

STATE OF NORTH CAROLINA

BEFORE THE NORTH CAROLINA INDUSTRIAL COMMISSION

MAY 6, 2020

PUBLIC HEARING BEFORE THE FULL COMMISSION

REGARDING

PROPOSED RULEMAKING IN SUBCHAPTERS 11 NCAC 23A,  
11 NCAC 23B AND 11 NCAC 23L

GRAHAM ERLACHER & ASSOCIATES  
3504 VEST MILL ROAD - SUITE 22  
WINSTON-SALEM, NORTH CAROLINA 27103  
336/768-1152

A P P E A R A N C E S

COMMISSIONERS:

Philip A. Baddour, III, Chair  
Myra L. Griffin, Vice-Chair  
Charlton L. Allen, Commissioner  
James C. Gillen, Commissioner  
Christopher C. Loutit, Commissioner  
Kenneth L. Goodman, Commissioner

I N D E X

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Gina Cammarano . . . . .	2

E X H I B I T S

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P R O C E E D I N G S

1  
2 CHAIR BADDOUR: Good afternoon. We're on the  
3 record. Today is May 6<sup>th</sup>, 2020, and it's 2:00 PM. I'm  
4 Philip Baddour, Chair of the North Carolina Industrial  
5 Commission. In compliance with the requirements of  
6 Chapter 138A-15(e) of the State Government Ethics Act,  
7 I remind all members of the Commission of their duty  
8 to avoid conflicts of interest under Chapter 138A. I  
9 also inquire as to whether there's any known conflict  
10 of interest to the matter coming before the Commission  
11 at this time. Hearing none, we will proceed. This is  
12 a North Carolina Industrial Commission public hearing  
13 on proposed rulemaking. Today's public hearing is  
14 being held via teleconference only due to the COVID-19  
15 pandemic and in light of public health and safety  
16 concerns. The purpose of this hearing is to receive  
17 comments from the public regarding the proposed  
18 amendment of nine rules as published in the *North*  
19 *Carolina* - as published in the *North Carolina Register*  
20 on April 15, 2020. We have received no written  
21 comments from the public thus far, and the record will  
22 be held open to receive written comments from the  
23 public through the close of business on June 15, 2020.  
24 I would ask each of the other Commissioners to please  
25 identify himself or herself by name beginning with

1 Vice-Chair Griffin, and then proceeding to  
2 Commissioner Allen, Commissioner Loutit, Commissioner  
3 Goodman and Commissioner Gillen. If you could just  
4 each state your name.

5 VICE-CHAIR GRIFFIN: Vice-Chair Myra Griffin is  
6 present.

7 COMMISSIONER ALLEN: Commissioner Charlton Allen  
8 is present by phone.

9 COMMISSIONER LOUITIT: Commissioner  
10 Christopher Loutit is here.

11 COMMISSIONER GOODMAN: Commissioner  
12 Kenneth Goodman is present.

13 COMMISSIONER GILLEN: Commissioner James Gillen is  
14 present.

15 CHAIR BADDOUR: All right. Thank you. The first  
16 speaker at today's public hearing will be  
17 Gina Cammarano, followed by any other members of the  
18 public who wish to speak.

19 GINA CAMMARANO

20 CHAIR BADDOUR: Will you please state your name,  
21 position and for whom you work?

22 MS. CAMMARANO: Yes. My name is Gina Cammarano,  
23 and I'm the Rulemaking Coordinator for the North  
24 Carolina Industrial Commission.

25 CHAIR BADDOUR: Do you have prepared exhibits that

1 you would like to place in the record of these  
2 proceedings?

3 MS. CAMMARANO: Yes. I have Exhibit 1, which is a  
4 copy of the notice of proposed rulemaking and proposed  
5 text of all the rules that are the subject of this  
6 proposed rulemaking as published in the *North Carolina*  
7 *Register* on April 15<sup>th</sup>, 2020. Next, I have Exhibit 2,  
8 which is a copy of the fiscal note that was required  
9 for these proposed rule amendments, and which has been  
10 approved by The Office of State Budget - Budget and  
11 Management.

12 (Exhibit Numbers 1 and 2 are  
13 identified for the record.)

14 CHAIR BADDOUR: Would you please briefly give us  
15 some background and list the rules that would be  
16 affected by the proposed rulemaking?

17 MS. CAMMARANO: Yes. We have nine rules for  
18 amendment. They are 11 NCAC 23A .0108, 11 NCAC 23A  
19 .0109, 11 NCAC 23A .0302, 11 NCAC 23B .0104, 11 NCAC  
20 23B .0105, 11 NCAC 23L .0101, 11 NCAC 23L .0102,  
21 11 NCAC 23L .0103 and 11 NCAC 23L .0105. And the  
22 reason for this proposed rulemaking is as follows:  
23 The Commission deemed it necessary to amend all nine  
24 of these rules in order to enable the most efficient  
25 processing and handling of the filings made in

1 workers' compensation and State tort claims within the  
2 Commission's case management system. Additionally,  
3 there are proposed amendments to 11 NCAC 23A .0108 and  
4 11 NCAC 23B .0104, which make these rules more  
5 consistent with the statutes, the North Carolina Rules  
6 of Appellate Procedure and the terms and conditions  
7 that govern appeals in ordinary civil cases with  
8 regard to notices of appeal to the North Carolina  
9 Court of Appeals. And finally, there are proposed  
10 amendments to 11 NCAC 23L .0101, .0102 and .0103,  
11 which make the notices on these forms consistent with  
12 the proposed changes to 11 NCAC 23A .0408 and .0501,  
13 which were published in the January 15, 2020 *North*  
14 *Carolina Register*. And by further way of background,  
15 the Commission has followed the permanent rulemaking  
16 procedures of the Administrative Procedure Act in  
17 proposing this rulemaking. Specifically, the proposed  
18 rules for amendment were filed with a notice of text  
19 to the Office of Administrative Hearings on March 24<sup>th</sup>,  
20 2020. They were then published in the April 15<sup>th</sup>, 2020  
21 Issue of the *North Carolina Register*. And on that  
22 same date, the Commission published a notice of this  
23 rulemaking on the Commission's website with a link to  
24 the proposed rules and fiscal note and, also, emailed  
25 a notice of this rulemaking with a link to these

1 proposed rules and the fiscal note to the Industrial  
2 Commission's Rule Listserv. Copies of the fiscal note  
3 and proposed rules also were provided to the North  
4 Carolina League of Municipalities, the North Carolina  
5 Association of County Commissioners and the Fiscal  
6 Research Division of the General Assembly.

7 CHAIR BADDOUR: All right. Thank you. Do any  
8 members of the Commission have questions for  
9 Ms. Cammarano? All right. Hearing none, I thank you,  
10 Ms. Cammarano.

11 (SPEAKER DISMISSED)

12 CHAIR BADDOUR: We will now hear from any members  
13 of the public who wish to address the Commission.  
14 Before going on the record, I asked if we had any  
15 public speakers. At that time, there were no  
16 speakers. Is there anyone who now wishes to address  
17 the Commission? All right. Being that there are no  
18 public speakers, I want to thank everyone for  
19 participating in this public hearing. The period for  
20 written comments will be held open through the close  
21 of business on June 15, 2020, so if you have further  
22 comments, you can send them to Gina Cammarano as  
23 directed in the public hearing notice in the *North*  
24 *Carolina Register* and on the Commission website. I  
25 would also strongly encourage anyone planning to

1 submit written public comments to please do so at your  
2 earliest convenience. The written comments, and the  
3 comments made at the hearing today, will be made part  
4 of the public record of these proceedings. Please  
5 include in the transcript of this proceeding the  
6 material submitted by Ms. Cammarano as Exhibits 1 and  
7 2.

8 (Exhibit Numbers 1 and 2 are  
9 admitted into the record.)

10 CHAIR BADDOUR: The hearing is now adjourned. The  
11 time is 2:08 PM. Thank you. Let's go off the record.

12 (WHEREUPON, THE HEARING WAS ADJOURNED.)

13 RECORDED BY MACHINE

14 TRANSCRIBED BY: Lisa D. Dollar, Graham Erlacher and  
15 Associates



1 STATE OF NORTH CAROLINA

2 COUNTY OF GUILFORD

3 C E R T I F I C A T E

4 I, Kelly K. Patterson, Notary Public, in and for the  
5 State of North Carolina, County of Guilford, do hereby  
6 certify that the foregoing six (6) pages prepared under my  
7 supervision are a true and accurate transcription of the  
8 testimony of this trial which was recorded by Graham  
9 Erlacher & Associates.

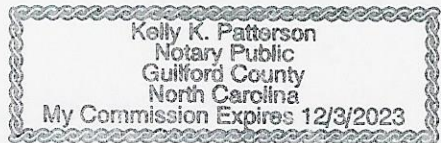
10 I further certify that I have no financial interest in  
11 the outcome of this action. Nor am I a relative, employee,  
12 attorney or counsel for any of the parties.

13 WITNESS my Hand and Seal on this 13<sup>th</sup> day of May 2020.

14 My commission expires on December 3, 2023.

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Kelly K Patterson  
NOTARY PUBLIC



## TITLE 11 – DEPARTMENT OF INSURANCE

*Notice is hereby given in accordance with G.S. 150B-21.2 that the Industrial Commission intends to amend the rules cited as 11 NCAC 23A .0108, .0109, .0302; 23B .0104, .0105; 23L .0101-.0103, and .0105.*

**Link to agency website pursuant to G.S. 150B-19.1(c):** <https://www.ic.nc.gov/efilingandotheramendments.html>

**Proposed Effective Date:** August 1, 2020

**Public Hearing:**

**Date:** May 6, 2020

**Time:** 2:00 p.m.

**Location:** Teleconference Line#: 1-888-363-4735; Access Code#: 4465746

**Reason for Proposed Action:** *The Industrial Commission (hereinafter "Commission") has deemed it necessary to amend the rules cited as 11 NCAC 23A .0108, .0109, and .0302, 11 NCAC 23B .0104 and .0105, and 11 NCAC 23L .0101, .0102, .0103, and .0105 in order to enable the most efficient processing and handling of the filings made in workers' compensation and State tort claims within the Commission's case management system. The proposed amendments to 11 NCAC 23A .0108 and 11 NCAC 23B .0104 also make these rules more consistent with the statutes, the NC Rules of Appellate Procedure, and the terms and conditions that govern appeals in ordinary civil cases with regard to Notices of Appeal to the NC Court of Appeals. The proposed amendments to 11 NCAC 23L .0101, .0102, and .0103 also make the notices on the forms that are the subject of these rules consistent with the proposed changes to 11 NCAC 23A .0408 and .0501, which were published in the January 15, 2020 North Carolina Register. (Please note that the proposed amendments to 11 NCAC 23L .0103 that were published in the January 15, 2020 North Carolina Register have been italicized in the version of 11 NCAC 23L .0103 that is attached to this Notice of Text).*

**Comments may be submitted to:** Gina Cammarano, 1240 Mail Service Center, Raleigh, NC 27699-1240; phone (919) 807-2524; email [gina.cammarano@ic.nc.gov](mailto:gina.cammarano@ic.nc.gov)

**Comment period ends:** June 15, 2020

**Procedure for Subjecting a Proposed Rule to Legislative Review:** If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission after the adoption of the Rule. If the Rules Review Commission receives written and signed objections after the adoption of the Rule in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-431-3000.

**Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.**

- State funds affected  
 Local funds affected  
 Substantial economic impact ( $\geq$  \$1,000,000)  
 Approved by OSBM  
 No fiscal note required

## CHAPTER 23 - INDUSTRIAL COMMISSION

## SUBCHAPTER 23A - WORKERS' COMPENSATION RULES

## SECTION .0100 - ADMINISTRATION

**11 NCAC 23A .0108 ELECTRONIC FILINGS WITH THE COMMISSION; HOW TO FILE**

(a) All documents filed with the Commission in workers' compensation cases shall be submitted electronically in accordance with this Rule. Any document transmitted to the Commission in a manner not in accordance with this Rule shall not be accepted for filing. Any document filed with the Commission that requires contemporaneous payment of a processing fee pursuant to Rule 11 NCAC 23E .0203 shall not be deemed filed until the fee has been paid in full. The electronic filing requirements of this Rule shall not apply to ~~employees, medical providers, employees~~ or non-insured employers without legal representation. ~~Employees, medical providers, Employees~~ and non-insured employers without legal representation may file all documents with the Commission via the Commission's Electronic Document Filing Portal ("~~EDFP~~", ("~~EDFP~~") or by sending the documents to the Clerk of the Industrial Commission via ~~electronic mail, mail (dockets@ic.nc.gov),~~ facsimile, U.S. Mail, private courier service, or hand delivery.

(b) Except as set forth in Paragraphs (d) and (e) of this Rule, all documents required to be submitted electronically to the Commission shall be filed transmitted to the Commission via EDPF. Information regarding how to ~~register for and~~ use EDPF is available at <http://www.ic.nc.gov/training.html>. In the event EDPF is inoperable, all documents required to be filed via EDPF shall be transmitted

to the Commission via electronic mail to edfp@ic.nc.gov. Documents required to be filed via EDPF that are sent to the Commission via electronic mail when EDPF is operable shall not be accepted for filing.

(c) Transcripts of depositions shall be filed with the Commission pursuant to this Rule by the court reporting service. Transcripts filed with the Commission shall have only one page of text per page and shall include all exhibits. The parties shall provide the Commission's court reporting service with the information necessary to effectuate filing of the deposition transcripts and attached exhibits via EDPF. If an exhibit to a deposition is in a form that makes submission of an electronic copy impracticable, counsel for the party offering the exhibit shall make arrangements with the Commission to facilitate the submission of the exhibit. Condensed transcripts and paper copies of deposition transcripts shall not be accepted for filing.

(d) A Form 19 shall be filed as the first report of injury (FROI) via electronic data interchange (EDI), except in claims involving non-insured employers, employers, or in claims for lung disease, in claims with multiple employers or multiple carriers, or in claims with six-character IC file numbers, in which case the Form 19 shall be filed electronically via EDPF to forms@ic.nc.gov, by mail to 1235 Mail Service Center, Raleigh, North Carolina 27699-1235, or as otherwise permitted pursuant to Paragraph (a) of this Rule. Information regarding how to register for and use EDI is available at www.ncicedi.info.

~~(e) The workers' compensation forms and documents listed in Table 1 shall not be required to be transmitted via EDPF provided all applicable qualifying conditions are met.~~

Table 1: Forms and documents exempt from EDPF filing requirements and how to file them:

DOCUMENT	QUALIFYING CONDITION(S)	HOW TO FILE
Form 18	No IC file number has been assigned	Electronically to forms@ic.nc.gov, by mail to 1235 Mail Service Center, Raleigh, North Carolina 27699-1235, or as otherwise permitted pursuant to Paragraph (a) of this Rule
Form 18B	Always exempt from EDPF filing requirement	Electronically to forms@ic.nc.gov, by mail to 1235 Mail Service Center, Raleigh, North Carolina 27699-1235, or as otherwise permitted pursuant to Paragraph (a) of this Rule
Form 54	Always exempt from EDPF filing requirement	Electronically to forms@ic.nc.gov
Plaintiff's Attorney Representation Letter	No IC file number has been assigned	Electronically to forms@ic.nc.gov
Documents to be filed with the Commission's Compliance & Fraud Investigative Division	Always exempt from EDPF filing requirement	Electronically to fraudecomplaints@ic.nc.gov or as otherwise permitted pursuant to Paragraph (a) of this Rule
Documents to be filed with the Commission's Medical Fees Section	Always exempt from EDPF filing requirement	Electronically to medicalfees@ic.nc.gov or as otherwise permitted pursuant to Paragraph (a) of this Rule
Documents to be filed with the Commission's Safety Education & Training Section	Always exempt from EDPF filing requirement	Electronically to safety@ic.nc.gov or as otherwise permitted pursuant to Paragraph (a) of this Rule
A Form 25N to be filed with the Commission's Medical Rehabilitation Nurses Section	No IC file number has been assigned	Electronically to 25N@ic.nc.gov
Rehabilitation referrals to be filed with the Commission's Medical Rehabilitation Nurses Section	No IC file number has been assigned	Electronically to rehab.referrals@ic.nc.gov

(e) Documents to be filed with the Criminal Investigations & Employee Classification Division regarding fraud complaints shall be submitted electronically to fraudecomplaints@ic.nc.gov. Documents to be filed with the Criminal Investigations & Employee Classification Division regarding employee misclassification shall be submitted electronically to emp.classification@ic.nc.gov. Safety rules to be filed with the Commission under 11 NCAC 23A .0411 shall be submitted electronically to safety@ic.nc.gov.

(f) A self-insured employer, carrier or guaranty association, third-party administrator, court reporting service, medical provider, or law firm may apply to the Commission for an emergency temporary waiver of the electronic filing requirement set forth in Paragraph (a) of

this Rule when it is unable to comply because of temporary technical problems or lack of electronic mail or internet access. <sup>3</sup> The request for an emergency temporary waiver shall be included with any filing submitted via facsimile, U.S. Mail, or hand delivery due to such temporary technical or access issues.

(g) A Notice of Appeal to the North Carolina Court of Appeals shall be accepted for filing by the Commission via ~~EDFP or U.S. Mail.~~ EDFP, U.S. Mail, hand delivery, or any other means allowed by the Rules of Appellate Procedure or applicable statutes governing appeals from the General Courts of Justice. Notwithstanding the foregoing, employees and non-insured employers without legal representation may file all documents with the Commission as provided in Paragraph (a) of this Rule.

*History Note:* Authority G.S. 97-80; 97-81; 97-86;  
Eff. February 1, 2016;  
Amended Eff. February 1, 2017;  
Recodified from 04 NCAC 10A .0108 Eff. June 1, 2018;  
Amended Eff. December 1, 2018;  
Amended Eff. \_\_\_\_\_.

#### **11 NCAC 23A .0109 CONTACT INFORMATION**

(a) "Contact information" for purposes of this Rule shall include telephone number, facsimile number, email address, and mailing address.

(b) All attorneys of record with matters before the Commission shall inform the Commission ~~in writing~~ of any change in the attorney's contact information via ~~email to docket@ic.nc.gov.~~ the Commission's Electronic Document Filing Portal ("EDFP").

(c) All unrepresented persons or entities with matters before the Commission shall inform the Commission upon any change to their contact information in the following manner:

- (1) All employees who are not represented by counsel shall inform the Commission of any change in contact information by filing a written notice via ~~EDFP, the Commission's Electronic Document Filing Portal ("EDFP"),~~ email to forms@ic.nc.gov, facsimile, U.S. Mail, private courier service, or hand delivery.
- (2) All non-insured employers that are not represented by counsel shall inform the Commission of any change in contact information by filing a written notice via EDFP, email to docket@ic.nc.gov, facsimile, U.S. Mail, private courier service, or hand delivery.

*History Note:* Authority G.S. 97-80;  
Eff. January 1, 2019;  
Amended Eff. \_\_\_\_\_.

### **SECTION .0300 - INSURANCE**

#### **11 NCAC 23A .0302 REQUIRED CONTACT INFORMATION FROM CARRIERS**

All insurance carriers, third party administrators, and self-insured employers shall designate a primary contact person for workers' compensation issues in North Carolina and shall maintain and provide annually on July 1 to the Director of Claims Administration of the Commission via the Commission's Electronic Document Filing Portal ("EDFP") ~~email at rule302@ic.nc.gov,~~ the primary contact person's current contact information, including direct telephone and facsimile numbers, mailing addresses, and email addresses. Contact information shall be updated within 30 days of any change.

