A Guide to Workers’ Compensation for North Carolina Clinicians Serving Farmworkers

By Virginia Ruiz
Farmworker Justice

I. INTRODUCTION

This guide is designed to provide North Carolina health professionals serving farmworkers with an introduction to the workers’ compensation law in that state. Using a question and answer format, it: 1) offers a brief description of the workers’ compensation system; 2) explains the key roles that the clinician can play in these cases; 3) provides a timeline of critical deadlines; and, 4) includes copies of important forms.

II. BACKGROUND AND OVERVIEW OF WORKERS’ COMPENSATION

What is workers’ compensation?

Workers’ compensation is a system of employer-provided insurance that offers benefits to employees who suffer a job-related injury or illness. These benefits:

- Cover needed care and rehabilitation services, including medical treatment, surgery, physical therapy, hospitalization, laboratory tests, and medications;
- Provide partial payment of wages for the time period when temporarily-disabled employees cannot work;
- Pay workers who suffer a permanent disability; and,
- Cover burial costs and provide monetary support for surviving dependent family members (when the work-related injury or illness is fatal).

Why should clinicians learn about workers’ compensation?

It’s worth taking the time to become familiar with North Carolina’s workers’ compensation law for several reasons. First, farmworkers need these benefits. Without them, many farmworkers with a job-related injury or illness would forego needed treatment or their families would go into debt in order to secure it for them. Farmworker families would also be destitute while the injured worker was out of work. Second, farmworker advocates believe too many health centers are writing off as uncollectable services that should be paid for by an insurance company or employer. Accepting workers’ compensation cases can provide an additional income stream for a health center.
Are migrant and seasonal farmworkers covered by workers’ compensation?

Employers of ten or more full-time non-seasonal agricultural workers must provide these employees with workers’ compensation. Foreign workers, brought to the US on temporary “H-2A” visas, also must be covered by workers’ compensation insurance.

Are undocumented farmworkers covered by workers’ compensation?

Undocumented farmworkers in North Carolina are entitled to workers’ compensation benefits when they are injured at work or contract an occupational illness.

What must an injured worker prove in order to secure workers’ compensation benefits?

Typically, employees must show that they:
• suffered a work-related injury or an occupational illness;
• notified the employer of the ailment within 30 days of its occurrence or of learning of it;
• are an employee of the entity identified as the employer;

and, if applicable, that they:
• have followed all the health care providers’ instructions, including when to return to work and any work restrictions (in the absence of reasonable justification as determined by the NC Industrial Commission);
• have some form of permanent disability, after achieving maximum medical improvement.

What is the degree of proof required?

The worker must prove all elements of the claim by a preponderance of the evidence. For an occupational disease, the worker must prove by a ‘greater weight’ of the evidence or a ‘preponderance’ of the evidence two things: (1) that the worker’s employment exposed the worker to a greater risk of contracting the disease than the general public, and (2) that the worker’s employment caused him to contract the disease, or that it significantly contributed to or aggravated the disease. For an employment-related accident the worker must prove by the

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1 N.C.G.S. § 97-2 (1)
2 N.C.G.S. § 97-2(2); also, Ruiz v. Belk Masonry Co., 148 N.C. App. 675, 679 (2002), held that even though federal law prevents hiring undocumented immigrants, it does not prevent them from being covered by the North Carolina Worker’s Compensation Act.
3 Where actual notice of the injury to the employer occurs, the employee’s failure to give written notice within 30 days does not act as a bar to recovery. Richardson v. Maxim Healthcare/Allegis Group, 362 N.C. 657, 669 S.E.2d 582 (2008). Nonetheless, it is better for the injury or illness to be reported as soon as possible.
4 N.C.G.S. § 97-25.
same preponderance of the evidence that the accident or “specific traumatic incident”\(^7\) caused, contributed to or aggravated an injury or pre-existing injury.\(^8\)

