



UPD Risk Management

Unified Police Department ★ 1330 E. Chambers Ave Suite 220 ★ Millcreek, Utah 84106 ★ (385) 468 -9662

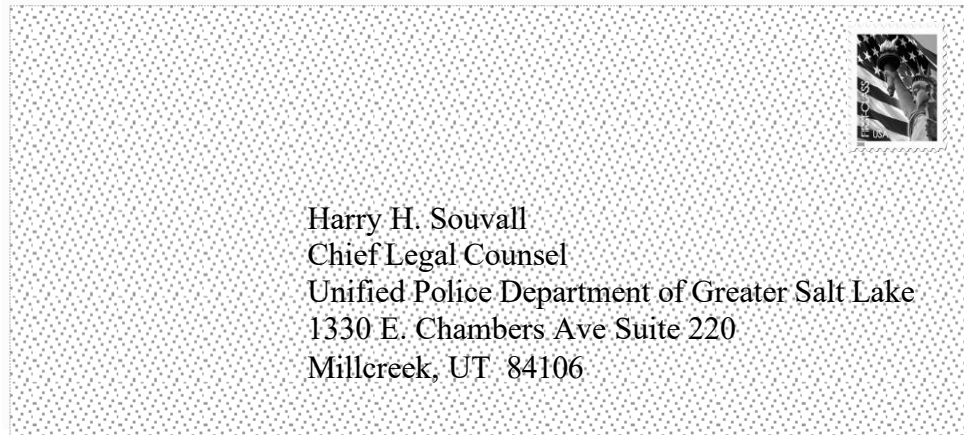
PROCEDURE FOR FILING A CLAIM

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:



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.).

Jason Mazuran
Chief of Police



UNIFIED POLICE

GREATER SALT LAKE

Harry H. Souvall
Chief Legal Counsel

UPD Risk Management

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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: _____

