

# WORKERS' COMPENSATION

## 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 or request a hearing before the Industrial Commission using a Form 33 Request for Hearing. Commission forms are available at website [www.ic.nc.gov](http://www.ic.nc.gov) 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 \_\_\_\_\_.

**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 or if cumulative medical costs exceed \$2,000.00.
- 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.

**For assistance with Safety Education Training contact:  
Director of Safety Education at (919) 807-2602 or [safety@ic.nc.gov](mailto:safety@ic.nc.gov)**

**NORTH CAROLINA INDUSTRIAL COMMISSION  
1235 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-1235  
Website: [www.ic.nc.gov](http://www.ic.nc.gov)**



***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).***

FORM 17

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