Official Form 089

EMPLOYEE NOTIFICATION OF DENIAL OF CLAIM

Revised 12/2025

TO BE COMPLETED BY INSURANCE CARRIER OR SELF-INSURED EMPLOYER

NOTICE TO INJURED WORKER: This form is to notify you, the injured worker, of the denial or partial denial of an industrial accident or occupational disease claim. If you have questions, please contact the adjuster assigned to your claim as listed below. To formally contest this denial, you may file an application for a hearing with the Labor Commission, Division of Adjudication (Utah Code Ann. 34A-2-801).

INJURED WORKER INFORMATION:

Name:		Phone:		
Address:		City:	State:	Zip:
SSN:	Claim Number:	Date of Injury:		
Employer:		Phone:		
Employer Address:		City:	State:	Zip:
Insurance Carrier:		Claim Administrator:		
Adjuster:	Phone:	Adjuster email:		
Adjuster Address:		City:	State:	Zip:
Jurisdiction Claim Number (JCN):				
Date of Denial:		Date Insurance or Self-Insured was Notified:		

REASON FOR DENIAL (choose one):

Full Denial	Partial Denial
☐ No Compensable Accident (Not in Course and Scope of Employment)	☐ Denying Indemnity in Whole, But Not Medical
☐ No Causal Relationship	☐ Denying Indemnity in Part, But Not Medical
☐ No Coverage	☐ Denying Medical in Whole, But Not Indemnity
☐ Substance Use/Abuse	☐ Denying Medical in Part, But Not Indemnity
☐ Other (Not Elsewhere Classified)	☐ Denying Indemnity in Whole and Medical in Part
	☐ Denying Medical in Whole and Indemnity in Part
	☐ Denying Both Indemnity and Medical in Part

Reason Narrative**:**

INSTRUCTIONS FOR INSURANCE CARRIER OR SELF-INSURED EMPLOYER: This form is to be completed by the insurance carrier or self-insured employer on the same day the claim is denied.

Mandatory Reporting Requirements:

Injured Worker: Carrier must mail Form 089 to the injured worker on the same date the claim is denied (full or partial).

Full Denials: Denials on claims with the date of injury of December 31, 2012, and forward must be filed with the Labor Commission using EDI (MTC 04). Claims prior to this date may be filed using EDI or on paper Form 089 and sent to the Division, if preferred.

Partial Denials: Partial denials on claims with a date of injury of July 1, 2019, and forward must be filed with the Labor Commission using EDI (MTC PD). Claims prior to this date may be filed using EDI or on paper Form 089 and sent to the Division, if preferred.

Labor Commission
Industrial Accidents Division

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