### III. THE ROLE OF THE HEALTH CARE PROVIDER

**What medical benefits is an employee entitled to receive?**

A worker is entitled to receive medical expenses during the healing period. This includes medical, surgical, hospital, nursing, and rehabilitative services, as well as medicines, medical and surgical supplies, sick travel, and other treatment that may reasonably be required to effect a cure, give relief or lessen the period of disability. The right to payment for medical expenses generally ends two years after the date of last payment for any compensation, but may be extended if necessary.\(^9\)

**How quickly should the employer notify the insurer of the employee’s illness or injury?**

Within five (5) days of receiving employee notification or learning of the employee’s illness or injury, the employer must notify the North Carolina Industrial Commission. To do so, the employer must file the Employer’s Report of Employee’s Injury or Occupational Disease to the Industrial Commission (Form 19) through its insurance carrier. The employer must also provide a copy of the completed form to the employee, along with a blank Notice of Accident form (Form 18) for the employee to submit to the Industrial Commission.

**Who chooses the health care provider?**

The employer or its insurance company provides and directs medical treatment. The worker may petition the North Carolina Industrial Commission to change physicians or approve a physician of the worker’s selection when good grounds are shown. If during an emergency the employer fails or refuses to provide medical treatment, the worker may obtain the necessary treatment from a physician or hospital of his own choice, but must promptly request the Commission’s approval.\(^10\) In the case of permanent partial disability, workers are entitled to an independent examination from a doctor of their choosing to question a rating of permanent impairment. The independent examination is to be paid for by the insurance company or employer.\(^11\)

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\(^7\) A “specific traumatic incident” means that the injured worker must be able to provide evidence to the NC Industrial Commission to show when, within a reasonable period, the specific injury occurred. The evidence must show that there was some event that caused the injury, not a gradual deterioration. *Chambers v. Transit Mgmt.*, 360 N.C. 609, 618-19, 636 S.E.2d 553 (2006).

\(^8\) *Skillin v. Magna Corp./Greene’s Tree Serv.*, 152 N.C.App. 41, 566 S.E.2d 717, 723 (2002); *Chambers*, 360 N.C. at 613, 636 S.E.2d at 556.

\(^9\) N.C.G.S. §§ 97-2(19), 97-24, and 97-25.1


\(^11\) N.C.G.S. § 97-27(b)
What initial steps should a health care provider take when handling a patient seeking workers’ compensation?

During the first visit, the health care professional should provide all necessary treatment. A health professional who believes that the patient is suffering from a work-related ailment should send a report and bill for payment to the patient’s employer or to the employer’s workers’ compensation insurance carrier. A medical report should show in detail the nature and extent of the injury and contain a full description of the treatment. Medical providers must submit a statement of services within 75 days after treatment is rendered.

What other responsibilities do health professionals have when treating patients with workers’ compensation claims?

Health care providers should take a thorough patient history that includes occupational and environmental exposures, and secure all appropriate tests to determine the nature, cause and extent of the injury or illness. With the approval of the insurance carrier or claims administrator, all necessary treatment should be provided. If the insurance adjuster declines to approve medical, therapeutic, diagnostic treatment or testing that the health care provider believes to be necessary, he/she should document that need so that the injured worker can obtain the NC Industrial Commission’s administrative approval for that procedure by direct application to the NC Industrial Commission. Health care providers should make appropriate referrals for specialized care as needed. To facilitate approval of the claim and the treatment plan, the health professional will need to submit a detailed report(s) to the employer, insurer and/or claims administrator, documenting: (i) the nature and full extent of the illness or injury; (ii) its causal connection to work activity; (iii) the treatment provided and the patient’s compliance with it; (iv) when the patient can return to work; and, (v) what work modifications, if any, are needed to enable the patient to resume previous employment. Health professionals should be careful not to allow the employer or his agents, who have a competing interest, to act as interpreter during the medical visits.

Why is it important to consult the patient in formulating a treatment plan?

Health providers should fully discuss treatment options with patients to ensure that the patient is in agreement with the treatment option selected and able to comply with the provider’s instructions (for example, whether the patient has access to transportation for follow-up appointments). These considerations are important because a patient’s failure to comply with a clinician’s instructions without reasonable justification could result in the termination of workers’ compensation benefits.

