PROCEDURE FOR FILING A CLAIM

Under Utah Law, you must properly file a notice of claim in order for your loss to be considered. Claims against UNIFIED POLICE DEPARTMENT (UPD) must include the following:

1. Completed NOTICE OF CLAIM FORM (attached). The completed NOTICE OF CLAIM FORM must be dated and signed by the individual making the claim or by his or her legal representative. The completed NOTICE OF CLAIM FORM you submit must contain your original signature—copies or facsimiles are not acceptable.

2. Relevant documentation, including, but not limited to, police report(s), witness statement(s), photo(s), and/or vehicle repair estimate(s). (Please note that these items do not need to be submitted with the claim form but are necessary for processing your claim.)

Mail your claim to:

Harry H. Souvall
Chief Legal Counsel
Unified Police Department of Greater Salt Lake
3365 South 900 West
Salt Lake City, UT 84119

3. Once your claim is received, it will be forwarded to Risk Management for processing. For questions, please call (385) 468-7700.

4. **Medicare Eligibility** Federal law requires all entities that are responsible to pay for medical treatment, or who settle bodily injury claims for certain eligible individuals, to report the obligation and settlements to Medicare. Reporting is required for the following individuals:
   - Current Medicare beneficiaries,
   - Individuals who may be Medicare eligible within the next 30 months because they are:
     - 62 ½ years old, have applied for SSDI, or have End Stage Renal Disease.

If you fit into one of these categories and are filing a claim for injuries, you will be required to furnish additional information in order to process your claim.

This procedure for filing a claim is not to be construed as a waiver of any provision of the Utah Governmental Immunity Act (UTAH CODE ANN. § 63G-7-101, et seq.).
NOTICE OF CLAIM FORM

(Use additional sheets if needed.)

Last Name: ___________________________  First Name: ___________________________
Address: ______________________________
City: ___________________ State: ____________ Zip: ____________

Work/Cell Phone _______________________  Home Phone Number: _________________

Email Address: ________________________

Date of Loss: __________________________  Time of Loss: _________________________

Location: ______________________________

Vehicle Information (if applicable):       (Year)       (Make)       (Model)

Law Enforcement Case
Number (if applicable): ____________________  Law Enforcement
Agency: ________________________________

UPD Department/Employee Involved (if known): ______________________________

UPD Vehicle (if applicable):       (Year)       (Make)       (Model)       (License No.)

Your Insurance Information:

Insurance Company Name: ________________________________

Insurance Company Address: ________________________________ (Street/P.O. Box)

Insurance Company Phone Number: ________________________________

Insurance Agent’s Name: ________________________________

Insurance Agent’s Phone Number: ________________________________

Insurance Policy Number: ________________________________
IMPORTANT!! Unsigned NOTICE OF CLAIM FORMS will be returned unprocessed (see UTAH CODE ANN. § 63G-7-401).