Official Form 441 **NOTICE OF FURTHER INVESTIGATION OF WOKERS' COMPENSATION CLAIM** Rev 10/2019

TO BE COMPLETED BY INSURANCE CARRIER OR SELF-INSURED EMPLOYER

NOTICE TO INJURED WORKER: This form is to notify you, the injured worker, of further investigation by the insurance carrier or self-insured employer prior to accepting or denying your industrial accident or occupational disease claim. 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

REASON FOR INVESTIGATION:

Reason Narrative**:**

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 the claim is put under investigation.

Rule 612-200-1(C(1)(a) If, with reasonable diligence, an insurance carrier, self-insured employer, or uninsured employer cannot complete its investigation within 21 days after initial notice, it may complete and submit Division Form 441, "Notice of Further Investigation of a Workers' Compensation Claim" notify the Division and claimant that the matter remains under investigation. The insurance carrier, self-insured employer, or uninsured employer is then allowed 24 days in addition to the initial 21-day period to complete its investigation and accept or deny liability of the claim.

Mandatory Reporting Requirements:

Injured Worker: Carrier must mail Form 441 to the injured worker on the same date the claim is put under investigation

Labor Commission Filing: Investigations for claims with a date of injury of December 31, 2012 and forward must be filed with the Labor Commission using EDI (MTC UI). Claims prior to this date may be filed using EDI or on paper form 441 and mailed, if preferred.

UTAH LABOR COMMISSION
Industrial Accidents Division

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