

INSURANCE CARRIERS / SELF INSURER'S NOTICE OF FURTHER INVESTIGATION OF A WORKERS' COMPENSATION CLAIM

PLEASE PRINT OR TYPE

Employee _____ Phone Number _____

Address _____ Date of Injury _____

City, State, Zip _____ Social Security Number _____

Employer _____

Insurance Carrier _____ Date Carrier was Notified _____

Adjustor _____ Phone Number _____

Adjuster is actively: _____ Date Requested _____

Requesting information from medical provider _____
 _____ Obtaining statement from injured worker and/or witness _____
 _____ Requesting signed medical release from injured employee _____
 _____ Other (Please be Specific) _____

R612-200-1. Reporting and Investigating Injuries.

C. Investigation of Claims; Notice to Division and Claimants; Commencement of Benefits.

1. An insurance carrier, self-insured employer, or uninsured employer shall promptly investigate a reported work injury and either accept or deny workers' compensation liability for the claim within 21 days after receiving initial notice of injury.

a. If, with reasonable diligence, an insurance carrier, self-insured employer, or uninsured employer cannot complete its investigation within 21 days after initial notice, it may complete an submit Division Form 441, "Notice of Further Investigation of Workers' Compensation Claim" notify the Division and claimant that the matter remains under investigation. The insurance carrier, self-insured employer, or uninsured employer is then allowed 24 days in addition to the initial 21-day period to complete its investigation and accept or deny liability of the claim.

d. An insurance carrier, self-insured employer, or uninsured employer's payment of benefits during investigation of a claim does not prevent subsequent denial of the claim after the investigation is completed.

D. Consequences of Failure to Comply.

1. Pursuant to Subsection 34A-2-407(8) of the Utah Workers' Compensation Act, the Division may impose a civil assessment of up to \$500 for an insurance carrier, insured employer, or self-insured employer, or uninsured employer's failure, without good cause, to comply with the requirements of this rule.

a. "Good Cause" includes a claimant's unreasonable failure to sign requested medical releases or otherwise cooperate in the investigation of a claim.

cc: Labor Commission, Employee



Official Form 441 Revised 10/14

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