North Carolina Industrial Commission

NOTICE OF ACCIDENT TO EMPLOYER AND CLAIM OF EMPLOYEE, REPRESENTATIVE, OR DEPENDENT (G.S. §§97-22 THROUGH 24)

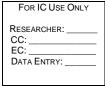
IC File #
Emp. Code #
Carrier Code #
Employer FEIN
he I.C. File # is the unique identifier for

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

			_		() -			
Employee's Name			Employer's Name		Telephone Number			
Address			Employer's Address		City	State	Zip	
City		State Zip	Insurance Carrier		Policy Number	r		
Home Telephone		Work Telephone	Carrier's Address		City	State	Zip	
		1 1	() -		() -			
Social Security Number	Sex	Date of Birth	Carrier's Telephone N	umber	Carrier's Fax N	Number		
occupational disea accident or as soc claims; however, for Notice is hereby given described as follows: including the specific b Describe how the injur	on as practicable or asbestosis, so as required by late on Time of Injury body part involved (e and within 30 da ilicosis and byssir w, that the above-nam / / at Date (required) (e.g., right hand, left h	eys. (This form shoosis, Form 18B is ned employee sustain City and County and)	ould also be us to be used.) ed an injury or con	tracted an occup	ational d	isease sease,	
Occupation when injuing Number of days out of Medical treatment recommend wage: \$	f work due to injury: eived? □Yes N	: □No lumber of hours worke	·	Days v				
black ink, if possib	ole. Employee sh	n this form, another nould retain one sig and provide one sign	gned copy of this i	notice, mail one				
					()	_		
Signati	ure of (Check One) Representative,] Employee, ☐ Attorney or ☐ Dependent	,	_	Telephon	e Number		
Address		City	Sta	ate Zip		Date Co	mpleted	
Compensation Act	, in order that the	g sent to you in e medical services ensues, compensati	prescribed by the	Act may be obta				

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FORM 18

ATTORNEYS: FILE WITH AN IC FILE NUMBER VIA EDFP HTTP://www.ic.nc.gov/docfiling.html or

IF NO IC FILE NUMBER, FOLLOW EMPLOYEE FILING OPTIONS.

EMPLOYEES: E-MAIL TO: FORMS@IC.NC.GOV

OR MAIL TO: NCIC - CLAIMS SECTION
4335 MAIL SERVICE CENTER
RALEIGH, NC 27699-4335

MAIN TELEPHONE: (919) 807-2500 HELPLINE: (800) 688-8349

WEBSITE: HTTP://www.ic.nc.gov/

GENERAL INFORMATION ON THE FORM 18

1. What does a Form 18 do?

A Form 18 establishes a legal claim of injury on your behalf if filed within two years of the date of injury or occupational disease, and gives the required written notice to the employer if a copy is submitted to the employer within 30 days of the injury. The employer is required by law to file a Form 19 if the employee misses more than one day of work due to the injury or if the medical bills exceed \$2,000.00. However, the employer's filing of a Form 19 does not satisfy the employee's obligation to file a claim. In order to ensure the employee's rights are protected, the employee must file a Form 18 even though the employer may be paying compensation or the Industrial Commission may have opened a file for the injury.

2. To whom should the Form 18 be sent?

The original Form 18 should be submitted to the Industrial Commission. The injured worker should keep one copy for his or her records and one copy should be submitted to the employer at the time of the injury.

3. What numbers do I write in the upper right corner?

You do not need to fill in the spaces on the upper right corner of the Form 18. If you know that your employer has already filed a report of injury, (Form 19) and you know what your I.C. (Industrial Commission), File Number is, you may write the number in the "I.C. File No." space. If you do not already have an I.C. File Number, the Industrial Commission will assign one upon receipt of the Form 18. The other three spaces, "Emp. Code No.," "Carrier Code No.," and "Employer FEIN" are for internal use only.

4. What if I do not know who my employer's insurance carrier is?

If you do not know who the employer's insurance carrier is you may either ask your employer for the information, call the Industrial Commission's Claims Administration Section at (800) 688-8349 then press "1" after the prompt, or simply leave the line blank.

5. When listing the number of days out of work, do I count partial days?

Yes, you include partial as well as whole calendar days not worked. However, the days do not need to be consecutive.

6. What happens after I file the Form 18?

The Industrial Commission will mail an acknowledgement letter to you after your Form 18 is processed. Processing time varies according to current workload. The Industrial Commission will mail a copy of the acknowledgement letter to the employer or its workers' compensation insurance carrier asking them to contact you and inform you if compensation will be paid to you voluntarily.

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FOR IC USE ONLY	
RESEARCHER:	-
EC:	
DATA ENTRY:	

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