*History Note:* Authority G.S. 97-80(a); 97-94;  
Eff. January 1, 2011;  
Amended Eff. November 1, 2014;  
Recodified from 04 NCAC 10A .0302 Eff. June 1, 2018;  
Amended Eff. December 1, 2018;  
Amended Eff. \_\_\_\_\_.

### **SUBCHAPTER 23B – TORT CLAIMS RULES**

#### **SECTION .0100 – ADMINISTRATION**

#### **11 NCAC 23B .0104 ELECTRONIC FILINGS WITH THE COMMISSION; HOW TO FILE**

(a) All filings to the Commission in tort claims shall be submitted electronically in accordance with this Rule. Any document transmitted to the Commission in a manner not in accordance with this Rule shall not be accepted for filing. Plaintiffs without legal representation may file all documents with the Office of the Clerk of the Commission via the Commission's Electronic Document Filing Portal (~~EDFP~~), ("EDFP") or by sending the documents to the Clerk of the Industrial Commission via electronic mail, mail (dockets@ic.nc.gov), facsimile, U.S. Mail, private courier service, or hand delivery.

(b) ~~Except as set forth in Paragraph (c) of this Rule, all documents shall be transmitted to the Commission via EDFP.~~ Information regarding how to register for and use EDFP is available at <http://www.ic.nc.gov/training.html>. In the event EDFP is inoperable, all documents required to be filed via EDFP shall be transmitted to the Commission via electronic mail to edfp@ic.nc.gov. Documents required to be filed via EDFP that are sent to the Commission via electronic mail when EDFP is operable shall not be accepted for filing.

(c) ~~The tort claims forms and documents listed in Table 1 shall not be required to be transmitted via EDFP provided all applicable qualifying conditions are met.~~

Table 1: Forms and documents exempt from EDFP filing requirements and how to file them:

DOCUMENT	QUALIFYING CONDITION(S)	HOW TO FILE
Form T-1	No IC file number has been assigned	Hand delivery to the Industrial Commission's main office or by mail to 1236 Mail Service Center, Raleigh, North Carolina 27699-1236.
Form T-3	No IC file number has been assigned	Email to <a href="mailto:dockets@ic.nc.gov">dockets@ic.nc.gov</a> , hand delivery to the Industrial Commission's main office, or by mail to 1236 Mail Service Center, Raleigh, North Carolina; 27699-1236
Pre-affidavit motion under Rule 9(j)(3) of the Rules of Civil Procedure to extend the Statute of Limitations.	No IC file number has been assigned.	Hand delivery to the Industrial Commission's main office or by mail to 1236 Mail Service Center, Raleigh, North Carolina 27699-1236.

~~(d)~~ A one-year waiver shall be granted to an attorney who notifies the Commission of the attorney's inability to comply with the electronic filing requirements in Paragraph (a) of this Rule due to a lack of the necessary internet technology resources. The notification shall indicate why the attorney is unable to comply with the rule and outline the attorney's plan for coming into compliance within the one year period. The notification shall be filed with the Office of the Clerk of the Commission via facsimile or U.S. Mail. This Paragraph shall expire one year from the effective date of this Rule.

~~(c)~~~~(e)~~ Any party may apply to the Commission for an emergency temporary waiver of the electronic filing requirement set forth in Paragraph (a) of this Rule if it is unable to comply because of temporary technical problems or lack of electronic mail or internet access. The request for an emergency temporary waiver shall be included with any filing submitted via facsimile, U.S. Mail, or hand delivery due to such temporary technical or access issues.

~~(d)~~~~(f)~~ A Notice of Appeal to the North Carolina Court of Appeals shall be accepted for filing by the Commission via ~~EDFP or U.S. Mail~~. EDFP, U.S. Mail, hand delivery, or any other means allowed by the Rules of Appellate Procedure or applicable statutes governing appeals from the General Courts of Justice. Notwithstanding the foregoing, plaintiffs without legal representation may file all documents with the Commission as provided in Paragraph (a) of this Rule.

*History Note:* Authority G.S. 143-291; 143-291.2; 143-293; 143-297; 143-300;  
Eff. May 1, 2000;  
Amended Eff. July 1, 2014;  
Recodified from 04 NCAC 10B .0104 Eff. June 1, 2018;  
Amended Eff. March 1, 2019;  
Amended Eff. \_\_\_\_\_.

## 11 NCAC 23B .0105 CONTACT INFORMATION

(a) "Contact information" for purposes of this Rule shall include telephone number, facsimile number, email address, and mailing address.

(b) All persons or entities without legal representation who have matters pending before the Commission shall advise the Commission upon any change in contact information by filing a written notice via the Commission's Electronic Document Filing Portal ("EDFP"), electronic ~~mail~~, mail ([dockets@ic.nc.gov](mailto:dockets@ic.nc.gov)), facsimile, U.S. Mail, private courier service, or hand delivery.

(c) A plaintiff without legal representation who was an inmate in the North Carolina Division of Adult Corrections at the time of filing his or her tort claim, shall, within thirty (30) days of release, provide the Commission with written notice of his or her post-release contact information in any manner authorized in Paragraph (b) of this Rule. Following the initial written notice of post-release contact information, the previously incarcerated plaintiff shall continue to advise the Commission upon all changes in contact information in accordance with Paragraph (b) of this Rule.

(d) All attorneys of record with matters before the Commission shall inform the Commission in writing of any change in the attorney's or the represented party's contact information via ~~email to dockets@ic.nc.gov~~. EDFP.

*History Note:* Authority G.S. 143-291; 143-300;  
Eff. March 1, 2019;  
Amended Eff. \_\_\_\_\_.

## SUBCHAPTER 23L – INDUSTRIAL COMMISSION FORMS

### SECTION .0100 – WORKERS' COMPENSATION FORMS

(a)(Effective until July 1, 2015) ~~The parties to a workers' compensation claim shall use the following Form 21, Agreement for Compensation for Disability, for agreements regarding disability and payment of compensation therefor pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for permanent partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 21, Agreement for Compensation for Disability, shall read as follows:~~

North Carolina Industrial Commission  
Agreement for Compensation for Disability  
(G.S. 97-82)

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Carrier's Telephone Number \_\_\_\_\_ Carrier's Fax Number \_\_\_\_\_

We, The Undersigned, Do Hereby Agree And Stipulate As Follows:

1. All parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and \_\_\_\_\_ is the carrier/administrator for the employer.
2. The employee sustained an injury by accident or the employee contracted an occupational disease arising out of and in the course of employment on or by \_\_\_\_\_.
3. The injury by accident or occupational disease resulted in the following injuries: \_\_\_\_\_  
\_\_\_\_\_.
4. The employee  was /  was not paid for the entire day when the injury occurred.
5. The average weekly wage of the employee at the time of the injury, including overtime and all allowances, was \$ \_\_\_\_\_, subject to verification unless otherwise agreed upon in Item 9 below.
6. Disability resulting from the injury or occupational disease began on \_\_\_\_\_.
7. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of \$ \_\_\_\_\_ per week beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks.
8. The employee  has /  has not returned to work for \_\_\_\_\_  
on \_\_\_\_\_, at an average weekly wage of \$ \_\_\_\_\_.
9. State any further matters agreed upon, including disfigurement, permanent partial, or temporary partial disability: \_\_\_\_\_  
\_\_\_\_\_.
10. If applicable, the Second Injury Fund Assessment is \$ \_\_\_\_\_. Check  is  is not attached.
11. The date of this agreement is \_\_\_\_\_. Date of first payment: \_\_\_\_\_ Amount: \_\_\_\_\_.
12. IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement is \$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of the fee in advance, and if your award is \$3,000.00 or less, you are not responsible for any portion of the fee. If your award is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer agree otherwise.  
Check one of the boxes below if the award is more than \$3,000.00:  
 The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.  
 The employee and employer have agreed that the employer will pay the entire fee.

Name Of Employer	Signature	Title
Name Of Carrier / Administrator	Signature	Title

By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Pages 1 and 2 of this form.

Signature of Employee	Address
-----------------------	---------

Signature of Employee's Attorney	Address
----------------------------------	---------

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

Claims Examiner	Date
-----------------	------

Attorney's Fee Approved

- Check Box If No Attorney Retained.  
 Check Box If Employee Is In Managed Care.

#### ~~IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS~~

~~Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.~~

#### ~~IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS~~

~~If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.~~

#### ~~IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS~~

~~If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must apply to the Industrial Commission in writing within two years, or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~

#### ~~IMPORTANT NOTICE TO EMPLOYER~~

~~The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial Commission, or show cause for not submitting the agreement. The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.~~

#### ~~NEED ASSISTANCE?~~

~~If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.~~

~~Form 21  
11/2014~~

~~Self-Insured Employer or Carrier, Mail to:  
NCIC - Claims Section  
4335 Mail Service Center  
Raleigh, NC 27699-4335~~

(a)(Effective July 1, 2015) The parties to a workers' compensation claim shall use the following Form 21, Agreement for Compensation for Disability, for agreements regarding disability and payment of compensation therefor pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for permanent partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 21, Agreement for Compensation for Disability, shall read as follows:

North Carolina Industrial Commission  
Agreement for Compensation for Disability  
(G.S. 97-82)

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Telephone Work Telephone  
Last 4 digits of Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name Telephone Number

\_\_\_\_\_  
Employer's Address City State Zip

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Carrier's Address City State Zip

\_\_\_\_\_  
Carrier's Telephone Number Carrier's Fax Number

We, The Undersigned, Do Hereby Agree And Stipulate As Follows:

1. All parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and \_\_\_\_\_ is the carrier/administrator for the employer.
2. The employee sustained an injury by accident or the employee contracted an occupational disease arising out of and in the course of employment on or by \_\_\_\_\_.
3. The injury by accident or occupational disease resulted in the following injuries: \_\_\_\_\_.
4. The employee  was/  was not paid for the entire day when the injury occurred.
5. The average weekly wage of the employee at the time of the injury, including overtime and all allowances, was \$\_\_\_\_\_, subject to verification unless otherwise agreed upon in Item 9 below.
6. Disability resulting from the injury or occupational disease began on \_\_\_\_\_.
7. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of \$\_\_\_\_\_ per week beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks.
8. The employee  has /  has not returned to work for \_\_\_\_\_ on \_\_\_\_\_, at an average weekly wage of \$\_\_\_\_\_.
9. State any further matters agreed upon, including disfigurement, permanent partial, or temporary partial disability: \_\_\_\_\_.
10. If applicable, the Second Injury Fund Assessment is \$\_\_\_\_\_. Check  is  is not attached.
11. The date of this agreement is \_\_\_\_\_. Date of first payment: \_\_\_\_\_ Amount: \_\_\_\_\_.

\_\_\_\_\_  
Name Of Employer Signature Title



Name Of Carrier / Administrator	Signature	Title
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By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Page 2 of this form.

Signature of Employee	Address
-----------------------	---------

Signature of Employee's Attorney	Address
----------------------------------	---------

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

Claims Examiner	Date
-----------------	------

Attorney's Fee Approved

- Check Box If No Attorney Retained.  
 Check Box If Employee Is In Managed Care.

#### IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS

Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

#### IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS

If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

#### IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS

If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must ~~apply to the Industrial Commission in writing~~ file an application for additional medical compensation pursuant to G.S. 97-25.1 within two years, or your right to these benefits may be lost. ~~To apply you may also use Industrial Commission Form 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~ An application for additional medical compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by written request. In the alternative, an employee may file an application for additional medical compensation by filing a Form 33 Request that Claim be Assigned for Hearing pursuant to 11 NCAC 23A .0602. All Industrial Commission forms are available at <https://www.ic.nc.gov/forms.html>.

#### IMPORTANT NOTICE TO EMPLOYER

The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial ~~Commission, Commission, or show cause for not submitting the agreement.~~ The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.

#### NEED ASSISTANCE?

If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.

Form 21  
7/2015-8/2020

Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"); ~~Carrier, Mail to:~~  
NCIC ~~Claims Section~~  
4335 ~~Mail Service Center~~  
Raleigh, NC 27699-4335  
Telephone: (919) 807-2502  
Helpline: (800) 688-8349  
Website: <http://www.ic.nc.gov/>  
<https://www.ic.nc.gov/docfiling.html>

Contact Information:  
NCIC- Claims Administration  
Telephone: (919) 807-2502  
Helpline: (800) 688-8349  
Website: <https://www.ic.nc.gov>

(b) The copy of the form described in Paragraph (a) of this Rule can be accessed at <http://www.ic.nc.gov/forms/form21.pdf>.  
<https://www.ic.nc.gov/forms/form21.pdf>. The form may be reproduced only in the format available at  
<http://www.ic.nc.gov/forms/form21.pdf> <https://www.ic.nc.gov/forms/form21.pdf> and may not be altered or amended in any way.

History Note: Authority G.S. 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;  
Eff. November 1, 2014;  
Recodified from 04 NCAC 10L .0101 Eff. June 1, 2018;  
Amended Eff. \_\_\_\_\_.

**11 NCAC 23L .0102 FORM 26 – SUPPLEMENTAL AGREEMENT AS TO PAYMENT OF COMPENSATION**

(a)(Effective until July 1, 2015) If the parties to a workers' compensation claim have previously entered into an approved agreement on a Form 21, Agreement for Compensation for Disability, or a Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, they shall use the following Form 26, Supplemental Agreement as to Payment of Compensation, for agreements regarding subsequent additional disability and payment of compensation pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for permanent partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 26, Supplemental Agreement as to Payment of Compensation, shall read as follows:

North Carolina Industrial Commission  
Supplemental Agreement as to Payment  
of Compensation (G.S. §97-82)

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Insurance Carrier  
\_\_\_\_\_  
Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Carrier's Telephone Number \_\_\_\_\_ Carrier's Fax Number \_\_\_\_\_

We, The Undersigned, Do Hereby Agree and Stipulate As Follows:

1. Date of injury: \_\_\_\_\_
2. The employee  returned to work /  was rated on \_\_\_\_\_ (date), at a weekly wage of \$ \_\_\_\_\_.
3. The employee became totally disabled on \_\_\_\_\_.
4. Employee's average weekly wage  was reduced /  was increased on \_\_\_\_\_, from \$ \_\_\_\_\_ per week to \$ \_\_\_\_\_ per week.
5. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of \$ \_\_\_\_\_ per week. Beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks. The type of disability compensation is \_\_\_\_\_

6. State any further matters agreed upon, including disfigurement or temporary partial disability:

7. IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement is \$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of the fee in advance, and if your award is \$3,000.00 or less, you are not responsible for any portion of the fee. If your award is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer agree otherwise.

Check one of the boxes below if the award is more than \$3,000.00:

The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.

The employee and employer have agreed that the employer will pay the entire fee.

8. The date of this agreement is \_\_\_\_\_.

\_\_\_\_\_  
Name Of Employer Signature Title

\_\_\_\_\_  
Name Of Carrier/Administrator Signature Title

By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Pages 1 and 2 of this form.

\_\_\_\_\_  
Signature of Employee Address

\_\_\_\_\_  
Signature of Employee's Attorney Address

Check box if no attorney retained.

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

\_\_\_\_\_  
Claims Examiner Date

\_\_\_\_\_  
Attorney's fee approved

~~IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS  
Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.~~

~~IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS  
If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.~~

~~IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS~~

~~If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must apply to the Industrial Commission in writing within two years, or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~

~~IMPORTANT NOTICE TO EMPLOYER~~

~~This form shall be used only to supplement Form 21, Agreement for Compensation for Disability (G.S. 97-82), or an award in cases in which subsequent conditions require a modification of a former agreement or award. The employee must be provided a copy of the form when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial Commission, or show cause for not submitting the agreement. The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.~~

~~NEED ASSISTANCE?~~

~~If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.~~

~~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/~~

(a) ~~(Effective July 1, 2015)~~ If the parties to a workers' compensation claim have previously entered into an approved agreement on a Form 21, Agreement for Compensation for Disability, or a Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, they shall use the following Form 26, Supplemental Agreement as to Payment of Compensation, for agreements regarding subsequent additional disability and payment of compensation pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for permanent partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 26, Supplemental Agreement as to Payment of Compensation, shall read as follows:

North Carolina Industrial Commission  
Supplemental Agreement as to Payment  
of Compensation (G.S. §97-82)

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Last 4 digits of Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name Telephone Number

\_\_\_\_\_  
Employer's Address City State Zip

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Carrier's Address City State Zip

\_\_\_\_\_  
Carrier's Telephone Number Carrier's Fax Number

We, The Undersigned, Do Hereby Agree and Stipulate As Follows:

1. Date of injury: \_\_\_\_\_.
2. The employee  returned to work /  was rated on \_\_\_\_\_ (date), at a weekly wage of \$ \_\_\_\_\_.
3. The employee became totally disabled on \_\_\_\_\_.
4. Employee's average weekly wage  was reduced /  was increased on \_\_\_\_\_, from \$ \_\_\_\_\_ per week to \$ \_\_\_\_\_ per week.
5. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of \$ \_\_\_\_\_ per week.  
Beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks. The type of disability compensation is \_\_\_\_\_.
6. State any further matters agreed upon, including disfigurement or temporary partial disability:  
\_\_\_\_\_.

7. The date of this agreement is \_\_\_\_\_.

Name Of Employer	Signature	Title
Name Of Carrier/Administrator	Signature	Title

By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Page 2 of this form.

Signature of Employee	Address
Signature of Employee's Attorney	Address

Check box if no attorney retained.

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

Claims Examiner	Date
-----------------	------

Attorney's fee approved

#### IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS

Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

#### IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS

If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

#### IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS

If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must ~~apply to the Industrial Commission in writing~~ file an application for additional medical compensation pursuant to G.S. 97-25.1 within two years, or your right to these benefits may be lost. ~~To apply you may also use Industrial Commission Form 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~ An application for additional medical compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by written request. In the alternative, an employee may file an application for additional medical compensation by filing a Form 33 Request that Claim be Assigned for Hearing pursuant to 11 NCAC 23A .0602. All Industrial Commission forms are available at <https://www.ic.nc.gov/forms.html>.

#### IMPORTANT NOTICE TO EMPLOYER

This form shall be used only to supplement Form 21, *Agreement for Compensation for Disability* (G.S. 97-82), or an award in cases in which subsequent conditions require a modification of a former agreement or award. The employee must be provided a copy of the form when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial ~~Commission. Commission,~~ or show cause for not submitting the agreement. The employer or carrier/administrator shall file a Form 28B, *Report of Compensation and Medical Compensation Paid*, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.

#### NEED ASSISTANCE?

If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.

Form 26  
~~7/2015~~/2020

Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"); ~~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/>  
<https://www.ic.nc.gov/docfiling.html>

Contact Information:  
NCIC- Claims Administration  
Telephone: (919) 807-2502  
Helpline: (800) 688-8349  
Website: <https://www.ic.nc.gov>

(b) The copy of the form described in Paragraph (a) of this Rule can be accessed at <http://www.ic.nc.gov/forms/form26.pdf>, <https://www.ic.nc.gov/forms/form26.pdf>. The form may be reproduced only in the format available at <http://www.ic.nc.gov/forms/form26.pdf> <https://www.ic.nc.gov/forms/form26.pdf> and may not be altered or amended in any way.