How can a health professional assist a worker in proving that the injury or illness is related to work activity?

While clinicians do not usually concern themselves with the cause of an ailment, in the workers’ compensation context, showing a work-related cause is a critical element of the claim. In a report submitted to the employer and insurer or claims administrator, the health professional should
state facts, inferences and conclusions that support the worker’s contention that the ailment is due to work activity. In the case of back or neck injuries, the report should include contributing or aggravating factors that occur as a result of a “specific traumatic incident.”\textsuperscript{12} It is helpful to obtain from the worker information concerning:

- tasks performed on the job, including amount and frequency of weight lifted or carried;
- the occurrence, timing, and nature of any precipitating event that gave rise to the worker’s immediate symptoms;
- the work environment such as equipment used and chemical exposures experienced; as well as,
- how the injury or illness occurred or developed.

The patient’s statements should be incorporated into the clinician’s report. For example, when treating an injured patient, the health professional should ask:

\begin{itemize}
  \item Did the incident occur on the employer’s premises?
  \item Did it occur during working hours?
  \item What work-related activity were you engaged in at the time of the incident?
  \item Had you ever experienced this type of injury before? If so, how did it occur?
\end{itemize}

When treating a patient with an occupational illness, questions could include:

\begin{itemize}
  \item Were you exposed to pesticides or other chemicals (by touching treated plants or through direct spray or drift) on the day you became ill?
  \item How soon after the exposure did your symptoms begin?
  \item Did any other workers in your area experience similar symptoms that day?
  \item Have you ever experienced symptoms like this before? If so, under what circumstances?
\end{itemize}

Bear in mind that, even if the initial underlying injury is preexisting or not work-related, the acceleration or aggravation of that underlying injury due to employment may be compensable.

**Can an illness or injury be covered by workers’ compensation when work activity is not the sole cause of the condition?**

When a combination of factors caused the illness or injury, workers’ compensation will cover the condition if work activity was a significant contributing cause. In some cases, total disability benefits may be apportioned when there is sufficient evidence to ascertain the percentage of the worker’s disability that is caused by non-work related activity.\textsuperscript{13}

**Why does the health professional’s report often play an important role in supporting a farmworker’s claim for workers’ compensation benefits?**

The health professional’s report often provides critical evidence on several elements of the claim (i.e., the nature and extent of the illness or injury, its work-related cause, the employee’s

\textsuperscript{12} See footnote seven’s definition of this term.

\textsuperscript{13} Johnson v. City of Winston-Salem, 656 S.E.2d 608, 615 (2008).
compliance with the clinician’s instructions, the date the worker can return to work, and any work restrictions). The more the report rests on objective findings and test results and is internally consistent, the stronger it will be. Keep in mind that the opposing party will carefully review the report to identify any unsupported assertions or inconsistencies. The health professional’s report is especially important in many farmworker cases because co-workers are frequently reluctant to provide corroborating testimony for fear of losing their jobs (even though such retaliation is unlawful).

When should a clinician recommend “light duty” to facilitate a quick return to work?

To limit costs for temporary disability, an employer may put pressure on the clinician to direct an early return to work. Similarly, a worker may request a clinician recommendation of light duty due to economic need or fear of losing her job. But light duty should only be recommended if it is available and the patient would be able to accomplish such tasks without jeopardizing recovery or experiencing undue pain. Keep in mind that a worker’s unjustifiable failure to comply with a clinician’s direction to return to work or her inability to perform the work with the restrictions imposed by the clinician may lead to a termination of benefits.

To avoid common pitfalls, a clinician should consult the patient to determine the degree of recovery, including on-going pain, range of motion, etc. In addition, the clinician should inquire into the physical demands of the job and ascertain whether any light duty jobs exist at that establishment. If light duty is available and appears appropriate, the clinician should specify the conditions under which such duty may be performed, e.g., amount of weight that can be lifted, number of hours that the worker can stand, whether work can be performed in a stooped position.

