North Carolina Industrial Commission

NOTICE TO EMPLOYEE OF PAYMENT OF COMPENSATION WITHOUT PREJUDICE (G.S. § 97-18(d)) OR PAYMENT OF MEDICAL BENEFITS ONLY WITHOUT PREJUDICE (G.S. § 97-2(19) & § 97-25)

IC File # _____

Emp. Code # _____

Carrier Code # _____

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

TO EMPLOYEE (TO DEPENDENT(S) OR NEXT OF KIN IN CASES OF DEATH):

This is to inform you with regard to your claim for

☐ injury on __/__/____ (date) (Specify body part(s) involved):

☐ occupational disease as of __/__/____ (date) (Specify condition(s) and body part(s) involved):

☐ death on __/__/____ (date)

TO EMPLOYER/CARRIER: FILL OUT ONLY THE APPLICABLE SECTION 1 OR 2 BELOW
NOTE: THE FOLLOWING ARE FOR INFORMATIONAL PURPOSES ONLY AND DO NOT CONSTITUTE AN AGREEMENT

SECTION 1: INDEMNITY BENEFITS

☐ Payments of workers' compensation benefits, both indemnity (money) and medical, will be made without prejudice to later deny your claim or Defendants' liability. Compensation may be continued during the investigation of your claim. The investigation may take up to 90 days, with a possible 30 day extension. During this period, Defendants may admit liability; contest your claim or Defendants' liability; or by Defendants' lack of action, waive the right to contest your claim.

The date on which Defendants first had written or actual notice of this claim was __/__/____(date)

Disability began on __/__/____(date) and the first payment of compensation is being mailed on__/__/____ (date)

Subject to verification, employee's average weekly wage was $_____, which results in a weekly compensation rate of $_____.

SECTION 2: MEDICAL BENEFITS ONLY (PAID WITHOUT PREJUDICE, NOT SUBJECT TO 90-DAY REQUIREMENT IN SECTION 1 ABOVE)

☐ Payment of medical compensation is expressly being made without prejudice to Defendants to later deny the compensability of your claim. In the event you miss more than 7 days of work, you must notify your employer or carrier because you may be entitled to additional benefits. Completion of this section (Section 2) does not constitute an agreement to pay indemnity (money) benefits to you under G.S. § 97-18(d).

The date on which Defendants first had written or actual notice of this claim was __/__/____(date).

		/ /
SIGNATURE OF EMPLOYER OR CARRIER/ADMINISTRATOR	**TITLE**	**DATE**

FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML

FORM 63

CONTACT INFORMATION:
NCIC-CLAIMS ADMINISTRATION
TELEPHONE: (919) 807-2502
HELPLINE: (800) 688-8349
WEBSITE: HTTPS://WWW.IC.NC.GOV