History Note: Authority G.S. 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;  
Eff. November 1, 2014;  
Recodified from 04 NCAC 10L .0102 Eff. June 1, 2018;  
Amended Eff. \_\_\_\_\_.

**11 NCAC 23L .0103 FORM 26A – EMPLOYER'S ADMISSION OF EMPLOYEE'S RIGHT TO PERMANENT PARTIAL DISABILITY**

*(a) (Effective until July 1, 2015) The parties to a workers' compensation claim shall use the following Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, for agreements regarding the employee's entitlement to and the employer's payment of compensation for permanent partial disability pursuant to G.S. 97-31. Additional issues agreed upon by the parties, such as election of payment of temporary partial disability pursuant to G.S. 97-30, may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, shall read as follows:*

*North Carolina Industrial Commission  
Employer's Admission of Employee's Right to Permanent Partial Disability  
(G.S. §97-31)*

*IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_*

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

\_\_\_\_\_  
*Employee's Name*  
\_\_\_\_\_  
*Address*  
\_\_\_\_\_  
*City State Zip*  
\_\_\_\_\_  
*Home Telephone Work Telephone*  
*Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_*  
\_\_\_\_\_  
*Employer's Name Telephone Number*  
\_\_\_\_\_  
*Employer's Address City State Zip*  
\_\_\_\_\_  
*Insurance Carrier*  
\_\_\_\_\_  
*Carrier's Address City State Zip*  
\_\_\_\_\_  
*Carrier's Telephone Number Carrier's Fax Number*

~~WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:~~  
~~1. All the parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and \_\_\_\_\_ is the Carrier/Administrator for the Employer.~~

2. ~~The employee sustained an injury by accident or the employee contracted an occupational disease arising out of and in the course of employment on \_\_\_\_\_.~~

3. ~~The injury by accident or occupational disease resulted in the following injuries: \_\_\_\_\_~~

4. ~~The employee  was  was not paid for the 7 day waiting period. If not, was salary continued?  yes  no. Was employee paid for the date of injury?  yes  no~~

5. ~~The average weekly wage of the employee at the time of the injury, including overtime and all allowances, was \$\_\_\_\_\_. This results in a weekly compensation rate of \$\_\_\_\_\_.~~

6. ~~The employee  has  has not returned full time to work for \_\_\_\_\_ on \_\_\_\_\_, at an average weekly wage of \$\_\_\_\_\_.~~

7. ~~Claimant was released  with permanent restrictions  without permanent restrictions.~~

8. ~~Permanent partial disability compensation will be paid to the injured worker as follows:  
\_\_\_\_\_ weeks of compensation at rate of \$\_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
\_\_\_\_\_ weeks of compensation at rate of \$\_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
\_\_\_\_\_ weeks of compensation at rate of \$\_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)~~

~~Total amount of permanent partial disability compensation is \$\_\_\_\_\_. Date of first payment:\_\_\_\_\_.~~

9. ~~State any further matters agreed upon, including disfigurement, loss of teeth, election of temporary partial disability, waiting period or other: \_\_\_\_\_.~~

10. ~~An overpayment is claimed in the amount of \$\_\_\_\_\_. Overpayment was calculated as follows:\_\_\_\_\_.~~

~~If overpayment claimed, a Form 28B, Report of Compensation and Medical Compensation Paid, is attached.  yes  no~~

11. ~~If applicable, the Second Injury Fund Assessment is \$\_\_\_\_\_. A check  is  is not included.~~

12. ~~IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement is \$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of the fee in advance, and if your award is \$3,000.00 or less, you are not responsible for any portion of the fee. If your award is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer agree otherwise.~~

~~Check one of the boxes below if the award is more than \$3,000.00:  
 The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.  
 The employee and employer have agreed that the employer will pay the entire fee.~~

*The undersigned hereby certify that the material medical and vocational reports related to the injury have been provided to the employee or the employee's attorney and have been filed with the Industrial Commission for consideration pursuant to G.S. 97-82(a) and Rule 11 NCAC 23A .0501.*

\_\_\_\_\_  
Name Of Employer Signature Title Date

\_\_\_\_\_  
Name Of Carrier/Administrator Signature Direct Phone Number Title Date

*By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on pages 2 and 3 of this form.*

\_\_\_\_\_  
Signature of Employee Address Date

\_\_\_\_\_  
Signature of Employee's Attorney Address Date

Check box if no attorney retained.

*North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:*

\_\_\_\_\_  
Claims Examiner Date

*Attorney's fee approved*

**IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS**  
*Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.*

**IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS**  
*If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.*

**IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS**

If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. ~~Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must apply to the Industrial Commission in writing within two years, or your right to these benefits may be lost. To apply you may also use Industrial Commission 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~

**IMPORTANT NOTICE TO EMPLOYER**

~~The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial Commission, or show cause for not submitting the agreement. The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.~~

**NEED ASSISTANCE?**

~~If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.~~

Form 26A

11/2014

~~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/>~~

(a) ~~(Effective July 1, 2015)~~ The parties to a workers' compensation claim shall use the following Form 26A, *Employer's Admission of Employee's Right to Permanent Partial Disability*, for agreements regarding the employee's entitlement to and the employer's payment of compensation for permanent partial disability pursuant to G.S. 97-31. Additional issues agreed upon by the parties, such as election of payment of temporary partial disability pursuant to G.S. 97-30, may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 26A, *Employer's Admission of Employee's Right to Permanent Partial Disability*, shall read as follows:

North Carolina Industrial Commission  
Employer's Admission of Employee's Right to Permanent Partial Disability  
(G.S. §97-31)

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Telephone Work Telephone  
Last 4 digits of Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name Telephone Number

\_\_\_\_\_  
Employer's Address City State Zip

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Carrier's Address City State Zip



Carrier's Telephone Number \_\_\_\_\_

Carrier's Fax Number \_\_\_\_\_

WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:

1. All the parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and \_\_\_\_\_ is the Carrier/Administrator for the Employer.
2. The employee sustained an injury by accident or the employee contracted an occupational disease arising out of and in the course of employment on \_\_\_\_\_.
3. The injury by accident or occupational disease resulted in the following injuries:  
\_\_\_\_\_.
4. The employee  was  was not paid for the 7 day waiting period.  
If not, was salary continued?  yes  no. Was employee paid for the date of injury?  yes  no
5. The average weekly wage of the employee at the time of the injury, including overtime and all allowances, was \$\_\_\_\_\_. This results in a weekly compensation rate of \$\_\_\_\_\_.
6. The employee  has  has not returned full time to work for \_\_\_\_\_ on \_\_\_\_\_, at an average weekly wage of \$\_\_\_\_\_.
7. Claimant was released  with permanent restrictions  without permanent restrictions. *If claimant was released with permanent restrictions and has returned to work for the employer of injury, attach a job description if known to exist.*
8. Permanent partial disability compensation will be paid to the injured worker as follows:  
 \_\_\_\_\_ weeks of compensation at rate of \$\_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
 \_\_\_\_\_ weeks of compensation at rate of \$\_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
 \_\_\_\_\_ weeks of compensation at rate of \$\_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
 Total amount of permanent partial disability compensation is \$\_\_\_\_\_. Date of first payment:\_\_\_\_\_.
9. State any further matters agreed upon, including disfigurement, loss of teeth, election of temporary partial disability, waiting period or other: \_\_\_\_\_.
10. An overpayment is claimed in the amount of \$\_\_\_\_\_. Overpayment was calculated as follows:\_\_\_\_\_.
- If overpayment claimed, a Form 28B, Report of Compensation and Medical Compensation Paid, is attached.  yes  no
11. If applicable, the Second Injury Fund Assessment is \$\_\_\_\_\_. A check  is  is not included.

The undersigned hereby certify that the material medical and vocational ~~reports~~ records related to the ~~injury~~ injury, including any job description known to exist if the employee has permanent restrictions and has returned to work for the employer of injury, have been provided to the employee or the employee's attorney and have been filed with the Industrial Commission for consideration pursuant to G.S. 97-82(a) and Rule 11 NCAC 23A .0501.

Name Of Employer	Signature	Title	Date
Name Of Carrier/Administrator	Signature	Direct Phone Number	<u>Email Address</u> Title Date

By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Page 3 of this form.

Signature of Employee	Address	<u>Email Address</u>	Date
Signature of Employee's Attorney	Address	<u>Email Address</u>	Date

Check box if no attorney retained.

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

Claims Examiner \_\_\_\_\_ Date \_\_\_\_\_

Attorney's fee approved \_\_\_\_\_

**IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS**

Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

**IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS**

If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

**IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS**

If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must ~~apply to the Industrial Commission in writing~~ file an application for additional medical compensation pursuant to G.S. 97-25.1 within two years, or your right to these benefits may be lost. ~~To apply you may also use Industrial Commission 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~ An application for additional medical compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by written request. In the alternative, an employee may file an application for additional medical compensation by filing a Form 33 Request that Claim be Assigned for Hearing pursuant to 11 NCAC 23A .0602. All Industrial Commission forms are available at <https://www.ic.nc.gov/forms.html>.

**IMPORTANT NOTICE TO EMPLOYER**

The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial Commission. ~~Commission, or show cause for not submitting the agreement.~~ The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.

**NEED ASSISTANCE?**

If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.

Form 26A

~~7/2015~~ 6/2020~~8/2020~~

Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"); ~~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/>~~

~~<https://www.ic.nc.gov/docfiling.html>~~

Contact Information:

NCIC- Claims Administration

Telephone: (919) 807-2502

Helpline: (800) 688-8349

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

(b) A copy of the form described in Paragraph (a) of this Rule can be accessed at ~~<http://www.ic.nc.gov/forms/form26a.pdf>~~. <https://www.ic.nc.gov/forms/form26a.pdf>. The form may be reproduced only in the format available at ~~<http://www.ic.nc.gov/forms/form26a.pdf>~~ <https://www.ic.nc.gov/forms/form26a.pdf> and may not be altered or amended in any way.

*History Note: Authority G.S. 97-30; 97-31; 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77; Eff. November 1, 2014; Recodified from 04 NCAC 10L .0103 Eff. June 1, 2018; Amended Eff. \_\_\_\_\_; Amended Eff. \_\_\_\_\_.*

**11 NCAC 23L .0105 FORM T-42 – APPLICATION FOR APPOINTMENT OF GUARDIAN AD LITEM**

(a) Persons seeking to appear on behalf of an infant or incompetent shall apply on a Form T-42, Application for Appointment of Guardian Ad Litem, in accordance with Rule 11 NCAC 23B .0203. The Form T-42, Application for Appointment of Guardian Ad Litem, shall read as follows:

North Carolina Industrial Commission

IC File # TA- \_\_\_\_\_

Application for Appointment of Guardian Ad Litem

The use of this Form is required under Rule 11 NCAC 23B .0203

\_\_\_\_\_ Plaintiff(s) v. \_\_\_\_\_ Defendant(s)

To the North Carolina Industrial Commission:

The undersigned \_\_\_\_\_ respectfully shows unto the North Carolina Industrial Commission that \_\_\_\_\_ is an 18 infant or \_\_\_\_\_ incompetent without general or testamentary guardian in this State, and that by reason thereof can bring an action only by a guardian ad litem; that the infant or incompetent has a cause of action against the defendants on account of the following matter and things:

The undersigned is a reputable person closely connected with the infant or incompetent having the relationship with the infant or incompetent as follows: \_\_\_\_\_

Wherefore, the undersigned prays the Commission that a fit and proper person be appointed Guardian Ad Litem for the infant or incompetent for the purpose of bringing on his or her behalf an action as above set out.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Please complete page 2 of form)

### Order Appointing Guardian Ad Litem

It appearing to the North Carolina Industrial Commission from the above application that \_\_\_\_\_ is an \_\_\_\_\_ infant or \_\_\_\_\_ incompetent having no general or testamentary guardian within this State and that said infant or incompetent appears to have a good cause of action against the defendant(s); and it further appearing to the Commission after due inquiry that \_\_\_\_\_ is a fit and proper person to be appointed guardian ad litem for the infant or incompetent for the purpose of bringing this action on his or her behalf;

It is therefore ordered that \_\_\_\_\_ be and is hereby appointed guardian ad litem of \_\_\_\_\_ to bring action on his or her behalf.

This \_\_\_\_\_ day of \_\_\_\_\_.

~~Commissioner or Deputy Commissioner~~ Commissioner, Deputy Commissioner, or Executive Secretary

Please type or print:

Full name and address of minor or incompetent: \_\_\_\_\_

Birth date of minor: \_\_\_\_\_

Full name and address of proposed guardian ad litem: \_\_\_\_\_

### Important Information for Parties

Parties should take notice of the provisions set forth in Rule 11 NCAC 23B .0203.

#### 11 NCAC 23B .0203 Infants and Incompetents

(a) Persons seeking to appear on behalf of an infant or incompetent, in accordance with G.S. 1A-1, Rule 17, shall apply on a Form T-42 Application for Appointment of Guardian ad Litem. The Commission shall appoint a fit and proper person as guardian ad litem, if the Commission determines it to be in the best interest of the minor or incompetent. The Commission shall appoint the guardian ad litem only after due inquiry as to the fitness of the person to be appointed.

(b) The Commission may assess a fee to be paid to an attorney who serves as a guardian ad litem for actual services rendered upon receipt of an affidavit of actual time spent in representation of the minor or incompetent as part of the costs.

**ATTORNEYS:** File via Electronic Document Filing Portal (“EDFP”)

<https://www.ic.nc.gov/docfiling.html>

**UNREPRESENTED PLAINTIFFS:** File via EDPF, <https://www.ic.nc.gov/docfiling.html> OR

Mail to: Industrial Commission Clerk’s Office, 1236 Mail Service Center, Raleigh NC 27699-1236 OR

File via hand delivery: Business days from 8 a.m. – 5 p.m., Dobbs Building, 6<sup>th</sup> floor, 430 N. Salisbury Street, Raleigh NC 27603.

SEND TO: \_\_\_\_\_

[dockets@ic.nc.gov](mailto:dockets@ic.nc.gov)

Office of the Clerk

1236 Mail Service Center

Raleigh, NC 27699-1236

Main telephone: (919) 807-2500

Helpline (800) 688-8349

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

(b) A copy of the form described in Paragraph (a) of this Rule can be accessed at ~~http://www.ic.nc.gov/formt42.pdf~~  
<https://www.ic.nc.gov/forms/formt-42.pdf>. The form shall be reproduced only in the format available at  
~~http://www.ic.nc.gov/forms/formt42.pdf~~ <https://www.ic.nc.gov/forms/formt-42.pdf> and shall not be altered or amended in any way.

*History Note:* Authority G.S. 143-291; 143-295; 143-300;  
Eff. March 1, 2019;  
Amended Eff. \_\_\_\_\_.

**Regulatory Impact Analysis**  
**Changes to Electronic Filing Requirements for Certain Documents and Filers (11 NCAC 23A .0108; 11 NCAC 23B .0104), Changes to How Contact Information is Transmitted to the Commission (11 NCAC 23A .0109, .0302; 11 NCAC 23B .0105), and Changes to Forms 21, 26, 26A and T-42 Regarding Filing and Other Instructions and Notices (11 NCAC 23L .0101, .0102, .0103, and .0105)**

Agency:	North Carolina Industrial Commission
Contact:	Gina Cammarano – (919) 807-2524
Rules proposed for amendment:	11 NCAC 23A .0108 11 NCAC 23A .0109 11 NCAC 23A .0302 11 NCAC 23B .0104 11 NCAC 23B .0105 11 NCAC 23L .0101 11 NCAC 23L .0102 11 NCAC 23L .0103 11 NCAC 23L .0105 (See proposed rule text for all nine rules in Appendix 1)
State Impact:	Yes
Local Impact:	Yes
Private Impact:	Yes
Substantial Economic Impact:	No
Statutory Authority:	G.S. §§ 97-30; 97-31; 97-73; 97-80; 97-81; 97-82; 97-86; 97-94; 143-291; 143-291.2; 143-293; 143-295; 143-300; S.L. 2014-77.

**A. Background and Purpose of Proposed Rule Changes:**

These nine proposed rule amendments share a common theme of streamlining the filing of all documents<sup>1</sup> and the filing of all current contact information<sup>2</sup> in all claims arising under the Workers’ Compensation Act and State Tort Claims Act. This streamlining is accomplished by making utilization of the Commission’s secure Electronic Document Filing Portal (“EDFP”) the universal method for filing documents and contact information with the Commission, unless an exception applies.

The advantages of having parties file all documents and current contact information at the Industrial Commission via EDFP are numerous. For the Commission, receiving documents via EDFP as compared with other filing methods greatly improves the

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<sup>1</sup> With the exception of documents filed by plaintiffs or non-insured employers who are unrepresented by legal counsel

<sup>2</sup> Again, with the exception of unrepresented plaintiffs and unrepresented non-insured employers

agency's efficiency by reducing document processing time and lessening the risk that documents will be misfiled. And receiving a party's current contact information via EDFP as compared with email (which is the current method by which all parties except unrepresented plaintiffs and unrepresented non-insured employers must notify the Commission of their current contact information) allows the Commission to consolidate the updating and storage of contact information, does not require various email inboxes to be monitored by Commission staff members, saves the Commission time, and eliminates the chance that contact information will be mis-typed into the computer system by the Commission.

The parties, themselves, also benefit from being able to file all documents and contact information via EDFP. When filing documents via EDFP, a party begins by typing in the IC file number, which brings up the case caption and allows the party to ensure that the documents are being uploaded to the correct Industrial Commission file. Filing via EDFP also requires the party to choose the document type from a drop-down menu, thereby ensuring that there is no confusion on the part of the Commission as to what type of document (*i.e.*, form, motion, response to motion, proposed order, etc.) is being filed. And before completing the upload, a party must review the filing to confirm and submit the filing, thereby further reducing opportunities for error. Finally, following submission of the EDFP filing, the party receives an email receipt confirming the EDFP filing, which is helpful for keeping track of filings and ensuring that the filing was properly submitted.

For contact information updates, submitting this information via EDFP as opposed to sending it to an email address will allow the parties to directly input their contact information into the Commission's electronic filing system, as opposed to sending an email containing the updated contact information (which relies on Commission staff having to take the information from the email and correctly type it into the computer system) or composing and typing a letter containing the updated contact information and attaching the letter to an email (which is much more time-consuming than submitting the information via EDFP and which relies on Commission staff having to correctly type the information from the letter into the computer system).

Despite the numerous advantages to both the Commission and the regulated parties of filing all documents and contact information via EDFP, unrepresented plaintiffs and unrepresented non-insured employers are never required to submit filings via EDFP because some may lack the technological ability to do so. While these unrepresented parties are permitted to submit filings via EDFP, they also are permitted, in the alternative, to submit any filings via email, fax, U.S. mail, private courier service, or hand delivery. The proposed rule changes that are the subject of this fiscal note do not make any changes to the filing methods that may be used by unrepresented plaintiffs and unrepresented non-insured employers for documents or for contact information. Therefore, these proposed changes will have no fiscal impact on these unrepresented parties.

***11 NCAC 23A .0108***

Since February of 2016, the Industrial Commission has required the electronic filing of most documents in workers' compensation claims, except those filed by unrepresented employees, unrepresented non-insured employers, and medical providers, pursuant to Rule 11 NCAC 23A .0108. The types of documents required to be filed electronically via EDPF has increased over time as a result of approved Rule 11 NCAC 23A .0108 amendments effective February 1, 2017 and December 1, 2018.

