N.C. WORKERS' COMPENSATION NOTICE TO INJURED WORKERS AND EMPLOYERS

All employees of this business, except specifically excluded executive officers, suffering work-related injuries may be entitled to Workers' Compensation benefits from the employer or its insurance carrier.

IF YOU HAVE A WORK-RELATED INJURY OR AN OCCUPATIONAL DISEASE

The Employee Should:

- Report the injury or occupational disease to the Employer immediately.
- Give written notice to the Employer within 30 days.
- File a claim with the Industrial Commission on a Form 18 immediately, but no later than 2 years from injury date or occupational disease. Give a copy to the Employer.
- If medical treatment and wage loss compensation are not promptly provided, call the insurance carrier/administrator <u>or</u> request a hearing before the Industrial Commission using a Form 33 Request for Hearing. Commission forms are available at website <u>www.ic.nc.gov</u> or by calling the Help Line.

•	Your employer's workers' compensation insurance carrier is
---	--

- The insurance policy number is_____
- Your employer's workers' compensation insurance policy is valid from_____ until_____ until_____

For assistance: Call the Industrial Commission HELP LINE—(800) 688-8349.

The Employer Should:

- Provide all necessary medical services to the Employee.
- Report the injury to the carrier/administrator and file a Form 19 Report of Injury within 5 days with the Industrial Commission, if the Employee misses more than 1 day from work <u>or</u> if cumulative medical costs exceed \$4,000.00.
- Give a copy of your completed Form 19 to the Employee along with a copy of a blank Form 18 Notice of Accident. Ensure that compensation is promptly paid as required under the Workers' Compensation Act.





NORTH CAROLINA INDUSTRIAL COMMISSION 1235 MAIL SERVICE CENTER RALEIGH, NORTH CAROLINA 27699-1235

Website: <u>www.ic.nc.gov</u>

TO EMPLOYER: THIS FORM MUST BE PROMINENTLY POSTED IF YOU HAVE WORKERS' COMPENSATION INSURANCE OR QUALIFY AS SELF-INSURED. (N.C. Gen. Stat. §97-93).