Finally, the clinician should advise the worker to return to the clinic if injury prevents her from performing light duty. In such circumstances, the clinician can, after an examination, make a determination that temporary disability requires time off work. When handled in this manner, a worker should be able to receive workers’ compensation benefits for the additional period of disability.

Does the employee need to prove fault or lack of contributory fault in order to secure workers’ compensation benefits?

Workers’ compensation is generally a no-fault system. There are, however, a limited number of exceptions to this rule. For example, an employee may be denied benefits if use of illegal drugs or alcohol were a contributing cause of the injury. Also, an employee’s workers’ compensation benefits may be decreased by 10% if the injury or illness resulted from the worker’s serious and willful failure to follow required safety practices. Similarly, the employer’s willful failure to comply with any statutory requirement (e.g. failing to provide drinking water in the fields) shall increase the compensation by 10%.14

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14 N.C.G.S. § 97-12
What are the primary obstacles that keep workers from filing workers’ compensation claims?

The most frequently cited obstacle is fear of employer retaliation. In North Carolina, most farmworkers eligible for workers’ compensation are present in the United States with a temporary visa controlled by the employer. Workers fear that they will be sent back to their home country if they ‘cause trouble.’ Although such retaliation is illegal and would result in a substantial penalty to the employer if proved, many workers are unwilling to risk job loss for the uncertain prospect of obtaining financial compensation in the future. Other obstacles include lack of knowledge of the availability of benefits, inability to navigate the workers’ compensation system (especially for low literacy or limited English proficient workers), pressure from co-workers, and undocumented status. Many farmworkers lack personal transportation and are not aware that sick travel costs should be reimbursed by the insurance carrier or employer where the worker must travel more than 20 miles to obtain medical treatment.

Does a worker need legal assistance to obtain workers’ compensation benefits?

A recent report found that low-wage immigrant workers were much more likely to secure needed benefits when they had legal assistance in handling their claims. In any case involving significant costs, the health professional should consider recommending that the worker retain a lawyer to pursue the claim. Unions such as the Farm Labor Organizing Committee, (www.floc.com, 919-731-4433 or 800-570-3562), local legal services agencies such as Legal Aid of North Carolina (www.legalaidnc.org), or the NC Bar Association Foundation’s Lawyer Referral Service (800-662-7660) will provide referrals. Patients can also obtain free information from the North Carolina Industrial Commission’s Workers’ Compensation Help Line by calling 800-688-8349 or visiting www.ic.nc.gov.

How do disputed claims get resolved in the workers’ compensation system?

A worker whose claim has been denied may request a hearing before a Deputy Commissioner (“DC”) of the NC Industrial Commission. Mandatory mediation precedes a hearing before the DC. Appeals from a DC’s ruling go first to the Full Industrial Commission and then to state appeals court.

What steps may migrant health centers need to take prior to accepting workers’ compensation cases?

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16 Id.
17 N.C.G.S. § 97-84.
A recent study found that many health centers already screen patients for work-related injuries, but do not take on workers’ compensation cases. Some clinicians were reluctant to take on such cases because:

- the paperwork is too burdensome;
- the system is too complex; and/or,
- they need additional training in occupational medicine

Consequently, to prepare for accepting workers’ compensation cases, health centers may consider taking the following steps:

- Securing additional training for clinical staff in occupational medicine as well as obtaining consultant services from a board-certified occupational medicine specialist who has handled many workers’ compensation cases
- Providing staff an orientation to North Carolina’s workers’ compensation law and their role in assisting patients in pursuing claims for benefits
- Setting up billing protocols so that for workers’ compensation patients, billing would be based on specific services provided, rather than on a per visit basis
- Scheduling longer visits for workers’ compensation patients
- Adjusting clinician productivity requirements to take into account the time that must be spent completing necessary reports

Can a clinician treat a patient who has a pending workers’ compensation claim and bill the patient for the services rendered?

It is illegal for a physician or medical facility to bill a worker if the worker has submitted a claim for workers’ compensation to the employer and the health professional knows that a claim is pending.