Now that EDPF has been required in workers' compensation claims for the filing of most documents by most parties for about four years, the parties have become very familiar with using EDPF. Therefore, amending Rule 11 NCAC 23A .0108 to require all parties except unrepresented plaintiffs and unrepresented non-insured employers to file via EDPF the remaining documents that are not currently required to be filed under EDPF should present little, if any, learning curve for the regulated parties.

Under the proposed amendment, all medical providers will be required to file documents via EDPF. Common sense dictates, and it is the Commission's experience, that all medical providers have the capability to file all the documents they need to file with the Commission (namely, medical bills for which the provider is requesting an analysis of what they are owed under the Commission's Medical Fee Schedule and medical provider fee dispute documentation) via EDPF. The reason medical providers currently are exempt from EDPF filing has nothing to do with any lack of electronic filing capabilities on the part of medical providers; it has only to do with the way the current Industrial Commission computer system is set up to receive and store filings submitted to the Commission's Medical Fees Section. But as part of the implementation of the Commission's new case management system, which is anticipated to "go live" for the regulated parties in the summer of 2020, filings with the Medical Fees Section will be compatible with and be able to be received via EDPF.

It should be noted that even under the proposed amendment to Rule 11 NCAC 23A .0108, any party still may request an emergency temporary waiver of the electronic filing requirement because of temporary technical problems.

The proposed amendment to Paragraph (g) of 11 NCAC 23A .0108 makes the rule more consistent with G.S. §97-86, the North Carolina Rules of Appellate Procedure, and the terms and conditions that govern appeals from the superior court to the Court of Appeals in ordinary civil cases by broadening the methods or means by which a Notice of Appeal to the North Carolina Court of Appeals may be filed with the Commission. This proposed amendment should have no fiscal impact on the Commission or on any of the regulated parties because the amendment does not change the EDPF filing option that exists in the rule, as currently written, and because specifically adding hand delivery as an alternative filing method is not expected to change the current behavior of the regulated parties and is not expected to result in any appreciable costs or cost savings to the Commission or to any of the regulated parties.

The remainder of the proposed changes to 11 NCAC 23A .0108 (clarifying in Paragraph (a) that documents filed by employees and non-insured employers without legal representation should be directed to the Clerk of the Industrial Commission and providing these parties with the specific email address where these documents should be sent, adding multiple employer or carrier claims and six-character IC file number claims to Paragraph (d), and specifying the email addresses for fraud and employee misclassification complaints filed with the Commission's Criminal Investigations & Employee Classification Division<sup>3</sup> under Paragraph (e)) were made to bring the rule in conformity with existing practices or provide clarity to the regulated parties, and they have no fiscal impact.

#### ***11 NCAC 23B .0104***

In February of 2017, the Commission began accepting (though not requiring) most State tort claim filings via EDPF. Since March of 2019, the Commission has required the electronic filing of most documents in State tort claims, except those filed by plaintiffs who are unrepresented by legal counsel and those filed by attorneys who are granted a one-year waiver of the electronic filing requirement due to a lack of the necessary internet technology resources, pursuant to Rule 11 NCAC 23B .0104. Rule 11 NCAC 23B .0104, in its current form, provides that the one-year waiver provision expires one year from the effective date of the rule. Since the rule became effective March 1, 2019, this one-year waiver provision expires on March 1, 2020. Therefore, this provision has been deleted from the rule in the current proposed rule amendment since the proposed effective date of the rule amendment is subsequent to March 1, 2020 and the deletion of the one-year waiver provision (which will have expired by the time the amended rule goes into effect) has no fiscal impact.

Now that EDPF has been operational for most State tort claims filings for about three years and mandatory for most State tort claim filings for about one year, the parties in State tort claims also have become familiar with using EDPF. Therefore, amending Rule 11 NCAC 23B .0104 to require represented parties to file via EDPF the remaining documents that are not currently required to be filed under EDPF by this rule should present little, if any, learning curve for the regulated parties. Additionally, as with workers' compensation claims, unrepresented plaintiffs still fall under an exception to the EDPF filing requirement under the proposed amendment to Rule 11 NCAC 23B .0104. And as with workers' compensation claims, any party still may request an emergency temporary waiver of the electronic filing requirement because of temporary technical problems.

The proposed amendment to Paragraph (a) of 11 NCAC 23B .0104 clarifies that documents filed by plaintiffs without legal representation should be directed to the Clerk of the Industrial Commission and provides these unrepresented plaintiffs with the specific email address where these documents should be sent. This proposed amendment functions to provide clarity to the regulated parties and has no fiscal impact.

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<sup>3</sup> This is a recently-formed division of the Commission following a reorganization that occurred to provide expanded resources to investigate allegations of employee misclassification.



The proposed amendment to the last paragraph of 11 NCAC 23B .0104 makes the rule more consistent with G.S. §143-293, the North Carolina Rules of Appellate Procedure, and the terms and conditions that govern appeals in ordinary civil actions by broadening the methods or means by which a Notice of Appeal to the North Carolina Court of Appeals may be filed with the Commission. This proposed amendment should have no fiscal impact on the Commission or on any of the regulated parties because the amendment does not change the EDFP filing option that exists in the rule, as currently written, and because specifically adding hand delivery as an alternative filing method is not expected to change the current behavior of the regulated parties and is not expected to result in any appreciable costs or cost savings to the Commission or to any of the regulated parties.

***11 NCAC 23A .0109, .0302; 11 NCAC 23B .0105***

The proposed amendments to Rules 11 NCAC 23A .0109 and .0302 and Rule 11 NCAC 23B .0105 change the method for providing the Commission with a party's contact information from emailing a designated email address to submitting the contact information via EDFP, unless the party is an unrepresented plaintiff or unrepresented non-insured employer, in which case the proposed amendments do not apply. Submitting all contact information via EDFP will streamline and consolidate the Commission's collection, updating, and storage of a party's contact information and will eliminate the chance that Commission staff will mis-type a party's contact information into the computer system. Paragraph (b) of 11 NCAC 23B .0105 also is being amended to specify the email address to which persons or entities without legal representation should send their contact information changes, should they choose to do so via email. This proposed amendment provides clarity to the regulated entities and has no fiscal impact.

***11 NCAC 23L .0101, .0102, .0103, .0105***

The proposed amendments to Rules 11 NCAC 23L .0101, .0102, .0103, and .0105 change the form filing instructions found in these rules for filing the Industrial Commission forms that are the subject of these rules (the Forms 21, 26, 26A, and T-42, respectively) from mail or email filing of the forms to filing the forms via EDFP. It should be noted, however, that the current practice is for all of the Forms 21, 26, and 26A (which always are filed by an adjuster or an attorney) to be filed via EDFP. And the current practice is for all of the Forms T-42 with an I.C. file number that are filed by an attorney to be filed via EDFP. Furthermore, the proposed rule amendment affecting the filing of the Form T-42 does not apply to any unrepresented person. Therefore, amending these rules to reflect the current practice will have little, if any, fiscal impact.

The proposed amendments to Rules 11 NCAC 23L .0101, .0102, .0103 also make some changes to the form notices in order to make those notices consistent with the proposed amendments to Rules 11 NCAC 23A .0408 and .0501 that were published in the January 15, 2020 *North Carolina Register*, but these changes have no fiscal impact. The remaining proposed amendments to these rules either correct website addresses, add missing information that was inadvertently left out of these rules in the past, make changes to bring these forms in conformity with current procedures, or delete earlier provisions in these rules that expired on July 1, 2015, again having no fiscal impact.

**B. Proposed Rule Changes and Their Estimated Impact:*****1. 11 NCAC 23A .0108 and 11 NCAC 23B .0104***

The proposed amendments to 11 NCAC 23A .0108 and 11 NCAC 23B .0104 no longer exempt the following documents from the documents that are required to be filed via EDFP: (1) Form 18 when no IC file number has been assigned; (2) Form 18B; (3) Form 51; (4) Plaintiff's Attorney Representation Letter when no IC file number has been assigned; (5) Documents filed with the Commission's Medical Fees Section; (6) Form 25N when no IC file number has been assigned; (7) Rehabilitation referrals to the Commission's Medical Rehabilitation Nurses Section when no IC file number has been assigned; (8) Form T-1 when no IC file number has been assigned; (9) Form T-3 when no IC file number has been assigned; and (10) Pre-affidavit motion under Rule 9(j)(3) of the Rules of Civil Procedure to extend the statute of limitations when no IC file number has been assigned.

It should be noted that in Industrial Commission cases, different filers file different documents and some documents can only be filed by certain filers while others can be filed by most or all filers. The chart on the following page shows the number of filings that likely will be affected per year by these proposed rule amendments<sup>4</sup> and the type of filer affected.

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<sup>4</sup> For the Forms 18B, Forms 51, Documents filed with the Medical Fees Section, Forms 25N with no IC file number, Forms T-1 with no IC file number, and Forms T-3 with no IC file number, the number of filings estimated is based on the filings made in 2018 and 2019 because the Commission keeps these statistics and there were no atypical circumstances relevant to the filings. For rehabilitation referrals, the number of filings estimated is based on the average number of cases opened by the Commission over a three-year period of time because there were several months in 2018 when the Commission had no Rehabilitation Professional to take referrals. For Forms 18 with no IC file number and Plaintiff Attorney Representation Letters with no IC file number, the number of filings is estimated based on a tracking of these filings over specific periods in January 2020 because the Commission does not normally track filings in a way that would capture these statistics. For Pre-affidavit motions under Rule 9(j)(3) with no IC file number, the number of filings is estimated based on a survey of Commission personnel who have handled these motions because they are so rare and are not tracked.

<b>DOCUMENT TYPE</b>	<b>EST.# FILED PER YEAR</b>	<b>FILER TYPE</b>
Form 18 with no IC file number (excluding those filed by an unrepresented plaintiff) <sup>5</sup>	Up to 10,400	This form is filed only by plaintiffs
Form 18B	360	This form is almost exclusively filed by attorneys for plaintiffs <sup>6</sup>
Form 51	347	This form is filed only by adjusters for defendants
Plaintiff Attorney Representation Letter with no IC file number	Up to 6,500	This document is filed only by attorneys for plaintiffs
Documents filed with the Commission's Medical Fees Section	560	These documents are filed only by medical providers <sup>7</sup> , adjusters for defendants, and attorneys for plaintiffs
Form 25N with no IC file number	4,464	This form is filed only by adjusters for defendants
Rehabilitation referrals with no IC file number	120	This document can be filed by the plaintiff or defense side, but virtually all are filed by attorneys for plaintiffs
Form T-1 with no IC file number (excluding those filed by an unrepresented plaintiff)	156	This form is filed only by plaintiffs
Form T-3 with no IC file number	36	This form is filed almost exclusively by the Attorney General's Office for the State as a defendant
Pre-affidavit motion under Rule 9(j)(3) with no IC file number	5	This motion is filed only by attorneys for plaintiffs

Based on the data outlined in the chart above, the number of total filings expected to be affected per year by the proposed rule amendments affecting these ten document types is up to 22,948.

<sup>5</sup> Unrepresented plaintiff filings have been excluded from the Form 18 and Form T-1 estimates because they are not affected by the rule amendments since these unrepresented parties always are exempt from EDFP requirements.

<sup>6</sup> Even though a Form 18B could be filed by an unrepresented plaintiff, the current Commission staff has only seen that happen one time in many years.

<sup>7</sup> The Commission's experience is that office staff members for medical providers virtually always submit these filings and the Commission has not seen any notable number of these filings made by attorneys for medical providers.

This means that a maximum of 22,948 more documents per year are expected to be required to be filed via EDFP. In other words, up to 22,948 more documents per year will be filed at the Commission via EDFP versus the current filing method. This will increase the Commission's EDFP document filings by up to 22,948 documents per year but correspondingly decrease the Commission's alternate document filings (email or paper filings) by the same amount per year.

With respect to the various different filers, however, instead of analyzing the fiscal impact on each type of filer based on the total number of documents affected by the proposed rule amendments, the fiscal impact on each filer is best analyzed by considering only the types of documents that particular filer files.

**a. Impact on the Industrial Commission**

***Costs to the Industrial Commission***

The costs to the Industrial Commission for adding ten more document types to the documents that can be filed via EDFP are *de minimus*. Adding new document types to EDFP on the drop-down screen is a one-time task that the Commission anticipates will take a staff member just a few minutes to perform. And the remainder of the work necessary to allow document types without an IC file number to be filed via EDFP and to transition these additional document types to EDFP is covered under the Commission's contract for its new legal case management system.

***Benefits to the Industrial Commission***

There are many benefits that accrue to the Industrial Commission by having all documents filed via EDFP by all filers, other than unrepresented parties. As compared with filings made via email, filings made via EDFP save the Commission an average of 1.5 minutes of staff time per document, based on prior studies conducted by the Commission for prior approved fiscal notes. Assuming that up to 22,787<sup>8</sup> more documents will be filed in a year via EDFP instead of via email, this will save the Commission up to 569.68 hours of staff time per year. Assuming the Commission staff member doing the work is paid an average of \$26.08<sup>9</sup> in total hourly compensation, this is a savings to the Commission of \$14,857.12 per year.

The Forms T-1 with no IC file number and the Pre-affidavit motions under Rule 9(j)(3), a total of 161 of which are estimated to be filed per year by attorneys for plaintiffs, currently must be filed in paper document form via mail or hand

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<sup>8</sup> Because the Forms T-1 and Pre-affidavit Motions under Rule 9(j)(3) without an IC file number currently cannot be filed via email and must be filed via a paper copy, those estimated filings (a total of 161) have not been counted for the EDFP-versus-email analysis in this paragraph.

<sup>9</sup> Based on the assumption that the Commission staff who does this work earns an average of \$33,500 per year, or \$54,255 in total compensation per year.

delivery. As compared with paper documents filed via mail or hand delivery, filings made via EDFP save the Commission 5-10 minutes of staff time per document, based on discussions with Commission staff doing this work. Assuming that up to 161 more of these documents are filed in a year via EDFP instead of via paper copy, this will save the Commission up to 26.83 hours of staff time per year, for a savings to the Commission of \$699.81 per year.

#### **b. Impact on Filers**

For the filer of a document, filing a document via EDFP instead of via email is likely to add an average of 53 seconds of time to the filing process, based upon the Commission's testing of EDFP-versus-email filing times as set forth in prior approved fiscal notes. However, filing the document via EDFP instead of via mail is likely to save filers an average of 3.5 minutes of time, based on estimates calculated by the Commission for prior approved fiscal notes, and it also eliminates postage costs, which can exceed \$1.00 per mailing.

For all filers other than medical providers, filing documents via EDFP is a very familiar process and there will be no additional time spent learning how to use EDFP to file the additional documents that are the subject of these proposed rule amendments. For medical providers, since they will be new to filing documents via EDFP, they will need to register and receive an NCID. They will then need to review brief EDFP training materials. Registering for an NCID and reviewing the EDFP training materials likely takes 10-15 minutes, but this is a one-time occurrence per filer, and registering for and filing documents via EDFP is free.

#### **STATE FILERS ONLY**

##### **Costs to State Filers**

###### ***Form T-3***

State filers are the only filers that should be affected by the EDFP requirement for Forms T-3 without an IC file number because virtually all Forms T-3 (which is a form setting forth the settlement of a State tort claim that is submitted to the Commission on behalf of the State by its attorney) are filed by the Attorney General's Office for the State as a defendant. The Commission receives, on average, a total of 36 Forms T-3 with no IC file number per year. Assuming that the program assistants and paralegals from the Attorney General's Office filing the Form T-3 earn an average of \$ 69,209.00 in total yearly compensation, for a per-minute cost of \$0.55 for this position, and assuming it takes an extra 53 seconds to file each Form T-3 via EDFP as opposed to email, this equates to \$18.00 per year in extra costs to the State for filing these forms via EDFP instead of email.

### *Benefits to State Filers*

#### *Form T-3*

Filing Forms T-3 via EDFP as opposed to email in all cases (even when there is no IC file number) has non-quantifiable, but significant and noteworthy, benefits to the State as a filer. An EDFP filer is able to ensure that the form is being uploaded to the correct Industrial Commission file and that the upload is properly characterized as the correct form. An EDFP filer also receives an email receipt from the Commission confirming the EDFP filing. None of these advantages exist when forms are being submitted via email.

## STATE AND LOCAL GOVERNMENT FILERS

### *Costs to State and Local Government Filers*

#### *Form 51*

Both State and local government filers will be affected by the EDFP requirement for Forms 51. A total of 357 Forms 51 were filed in Fiscal Year 2018-19.

Assuming that the type of filer (public versus private) follows the same breakdown as the type of employment in North Carolina, 11% of these forms should be attributed to the public sector.<sup>10</sup> It can be assumed that half of the 11% is attributable to the State as a filer and half to local government as a filer.

Based on information obtained in late 2019 from the Workers' Compensation Manager at the North Carolina Office of State Human Resources regarding the average salary of a staff person who files Industrial Commission forms, it is assumed that the staff person filing the Form 51 for the State earns \$32,000.00 per year, equating to \$51,268.00 in total compensation including salary and benefits. The per-minute cost for this position is \$0.41. Therefore, if the EDFP filing requirement adds 53 seconds to this staff person's work per Form 51 and if this staff person is filing twenty Forms 51 per year, that equates to \$7.00 per year in extra costs to the State for filing the Forms 51 via EDFP versus email.

Based on information obtained in late 2019 from the Manager of Workers' Compensation Claims at the North Carolina League of Municipalities regarding the average salary of a staff person who files Industrial Commission forms, it is assumed that the staff person filing the Form 51 for local government earns \$62,850.00 per year, equating to \$109,134.00 in total compensation including salary and benefits. The per-minute cost for this position is \$0.87. Therefore, if the EDFP filing requirement adds 53 seconds to this staff person's work per Form 51 and if this staff person is filing twenty Forms 51 per year, that equates to \$15.00 per year in extra costs to local government for filing the Forms 51 via EDFP versus email.

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<sup>10</sup> Based on the data cited in the Commission's prior approved fiscal note dated July 18, 2018.

***Form 25N with no IC file number***

Both State and local government filers also will be affected by the EDFP requirement for Forms 25N with no IC file number. A total of 4,464 Forms 25N with no IC file number were filed in Fiscal Year 2018-19. 11% of these would be attributable to the public sector, with half of the 11% being attributed to the State as a filer and half to local government as a filer.

For the State, with a per-minute cost for a form filer of \$0.41, this equates to \$89.00 per year in extra costs to the State for filing these forms via EDFP versus email. And for local government, with a per-minute cost for a form filer of \$0.87, this equates to \$190.00 per year in extra costs to local government for filing these forms via EDFP versus email.

***Documents filed with Commission's Medical Fees Section***

Both State and local government filers also will be affected by the EDFP requirement for documents filed with the Commission's Medical Fees Section. A total of 560 documents were filed with the Medical Fees Section in Fiscal Year 2018-19. Based upon a survey of Commission staff who handles these documents, about 90% of these document filings (504 filings) can be attributed to filers who are not medical providers. 11% of these 504 filings would be attributable to the public sector, with half of the 11% being attributed to the State and half to local government.

For the State, with a per-minute cost for a document filer of \$0.41, this equates to \$10.00 per year in extra costs to the State for filing these documents via EDFP versus email. And for local government, with a per-minute cost for a document filer of \$0.87, this equates to \$21.00 per year in extra costs to local government for filing these documents via EDFP versus email.

