

**Instructions For Completing Application For Hearing-Dependents'
Benefits And/Or Burial Benefits/Occupational Disease Claim**

1. Fill out the Application for Hearing-Dependents' Benefits and/or Burial Benefits/Occupational Disease Claim (Form 027). If you are making a claim for periods of exposure with more than one employer, you must fill out an application for each employer.
2. The Application must be complete and you must sign it. If you leave blanks on the form, it will be returned to you.
3. Claims Resolution Conference: If you would like the Commission's Industrial Accidents Division to schedule a conference where you can meet with the employer/carrier representative to mediate and attempt to settle the claim, check "yes" on the Application for Hearing. If the employer/carrier also agrees to meet, you will be contacted by the Industrial Accidents Division to schedule this conference. Attending this conference does not require you to settle the claim. If you have questions about the claims resolution conference, please contact the Industrial Accidents Division at 801-530-6833.
4. You **MUST** also file the following completed forms with your Application for Hearing:
 - a) Decedent's Death Certificate
 - b) Documents supporting dependency relationship with the decedent
 - c) Birth certificates for each minor dependent claimed

Only for petitioners filing a claim on behalf of dependent child who is not that child's parent:

- d) Guardianship, Conservatorship or other documents establishing legal right to act on behalf of the minor child(ren)

Only if you are represented by an attorney:

- e) Appointment of Counsel. You can use Form 152 if you want.

5. If any of the forms are incomplete or unsigned, the Application for Hearing will be returned to you for completion. If the returned Application for Hearing is not completed and re-filed with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.
6. You must file the completed Application for Hearing/Occupational Disease Accident Claim and supporting forms with the Adjudication Division. You may file the forms by e-mail, fax, by regular mail or in person.

By e-mail: casefiling@utah.gov

By fax:

Salt Lake office: 801-5306333

St George office: 435-673-2621

By mail:

Salt Lake Office:

Utah Labor Commission

Adjudication Division

P O Box 146615

Salt Lake City, UT 84114-6615

St George Office:

Utah Labor Commission

Adjudication Division

1173 South 250 West, Ste 304

St George UT 84770

In person:

Salt Lake Office:

Utah Labor Commission

Adjudication Division

160 E 300 S 3rd Floor

Salt Lake City, Utah

St George Office:

Utah Labor Commission

Adjudication Division

1173 South 250 West, Ste 304

St George Utah