

Utah Transit Authority Personal Injury Protection Information

December,
2008

A passenger on a UTA bus or a pedestrian injured by a bus may be entitled to Personal Injury Protection benefits. To claim any of these benefits, an Application for Benefits - Personal Injury Protection and Authorization to Release Medical Records forms must be completed and returned with the information needed to verify your claim for benefits.

Medical Payments Benefits

The reasonable and necessary medical expenses up to \$3,000.

To claim Medical Payments benefits, UTA requires:

- ▶ Itemized bills from your medical providers along with supporting treatment notes for each date of service.
- ▶ We may require information directly from the provider before paying bills submitted. The attached Authorization to Release Medical Records must be signed.

Work Loss Benefits

Loss of gross income and earning capacity from inability to work for a maximum of 52 weeks after the loss. This benefit need not be paid for the first three days of disability unless the disability continues for longer than two consecutive weeks after the date of injury. The maximum amount payable is 85 percent of a loss of gross income or earning capacity, not to exceed \$250/week.

To claim Wage Loss benefits, UTA requires:

- ▶ Written verification from your employer of your wage or salary and the average hours you work per week.
- ▶ Written description from your employer of the physical requirements of your job.
- ▶ Written verification from your employer of the dates you missed work since the accident.
- ▶ A written release from your treating physician, indicating the dates you are disabled from work, and the date you may return to work.
- ▶ A written description from your treating physician of the physical restrictions you have due to your injury.

Special Damages

An allowance for services actually rendered or expenses reasonably incurred for services that, but for the injury, the medically qualified injured person would have performed for his/her household. This benefit need not be paid for the first three days after the date of injury unless the person's inability to perform these services continued for more than two consecutive weeks. This allowance cannot exceed \$20/day for a maximum of 365 days.

To claim the Special Damage allowance, UTA requires:

- ▶ A written release from your treating physician indicating the dates you will be unable to work, and when you will be expected to return to work.
- ▶ A written description from your treating physician of the physical restrictions you have due to your injury.
- ▶ Affidavits signed by those who performed the services which you were unable to perform due to the restrictions of your activities indicating what services were performed, when they were performed, how often, what they were paid for their services, and that these were not services which they provided prior to the date of loss.

Other Benefits

Funeral Expenses not to exceed \$1,500, and \$3,000 for surviving heirs.

To claim these other benefits, UTA requires:

- ▶ An itemized invoice of the funeral expenses.
- ▶ A certified copy of the death certificate.
- ▶ Spouse's marriage license and/or children's birth certificate or adoption papers.

Please note: the above requirement lists are intended to assist you in providing appropriate information to present a claim. It is possible that upon review of documents sent to us, UTA will require additional information. An Application for Benefits - Personal Injury Protection and Authorization to Release Medical Records forms must be completed to apply for benefits. You can download these forms from the UTA website, rideuta.com (click on the Doing Business tab, and then click on Insurance & Claims). Please complete these forms giving as much detail and information as you can. If additional space is required, please use the back of the form. If you feel that you are entitled to any of the above benefits, please provide the information required to process the claim. Please be sure to sign and then return the form as soon as possible.

Please retain this letter for future reference and call the UTA Office of General Counsel – Claims Unit if you have any questions.

APPLICATION FOR BENEFITS - PERSONAL INJURY PROTECTION

Utah Transit Authority
 3600 South 700 West
 P.O.Box 30810
 Salt Lake City, Utah 84130-0810

TO ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE UTAH PERSONAL INJURY PROTECTION LAW, PLEASE COMPLETE THIS FORM AND RETURN IT PROMPTLY. PAYMENT OF BENEFITS IS NOT AN ADMISSION OF LIABILITY FOR YOUR INJURIES.

IMPORTANT:

1. To be eligible for benefits you must complete and sign this application.
2. You must also sign the applicable authorizations below and/or attached.

Your name:		Phone: home - _____ work - _____	
Your address:		Date of Birth: / /	Social Security No.
Date and Time of Accident / /	am or pm	Place of Accident:	
Brief Description of Accident (attach a separate sheet of paper if needed):			
Describe Your Injury (attach a separate sheet of paper if needed):			
Were you treated by a doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Doctor's Name and Address:		
If treated in a Hospital were you: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	Hospital Name and Address:		
Did you lose wages or salary as a result of your injury? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount lost to date: \$	What is your average Weekly Wage or Salary? \$	Are you eligible for Workers Compensation Benefits or benefits under another statutory plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
List the Names and Addresses of your employer and other employers for one year prior to the accident date.			
Employer Name and Address:	Occupation:	From:	To:
Employer Name and Address:	Occupation:	From:	To:
Employer Name and Address:	Occupation:	From:	To:
Your Signature: (Parent or Guardian if a minor)			Date:

AUTHORIZATION TO PROVIDE INFORMATION

I authorize any employer, insurer, or other person or entity to whom a signed or photo-copy of this authorization is delivered, to furnish all information, reports, or copies of records (whether generated by you or acquired from others by you) which may be requested by the Utah Transit Authority or its representatives.

I also specifically authorize the Utah Transit Authority to obtain copies of any and all wage, workers compensation, or other documentation from any insurance carrier file, which may be contained therein.

I waive any privilege I may have against the disclosure of these records to the Utah Transit Authority.

PRINTED NAME _____

SIGNATURE (Parent or Guardian if a minor) _____

SOCIAL SECURITY NO. _____

DATE _____

PLEASE NOTE: THE MEDICAL AUTHORIZATION ATTACHED HERETO MUST BE COMPLETED, SIGNED IN ORDER TO PROCESS A CLAIM.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize and request that you release **all medical films and records, including drug, alcohol, and psychiatric records** in your possession for treatment you have provided me for the past ten (10) years.

I authorize the release of this information to **THE UTAH TRANSIT AUTHORITY** and/or its representative for the purpose of verifying, evaluating, and managing my claim. I understand that, once information is disclosed pursuant to this authorization, it is possible that it will no longer be protected by medical privacy laws and may be subject to re-disclosure as necessary to process or pursue this claim.

I reserve the right to revoke this authorization at any time by sending written notification to the Office of General Counsel at the Utah Transit Authority and to your facility.

I understand that this authorization will expire one year from the date of my signature on this form.

PHOTOCOPIES OF THIS AUTHORIZATION ARE AS VALID AS THE ORIGINAL

Signature of Patient (Parent or Guardian if a minor)

Date Signed

Patient's Name (printed)

Street Address

City/State/Zip

Telephone No.

SS#

Date of Birth

****THIS IS NOT A RELEASE OF CLAIM FOR INJURIES****

Failure to release this information may result in a denial in whole or in part of this claim.

**Mail Records to: Office of General Counsel
Claims Unit
Utah Transit Authority
P. O. Box 30810
Salt Lake City, Utah 84130-0810**