Official Form 130 **FINAL REPORT OF INJURY AND STATEMENT OF TOTAL LOSSES** Revised 7/2024

TO BE COMPLETED BY INSURANCE CARRIER OR SELF-INSURED EMPLOYER

**NOTICE TO INJURED WORKER:** This form is to notify you, the injured worker, that your industrial accident or occupational disease claim will be closed. A report of the total losses related to your claim is listed below. If you have questions, please contact the adjuster assigned to your claim as listed below. If further assistance is required you may then contact the Labor Commission, Division of Industrial Accidents.

**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): | | | | |

**PAYMENTS ISSUED:**

| Benefit Type | Number of Weeks | Amount Paid Per Week | Total Paid |
|---|---|---|---|
| Temporary Total Disability: | | $ | $ |
| Temporary Partial Disability: | | $ | $ |
| Permanent Partial Disability: | | $ | $ |
| Permanent Total Disability: | | $ | $ |
| Fatality Benefits: | | $ | $ |
| | | Medical: | $ |
| | | Other: | $ |

Date Injured Worker Returned to Work:

Date Injured Worker Returned to Full Duty:

Date of Filing: Light Duty Time Period:

**INSTRUCTIONS FOR INSURANCE CARRIER OR SELF-INSURED EMPLOYER:** This form is to be completed by the insurance carrier or self-insured employer within 30 days from the date of closure. This report is required on all claim types, regardless of payment made, with the exception of Notification of an Incident Only as defined by Utah's first aid rule. All payments, including medical, disability compensation, dependent's benefits, and any other payments.

**Mandatory Reporting Requirements:**

Injured Worker: Carrier must send Form 130 to the injured worker on the same day the claim is closed.

Labor Commission Filing: On claims with a date of injury of July 1, 2019 and forward the Final Report of Injury and Statement of Losses must be filed with the Labor Commission using EDI (MTC FN).

UTAH LABOR COMMISSION
Industrial Accidents Division

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