North Carolina Industrial Commission

SUPPLEMENTAL AGREEMENT AS TO PAYMENT OF COMPENSATION (G.S. § 97-82)

IC File #_____

Emp. Code #_____

Carrier Code #_____

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

Carrier File #_____

Employee's Name	Email Address		Employer's Name	Email Address	( ) Telephone Number
Address			Employer's Address	City	State Zip
City	State	Zip	Insurance Carrier		
( ) Home Telephone	( ) Work Telephone		Carrier's Address	City	State Zip
XXX-XX- Last 4 Digits of SSN	☐ M ☐ F Sex	/ / Date of Birth	( ) Carrier's Telephone Number	Adjuster's Name	Email Address

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

FORM 26

ATTORNEYS/CARRIERS/SELF-INSURED EMPLOYERS:
FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
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/

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 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. 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. 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

ATTORNEYS/CARRIERS/SELF-INSURED EMPLOYERS:
FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
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/