***Benefits to State and Local Government Filers***

Filing the Forms 51 and 25N and the documents sent to the Commission's Medical Fees Section via EDFP as opposed to email in all cases (even when there is no IC file number) has non-quantifiable, but significant and noteworthy, benefits to the State and local government as filers. An EDFP filer is able to ensure that the form or other document is being uploaded to the correct Industrial Commission file and that the upload is properly characterized as the correct form or other document. An EDFP filer also receives an email receipt from the Commission confirming the EDFP filing. None of these advantages exist when forms and other documents are being submitted via email.

## **PRIVATE SECTOR FILERS**

### **PLAINTIFFS (THROUGH THEIR ATTORNEYS' OFFICES)**

Plaintiffs, through their attorneys' offices, are the only filers affected by adding the Forms 18 with no IC file number, Forms 18B, Plaintiff Attorney Representation Letters with no IC file number, Rehabilitation referrals with no IC file number, Forms T-1 with no IC file number, and Pre-affidavit motions with no IC file number to the list of documents that need to be filed via EDFP instead of via email. Plaintiffs, through their attorneys' offices (along with defendants (namely, carriers and third-party administrators through adjusters)) also are affected by adding documents filed by the Commission's Medical Fees Section to the list of documents that need to be filed via EDFP instead of via email.

The plaintiffs, themselves, do not incur any costs for time that their attorneys' offices spend filing documents because plaintiffs' attorneys in workers' compensation cases do not bill their clients by the hour. These attorneys work on a contingency fee basis. However, the attorney offices have to pay their staff members who file the documents. Assuming that the average North Carolina plaintiff's attorney office pays a staff member who files forms \$50,000.00 per year, equating to \$69,735.00 in total compensation including salary and benefits, the per-minute cost for this position is \$0.56.

Filing a document via EDFP takes an average of 53 seconds longer than filing it via email, based on the Commission's studies and tests set forth in prior approved fiscal notes.

### **Costs to Plaintiffs (Through Their Attorneys' Offices)**

#### ***Form 18 with no IC file number***

Based on the Commission's estimates, the annual number of document filings affected by requiring Forms 18 with no IC file number to be filed via EDFP instead of email is up to 10,400. This equates to up to \$5,133.00 per year in extra costs to the private sector.

#### ***Form 18B***

Based on the Commission's estimates, the annual number of document filings affected by requiring Forms 18B to be filed via EDFP instead of email is 360. This equates to \$178.00 per year in extra costs to the private sector.

#### ***Plaintiff Attorney Representation Letter with no IC file number***

Based on the Commission's estimates, the annual number of document filings affected by requiring Plaintiff Attorney Representation Letters with no IC file number to be filed via EDFP instead of email is up to 6,500. This equates to up to \$3,208.00 per year in extra costs to the private sector.



***Rehabilitation referrals with no IC file number***

Based on the Commission's estimates, the annual number of document filings affected by requiring Rehabilitation referrals with no IC file number to be filed via EDFP instead of email is 120. This equates to \$59.00 per year in extra costs to the private sector.

***Documents filed with the Commission's Medical Fees Section***

Half of the 89% of the 504<sup>11</sup> documents filed with the Commission's Medical Fees Section that are attributable to filers in the private sector other than medical providers can be attributed to plaintiffs through their attorneys' offices. This equates to \$111.00 per year in extra costs to private sector plaintiff attorney offices for filing these documents via EDFP versus email.

***Benefits to Plaintiffs (Through Their Attorneys' Offices)***

Some documents filed at the Commission currently are not accepted via email (the Form T-1 with no IC file number and the Pre-affidavit motion under Rule 9(j)(3) with no IC file number), and the Commission currently requires that a paper copy of these documents be filed. Transitioning these document filings to EDFP will decrease the filer's costs because, as discussed above, there is a savings of an average of 3.5 minutes per document when filing a document via EDFP versus mailing the document, plus there is a postage savings that can exceed \$1.00 per document.<sup>12</sup> Additionally, there are non-quantifiable benefits that are important and noteworthy associated with EDFP filing, including assurances that the forms and other documents are being uploaded to the correct file and that the uploads are characterized as being the correct form or other document, plus the benefit of receiving an email confirmation documenting the EDFP filing.

***Form T-1 with no IC file number***

In Fiscal Year 2018-19, a total of 156 Forms T-1 with no IC file number were filed by attorneys for plaintiffs. Assuming that the average per-minute cost for an attorney office staff member mailing a Form T-1 is \$0.56, the 3.5-minute savings for filing the Forms T-1 via EDFP instead of mailing them equates to 546 minutes saved annually by plaintiff attorney offices, for a savings of \$305.00 per year in the private sector. And assuming the total postage savings is at least \$1.00 per Form T-1, that equates to at least an additional \$156.00 in benefits to the private sector. Therefore, there is a total annual savings to the private sector of at least \$461.00.

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<sup>11</sup> This number is based on the Commission's estimate that 90% of these 560 documents filed were filed by non-medical providers.

<sup>12</sup> Technically, these paper documents could be filed by plaintiffs' attorneys' offices via hand delivery instead of mail, but it is rare these days for a plaintiff's attorney office to hand deliver filings to the Commission.

***Pre-affidavit motions under Rule 9(j)(3) with no IC file number***

The Commission estimates that five of these motions are filed per year by attorneys for plaintiffs. This equates to 17.50 minutes saved annually by the attorney offices filing these motion (3.5 minutes per filing), for a savings of \$10.00 per year in private sector costs, plus at least an additional \$5.00 in postage savings to the private sector, for a total savings of \$15.00 per year.

**DEFENDANTS (CARRIERS AND THIRD-PARTY ADMINISTRATORS)**

Private sector defendants (insurance carriers and third-party administrators) will be affected by the EDFP requirement for Forms 51, documents filed with the Commission's Medical Fees Section, and Forms 25N with no IC file number. These documents are filed by adjusters for the insurance carriers or third-party administrators (not by attorneys for the insurance carriers or third-party administrators).

**Costs to Defendants (Carriers and Third-Party Administrators)**

Based on the information obtained from an Officer and Claims Manager of an adjusting firm in the private sector that handles many North Carolina workers' compensation claims, for large insurance companies in the private sector the salary of an adjuster who files Industrial Commission forms and other documents can range from a low of \$35,000.00 to a high of \$75,000.00, but the average adjuster salary in a large insurance company is about \$60,000.00, equating to \$86,831.00 in total compensation including salary and benefits. The per-minute cost for this position is \$0.70.

***Form 51***

A total of 357 Forms 51 were filed in Fiscal Year 2018-19. Assuming that the type of filer (public versus private) follows the same breakdown as the type of employment in North Carolina, about 89% of these forms, or approximately 318 Forms 51, should be attributed to the private sector.<sup>13</sup> Since filing the Form 51 via EDFP versus email is expected to take an adjuster an additional 53 seconds, this equates to \$195.00 per year in extra costs to the private sector for filing these forms via EDFP versus email.

***Documents filed with the Commission's Medical Fees Section***

Half of the 89% of the 504<sup>14</sup> documents filed with the Commission's Medical Fees Section that are attributable to filers in the private sector other than medical providers can be attributed to defendants (carriers and third-party administrators) through their adjusters. This equates to \$138.00 per year in extra costs to private sector defendants for filing these documents via EDFP versus email.

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<sup>13</sup> Based on the data cited in the Commission's prior approved fiscal note dated July 18, 2018.

<sup>14</sup> This number is based on the Commission's estimate that 90% of these 560 documents filed were filed by non-medical providers.

***Form 25N with no IC file number***

A total of 4,464 Forms 25N with no IC file number were filed in Fiscal Year 2018-19. Attributing 89% of these to the private sector equates to \$2,442.00 per year in extra costs to the private sector for filing these forms via EDFP versus email.

***Benefits to Defendants (Carriers and Third-Party Administrators)***

Filing the Forms 51 and 25N and the documents sent to the Commission's Medical Fees Section via EDFP as opposed to email in all cases (even when there is no IC file number) has non-quantifiable, but important and noteworthy, benefits to the defendants in the private sector. An EDFP filer is able to ensure that the form or other document is being uploaded to the correct Industrial Commission file and that the upload is properly characterized as the correct form or other document. An EDFP filer also receives an email receipt from the Commission confirming the EDFP filing. None of these advantages exist when forms and other documents are being submitted via email.

**MEDICAL PROVIDERS*****Costs to Medical Providers***

Since medical providers have not been filing documents via EDFP, there will be some time spent by them registering for and learning how to use EDFP. Each medical provider filer likely will spend 10-15 minutes registering for and learning how to use EDFP. However, this will be a one-time occurrence for medical provider filers.

Assuming there are about 56<sup>15</sup> medical providers who will need to do this, this is a time cost of time of up to 840 minutes. Based upon North Carolina's Occupation Employment and Wages survey, the average salary for a North Carolina medical provider staff person doing administrative tasks is \$117,650.00 equating to \$168,312.00 in total compensation including salary and benefits. The per-minute cost for this position is \$1.35. Therefore, the one-time, initial cost for medical providers to register and learn how to use EDFP equates to \$1,133.00 in extra costs to medical providers in the private sector.

In addition to this initial time cost, the annual time cost for medical providers of filing 56 additional documents per year via EDFP instead of email, given that filing via EDFP takes an additional 53 seconds of time, equates to \$67.00 in extra costs to medical providers in the private sector.

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<sup>15</sup> This number is based on the fact that no more than 10% of the documents filed with the Commission's Medical Fees Section are attributable to medical providers and in Fiscal Year 2018-19, 560 documents were filed with the Medical Fees Section.

### **Benefits to Medical Providers**

Filing documents sent to the Commission's Medical Fees Section via EDPF as opposed to email has non-quantifiable, but important and noteworthy, benefits to medical providers. An EDPF filer is able to ensure that the document is being uploaded to the correct Industrial Commission file and that the upload is properly characterized as the correct document. An EDPF filer also receives an email receipt from the Commission confirming the EDPF filing. None of these advantages exist when documents are being submitted via email.

#### **2. *11 NCAC 23A .0109, .0302; 11 NCAC 23B .0105***

The proposed amendments to these rules no longer allow attorneys, insurance carriers, third-party administrators, or self-insured employers to provide their updated or current contact information to the Commission by sending an email to a designated email address. Instead, these parties will have to submit notifications to the Commission regarding their contact information via EDPF. The proposed amendments to these rules will not affect unrepresented plaintiffs or unrepresented non-insured employers and, therefore, will have no fiscal impact on them.

The Commission estimates that up to 300 contact information updates may be filed annually pursuant to 11 NCAC 23A .0109 and up to 170 may be filed annually pursuant to 11 NCAC 23B .0105. The Commission's statistics show that 65 contact information notifications have been filed pursuant to 11 NCAC 23A .0302 in the past year.

There will be additional costs of time for all parties to provide this information via EDPF instead of by email. These costs are expected to be minimal due to the small time difference (53 seconds) and the small number of contacts per year and are not quantified in this analysis.

### **Benefits to State, Local, and Private Sector Filers and the Commission**

Having the parties put their own contact information into EDPF will give them more control over the contact information updating process and will eliminate the chance that the Commission will mis-type their updated contact information from an email. Submitting contact information via EDPF also will provide the parties with a receipt from the Commission for the filing of the contact information. While non-quantifiable, these benefits are important and noteworthy.

#### **3. *11 NCAC 23L .0101, .0102, .0103, and .0105***

These four rules are Industrial Commission forms (the Form 21, 26, 26A, and T-42, respectively). Since the form filing instructions in these rules do not conform with the current filing practice of the regulated parties, these four rules are being

amended to reflect the current filing practice and, in the case of 11 NCAC 23L .0105, the rule is being further amended to require all Forms T-42 (even those without an IC file number) to be filed via EDFP, unless the filer is an unrepresented plaintiff.

With respect to 11 NCAC 23L .0101, .0102, and .0103, the form filing instructions direct the filer to submit the form to the Commission via mail even though the filers have been submitting the form to the Commission via EDFP since at least June of 2018. These three rules became effective in July of 2015 and have not been amended since then, so the filing instructions need to be amended to reflect the current practice of filing these forms via EDFP and to bring the form filing instructions in conformity with the Commission's electronic filing rule.

With respect to 11 NCAC 23L .0105, the form filing instructions direct all filers to submit the form to the Commission via an email to the Commission's Dockets Section, even though attorney filers have been submitting the form to the Commission via EDFP (unless the claim has no IC file number) since the form became effective in March of 2019. It appears to have been an oversight for the form filing instructions in the rule to direct all filers to file this form in all cases via email.

**a. Impact on the Industrial Commission**

**Costs to the Industrial Commission**

The Commission already has document types in EDFP for all four of these forms, so there are no costs associated with the proposed amendments in terms of adding these document types to EDFP. And for Forms T-42 with no IC file number, the work necessary to allow them to be filed via EDFP is covered under the Commission's contract for its new legal case management system.

**Benefits to the Industrial Commission**

Since the Form 21, Form 26, and Form 26A already are being filed via EDFP by filers, no additional benefits will accrue to the Commission by amending Rules 11 NCAC 23L .0101, .0102, and .0103 to require EDFP filing. For the Forms T-42 with no IC file number, however, requiring these to be submitted via EDFP instead of via email will save the Commission an average of 1.5 minutes of staff time per document, based on prior studies conducted by the Commission for prior approved fiscal notes.

Since the creation of the Form T-42, which only became effective in March of 2019, two Forms T-42 have been filed at the Commission. Assuming that in a given year, the Commission receives up to five Forms T-42 and assuming that none of the five Forms T-42 are filed by an unrepresented plaintiff (who would be

exempt from the EDFP filing requirement) but all five of the Forms T-42 have no IC file number, a savings of up to \$3.23 would accrue to the Commission annually for the savings of 7.5 minutes of staff time, if we assume that the Commission staff member processing the Form T-42 earns an average of \$26.08 in total hourly compensation for a per-minute cost of \$0.43 for this position.

**b. Impact on Filers**

The filers of the Forms 21, 26, and 26A are insurance carriers or third-party administrators, or their attorneys. These insurance carriers or third-party administrators (or their attorneys) may be filing these forms on behalf of the State, local government, or the private sector. Plaintiffs never file a Form 21, 26, or 26A. Because the current filing practice already is for the filers of the Forms 21, 26, and 26A to file these forms via EDFP, the proposed rule amendments to 11 NCAC 23L .0101, .0102, and .0103 should have no fiscal impact on the filers.

The filers of the Form T-42 are either attorneys for a plaintiff, attorneys being appointed as guardians ad litem, or unrepresented plaintiffs. However, unrepresented plaintiffs are exempt from EDFP filing requirements and, therefore, the proposed rule amendment to 11 NCAC 23L .0105 have no fiscal impact on them. The attorney filers of the Form T-42 are part of the private sector.

**Costs to State, Local, and Private Sector Filers**

There are no State or local government costs associated with any of the proposed amendments to these form rules regarding EDFP filing because the only forms filed by the State or local government (the Forms 21, 26, and 26A) already are being filed by them via EDFP.

The only private sector costs associated with any of the proposed amendments to these form rules regarding EDFP filing is the additional time cost to attorneys for plaintiffs or attorneys being appointed as guardians ad litem who will be required to file Forms T-42 that have no IC file number via EDFP as opposed to via email. Assuming that in a given year, private sector attorneys' offices will have to file up to five Forms T-42 without IC file numbers via EDFP as opposed to via email, assuming that it takes an additional 53 seconds to file a document via EDFP as opposed to email, and assuming that the per-minute cost of the position held by the attorney office staff member filing the Form T-42 is \$0.56, this equates to \$2.00 per year in extra costs to the private sector.

**Benefits to State, Local and Private Sector Filers**

There are no State or local government benefits associated with any of the proposed amendments to these form rules regarding EDFP filing because the only forms filed by the State or local government (the Forms 21, 26, and 26A) already are being filed by them via EDFP.

Filing Forms T-42 with no IC file number via EDPF as opposed to email in all cases (even when there is no IC file number) has non-quantifiable, but important and noteworthy, benefits to private sector filers. An EDPF filer is able to ensure that the form is being uploaded to the correct Industrial Commission file and that the upload is properly characterized as the correct form. An EDPF filer also receives an email receipt from the Commission confirming the EDPF filing. None of these advantages exist when forms are being submitted via email.

**C. Summary of Aggregate Impact:**

The chart on the next page depicts the expected costs and benefits each year to the State through the Industrial Commission, the State as an employer, local government as an employer, and the private sector expected to result from the proposed rule amendments that are the subject of this fiscal note.

The monetized costs and benefits of the proposed rule amendments amount to an annual benefit of over \$15,500.00 to the Commission from efficiency savings and costs to filers due to increased filing time ranging from approximately \$120.00 to approximately \$8,200.00 per year. The net impact to all parties is a benefit of approximately \$3,000.00. However, this estimate excludes the unquantified but important and noteworthy benefit of reduced risk of error in the EDPF system. Most of these costs and benefits, with the exception of medical provider registration, are expected to continue indefinitely.

<b>Costs and Benefits by Affected Party</b>	<b>Annual Impact</b>	<b>By Form</b>
Benefits from reduced errors - all parties	<b>Unquantified</b>	Unquantified
Commission	<b>\$ 15,560</b>	
State gov filers	<b>\$ (124)</b>	
Form 51		\$ (7)
Form 25N		\$ (89)
Medical Fees Section docs		\$ (10)
Form T-3		\$ (18)
Local gov filers	<b>\$ (226)</b>	
Form 51		\$ (15)
Form 25N		\$ (190)
Medical Fees Section docs		\$ (21)
Private filers, plaintiffs	<b>\$ (8,216)</b>	
Form 18		\$ (5,133)
Form 18B		\$ (178)
Representation letter		\$ (3,208)
Rehab referrals		\$ (59)
Form T1		\$ 461
Medical Fees Section docs		\$ (111)
Form T-42		\$ (2)
Pre-affidavit motions		\$ 15
Private filers, defendants	<b>\$ (2,775)</b>	
Form 51		\$ (195)
Form 25N		\$ (2,442)
Medical Fees Section docs		\$ (138)
Medical providers	<b>\$ (1,200)</b>	
Register and train for EDFP (one time)		\$ (1,133)
Medical Fees Section docs		\$ (67)
<b>Net impact to all parties, excluding unquantified benefits</b>		
	<b>\$ 3,020</b>	



# APPENDIX 1

Text of nine Rules proposed for amendment:

11 NCAC 23A .0108

11 NCAC 23A .0109

11 NCAC 23A .0302

11 NCAC 23B .0104

11 NCAC 23B .0105

11 NCAC 23L .0101

11 NCAC 23L .0102

11 NCAC 23L .0103

11 NCAC 23L .0105

1 11 NCAC 23A .0108 is proposed for amendment as follows:

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**11 NCAC 23A .0108 ELECTRONIC FILINGS WITH THE COMMISSION; HOW TO FILE**

(a) All documents filed with the Commission in workers' compensation cases shall be submitted electronically in accordance with this Rule. Any document transmitted to the Commission in a manner not in accordance with this Rule shall not be accepted for filing. Any document filed with the Commission that requires contemporaneous payment of a processing fee pursuant to Rule 11 NCAC 23E .0203 shall not be deemed filed until the fee has been paid in full. The electronic filing requirements of this Rule shall not apply to ~~employees, medical providers,~~ employees or non-insured employers without legal representation. ~~Employees, medical providers,~~ Employees and non-insured employers without legal representation may file all documents with the Commission via the Commission's Electronic Document Filing Portal ("~~EDFP~~"), ("EDFP") or by sending the documents to the Clerk of the Industrial Commission via electronic mail, mail (dockets@ic.nc.gov), facsimile, U.S. Mail, private courier service, or hand delivery.

