

For your protection Utah law requires notice that worker's compensation fraud is a crime. Please see the attached information for the full fraud statement.

**Industrial Commission of Utah- Industrial Accidents Division**  
P.O. Box 146610

Salt Lake City, Utah 84114-6610

**WORKER'S COMPENSATION EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS**

**FORM 122**

1. Employer's Name & Address: \_\_\_\_\_

2. Employee's Name (Last, Middle, First): \_\_\_\_\_

3. Employee's Address: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_ 5. Birthdate: \_\_\_\_\_

6. Gender: Male Female 7. Phone Number: \_\_\_\_\_

8. Marital Status: Unmarried (single or divorced) Married

9. Number of Dependents: \_\_\_\_\_ 10. Hire Date: \_\_\_\_\_ 11. Job Title: \_\_\_\_\_

12. Wage Rate: \_\_\_\_\_ 13. Check per Hour Week Month Other \_\_\_\_\_

14. Full Pay for Day? Check: Yes No 15. Did Salary Continue? Check: Yes No

16. Date of Injury: \_\_\_\_\_ 17. Time of Occurrence: \_\_\_\_\_ 18. A.M. P.M.

19. Last Day Worked: \_\_\_\_\_ 20. Date Employee Returned to Work: \_\_\_\_\_

21. Date Employer Was Notified: \_\_\_\_\_ 22. Today's Date: \_\_\_\_\_

23. If Fatal, Give Date: \_\_\_\_\_ 24. Type of Injury/Illness: \_\_\_\_\_

25. Part of Body Affected: \_\_\_\_\_ 26. Type of Initial Treatment: \_\_\_\_\_

27. Did accident occur on employer's premises? Yes No

28. Location of Accident: \_\_\_\_\_

29. All Equipment, Materials, or Chemicals employee was using when accident or illness

exposure occurred: \_\_\_\_\_

30. Specific Activity the Employee was Engaged in When the Accident or Illness Exposure

Occurred: \_\_\_\_\_

32. Were Safeguards in Place? Yes No 32. Were Safeguards Used? Yes No

33. How Injury or Illness/abnormal Health Condition Occurred, Describe the Sequence of Events

and Include Objects or Substances That Directly Injured the Employee or Made the Employee Ill:

\_\_\_\_\_

32. Physician or Health Care Provider's Name & Address:

\_\_\_\_\_

33. Witnesses Name & Address: \_\_\_\_\_

34. Preparer's Name & Title: \_\_\_\_\_ 35. Phone: \_\_\_\_\_

34. Date Administration Notified: \_\_\_\_\_ 35. Date Prepared: \_\_\_\_\_

**(Make a Copy for Employee to Retain)**

**FRAUD-** "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees of other professional services is guilty of a crime and may be subject to fines and confinement in the state prison."

## **EMPLOYEE INFORMATION**

- **INJURY/ILLNESS REPORT** a REPORT OF YOUR INJURY/OCCUPATIONAL ILLNESS MUST BE MADE WITH YOUR EMPLOYER. If a report of injury is not filed with your employer of the Industrial Commission within **180** days of the date of your injury/illness you may lose the right to ever file a claim for worker's compensation benefits for that injury or illness.
- **EMPLOYER'S PHYSICIAN** If your employer has a company physician or designated clinic for industrial accidents, you MUST see the company physician first or you may not be eligible for worker's compensation benefits. After you have been seen by your employer's physician, you have the right to choose one treating physician.
- **MEDICAL COOPERATION** You must cooperate with your employer of the insurance carrier in following prescribed medical treatment in order to return to work as quickly as possible.
- **TRAVEL REIMBURSEMENT** You may be eligible for travel reimbursement to and from approved medical care. You will need to keep records. Contact you insurance carrier regarding travel expenses.
- **REEMPLOYMENT ASSISTANCE** You may be eligible for reemployment assistance if you are unable to return to work due to an industrial injury. Contact your insurance carrier of the Industrial Commission for further information.
- **MEDICAL EXPENSES** You are entitled to have all reasonable medical expenses paid that were a result of the injury or illness.
- **COMPENSATION BENEFITS** You are entitled to 66-2/3 of your wages up to 100% of the state average weekly wage (on the date of your injury) after 3 days from the date of your injury, if a physician states you are totally unable to work. If you were off over 14 days due to your injury, compensation is then payable from the first day. You are then entitled to worker's compensation benefits until you reach maximum medical improvement from the industrial injury/illness.

If you have sustained a permanent impairment due to the industrial injury or illness you are entitled to benefits based on the impairment rating as determined by a physician.

If you are permanently totally disabled from working due to the industrial injury, you may need to apply at the Industrial Commission for a hearing to determine if benefits are due.

- **ADDITIONAL ASSISTANCE** If you are unable to work due to an industrial injury and meet the program's requirements, you may be eligible for other assistance. Agencies you may wish to contact:

Human Services for Food Stamps, cash assistance, or medical assistance.  
Social Security for total disability benefits.

- **UNEMPLOYMENT BENEFITS** If you are able to work but have terminated from your job you need to apply at the nearest Job Service Office within 90 days of the termination of worker's compensation payments.

**Contact your insurance carrier if problems occur during your injury regarding payment of medical bills or compensation payments. If you need to know who your employer's insurance carrier is, either ask your employer or contact the Industrial Commission.**

For further information or assistance contact:

Industrial Commission of Utah  
Industrial Accidents Division  
160 East 300 South-3<sup>rd</sup> Floor, P.O. Box 146640 \*Salt Lake City, Utah 84114-6610 \* (801) 530-6800

**THIS IS AND IMPORTANT DOCUMENT TO MAINTAIN FOR YOUR RECORDS  
\*\*\*THIS COPY GOES TO THE INJURED EMPLOYEE\*\*\***