UTAH DEPT OF WORKFORCE SERVICES
UI DIVISION
140 EAST 300 SOUTH
PO BOX 45266
SALT LAKE CITY, UT 84145-0266

Utah Department of Workforce Services
Unemployment Insurance

Statement Regarding Claim for Benefits - Worker's Comp

On the claim for unemployment benefits you recently filed, you advised this department that you had applied for or are receiving Worker's Compensation benefits. You must complete this form and return it within 10 business days in order for a decision to be made on your claim. **RETURN TO: Utah Department of Workforce Services, P.O. Box 45266, Salt Lake City, UT 84145-0266, Phone 801-526-4400 or Fax 801-526-4402. Please do not send a cover sheet.**

Date of work-related injury or illness: MONTH________________DAY________________YEAR_______________

What was your injury or illness?____

City/State where you were working when you were injured:____

Were you paid Worker's Compensation for lost wages? [ ] Yes [ ] No

If "Yes," please complete the following:

What state paid benefits?____

Name of insurance company______________________________Worker's Compensation Claim #__________________

Adjustor's name:____Phone #_________________________

Dates paid Worker's Compensation: from______________________________to___________________________________

Type of compensation (circle one): Temporary / Permanent / Partial / Other

Date released by doctor to return to full-time work:____

If your release date is more than 90 days ago, explain why you did not file until now:______________________________

____

____

Do you have physical restrictions which affect your ability to work full-time? [ ] Yes [ ] No

If "Yes," please explain:____

Have you contacted your former employer since your release? [ ] Yes [ ] No

Why aren't you working there now?____

____

CERTIFICATION: I know that the law provides penalties for falsifying statements in order to obtain unemployment benefits.

I certify that the above statements are true and correct to the best of my knowledge and belief.

First Name: ________________________________ Last Name: ____

Signature: ____ Date: _____________________