IV. IMPORTANT DEADLINES

1. The worker must report the injury or illness to the employer, orally and in writing, immediately and in any event within 30 days of its occurrence or of the employee’s learning of it.
2. The employer must file the Employer’s Report of Employee’s Injury or Occupational Disease (Form 19) with the Industrial Commission within 5 days of learning of the injury or illness, and give the worker a completed copy along with a blank Notice of Accident form (Form 18).
3. The employee must file Form 18 within two years of the date of the injury and send a copy to the Industrial Commission and to his/her employer.
4. The employer/insurance carrier then has 90 days to deny a claim and contest its compensability.
5. If a claim is denied, a worker has two years from the date of the accidental or “specific traumatic incident” injury or the date of the last medical payment for medical expenses related to the injury made by the carrier or employer to file Form 18 with the Industrial Commission.

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18 Id.
19 N.C.G.S. §97-90(e)
Commission to preserve the right to compensation. For occupational diseases, the two year time period starts to run from the date that the worker both misses at least 7 days of work due to the disease and was advised by a medical provider that the worker’s employment was the cause of the worker’s occupational disease.\textsuperscript{21} The worker may then file a Request for Hearing (Form 33).

6. By law, the Deputy Commissioner is supposed to rule on a case within 180 days of the close of the hearing, unless time is extended for good cause.\textsuperscript{22}

Failure to meet these deadlines does not necessarily bar recovery.\textsuperscript{23} Nonetheless, it is better for workers to report the injury or illness, and to comply with other requirements as soon as possible.

Key Forms
The following forms are attached:
- Notice of Accident form (Form 18)
- Employer’s Report of Employee’s Injury or Occupational Disease to the Industrial Commission (Form 19)
- Request for Hearing (Form 33)

Acknowledgements

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\textit{The contents of this publication are solely the responsibility of Farmworker Justice and Migrant Clinicians Network and do not necessarily reflect the official views of the Bureau of Primary Health Care or the Health Resources and Services Administration.}

\textsuperscript{22}N.C.G.S. § 97-84.
\textsuperscript{23}Sanders v. Broyhill Furniture Industries, 131 N.C. App. 383, 507 S.E.2d 568 (1998) (where employer failed to present any evidence of prejudice, employee's failure to file within 30 days was excused).
North Carolina Industrial Commission

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

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

Employee’s Name

Employer’s Name

Address

Employer’s Address

City State Zip

City State Zip

Home Telephone Work Telephone

Insurance Carrier

Carrier Code #

Carrier’s Address

City State Zip

Carrier’s Telephone Number

Carrier’s Fax Number

Social Security Number Sex Date of Birth

EMPLOYEE – This form must be filed with the Industrial Commission within two years of the date of injury or occupational disease or your claim may be barred. Notice shall be given to the employer immediately after the accident or as soon as practicable and within 30 days. (This form should also be used for occupational disease claims; however, for asbestosis, silicosis and byssinosis, Form 18B is to be used.)

Notice is hereby given, as required by law, that the above-named employee sustained an injury or contracted an occupational disease, described as follows: on / / at . Describe the injury or occupational disease, including the specific body part involved (e.g., right hand, left hand). Describe how the injury or occupational disease occurred:

Occupation when injured: Nature of employer’s business:

Number of days out of work due to injury:

Medical treatment received? Yes No

Weekly wage: $ Number of hours worked per day: Days worked per week:

NOTE: If employee is unable to sign this form, another may sign for him. This form should be typed or printed by hand in black ink, if possible. Employee should retain one signed copy of this notice, mail one signed copy to the Industrial Commission at the address below, and provide one signed copy to employer.

Signature of (Check One) Employee, Attorney, Representative, or Dependent

Address City State Zip Date Completed

EMPLOYER: This notice is being sent to you in compliance with requirements of the North Carolina Workers’ Compensation Act, in order that the medical services prescribed by the Act may be obtained; and, if disability extends beyond 7 days duration, or if death ensues, compensation may be paid according to law.

