

**INSURANCE CARRIERS / SELF INSURER'S NOTICE OF
FURTHER INVESTIGATION OF A WORKERS'
COMPENSATION CLAIM**
PLEASE PRINT OR TYPE

Employee _____	Phone Number _____
Address _____	Date of Injury _____
City, State, Zip _____	Social Security Number _____
Employer _____	
Insurance Carrier _____	Date Carrier was Notified _____
Adjustor _____	Phone Number _____
Adjuster is actively:	
_____ Requesting information from medical provider	<u>Date Requested</u> _____
_____ Obtaining statement from injured worker and/or witness	_____
_____ Requesting signed medical release from injured employee	_____
_____ Other (Please be Specific) _____	_____

R612-1-7. Acceptance/Denial of a Claim.

A. Upon receiving a claim for workers' compensation benefits, the insurance carrier or self-insured employer shall promptly investigate the claim and begin payment of compensation within 21 days from the date of notification of a valid claim or the insurance carrier or self-insured employer shall send the claimant and the division written notice on a division form or letter containing similar information, within 21 days of notification, that further investigation is needed stating the reason(s) for further investigation. Each insurance carrier or self-insured employer shall complete its investigation within 45 days of receipt of the claim and shall commence the payment of benefits or notify the claimant and division in writing that the claim is denied and the reason(s) why the claim is being denied.

B. The payment of compensation shall be considered overdue if not paid within 21 days of a valid claim or within the 45 days of investigation, unless denied.

C. Failure to make payment or to deny a claim within the 45 day time period without good cause shall result in a referral of the insurance company to the Insurance Department for appropriate disciplinary action and may be cause for revocation of the self insurance certification for a self insured employer. Good cause is defined as:

1. Failure by an employee claiming benefits to sign requested medical releases.
2. Injury or occupational disease did not occur within the scope of employment.
3. Medical information does not support the claim.
4. Claim was not filed within the statute of limitations.
5. Claimant is not an employee of the employer he/she is making a claim against.
6. Claimant has failed to cooperate in the investigation of the claim.
7. A pre-existing condition is the sole cause of the medical problem and not the claimed work-related injury or occupational disease.
8. Other - a very specific reason must be given.

D. If an insurance carrier or self-insured employer begins payment of benefits on an investigation basis so as to process the claim in a timely fashion, a later denial of benefits based on newly discovered information may be allowed.

cc: Labor Commission, Employee



Official Form 441 Revised 8/2012

State of Utah * Labor Commission * Division of Industrial Accidents

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