Official Form 141

STATEMENT OF BENEFITS PAID

Revised 06/2024

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 initial payment being issued for your industrial accident or occupational disease claim. This is not a bill. 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:	Jurisdiction Claim Number (JCN):	
Adjuster Address:		City:	State: Zip:

Fatality: Yes ☐ No ☐ Date of Death: Surviving Spouse:

Type of Loss: Traumatic Injury ☐ Occupational Disease ☐ Cumulative Injury ☐

COMPUTATION OF BENEFIT PAID:

Wage:	Hourly ☐	Daily ☐	Weekly ☐	Monthly ☐

Benefit Rate (Defined Below)	$_____
Dependent Allowance (Spouse and up to Four (4) Dependent Children)	$_____
Total Weekly Benefit (Benefit Rate + Dependent Allowance)	$_____

The first three (3) days are not compensable unless 15 days or more are missed.

Dependents' allowance is $20.00 for a spouse and $20.00 for each dependent minor child under the age of eighteen (18), limited to four (4).

Benefit Rate: The Benefit Rate is equal to 2/3 of the Gross Average Weekly Wage. However, the Maximum Benefit is equal to one hundred percent (100%) of the Utah State Average Weekly Wage. The maximum for dates ranging July 1, 2023 to June 30, 2024 is $1230.00. The maximum for dates ranging July 1, 2024 to June 30, 2025 is $1284.00.

At no time can the weekly benefits exceed the maximum or be less than the minimum of $45.00 per week.

Payment Date:	Payment Amount:	Start Date:	End Date:

IS THIS AN AMENDED FORM: Yes ☐ No ☐ Reason for Amendment:

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 that the first payment is issued to the injured worker.

Mandatory Reporting Requirements:

Injured Worker: Carrier must mail Form 141 to the injured worker on the same date the first payment is issued.

Labor Commission Filing: On claims with a date of injury of July 1, 2019 and forward the initial payment must be filed with the Labor Commission using EDI (MTC IP). Claims prior to this date may be filed using EDI or on paper form 141 and mailed, if preferred.

UTAH LABOR COMMISSION
Industrial Accidents Division

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