MAIL TO:
NCIC - CLAIMS ADMINISTRATION
4335 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4335
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.IC.NC.GOV/
# Employer’s Report of Employee’s Injury or Occupational Disease to the Industrial Commission

To the Employer:
A copy of this Form 19 accompanied by a blank Form 18 must be given to the employee. It does not satisfy the employee’s obligation to file a claim. The filing of this report is required by law. This form MUST be transmitted to the Industrial Commission through your Insurance Carrier.

To the Employee:
This Form 19 is not your claim for workers’ compensation benefits. To make a claim, you must complete and sign the enclosed Form 18 and mail it to Claims Administration, N.C. Industrial Commission, 4335 Mail Service Center, Raleigh, NC 27699-4335 within two years of the date of your injury or last payment of medical compensation. For occupational diseases, the claim must be filed within two years of the date of disability or the date your doctor told you that you have a work-related disease, whichever is later.

The use of this form is required under the provisions of the Workers’ Compensation Act.

## Employee’s Information

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<th>Employee’s Name</th>
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## Employer Information

1. Give nature of employer’s business

2. Location of plant where injury occurred

3. Date of injury

4. Day of week

5. Was employee paid for entire day

6. Date disability began

7. Date you or the supervisor first knew of injury

8. Name of supervisor

## Person Injured

9. Occupation when injured

10. (a) Time employed by you
    (b) Wages per hour $ __________

11. (a) No. hours worked per day
    (b) Wages per day $ __________
    (c) No. of days worked per week
    (d) Avg. weekly wages w/ overtime $ __________
    (e) If board, lodging, fuel or other advantages were furnished in addition to wages, estimated value per day, week or month. $ __________ per

## Cause and Nature Of Injury

12. Describe fully how injury occurred and what employee was doing when injured:

13. List all injuries and specify body part involved (e.g. right hand or left hand):

14. Date & hour returned to work

15. If so, at what wages $ __________ per

16. At what occupation

17. Employee’s salary continued in full?

18. Was employee treated by a physician

19. Has injured employee died

20. If so, give date of death (Submit Form 29)

## OSHA 301 Information

<table>
<thead>
<tr>
<th>Case Number from Log</th>
<th>Date Hired:</th>
<th>Time Employee began work on date of incident:</th>
<th>If off-site medical treatment provided, answer entire next line.</th>
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<td>A.M.</td>
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Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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**SELF-INSURED EMPLOYER OR CARRIER MAIL TO:**

**NCIC - CLAIMS ADMINISTRATION**

**4335 MAIL SERVICE CENTER**

**RALEIGH, NORTH CAROLINA 27699-4335**

**MAIN TELEPHONE: (919) 807-2500**

**HELPLINE: (800) 688-8349**

**WEBSITE: HTTP://WWW.IC.NC.GOV/*
IMPORTANT INFORMATION FOR EMPLOYER

Employer must furnish a copy of this form, as completed, to the employee or the employee’s representative when submitted to the Insurance Carrier or Claims Administrator for transmission to the Commission. Every question must be answered. This Form 19 must be transmitted to the Commission through your insurance carrier/claims administrator, and is required by law to be filed within 5 days after knowledge of accident. Employer must also give employee a blank Form 18.

IMPORTANT INFORMATION FOR EMPLOYEE

Reporting an Injury

If you do not agree with the description or time of the accident given on this form, you should make a written report of injury to the employer within thirty (30) days of the injury.

Making A Claim

To be sure you have filed a claim, complete a Form 18, Notice of Accident, within two years of the date of the injury and send a copy to the Industrial Commission and to your employer. The employer is required by law to file this Form 19, but the filing of the Form 19 does not satisfy the employee’s obligation to file a claim. The employee must file a Form 18 even though the employer may be paying compensation without an agreement, or the Commission may have opened a file on this claim. A claim may also be made by a letter describing the date and nature of the injury or occupational disease. This letter must be signed and sent to the Industrial Commission and to your employer.