(b) Except as set forth in Paragraphs (d) and (e) of this Rule, all documents required to be submitted electronically to the Commission shall be filed transmitted to the Commission via EDFP. Information regarding how to ~~register for and use EDFP~~ is available at <http://www.ic.nc.gov/training.html>. In the event EDFP is inoperable, all documents required to be filed via EDFP shall be transmitted to the Commission via electronic mail to [edfp@ic.nc.gov](mailto:edfp@ic.nc.gov). Documents required to be filed via EDFP that are sent to the Commission via electronic mail when EDFP is operable shall not be accepted for filing.

(c) Transcripts of depositions shall be filed with the Commission pursuant to this Rule by the court reporting service. Transcripts filed with the Commission shall have only one page of text per page and shall include all exhibits. The parties shall provide the Commission's court reporting service with the information necessary to effectuate filing of the deposition transcripts and attached exhibits via EDFP. If an exhibit to a deposition is in a form that makes submission of an electronic copy impracticable, counsel for the party offering the exhibit shall make arrangements with the Commission to facilitate the submission of the exhibit. Condensed transcripts and paper copies of deposition transcripts shall not be accepted for filing.

(d) A Form 19 shall be filed as the first report of injury (FROI) via electronic data interchange (EDI), except in claims involving non-insured ~~employers~~ employers, ~~or~~ in claims for lung disease, in claims with multiple employers or multiple carriers, or in claims with six-character IC file numbers, in which case the Form 19 shall be filed electronically ~~via EDFP to forms@ic.nc.gov, by mail to 1235 Mail Service Center, Raleigh, North Carolina 27699 1235,~~ or as otherwise permitted pursuant to Paragraph (a) of this Rule. Information regarding how to register for and use EDI is available at [www.ncicedi.info](http://www.ncicedi.info).

~~(e) The workers' compensation forms and documents listed in Table 1 shall not be required to be transmitted via EDFP provided all applicable qualifying conditions are met.~~

Table 1: Forms and documents exempt from EDFP filing requirements and how to file them:

DOCUMENT	QUALIFYING CONDITION(S)	HOW TO FILE
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Form 18	No IC file number has been assigned	Electronically to forms@ic.nc.gov, by mail to 1235 Mail Service Center, Raleigh, North Carolina 27699-1235, or as otherwise permitted pursuant to Paragraph (a) of this Rule
Form 18B	Always exempt from EDFP filing requirement	Electronically to forms@ic.nc.gov, by mail to 1235 Mail Service Center, Raleigh, North Carolina 27699-1235, or as otherwise permitted pursuant to Paragraph (a) of this Rule
Form 51	Always exempt from EDFP filing requirement	Electronically to forms@ic.nc.gov
Plaintiff's Attorney Representation Letter	No IC file number has been assigned	Electronically to forms@ic.nc.gov
Documents to be filed with the Commission's Compliance & Fraud Investigative Division	Always exempt from EDFP filing requirement	Electronically to fraudecomplaints@ic.nc.gov or as otherwise permitted pursuant to Paragraph (a) of this Rule
Documents to be filed with the Commission's Medical Fees Section	Always exempt from EDFP filing requirement	Electronically to medicalfees@ic.nc.gov or as otherwise permitted pursuant to Paragraph (a) of this Rule
Documents to be filed with the Commission's Safety Education & Training Section	Always exempt from EDFP filing requirement	Electronically to safety@ic.nc.gov or as otherwise permitted pursuant to Paragraph (a) of this Rule
A Form 25N to be filed with the Commission's Medical Rehabilitation Nurses Section	No IC file number has been assigned	Electronically to 25N@ic.nc.gov
Rehabilitation referrals to be filed with the Commission's Medical Rehabilitation Nurses Section	No IC file number has been assigned	Electronically to rehab.referrals@ic.nc.gov

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- 2 (e) Documents to be filed with the Criminal Investigations & Employee Classification Division regarding fraud
- 3 complaints shall be submitted electronically to [fraudcomplaints@ic.nc.gov](mailto:fraudcomplaints@ic.nc.gov). Documents to be filed with the Criminal

1 Investigations & Employee Classification Division regarding employee misclassification shall be submitted  
 2 electronically to [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov). Safety rules to be filed with the Commission under 11 NCAC 23A  
 3 .0411 shall be submitted electronically to [safety@ic.nc.gov](mailto:safety@ic.nc.gov).

4 (f) A self-insured employer, carrier or guaranty association, third-party administrator, court reporting service, medical  
 5 provider, or law firm may apply to the Commission for an emergency temporary waiver of the electronic filing  
 6 requirement set forth in Paragraph (a) of this Rule when it is unable to comply because of temporary technical  
 7 problems or lack of electronic mail or internet access. The request for an emergency temporary waiver shall be  
 8 included with any filing submitted via facsimile, U.S. Mail, or hand delivery due to such temporary technical or access  
 9 issues.

10 (g) A Notice of Appeal to the North Carolina Court of Appeals shall be accepted for filing by the Commission via  
 11 ~~EDFP or U.S. Mail.~~ EDFP, U.S. Mail, hand delivery, or any other means allowed by the Rules of Appellate Procedure  
 12 or applicable statutes governing appeals from the General Courts of Justice. Notwithstanding the foregoing,  
 13 employees and non-insured employers without legal representation may file all documents with the Commission as  
 14 provided in Paragraph (a) of this Rule.

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 16 *History Note: Authority G.S. 97-80; 97-81; 97-86;*  
 17 *Eff. February 1, 2016;*  
 18 *Amended Eff. February 1, 2017;*  
 19 *Recodified from 04 NCAC 10A .0108 Eff. June 1, 2018;*  
 20 *Amended Eff. December 1, 2018;*  
 21 *Amended Eff. \_\_\_\_\_.*  
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1 11 NCAC 23A .0109 is proposed for amendment as follows:

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**11 NCAC 23A .0109 CONTACT INFORMATION**

(a) "Contact information" for purposes of this Rule shall include telephone number, facsimile number, email address, and mailing address.

(b) All attorneys of record with matters before the Commission shall inform the Commission ~~in writing~~ of any change in the attorney's contact information via ~~email to [dockets@ic.nc.gov](mailto:dockets@ic.nc.gov)~~, the Commission's Electronic Document Filing Portal ("EDFP").

(c) All unrepresented persons or entities with matters before the Commission shall inform the Commission upon any change to their contact information in the following manner:

(1) All employees who are not represented by counsel shall inform the Commission of any change in contact information by filing a written notice via ~~EDFP, the Commission's Electronic Document Filing Portal ("EDFP")~~, email to [forms@ic.nc.gov](mailto:forms@ic.nc.gov), facsimile, U.S. Mail, private courier service, or hand delivery.

(2) All non-insured employers that are not represented by counsel shall inform the Commission of any change in contact information by filing a written notice via EDPF, email to [dockets@ic.nc.gov](mailto:dockets@ic.nc.gov), facsimile, U.S. Mail, private courier service, or hand delivery.

*History Note: Authority G.S. 97-80;  
Eff. January 1, 2019;  
Amended Eff. \_\_\_\_\_.*

1 11 NCAC 23A .0302 is proposed for amendment as follows:

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3 **11 NCAC 23A .0302 REQUIRED CONTACT INFORMATION FROM CARRIERS**

4 All insurance carriers, third party administrators, and self-insured employers shall designate a primary contact person  
5 for workers' compensation issues in North Carolina and shall maintain and provide annually on July 1 to the Director  
6 of Claims Administration of the Commission via the Commission's Electronic Document Filing Portal ("EDFP")  
7 ~~email at rule302@ic.nc.gov~~, the primary contact person's current contact information, including direct telephone and  
8 facsimile numbers, mailing addresses, and email addresses. Contact information shall be updated within 30 days of  
9 any change.

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11 *History Note: Authority G.S. 97-80(a); 97-94;*

12 *Eff. January 1, 2011;*

13 *Amended Eff. November 1, 2014;*

14 *Recodified from 04 NCAC 10A .0302 Eff. June 1, 2018;*

15 *Amended Eff. December 1, 2018;*

16 *Amended Eff. \_\_\_\_\_.*

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1 11 NCAC 23B .0104 is proposed for amendment as follows:  
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3 **11 NCAC 23B .0104 ELECTRONIC FILINGS WITH THE COMMISSION; HOW TO FILE**

4 (a) All filings to the Commission in tort claims shall be submitted electronically in accordance with this Rule. Any  
5 document transmitted to the Commission in a manner not in accordance with this Rule shall not be accepted for filing.  
6 Plaintiffs without legal representation may file all documents with the Office of the Clerk of the Commission via the  
7 Commission's Electronic Document Filing Portal (~~EDFP~~), (~~EDFP~~) or by sending the documents to the Clerk of the  
8 Industrial Commission via electronic mail, mail (dockets@ic.nc.gov), facsimile, U.S. Mail, private courier service, or  
9 hand delivery.

10 (b) ~~Except as set forth in Paragraph (c) of this Rule, all documents shall be transmitted to the Commission via EDFP.~~  
11 Information regarding how to register for and use EDFP is available at <http://www.ic.nc.gov/training.html>. In the  
12 event EDFP is inoperable, all documents required to be filed via EDFP shall be transmitted to the Commission via  
13 electronic mail to edfp@ic.nc.gov. Documents required to be filed via EDFP that are sent to the Commission via  
14 electronic mail when EDFP is operable shall not be accepted for filing.

15 (c) ~~The tort claims forms and documents listed in Table 1 shall not be required to be transmitted via EDFP provided~~  
16 ~~all applicable qualifying conditions are met.~~  
17

18 Table 1: ~~Forms and documents exempt from EDFP filing requirements and how to file them:~~

DOCUMENT	QUALIFYING CONDITION(S)	HOW TO FILE
Form T-1	No IC file number has been assigned	Hand delivery to the Industrial Commission's main office or by mail to 1236 Mail Service Center, Raleigh, North Carolina 27699-1236.
Form T-3	No IC file number has been assigned	Email to dockets@ic.nc.gov, hand delivery to the Industrial Commission's main office, or by mail to 1236 Mail Service Center, Raleigh, North Carolina; 27699-1236
<del>Pre-affidavit motion under Rule 9(j)(3) of the Rules of Civil Procedure to extend the Statute of Limitations.</del>	<del>No IC file number has been assigned.</del>	<del>Hand delivery to the Industrial Commission's main office or by mail to 1236 Mail Service Center, Raleigh, North Carolina 27699-1236.</del>

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20 (d) ~~A one year waiver shall be granted to an attorney who notifies the Commission of the attorney's inability to~~  
21 ~~comply with the electronic filing requirements in Paragraph (a) of this Rule due to a lack of the necessary internet~~  
22 ~~technology resources. The notification shall indicate why the attorney is unable to comply with the rule and outline~~  
23 ~~the attorney's plan for coming into compliance within the one year period. The notification shall be filed with the~~  
24 ~~Office of the Clerk of the Commission via facsimile or U.S. Mail. This Paragraph shall expire one year from the~~  
25 ~~effective date of this Rule.~~

1 ~~(c)~~ (e) Any party may apply to the Commission for an emergency temporary waiver of the electronic filing  
2 requirement set forth in Paragraph (a) of this Rule if it is unable to comply because of temporary technical problems  
3 or lack of electronic mail or internet access. The request for an emergency temporary waiver shall be included with  
4 any filing submitted via facsimile, U.S. Mail, or hand delivery due to such temporary technical or access issues.

5 ~~(d)~~ (f) A Notice of Appeal to the North Carolina Court of Appeals shall be accepted for filing by the Commission via  
6 ~~EDFP or U.S. Mail.~~ EDFP, U.S. Mail, hand delivery, or any other means allowed by the Rules of Appellate Procedure  
7 or applicable statutes governing appeals from the General Courts of Justice. Notwithstanding the foregoing, plaintiffs  
8 without legal representation may file all documents with the Commission as provided in Paragraph (a) of this Rule.

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10 *History Note:* Authority G.S. 143-291; 143-291.2; 143-293; 143-297; 143-300;  
11 *Eff. May 1, 2000;*  
12 *Amended Eff. July 1, 2014;*  
13 *Recodified from 04 NCAC 10B .0104 Eff. June 1, 2018;*  
14 *Amended Eff. March 1, 2019;*  
15 *Amended Eff. \_\_\_\_\_.*  
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1 11 NCAC 23B .0105 is proposed for amendment as follows:

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**11 NCAC 23B .0105 CONTACT INFORMATION**

(a) "Contact information" for purposes of this Rule shall include telephone number, facsimile number, email address, and mailing address.

(b) All persons or entities without legal representation who have matters pending before the Commission shall advise the Commission upon any change in contact information by filing a written notice via the Commission's Electronic Document Filing Portal ("EDFP"), electronic ~~mail~~ mail (dockets@ic.nc.gov), facsimile, U.S. Mail, private courier service, or hand delivery.

(c) A plaintiff without legal representation who was an inmate in the North Carolina Division of Adult Corrections at the time of filing his or her tort claim, shall, within thirty (30) days of release, provide the Commission with written notice of his or her post-release contact information in any manner authorized in Paragraph (b) of this Rule. Following the initial written notice of post-release contact information, the previously incarcerated plaintiff shall continue to advise the Commission upon all changes in contact information in accordance with Paragraph (b) of this Rule.

(d) All attorneys of record with matters before the Commission shall inform the Commission in writing of any change in the attorney's or the represented party's contact information via ~~email to dockets@ic.nc.gov~~ EDFP.

*History Note: Authority G.S. 143-291; 143-300;*  
*Eff. March 1, 2019;*  
*Amended Eff. \_\_\_\_\_.*

1 11 NCAC 23L .0101 is proposed for amendment as follows:

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**SUBCHAPTER 23L – INDUSTRIAL COMMISSION FORMS**

**SECTION .0100 – WORKERS’ COMPENSATION FORMS**

**11 NCAC 23L .0101 FORM 21 – AGREEMENT FOR COMPENSATION FOR DISABILITY**

~~(a) (Effective until July 1, 2015) The parties to a workers' compensation claim shall use the following Form 21, Agreement for Compensation for Disability, for agreements regarding disability and payment of compensation therefor pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for permanent partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where applicable. The Form 21, Agreement for Compensation for Disability, shall read as follows:~~

~~North Carolina Industrial Commission  
Agreement for Compensation for Disability  
(G.S. 97-82)~~

~~IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_~~

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

\_\_\_\_\_  
\_\_\_\_\_  
Employee's Name  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

2 \_\_\_\_\_

3 Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4 \_\_\_\_\_

5 Insurance Carrier \_\_\_\_\_

6 \_\_\_\_\_

7 Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8 \_\_\_\_\_

9 Carrier's Telephone Number \_\_\_\_\_ Carrier's Fax Number \_\_\_\_\_

10 \_\_\_\_\_

11 We, The Undersigned, Do Hereby Agree And Stipulate As Follows:

12 1. \_\_\_\_\_ All parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and  
13 \_\_\_\_\_ is the carrier/administrator for the employer.

14 2. \_\_\_\_\_ The employee sustained an injury by accident or the employee contracted an occupational disease arising out  
15 of and in the course of employment on or by \_\_\_\_\_.

16 3. \_\_\_\_\_ The injury by accident or occupational disease resulted in the following injuries: \_\_\_\_\_  
17 \_\_\_\_\_.

18 4. \_\_\_\_\_ The employee  was /  was not paid for the entire day when the injury occurred.

19 5. \_\_\_\_\_ The average weekly wage of the employee at the time of the injury, including overtime and all allowances,  
20 was \$ \_\_\_\_\_, subject to verification unless otherwise agreed upon in Item 9 below.

21 6. \_\_\_\_\_ Disability resulting from the injury or occupational disease began on \_\_\_\_\_.

22 7. \_\_\_\_\_ The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of  
23 \$ \_\_\_\_\_ per week beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks.

24 8. \_\_\_\_\_ The employee  has /  has not returned to work for \_\_\_\_\_  
25 on \_\_\_\_\_, at an average weekly wage of \$ \_\_\_\_\_.

26 9. \_\_\_\_\_ State any further matters agreed upon, including disfigurement, permanent partial, or temporary partial  
27 disability: \_\_\_\_\_.

28 10. \_\_\_\_\_ If applicable, the Second Injury Fund Assessment is \$ \_\_\_\_\_. Check  is  is not attached.

29 11. \_\_\_\_\_ The date of this agreement is \_\_\_\_\_. Date of first payment: \_\_\_\_\_ Amount: \_\_\_\_\_.

30 12. \_\_\_\_\_ IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement  
31 is \$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of  
32 the fee in advance, and if your award is \$3,000.00 or less, you are not responsible for any portion of the fee. If your  
33 award is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer  
34 agree otherwise.

35 Check one of the boxes below if the award is more than \$3,000.00:

36  The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.

37  The employee and employer have agreed that the employer will pay the entire fee.

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\_\_\_\_\_  
Name Of Employer \_\_\_\_\_ Signature \_\_\_\_\_ Title

\_\_\_\_\_  
\_\_\_\_\_  
Name Of Carrier / Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Title

By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Pages 1 and 2 of this form.

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Address

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Employee's Attorney \_\_\_\_\_ Address

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

\_\_\_\_\_  
\_\_\_\_\_  
Claims Examiner \_\_\_\_\_ Date

\_\_\_\_\_  
\_\_\_\_\_  
Attorney's Fee Approved

- Check Box If No Attorney Retained.
- Check Box If Employee Is In Managed Care.

~~IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS~~

~~Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.~~

~~IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS~~

~~If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.~~

1 ~~IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL~~  
2 ~~MEDICAL BENEFITS~~

3 ~~If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several~~  
4 ~~factors. Your right to payment of future medical compensation will terminate two years after your employer or~~  
5 ~~carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think~~  
6 ~~you will need future medical compensation, you must apply to the Industrial Commission in writing within two years,~~  
7 ~~or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M, Employee's~~  
8 ~~Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~

9  
10 ~~IMPORTANT NOTICE TO EMPLOYER~~

11  
12 ~~The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC~~  
13 ~~23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or~~  
14 ~~carrier/administrator must submit the agreement to the Industrial Commission, or show cause for not submitting the~~  
15 ~~agreement. The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical~~  
16 ~~Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.~~

17  
18 ~~NEED ASSISTANCE?~~

19  
20 ~~If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at~~  
21 ~~(800) 688-8349.~~

22  
23 ~~Form 21~~  
24 ~~11/2014~~

25  
26 ~~Self-Insured Employer or Carrier, Mail to:~~  
27 ~~NCIC - Claims Section~~  
28 ~~4335 Mail Service Center~~  
29 ~~Raleigh, NC 27699-4335~~  
30 ~~Telephone: (919) 807-2502~~  
31 ~~Helpline: (800) 688-8349~~  
32 ~~Website: <http://www.ic.nc.gov/>~~

33  
34 ~~(a) (Effective July 1, 2015)~~ The parties to a workers' compensation claim shall use the following Form 21, *Agreement*  
35 *for Compensation for Disability*, for agreements regarding disability and payment of compensation therefor pursuant  
36 to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for permanent

1 partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501,  
2 where applicable. The Form 21, *Agreement for Compensation for Disability*, shall read as follows:

3

4 North Carolina Industrial Commission  
5 Agreement for Compensation for Disability  
6 (G.S. 97-82)

7

8 IC File # \_\_\_\_\_  
9 Emp. Code # \_\_\_\_\_  
10 Carrier Code # \_\_\_\_\_  
11 Carrier File # \_\_\_\_\_  
12 Employer FEIN \_\_\_\_\_

13

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

15

16 \_\_\_\_\_

17 Employee's Name

18 \_\_\_\_\_

19 Address

20 \_\_\_\_\_

21 City State Zip

22 \_\_\_\_\_

23 Home Telephone Work Telephone

24 Last 4 digits of Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

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26 \_\_\_\_\_

27 Employer's Name Telephone Number

28 \_\_\_\_\_

29 Employer's Address City State Zip

30 \_\_\_\_\_

31 Insurance Carrier

32 \_\_\_\_\_

33 Carrier's Address City State Zip

34 \_\_\_\_\_

35 Carrier's Telephone Number Carrier's Fax Number

36

37 We, The Undersigned, Do Hereby Agree And Stipulate As Follows:

1 1. All parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and  
2 \_\_\_\_\_ is the carrier/administrator for the employer.

3 2. The employee sustained an injury by accident or the employee contracted an occupational disease arising out  
4 of and in the course of employment on or by \_\_\_\_\_.

5 3. The injury by accident or occupational disease resulted in the following injuries: \_\_\_\_\_  
6 \_\_\_\_\_.

7 4. The employee  was/  was not paid for the entire day when the injury occurred.

8 5. The average weekly wage of the employee at the time of the injury, including overtime and all allowances,  
9 was \$ \_\_\_\_\_, subject to verification unless otherwise agreed upon in Item 9 below.

10 6. Disability resulting from the injury or occupational disease began on \_\_\_\_\_.

11 7. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of  
12 \$ \_\_\_\_\_ per week beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks.

13 8. The employee  has /  has not returned to work for \_\_\_\_\_  
14 on \_\_\_\_\_, at an average weekly wage of \$ \_\_\_\_\_.

15 9. State any further matters agreed upon, including disfigurement, permanent partial, or temporary partial  
16 disability: \_\_\_\_\_.

17 10. If applicable, the Second Injury Fund Assessment is \$ \_\_\_\_\_. Check  is  is not attached.

18 11. The date of this agreement is \_\_\_\_\_. Date of first payment: \_\_\_\_\_ Amount: \_\_\_\_\_.

19

20

21 Name Of Employer Signature Title

22

23 Name Of Carrier / Administrator Signature Title

24

25 By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on  
26 Page 2 of this form.

27

28 Signature of Employee Address

29

30 Signature of Employee's Attorney Address

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32 North Carolina Industrial Commission

33 The Foregoing Agreement Is Hereby Approved:

34 \_\_\_\_\_

35 Claims Examiner Date

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37 Attorney's Fee Approved

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- Check Box If No Attorney Retained.
- Check Box If Employee Is In Managed Care.

IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS

Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS

If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS

If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must apply to the Industrial Commission in writing file an application for additional medical compensation pursuant to G.S. 97-25.1 within two years, or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M, Employee's Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>. An application for additional medical compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by written request. In the alternative, an employee may file an application for additional medical compensation by filing a Form 33 Request that Claim be Assigned for Hearing pursuant to 11 NCAC 23A .0602. All Industrial Commission forms are available at <https://www.ic.nc.gov/forms.html>.

IMPORTANT NOTICE TO EMPLOYER

The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial ~~Commission~~ Commission, or show cause for not ~~submitting the agreement~~. The employer or carrier/administrator shall file a Form 28B, *Report of Compensation and*



1 *Medical Compensation Paid*, within 16 days after the last payment made pursuant to this agreement or be subject to  
2 a penalty.

3  
4 NEED ASSISTANCE?

5  
6 If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at  
7 (800) 688-8349.

8  
9 Form 21  
10 7/2015-7/2020

11  
12 Self-Insured Employer or Carrier, File via Electronic Document Filing Portal (“EDFP”):~~Carrier, Mail to:~~  
13 ~~NCIC – Claims Section~~  
14 ~~4335 Mail Service Center~~  
15 ~~Raleigh, NC 27699-4335~~  
16 ~~Telephone: (919) 807-2502~~  
17 ~~Helpline: (800) 688-8349~~  
18 ~~Website: <http://www.ic.nc.gov/>~~

19 <https://www.ic.nc.gov/docfiling.html>

20 Contact Information:

21 NCIC- Claims Administration

22 Telephone: (919) 807-2502

23 Helpline: (800) 688-8349

24 Website: <https://www.ic.nc.gov>

25  
26 (b) The copy of the form described in Paragraph (a) of this Rule can be accessed at  
27 <http://www.ic.nc.gov/forms/form21.pdf>~~https://www.ic.nc.gov/forms/form21.pdf~~. The form may be reproduced only  
28 in the format available at ~~http://www.ic.nc.gov/forms/form21.pdf~~ <https://www.ic.nc.gov/forms/form21.pdf> and may  
29 not be altered or amended in any way.

30  
31 *History Note:* Authority G.S. 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;  
32 Eff. November 1, 2014;  
33 Recodified from 04 NCAC 10L .0101 Eff. June 1, 2018;  
34 Amended Eff. \_\_\_\_\_.

35  
36

1 11 NCAC 23L .0102 is proposed for amendment as follows:

2

3 **11 NCAC 23L .0102 FORM 26 – SUPPLEMENTAL AGREEMENT AS TO PAYMENT OF**  
4 **COMPENSATION**

5 ~~(a) (Effective until July 1, 2015) If the parties to a workers' compensation claim have previously entered into an~~  
6 ~~approved agreement on a Form 21, Agreement for Compensation for Disability, or a Form 26A, Employer's Admission~~  
7 ~~of Employee's Right to Permanent Partial Disability, they shall use the following Form 26, Supplemental Agreement~~  
8 ~~as to Payment of Compensation, for agreements regarding subsequent additional disability and payment of~~  
9 ~~compensation pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of~~  
10 ~~compensation for permanent partial disability may also be included on the form. This form is necessary to comply~~  
11 ~~with Rule 11 NCAC 23A .0501, where applicable. The Form 26, Supplemental Agreement as to Payment of~~  
12 ~~Compensation, shall read as follows:~~

13

14 North Carolina Industrial Commission  
15 Supplemental Agreement as to Payment  
16 of Compensation (G.S. §97-82)

17

18 IC File # \_\_\_\_\_  
19 Emp. Code # \_\_\_\_\_  
20 Carrier Code # \_\_\_\_\_  
21 Carrier File # \_\_\_\_\_  
22 Employer FEIN \_\_\_\_\_

23

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

25

26 \_\_\_\_\_

27 Employee's Name

28 \_\_\_\_\_

29 Address

30 \_\_\_\_\_

31 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

32 \_\_\_\_\_

33 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

34 Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

35

36 \_\_\_\_\_

37 Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

1 \_\_\_\_\_  
2 Employer's Address \_\_\_\_\_ City State Zip

3 \_\_\_\_\_  
4 Insurance Carrier

5 \_\_\_\_\_  
6 Carrier's Address \_\_\_\_\_ City State Zip

7 \_\_\_\_\_  
8 Carrier's Telephone Number \_\_\_\_\_ Carrier's Fax Number

9  
10 We, The Undersigned, Do Hereby Agree and Stipulate As Follows:

11 1. \_\_\_\_\_ Date of injury: \_\_\_\_\_

12 2. \_\_\_\_\_ The employee  returned to work /  was rated on \_\_\_\_\_ (date), at a weekly wage of \$ \_\_\_\_\_.

13 3. \_\_\_\_\_ The employee became totally disabled on \_\_\_\_\_.

14 4. \_\_\_\_\_ Employee's average weekly wage  was reduced /  was increased on \_\_\_\_\_, from \$ \_\_\_\_\_  
15 per week to \$ \_\_\_\_\_ per week.

16 5. \_\_\_\_\_ The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate  
17 of \$ \_\_\_\_\_ per week.

18 Beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks. The type of disability compensation is  
19 \_\_\_\_\_.

20 6. \_\_\_\_\_ State any further matters agreed upon, including disfigurement or temporary partial disability:  
21 \_\_\_\_\_.

22 7. \_\_\_\_\_ IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement  
23 is \$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of  
24 the fee in advance, and if your award is \$3,000.00 or less, you are not responsible for any portion of the fee. If your  
25 award is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer  
26 agree otherwise.

27 Check one of the boxes below if the award is more than \$3,000.00:

28  The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.

29  The employee and employer have agreed that the employer will pay the entire fee.

30  
31 8. \_\_\_\_\_ The date of this agreement is \_\_\_\_\_.

32 \_\_\_\_\_  
33 Name Of Employer \_\_\_\_\_ Signature \_\_\_\_\_ Title

34 \_\_\_\_\_  
35 Name Of Carrier/Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Title

36

1 By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on  
2 Pages 1 and 2 of this form.

3 \_\_\_\_\_  
4 Signature of Employee \_\_\_\_\_ Address

5 \_\_\_\_\_  
6 Signature of Employee's Attorney \_\_\_\_\_ Address

7  
8  Check box if no attorney retained.

9  
10 North Carolina Industrial Commission  
11 The Foregoing Agreement Is Hereby Approved:

12 \_\_\_\_\_  
13 Claims Examiner \_\_\_\_\_ Date

14 \_\_\_\_\_  
15 Attorney's fee approved

16  
17 ~~IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM~~  
18 ~~PAYMENTS~~

19 ~~Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial~~  
20 ~~Commission in writing within two years from the date of receipt of your last compensation check or your rights to~~  
21 ~~these benefits may be lost.~~

22  
23 ~~IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL~~  
24 ~~MEDICAL BENEFITS~~

25 ~~If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably~~  
26 ~~necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.~~

27  
28 ~~IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL~~  
29 ~~MEDICAL BENEFITS~~

30 ~~If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several~~  
31 ~~factors. Your right to payment of future medical compensation will terminate two years after your employer or~~  
32 ~~carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think~~  
33 ~~you will need future medical compensation, you must apply to the Industrial Commission in writing within two years,~~  
34 ~~or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M, Employee's~~  
35 ~~Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~

36  
37 ~~IMPORTANT NOTICE TO EMPLOYER~~

1  
2 This form shall be used only to supplement Form 21, Agreement for Compensation for Disability (G.S. 97-82), or an  
3 award in cases in which subsequent conditions require a modification of a former agreement or award. The employee  
4 must be provided a copy of the form when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A  
5 .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator  
6 must submit the agreement to the Industrial Commission, or show cause for not submitting the agreement. The  
7 employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical Compensation Paid,  
8 within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.

9  
10 ~~NEED ASSISTANCE?~~

11  
12 If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at  
13 (800) 688-8349.

14  
15 Form 26  
16 11/2014

17  
18 ~~Self-Insured Employer or Carrier Mail to:~~  
19 ~~NCIC - Claims Administration~~  
20 ~~4335 Mail Service Center~~  
21 ~~Raleigh, North Carolina 27699-4335~~  
22 ~~Main Telephone: (919) 807-2500~~  
23 ~~Helpline: (800) 688-8349~~  
24 ~~Website: <http://www.ic.nc.gov/>~~

25  
26 (a) ~~(Effective July 1, 2015)~~ If the parties to a workers' compensation claim have previously entered into an approved  
27 agreement on a Form 21, *Agreement for Compensation for Disability*, or a Form 26A, *Employer's Admission of*  
28 *Employee's Right to Permanent Partial Disability*, they shall use the following Form 26, *Supplemental Agreement as*  
29 *to Payment of Compensation*, for agreements regarding subsequent additional disability and payment of compensation  
30 pursuant to G.S. 97-29 and 97-30. Additional issues agreed upon by the parties such as payment of compensation for  
31 permanent partial disability may also be included on the form. This form is necessary to comply with Rule 11 NCAC  
32 23A .0501, where applicable. The Form 26, *Supplemental Agreement as to Payment of Compensation*, shall read as  
33 follows:

34  
35 North Carolina Industrial Commission  
36 Supplemental Agreement as to Payment  
37 of Compensation (G.S. §97-82)

1  
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36

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Carrier File # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

Home Telephone Work Telephone  
Last 4 digits of Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name Telephone Number  
\_\_\_\_\_  
Employer's Address City State Zip

Insurance Carrier  
\_\_\_\_\_  
Carrier's Address City State Zip

Carrier's Telephone Number Carrier's Fax Number

We, The Undersigned, Do Hereby Agree and Stipulate As Follows:

1. Date of injury: \_\_\_\_\_.
2. The employee  returned to work /  was rated on \_\_\_\_\_ (date), at a weekly wage of \$ \_\_\_\_\_.
3. The employee became totally disabled on \_\_\_\_\_.
4. Employee's average weekly wage  was reduced /  was increased on \_\_\_\_\_, from \$ \_\_\_\_\_ per week to \$ \_\_\_\_\_ per week.

1 5. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of  
2 \$\_\_\_\_\_ per week.

3 Beginning \_\_\_\_\_, and continuing for \_\_\_\_\_ weeks. The type of disability compensation is  
4 \_\_\_\_\_.

5 6. State any further matters agreed upon, including disfigurement or temporary partial disability:  
6 \_\_\_\_\_.

7  
8 7. The date of this agreement is \_\_\_\_\_.

9  
10 Name Of Employer Signature Title

11  
12 Name Of Carrier/Administrator Signature Title

13  
14 By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on  
15 Page 2 of this form.

16  
17 Signature of Employee Address

18  
19 Signature of Employee's Attorney Address

20  
21  Check box if no attorney retained.

22  
23 North Carolina Industrial Commission  
24 The Foregoing Agreement Is Hereby Approved:

25  
26 Claims Examiner Date

27  
28 Attorney's fee approved

29  
30 IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM  
31 PAYMENTS

32 Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial  
33 Commission in writing within two years from the date of receipt of your last compensation check or your rights to  
34 these benefits may be lost.

35  
36 IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL  
37 MEDICAL BENEFITS

1 If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably  
2 necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

3  
4 **IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL**  
5 **MEDICAL BENEFITS**

6 If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several  
7 factors. Your right to payment of future medical compensation will terminate two years after your employer or  
8 carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think  
9 you will need future medical compensation, you must ~~apply to the Industrial Commission in writing~~ file an application  
10 for additional medical compensation pursuant to G.S. 97-25.1 within two years, or your right to these benefits may be  
11 lost. ~~To apply you may also use Industrial Commission Form 18M, Employee's Application for Additional Medical~~  
12 ~~Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~ An application for additional medical  
13 compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by  
14 written request. In the alternative, an employee may file an application for additional medical compensation by filing  
15 a Form 33 Request that Claim be Assigned for Hearing pursuant to 11 NCAC 23A .0602. All Industrial Commission  
16 forms are available at <https://www.ic.nc.gov/forms.html>.

17  
18 **IMPORTANT NOTICE TO EMPLOYER**

19  
20 This form shall be used only to supplement Form 21, *Agreement for Compensation for Disability* (G.S. 97-82), or an  
21 award in cases in which subsequent conditions require a modification of a former agreement or award. The employee  
22 must be provided a copy of the form when the agreement is signed by the employee. Pursuant to Rule 11 NCAC 23A  
23 .0501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator  
24 must submit the agreement to the Industrial Commission. ~~Commission, or show cause for not submitting the~~  
25 ~~agreement.~~—The employer or carrier/administrator shall file a Form 28B, *Report of Compensation and Medical*  
26 *Compensation Paid*, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.

27  
28 **NEED ASSISTANCE?**

29  
30 If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at  
31 (800) 688-8349.

32 Form 26  
33 7/2015/2020

34  
35  
36 Self-Insured Employer or Carrier, File via Electronic Document Filing Portal (“EDFP”); ~~Carrier Mail to:~~  
37 ~~NCIC Claims Administration~~



1 ~~4335 Mail Service Center~~  
2 ~~Raleigh, North Carolina 27699-4335~~  
3 ~~Main Telephone: (919) 807-2500~~  
4 ~~Helpline: (800) 688-8349~~  
5 ~~Website: <http://www.ic.nc.gov/>~~  
6 ~~<https://www.ic.nc.gov/docfiling.html>~~

7 Contact Information:  
8 NCIC- Claims Administration  
9 Telephone: (919) 807-2502  
10 Helpline: (800) 688-8349  
11 Website: <https://www.ic.nc.gov>

12

13 (b) The copy of the form described in Paragraph (a) of this Rule can be accessed at  
14 ~~<http://www.ic.nc.gov/forms/form26.pdf>~~~~<https://www.ic.nc.gov/forms/form26.pdf>~~. The form may be reproduced only  
15 in the format available at ~~<http://www.ic.nc.gov/forms/form26.pdf>~~ ~~<https://www.ic.nc.gov/forms/form26.pdf>~~ and may  
16 not be altered or amended in any way.

17

18 *History Note: Authority G.S. 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;*  
19 *Eff. November 1, 2014;*  
20 *Recodified from 04 NCAC 10L .0102 Eff. June 1, 2018;*  
21 *Amended Eff. \_\_\_\_\_.*

22

23

1 11 NCAC 23L .0103 is proposed for amendment as follows:

2

3 **11 NCAC 23L .0103 FORM 26A – EMPLOYER’S ADMISSION OF EMPLOYEE’S RIGHT TO**  
4 **PERMANENT PARTIAL DISABILITY**

5 ~~(a) (Effective until July 1, 2015)The parties to a workers' compensation claim shall use the following Form 26A,~~  
6 ~~Employer's Admission of Employee's Right to Permanent Partial Disability, for agreements regarding the employee's~~  
7 ~~entitlement to and the employer's payment of compensation for permanent partial disability pursuant to G.S. 97-31.~~  
8 ~~Additional issues agreed upon by the parties, such as election of payment of temporary partial disability pursuant to~~  
9 ~~G.S. 97-30, may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501, where~~  
10 ~~applicable. The Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, shall read as~~  
11 ~~follows:~~

12

13 *North Carolina Industrial Commission*  
14 *Employer's Admission of Employee's Right to Permanent Partial Disability*  
15 *(G.S. §97-31)*

16

17 *IC File # \_\_\_\_\_*  
18 *Emp. Code # \_\_\_\_\_*  
19 *Carrier Code # \_\_\_\_\_*  
20 *Carrier File # \_\_\_\_\_*  
21 *Employer FEIN \_\_\_\_\_*

22

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

24

25 \_\_\_\_\_

26 *Employee's Name*

27 \_\_\_\_\_

28 *Address*

29 \_\_\_\_\_

30 *City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_*

31 \_\_\_\_\_

32 *Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_*

33 *Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_*

34

35 \_\_\_\_\_

36 *Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_*

37 \_\_\_\_\_

1 ~~Employer's Address \_\_\_\_\_ City State Zip~~

2 \_\_\_\_\_

3 ~~Insurance Carrier~~

4 \_\_\_\_\_

5 ~~Carrier's Address \_\_\_\_\_ City State Zip~~

6 \_\_\_\_\_

7 ~~Carrier's Telephone Number \_\_\_\_\_ Carrier's Fax Number~~

8

9 ~~WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:~~

10 ~~1. All the parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and~~  
11 ~~\_\_\_\_\_ is the Carrier/Administrator for the Employer.~~

12 ~~2. The employee sustained an injury by accident or the employee contracted an occupational disease arising~~  
13 ~~out of and in the course of employment on \_\_\_\_\_.~~

14 ~~3. The injury by accident or occupational disease resulted in the following injuries:~~  
15 ~~\_\_\_\_\_.~~

16 ~~4. The employee  was  was not paid for the 7 day waiting period.~~  
17 ~~If not, was salary continued?  yes  no. Was employee paid for the date of injury?  yes  no~~

18 ~~5. The average weekly wage of the employee at the time of the injury, including overtime and all allowances,~~  
19 ~~was \$ \_\_\_\_\_. This results in a weekly compensation rate of \$ \_\_\_\_\_.~~

20 ~~6. The employee  has  has not returned full time to work for \_\_\_\_\_~~  
21 ~~on \_\_\_\_\_, at an average weekly wage of \$ \_\_\_\_\_.~~

22 ~~7. Claimant was released  with permanent restrictions  without permanent restrictions.~~

23 ~~8. Permanent partial disability compensation will be paid to the injured worker as follows:~~  
24 ~~\_\_\_\_\_ weeks of compensation at rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_ % rating to \_\_\_\_\_ (body part)~~

25 ~~\_\_\_\_\_ weeks of compensation at rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_ % rating to \_\_\_\_\_ (body part)~~

26 ~~\_\_\_\_\_ weeks of compensation at rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_ % rating to \_\_\_\_\_ (body part)~~

27 ~~Total amount of permanent partial disability compensation is \$ \_\_\_\_\_. Date of first~~  
28 ~~payment: \_\_\_\_\_.~~

29 ~~9. State any further matters agreed upon, including disfigurement, loss of teeth, election of temporary partial~~  
30 ~~disability, \_\_\_\_\_ waiting \_\_\_\_\_ period \_\_\_\_\_ or \_\_\_\_\_ other:~~

31 ~~\_\_\_\_\_.~~

32 ~~10. An overpayment is claimed in the amount of \$ \_\_\_\_\_. Overpayment was calculated as~~  
33 ~~follows: \_\_\_\_\_.~~

34 ~~If overpayment claimed, a Form 28B, Report of Compensation and Medical Compensation Paid, is attached.  yes~~  
35  ~~no~~

36 ~~11. If applicable, the Second Injury Fund Assessment is \$ \_\_\_\_\_. A check  is  is not~~  
37 ~~included.~~

1 ~~12. IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement is~~  
2 ~~\$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of the~~  
3 ~~fee in advance, and if your award is \$3,000.00 or less, you are not responsible for any portion of the fee. If your award~~  
4 ~~is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer agree~~  
5 ~~otherwise.~~

6 ~~Check one of the boxes below if the award is more than \$3,000.00:~~

7  ~~The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.~~

8  ~~The employee and employer have agreed that the employer will pay the entire fee.~~

9  
10 ~~The undersigned hereby certify that the material medical and vocational reports related to the injury have been~~  
11 ~~provided to the employee or the employee's attorney and have been filed with the Industrial Commission for~~  
12 ~~consideration pursuant to G.S. 97-82(a) and Rule 11 NCAC 23A .0501.~~

13  
14 \_\_\_\_\_  
15 *Name Of Employer* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date*

16 \_\_\_\_\_  
17 *Name Of Carrier/Administrator* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Direct Phone Number* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date*

18  
19 ~~By signing I enter into this agreement and certify that I have read the "Important Notices to Employee"~~  
20 ~~printed on pages 2 and 3 of this form.~~

21  
22 \_\_\_\_\_  
23 *Signature of Employee* \_\_\_\_\_ *Address* \_\_\_\_\_ *Date*

24 \_\_\_\_\_  
25 *Signature of Employee's Attorney* \_\_\_\_\_ *Address* \_\_\_\_\_ *Date*

26  
27  ~~Check box if no attorney retained.~~

28  
29 ~~North Carolina Industrial Commission~~  
30 ~~The Foregoing Agreement Is Hereby Approved:~~

31 \_\_\_\_\_  
32 *Claims Examiner* \_\_\_\_\_ *Date*

33 \_\_\_\_\_  
34 *Attorney's fee approved*

35  
36 ~~IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS~~

1 ~~Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial~~  
 2 ~~Commission in writing within two years from the date of receipt of your last compensation check or your rights to~~  
 3 ~~these benefits may be lost.~~

4  
 5 ~~IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL~~  
 6 ~~BENEFITS~~

7 ~~If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably~~  
 8 ~~necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.~~

9  
 10 ~~IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL~~  
 11 ~~MEDICAL BENEFITS~~

12 ~~If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several~~  
 13 ~~factors. Your right to payment of future medical compensation will terminate two years after your employer or~~  
 14 ~~carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think~~  
 15 ~~you will need future medical compensation, you must apply to the Industrial Commission in writing within two years,~~  
 16 ~~or your right to these benefits may be lost. To apply you may also use Industrial Commission 18M, Employee's~~  
 17 ~~Application for Additional Medical Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~

18  
 19 ~~IMPORTANT NOTICE TO EMPLOYER~~

20 ~~The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC~~  
 21 ~~23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or~~  
 22 ~~carrier/administrator must submit the agreement to the Industrial Commission, or show cause for not submitting the~~  
 23 ~~agreement. The employer or carrier/administrator shall file a Form 28B, Report of Compensation and Medical~~  
 24 ~~Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a penalty.~~

25  
 26 ~~NEED ASSISTANCE?~~

27 ~~If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at~~  
 28 ~~(800) 688-8349.~~

29  
 30 ~~Form 26A~~

31 ~~11/2014~~

32  
 33 ~~Self Insured Employer or Carrier Mail to:~~

34 ~~NCIC—Claims Administration~~

35 ~~4335 Mail Service Center~~

36 ~~Raleigh, North Carolina 27699-4335~~

37 ~~Main Telephone: (919) 807-2500~~

1 ~~Helpline: (800) 688-8349~~  
2 ~~Website: http://www.ic.nc.gov/~~

3  
4 (a) ~~(Effective July 1, 2015)~~ The parties to a workers' compensation claim shall use the following Form 26A,  
5 *Employer's Admission of Employee's Right to Permanent Partial Disability*, for agreements regarding the employee's  
6 entitlement to and the employer's payment of compensation for permanent partial disability pursuant to G.S. 97-31.  
7 Additional issues agreed upon by the parties, such as election of payment of temporary partial disability pursuant to  
8 G.S. 97-30, may also be included on the form. This form is necessary to comply with Rule 11 NCAC 23A .0501,  
9 where applicable. The Form 26A, *Employer's Admission of Employee's Right to Permanent Partial Disability*, shall  
10 read as follows:

11  
12 North Carolina Industrial Commission  
13 Employer's Admission of Employee's Right to Permanent Partial Disability  
14 (G.S. §97-31)

15  
16 IC File # \_\_\_\_\_  
17 Emp. Code # \_\_\_\_\_  
18 Carrier Code # \_\_\_\_\_  
19 Carrier File # \_\_\_\_\_  
20 Employer FEIN \_\_\_\_\_

21  
22 The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

23  
24 \_\_\_\_\_

25 Employee's Name

26 \_\_\_\_\_  
27 Address

28 \_\_\_\_\_  
29 City State Zip

30  
31 Home Telephone Work Telephone  
32 Last 4 digits of Social Security Number: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_

33  
34 \_\_\_\_\_  
35 Employer's Name Telephone Number

36 \_\_\_\_\_  
37 Employer's Address City State Zip

1 \_\_\_\_\_

2 Insurance Carrier

3 \_\_\_\_\_

4 Carrier's Address City State Zip

5 \_\_\_\_\_

6 Carrier's Telephone Number Carrier's Fax Number

7  
8 WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:

9 1. All the parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and  
10 \_\_\_\_\_ is the Carrier/Administrator for the Employer.

11 2. The employee sustained an injury by accident or the employee contracted an occupational disease arising out  
12 of and in the course of employment on \_\_\_\_\_.

13 3. The injury by accident or occupational disease resulted in the following injuries:  
14 \_\_\_\_\_.

15 4. The employee  was  was not paid for the 7 day waiting period.  
16 If not, was salary continued?  yes  no. Was employee paid for the date of injury?  yes  no

17 5. The average weekly wage of the employee at the time of the injury, including overtime and all allowances,  
18 was \$ \_\_\_\_\_. This results in a weekly compensation rate of \$ \_\_\_\_\_.

19 6. The employee  has  has not returned full time to work for \_\_\_\_\_  
20 on \_\_\_\_\_, at an average weekly wage of \$ \_\_\_\_\_.

21 7. Claimant was released  with permanent restrictions  without permanent restrictions. *If claimant was*  
22 *released with permanent restrictions and has returned to work for the employer of injury, attach a job description if*  
23 *known to exist.*

24 8. Permanent partial disability compensation will be paid to the injured worker as follows:  
25 \_\_\_\_\_ weeks of compensation at rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
26 \_\_\_\_\_ weeks of compensation at rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
27 \_\_\_\_\_ weeks of compensation at rate of \$ \_\_\_\_\_ per week for \_\_\_\_\_% rating to \_\_\_\_\_ (body part)  
28 Total amount of permanent partial disability compensation is \$ \_\_\_\_\_. Date of first payment: \_\_\_\_\_.

29 9. State any further matters agreed upon, including disfigurement, loss of teeth, election of temporary partial  
30 disability, \_\_\_\_\_ waiting \_\_\_\_\_ period \_\_\_\_\_ or \_\_\_\_\_ other:  
31 \_\_\_\_\_.

32 10. An overpayment is claimed in the amount of \$ \_\_\_\_\_. Overpayment was calculated as  
33 follows: \_\_\_\_\_.

34 If overpayment claimed, a Form 28B, *Report of Compensation and Medical Compensation Paid*, is attached.  yes  
35  no

36 11. If applicable, the Second Injury Fund Assessment is \$ \_\_\_\_\_. A check  is  is not  
37 included.

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The undersigned hereby certify that the material medical and vocational ~~reports~~ records related to the ~~injury~~ injury, including any job description known to exist if the employee has permanent restrictions and has returned to work for the employer of injury, have been provided to the employee or the employee's attorney and have been filed with the Industrial Commission for consideration pursuant to G.S. 97-82(a) and Rule 11 NCAC 23A .0501.

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Name Of Employer	Signature	Title	Date
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Name Of Carrier/Administrator	Signature	Direct Phone Number	<u>Email Address</u>	Title	Date
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By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on Page 3 of this form.

---

Signature of Employee	Address	<u>Email Address</u>	Date
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Signature of Employee's Attorney	Address	<u>Email Address</u>	Date
----------------------------------	---------	----------------------	------

Check box if no attorney retained.

North Carolina Industrial Commission  
The Foregoing Agreement Is Hereby Approved:

---

Claims Examiner	Date
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Attorney's fee approved

IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM PAYMENTS

Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIONAL MEDICAL BENEFITS



1 If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably  
2 necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

3  
4 **IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL  
5 MEDICAL BENEFITS**

6 If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several  
7 factors. Your right to payment of future medical compensation will terminate two years after your employer or  
8 carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think  
9 you will need future medical compensation, you must ~~apply to the Industrial Commission in writing~~ file an application  
10 for additional medical compensation pursuant to G.S. 97-25.1 within two years, or your right to these benefits may be  
11 lost. ~~To apply you may also use Industrial Commission 18M, Employee's Application for Additional Medical~~  
12 ~~Compensation (G.S. 97-25.1), available at <http://www.ic.nc.gov/forms.html>.~~ An application for additional medical  
13 compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by  
14 written request. In the alternative, an employee may file an application for additional medical compensation by filing  
15 a Form 33 Request that Claim be Assigned for Hearing pursuant to 11 NCAC 23A .0602. All Industrial Commission  
16 forms are available at <https://www.ic.nc.gov/forms.html>.

17  
18 **IMPORTANT NOTICE TO EMPLOYER**

19 The employee must be provided a copy when the agreement is signed by the employee. Pursuant to Rule 11 NCAC  
20 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or  
21 carrier/administrator must submit the agreement to the Industrial ~~Commission~~ Commission, ~~or show cause for not~~  
22 ~~submitting the agreement.~~ The employer or carrier/administrator shall file a Form 28B, *Report of Compensation and*  
23 *Medical Compensation Paid*, within 16 days after the last payment made pursuant to this agreement or be subject to  
24 a penalty.

25  
26 **NEED ASSISTANCE?**  
27 If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at  
28 (800) 688-8349.

29  
30 Form 26A  
31 ~~7/2015 6/2020~~ 7/2020

32  
33 ~~Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"); Carrier Mail to:~~  
34 ~~NCIC—Claims Administration~~  
35 ~~4335 Mail Service Center~~  
36 ~~Raleigh, North Carolina 27699-4335~~  
37 ~~Main Telephone: (919) 807-2500~~

1 ~~Helpline: (800) 688-8349~~  
2 ~~Website: <http://www.ic.nc.gov/>~~  
3 <https://www.ic.nc.gov/docfiling.html>  
4 Contact Information:  
5 NCIC- Claims Administration  
6 Telephone: (919) 807-2502  
7 Helpline: (800) 688-8349  
8 Website: <https://www.ic.nc.gov>

9  
10 (b) A copy of the form described in Paragraph (a) of this Rule can be accessed at  
11 <http://www.ic.nc.gov/forms/form26a.pdf><https://www.ic.nc.gov/forms/form26a.pdf>. The form may be reproduced  
12 only in the format available at <http://www.ic.nc.gov/forms/form26a.pdf><https://www.ic.nc.gov/forms/form26a.pdf> and  
13 may not be altered or amended in any way.

14  
15 *History Note: Authority G.S. 97-30; 97-31; 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;*  
16 *Eff. November 1, 2014;*  
17 *Recodified from 04 NCAC 10L .0103 Eff. June 1, 2018;*  
18 *Amended Eff. \_\_\_\_\_;*  
19 *Amended Eff. \_\_\_\_\_.*

20

1 11 NCAC 23L .0105 is proposed for amendment as follows:

2  
3 **11 NCAC 23L .0105 FORM T-42 – APPLICATION FOR APPOINTMENT OF GUARDIAN AD LITEM**

4 (a) Persons seeking to appear on behalf of an infant or incompetent shall apply on a Form T-42, Application for  
5 Appointment of Guardian Ad Litem, in accordance with Rule 11 NCAC 23B .0203. The Form T-42, Application for  
6 Appointment of Guardian Ad Litem, shall read as follows:

7  
8 North Carolina Industrial Commission

9 IC File # TA- \_\_\_\_\_

10 Application for Appointment of Guardian Ad Litem

11 The use of this Form is required under Rule 11 NCAC 23B .0203

12  
13 \_\_\_\_\_ Plaintiff(s) v. \_\_\_\_\_ Defendant(s)

14  
15 To the North Carolina Industrial Commission:

16  
17 The undersigned \_\_\_\_\_ respectfully shows unto the North Carolina Industrial Commission that \_\_\_\_\_ is  
18 an \_\_ infant or \_\_ incompetent without general or testamentary guardian in this State, and that by reason thereof can  
19 bring an action only by a guardian ad litem; that the infant or incompetent has a cause of action against the defendants  
20 on account of the following matter and things:

21 \_\_\_\_\_

22 The undersigned is a reputable person closely connected with the infant or incompetent having the relationship with  
23 the infant or incompetent as follows: \_\_\_\_\_

24  
25 Wherefore, the undersigned prays the Commission that a fit and proper person be appointed Guardian Ad Litem for  
26 the infant or incompetent for the purpose of bringing on his or her behalf an action as above set out.

27 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

28  
29 (Please complete page 2 of form)

30  
31 Order Appointing Guardian Ad Litem

32  
33 It appearing to the North Carolina Industrial Commission from the above application that \_\_\_\_\_ is  
34 an \_\_ infant or \_\_ incompetent having no general or testamentary guardian within this State and that said infant or  
35 incompetent appears to have a good cause of action against the defendant(s); and it further appearing to the  
36 Commission after due inquiry that \_\_\_\_\_ is a fit and proper person to be appointed guardian ad  
37 litem for the infant or incompetent for the purpose of bringing this action on his or her behalf;

1 It is therefore ordered that \_\_\_\_\_ be and is hereby appointed guardian ad litem of  
2 \_\_\_\_\_ to bring action on his or her behalf.

3  
4 This \_\_\_\_\_ day of \_\_\_\_\_.

5  
6 ~~Commissioner or Deputy Commissioner~~ Commissioner, Deputy Commissioner, or Executive Secretary  
7 \_\_\_\_\_  
8

9 Please type or print:

10  
11 Full name and address of minor or incompetent:  
12 \_\_\_\_\_

13 Birth date of minor: \_\_\_\_\_

14 Full name and address of proposed guardian ad litem:  
15 \_\_\_\_\_  
16

17 Important Information for Parties

18 Parties should take notice of the provisions set forth in Rule 11 NCAC 23B .0203.

19  
20 11 NCAC 23B .0203 Infants and Incompetents

21 (a) Persons seeking to appear on behalf of an infant or incompetent, in accordance with G.S. 1A-1, Rule 17, shall  
22 apply on a Form T-42 Application for Appointment of Guardian ad Litem. The Commission shall appoint a fit and  
23 proper person as guardian ad litem, if the Commission determines it to be in the best interest of the minor or  
24 incompetent. The Commission shall appoint the guardian ad litem only after due inquiry as to the fitness of the person  
25 to be appointed.

26 (b) The Commission may assess a fee to be paid to an attorney who serves as a guardian ad litem for actual services  
27 rendered upon receipt of an affidavit of actual time spent in representation of the minor or incompetent as part of the  
28 costs.

29  
30 **ATTORNEYS:** File via Electronic Document Filing Portal (“EDFP”)

31 <https://www.ic.nc.gov/docfiling.html>

32 **UNREPRESENTED PLAINTIFFS:** File via EDPF, <https://www.ic.nc.gov/docfiling.html> OR

33 Mail to: Industrial Commission Clerk’s Office, 1236 Mail Service Center, Raleigh NC 27699-1236 OR

34 File via hand delivery: Business days from 8 a.m. – 5 p.m., Dobbs Building, 6<sup>th</sup> floor, 430 N. Salisbury Street,  
35 Raleigh NC 27603.

36  
37 **SEND TO:** \_\_\_\_\_

1 ~~dockets@ic.nc.gov~~  
2 ~~Office of the Clerk~~  
3 ~~1236 Mail Service Center~~  
4 ~~Raleigh, NC 27699-1236~~  
5 ~~Main telephone: (919) 807-2500~~  
6 ~~Helpline (800) 688-8349~~  
7 ~~Website: <http://www.ic.nc.gov>~~

8  
9 FORM T-42

10  
11 (b) A copy of the form described in Paragraph (a) of this Rule can be accessed at  
12 <http://www.ic.nc.gov/formt42.pdf> <https://www.ic.nc.gov/forms/formt-42.pdf>. The form shall be reproduced only in  
13 the format available at <http://www.ic.nc.gov/forms/formt42.pdf> <https://www.ic.nc.gov/forms/formt-42.pdf> and shall  
14 not be altered or amended in any way.

15  
16 *History Note: Authority G.S. 143-291; 143-295; 143-300;*  
17 *Eff. March 1, 2019;*  
18 *Amended Eff. \_\_\_\_\_.*

19  
20