North Carolina Industrial Commission

NOTICE OF ACCIDENT TO EMPLOYER AND CLAIM OF EMPLOYEE, REPRESENTATIVE, OR DEPENDENT

IC File #	
Emp. Code #	
Carrier Code #	

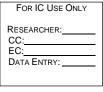
The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

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

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Employee's Name							
imployee's Name		Employer's Name	Employer's Name		Telephone Number		
Address		Employer's Address		City	State	Zip	
City	State	Zip Insurance Carrier		Policy Num	ber		
Home Telephone	Work Telepho	one Carrier's Address		City	State	Zip	
	•	() -		() -	Olalo	-ip	
Social Security Number Sex	Carrier's Telephone Num	nber	Carrier's Fax Number				
EMPLOYEE – This form must be occupational disease or your of accident or as soon as practical claims; however, for asbestosis as hereby given, as required be described as follows: Time of Injury	claim may be kable and withing, silicosis and	parred. Notice shall be given 30 days. (This form shown byssinosis, Form 18B is to bove-named employee sustained	ven to the e uld also be to be used.) ed an injury or	mployer imme used for occu contracted an o	ediately af	ter the	
ncluding the specific body part involvence Describe how the injury or occupation							
Occupation when injured:		Nature of employer's busines	SS:				
		Nature of employer's busines	SS:				
Number of days out of work due to inj Medical treatment received? Yes	ury: s □No						
Occupation when injured:	ury: s □No			worked per weel	k:		
Number of days out of work due to inj Medical treatment received?	ury: S	s worked per day: unother may sign for him. Th one signed copy of this no	Days is form shoul tice, mail on	d be typed or p	orinted by h	lustria -	
Number of days out of work due to injudedical treatment received? Yes Weekly wage: \$ NOTE: If employee is unable to shack ink, if possible. Employee	ury: S	s worked per day: another may sign for him. Th one signed copy of this no one signed copy to employer	Days is form shoul tice, mail on	d be typed or pe signed copy	orinted by h	lustria -	
Number of days out of work due to injudedical treatment received? Yes Weekly wage: \$ NOTE: If employee is unable to solve black ink, if possible. Employee Commission at the address below Signature of (Check One) Employee Representative, or Dependent	ury: S	s worked per day:	Days is form shoul tice, mail on : E-ma	d be typed or pe signed copy	orinted by h	- Number	
Number of days out of work due to inj Medical treatment received?	ury: S	s worked per day: another may sign for him. Th one signed copy of this no one signed copy to employer	Days is form shoul tice, mail on	d be typed or pe signed copy	orinted by h	- Number	

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FORM 18

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

IF NO IC FILE NUMBER, FOLLOW EMPLOYEE FILING OPTIONS.

EMPLOYEES: E-MAIL TO: FORMS@IC.NC.GOV
OR MAIL TO: NCIC - CLAIMS SE

NCIC - CLAIMS SECTION 1235 MAIL SERVICE CENTER RALEIGH, NC 27699-1235

Main Telephone: (919) 807-2500 Helpline: (800) 688-8349

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

GENERAL INFORMATION ON THE FORM 18

1. What does a Form 18 do?

A Form 18 establishes a legal claim of injury on your behalf if filed within two years of the date of injury or occupational disease, and gives the required written notice to the employer if a copy is submitted to the employer within 30 days of the injury. The employer is required by law to file a Form 19 if the employee misses more than one day of work due to the injury or if the medical bills exceed \$4,000.00. However, the employer's filing of a Form 19 does not satisfy the employee's obligation to file a claim. In order to ensure the employee's rights are protected, the employee must file a Form 18 even though the employer may be paying compensation or the Industrial Commission may have opened a file for the injury.

2. To whom should the Form 18 be sent?

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

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

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

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

If you do not know who the employer's insurance carrier is you may either ask your employer for the information, call the Industrial Commission's Claims Administration Section at (800) 688-8349 then press "3" after the prompt, or simply leave the line blank.

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

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

6. What happens after I file the Form 18?

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