FOR ASSISTANCE OR TO OBTAIN A FORM 18 FROM THE INDUSTRIAL COMMISSION, YOU MAY CALL (800) 688-8349

USE YOUR I.C. FILE NUMBER (IF KNOWN) OR SOCIAL SECURITY NUMBER ON ALL FUTURE CORRESPONDENCE WITH THE COMMISSION

[SPANISH TRANSLATION]

INFORMACIÓN IMPORTANTE PARA LOS EMPLEADOS

Reporte de una Lesión (Reporting an Injury)

Si usted no está de acuerdo con la descripción o la hora del accidente que aparece en el formulario, debe hacer un reporte de la lesión por escrito y dárselo a su empleador dentro de un período de treinta (30) días a partir de la fecha de la lesión.

Cómo Presentar una Reclamación (Making a Claim)

Para ceriorarse de que ha presentado una reclamación, complete el Formulario 18 Notificación de Accidente dentro de un período de dos años a partir de la fecha de la lesión y envíe una copia a la Comisión Industrial y una copia a su empleador. Por ley, el empleador debe presentar el Formulario 19, sin embargo, el presentar el Formulario 19 no cumple con la obligación que tiene el empleado de presentar una reclamación. El empleado debe presentar el Formulario 18 aunque el empleador esté pagando compensación sin tener un acuerdo o si la Comisión ha creado un expediente con respecto a esta reclamación. También se puede presentar una reclamación por medio de una carta explicando la fecha y la naturaleza de la lesión o la enfermedad ocupacional. Esta carta se debe firmar y enviar a la Comisión Industrial así como al empleador.

PARA RECIBIR ASISTENCIA O PARA OBTENER EL FORMULARIO 18 DE LA COMISIÓN INDUSTRIAL, USTED PUEDE HABLAR AL (800) 688-8349

EN TODO LA CORRESPONDENCIA QUE ENVÍE A LA COMISIÓN INDUSTRIAL POR FAVOR ESCRIBA EL NÚMERO DE CASO DESIGNADO POR LA COMISIÓN /I.C. FILE NUMBER/ (SI LO SABE) O SU NÚMERO DE SEGURO SOCIAL.
REQUEST THAT CLAIM BE ASSIGNED FOR HEARING

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

Employee’s Name

Employer’s Name

Address

Employer’s Address

City

State

Zip

City

State

Zip

Home Telephone

Work Telephone

Social Security Number

Sex

Date of Birth

Insurance Carrier

Carrier's Address

Carrier's Telephone Number

Fax Number

I, __________________________, respectfully notify you that the above named parties have failed to reach an agreement in regard to compensation, and I request a hearing.

We have been unable to agree because (state reason with specificity):

Employee believes he or she is entitled to the following workers’ compensation benefits (check all that apply):

☐ Payment of compensation for days missed (give dates):

☐ Payment of medical expenses/treatment:

☐ Payment for permanent partial disability:

☐ Payment for permanent and total disability:

☐ Payment for scars:

☐ Other:

Has claimant participated in mediation? ☐ Yes ☐ No

Date of injury: ____________________ Part of body: ____________________

City and county wherein injury occurred: ____________________

Estimated length of hearing:

Below is a list of names and addresses of all witnesses, including doctors, whose testimony is to be taken by the requesting party. Doctors outside the county of hearing are not required to attend this hearing.

NAME

ADDRESS

MAIL TO: NCIC - DOCKET SECTION

4336 MAIL SERVICE CENTER

RALEIGH, NC 27699-4336

MAIN TELEPHONE: (919) 807-2500

HELPLINE: (800) 688-8349

WEBSITE: HTTP://WWW.IC.NC.GOV/
When a date of hearing is set, I respectfully request the Commission to send me signed subpoenas for my witnesses. When I receive these subpoenas, I will deliver them to the Sheriff of the county or counties in which each witness resides so that the subpoenas may be served.

(Signature of party requesting hearing, or attorney)  (Title)

(Address: street and number, city, state and zip)

(Date of notice)

CERTIFICATION

I, _______________, hereby certify that this case is ready for hearing. This case will be set in the county where the injury occurred unless good reason is shown for a different location. If you want the hearing in a different county, name the county below and your reason for that location.

(County)  (Reason for setting)

(Signature)

Note: A copy of this form must be sent to opposing parties. The original of this form must be sent to the Industrial Commission at the address below: