

THE LABOR COMMISSION OF UTAH

____ Applicant,

Social Security Number: _____

VS.

_____Defendants.

PETITION FOR REIMBURSEMENT

FROM THE

EMPLOYERS' REINSURANCE FUND

* * * * *

COMES NOW _____
 employer/carrier in the above-entitled matter and represents to the Labor Commission that they have paid
 \$_____ as temporary total disability compensation for the period of _____
 to _____, and/or \$_____ as medical expenses for a period of
 _____ to _____ on behalf of the Applicant for an industrial
 accident sustained on _____.

The attached medical report/order indicates the Applicant has a permanent partial impairment of _____% due to the industrial accident, and _____% due to preexisting conditions which, pursuant to Section 34A-2-703, Utah Code Annotated, is the responsibility of the Employers' Reinsurance Fund, and accordingly, the above named employer/carrier hereby requests reimbursement for _____% / \$_____ of the foregoing amounts from the Employers' Reinsurance Fund.

ATTACHED IS VERIFICATION OF AMOUNTS EXPENDED ON THE ABOVE

(Calculation verification tapes must be attached)

Please remit payment to: _____

Complete Street Address or P O Box	City	State	Zip Code
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By _____
(Signed) _____ Phone Number _____

Company's Tax Identification Number

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2_____

Approved/Amount \$ _____

Disapproved/Amount \$

Reason(s) _____

NOTARY PUBLIC