ ; 1st, 2nd, 3rd, 4th Quarter (please check one).



Form 239 Adopted October 14, 2009

State of Utah • Labor Commission • Division of Industrial Accidents

160 East 300 South • P.O. Box 146610 • Salt Lake City, UT 84114-6610

Telephone: (801) 530-6800 • Fax: (801) 530-6804 • Toll Free: (800) 530-5090

www.laborcommission.utah.gov