

EMPLOYER'S ADMISSION OF EMPLOYEE'S RIGHT TO COMPENSATION (G.S. § 97-18(b))

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

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|------------------------------|---|--------------------|----------------------------------|------------------------|-----------|
| Employee's Name | | Employer's Name | | () - Telephone Number | |
| Address | | Employer's Address | | City | State Zip |
| City | State | Zip | Insurance Carrier | Policy Number | |
| () - Home Telephone | () - Work Telephone | Carrier's Address | | City | State Zip |
| XXX-XX- Last 4 Digits of SSN | <input type="checkbox"/> M <input type="checkbox"/> F Sex | / / Date of Birth | () - Carrier's Telephone Number | () - Fax Number | |

To DEFENDANTS: Describe with particularity the body part(s) or condition(s) for which you are admitting liability and compensability.

To EMPLOYEE: Your employer admits your right to compensation for an

injury by accident on / / (date) (Specify body part(s) involved):

occupational disease on / / (date) (Specify condition(s) and body part(s) involved):

THE FOLLOWING ITEMS 1 THROUGH 4 ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND DO NOT CONSTITUTE AN AGREEMENT:

- The description of the injury or occupational disease, including body parts involved is:
- The employee was paid for the entire day of injury. Yes No
- The employee's average weekly wage, subject to verification, including overtime and all allowances, was \$_____, which results in a weekly compensation rate of \$_____.
 - a. Temporary total compensation is being paid at the compensation rate above.
 - b. Temporary partial compensation is being paid in the amount of \$_____.
 - c. Other: _____
- The disability resulting from the injury began on / / (date), and compensation commenced on / / (date).

| | | |
|--|-------|------|
| SIGNATURE OF EMPLOYER OR CARRIER/ADMINISTRATOR | TITLE | DATE |
|--|-------|------|

EMPLOYER: Failure to file Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after last payment pursuant to an agreement or award subjects employer or carrier/administrator to a penalty pursuant to N.C. Gen. Stat. § 97-18(h). Form 30 must be used for compensable injuries resulting in death. A copy of this Form 60 shall be provided to the employee and the employee's attorney of record, if any, and the original provided to the Industrial Commission at the address below.