



## Utah Labor Commission Industrial Accidents Division

### **Workers' Compensation Coordination of Benefits Untimely Payment Complaint Form**

This form is used to report a workers' compensation insurance carrier's failure to make timely reimbursement payment(s) to an injured employee or health insurer after an Order awarding payment is made final. Timely payment is defined as being within 15 business days after the day on which the Labor Commission's order or settlement agreement is final.

Adjudication Case Number: \_\_\_\_\_

Name of Petitioner (injured party): \_\_\_\_\_

Mark the appropriate box for the type of complaint you are filing:

Untimely payment to the injured employee for out-of-pocket expenses

Failure to compensate 8% per annum interest to the injured employee, from the date the employee paid the expenses.

Untimely payment to the health insurer for compensable medical claims

Failure to compensate 8% per annum interest to the health insurer, from the date the health benefit plan paid the medical claims.

Amount claimed: \$ \_\_\_\_\_

Please include any supporting documentation that shows this amount is over due.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

**Please complete this form and send to [iadwcbenco@utah.gov](mailto:iadwcbenco@utah.gov)**