UTAH LABOR COMMISSION
Industrial Accidents Division

Industrial Accidents Division Workers' Compensation Carrier Contact Form

Note: EDI POC & EDI Claim Contacts must be an employee of the carrier/self-insurer and <u>not</u> a claim administrator. We use this contact information for legal service.

Carrier Name: _____
FEIN: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____

EDI POC Primary Contact Person: _____
Phone number: _____
Email address: _____
Address: _____
City: _____ State: _____ Zip: _____

EDI POC Backup Contact Person: _____
Phone number: _____
Email address: _____

EDI Claims Compliance Contact Person: _____
Phone number: _____
Email address: _____
Address: _____
City: _____ State: _____ Zip: _____

Claims Contact for Public Use

Claim Administrator: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Fax: _____

Submitters Information

Name: _____ Title: _____
Date: _____ Phone #: _____

Email completed form to: pocedi@utah.gov 9/6/2024