1	11 NCAC 23A	.0409 is amended with changes as published in 34:14 NCR 1291-92 as follows:
2		
3	11 NCAC 23A	.0409 CLAIMS FOR DEATH BENEFITS
4	(a) An employ	er shall notify the Commission of the occurrence of a death resulting from an injury or occupational
5	disease allegedl	y arising out of and in the course of employment by filing a Form 19 Employer's Report of Employee's
6	Injury or Occup	national Disease to the Industrial Commission within five days of knowledge thereof. of the death. In
7	addition, an em	ployer, carrier, or administrator shall file with the Commission a Form 29 Supplemental Report for
8	Fatal Accidents	, within 45 days of knowledge of a death or allegation of death resulting from an injury or occupational
9	disease arising of	out of and in the course of employment.
10	(b) An employ	ver, carrier, or administrator shall make a good faith effort to discover conduct an investigation to
11	determine the n	ames and addresses of decedent's potential beneficiaries under G.S. 97-38 and identify them on the
12	Form 29 Supple	emental Report for Fatal Accidents. The Form 29 Supplemental Report for Fatal Accidents
13	shall be filed w	ith the Commission within 45 days of notification of a death or allegation of death resulting from an
14	injury or occupa	ational disease arising out of and in the course of employment.
15	(c) If the emplo	yer, carrier, or administrator disputes that an employee's death is compensable or denies it has liability
16	for the claim, the	ne employer, carrier, or administrator shall notify the Commission on a Form 61 Denial of Workers'
17	Compensation (Claim. When the employer, carrier, or administrator denies liability for a claim involving an employee's
18	death, the employer	oyer, carrier, or administrator shall send the form to all known potential beneficiaries, their attorneys
19	of record, if any	, all health care providers that have submitted bills to the employer, carrier, or administrator, and the
20	Commission.	
21	(d) If the emplo	oyer, carrier, or administrator accepts liability for a claim involving an employee's death and there are
22	no issues neces	sitating a hearing for determination of beneficiaries or their respective rights, the parties shall submit
23	either a Form 3	O Agreement for Compensation for Death as set forth in Rule .0501 of this Subchapter or a proposed
24	Opinion and Av	vard.
25	(e) If the parties	s submit a Form 30 Agreement for Compensation for Death, the agreement shall be filed in accordance
26	with Rule .0108	of this Subchapter with the following:
27	<u>(1)</u>	a stipulation as to average weekly wage;
28	<u>(2)</u>	any affidavits regarding dependents;
29	<u>(3)</u>	the employee's death certificate;
30	<u>(4)</u>	a Form 29 Supplemental Report for Fatal Accidents;
31	<u>(5)</u>	a Form 42 Application for Appointment of Guardian ad Litem, if any beneficiary is a minor or
32		incompetent;
33	<u>(6)</u>	proof of beneficiary status, such as marriage license, birth certificate, or divorce decree;
34	<u>(7)</u>	a funeral bill or stipulation as to payment of the funeral benefit;
35	<u>(8)</u>	a Form 30D Award Approving Agreement for Compensation for Death; and
36	<u>(9)</u>	an affidavit or itemized statement in support of an award of attorney's fees if an attorney is seeking
37		fees for representation of one or more beneficiaries.

- 1 (f) If the parties seek a written Opinion and Award from the Commission regarding the payment of death benefits in
- 2 <u>lieu of submitting a Form 30 Agreement for Compensation for Death, the parties shall file, in accordance with Rule</u>
- 3 .0108 of this Subchapter, a proposed Opinion and Award with the following:
- 4 (1) <u>a stipulation regarding all jurisdictional matters;</u>
- 5 (2) the decedent's name, social security number, employer, insurance carrier or servicing agent, and the date of the injury giving rise to this claim;
- 7 <u>(3)</u> <u>a stipulation as to average weekly wage;</u>
- 8 (4) any affidavits regarding dependents;
- 9 (5) the employee's death certificate;
- 10 (6) a Form 29 Supplemental Report for Fatal Accidents;
- 11 (7) a Form 42 Application for Appointment of Guardian ad Litem, if any beneficiary is a minor or incompetent;
- 13 (8) proof of beneficiary status, such as marriage license, birth certificate, or divorce decree;
- 14 (9) medical records, if any;
- 15 (10) a statement of payment of medical expenses incurred, if any;
- 16 (11) a funeral bill or stipulation as to payment of the funeral benefit; and
- 17 (12) an affidavit or itemized statement in support of an award of attorney's fees if an attorney is seeking
 18 fees for representation of one or more beneficiaries.
- 19 (g) If an issue exists as to whether a person is a beneficiary pursuant to G.S. 97-38 or if any other disputed issue exists
- in an accepted claim, the employer, carrier, administrator, potential beneficiary, or any person asserting a claim for
- 21 <u>benefits may request a hearing by filing a Form 33 Request that Claim be Assigned for Hearing in accordance with</u>
- 22 Rule .0602 of this Subchapter.
- 23 (h) Upon approval by the Commission of a Form 30 Agreement for Compensation for Death or upon the issuance of
- 24 <u>a final order of the Commission directing payment of death benefits pursuant to G.S. 97-38, payment shall be made</u>
- by the employer, carrier, or administrator directly to the beneficiaries, with the following exceptions:
- 26 (1) any applicable award of attorney's fees shall be paid directly to the attorney; and
- 27 <u>benefits due to a minor or incompetent.</u>
- 28 (i) In all cases involving minors and incompetent persons who are potential beneficiaries, a guardian ad litem shall
- be appointed pursuant to Rule .0604 of this Subchapter.
- 30 (j) Any benefits due to a minor pursuant to G.S. 97-38 shall be paid directly to the minor's parent, legal guardian, or
- 31 legal custodian, if the minor remains in the physical custody of such person, or another person if ordered by the
- 32 <u>Commission for good cause [shown,]shown. The benefits shall be for the exclusive use and benefit of the minor.</u>
- 33 When a beneficiary reaches the age of 18, any remaining benefits shall be paid directly to the beneficiary.
- 34 (k) The Commission shall order that the benefits for an incompetent beneficiary shall be paid to the person or entity
- 35 authorized to receive funds on behalf of the beneficiary pursuant to a federal or state court order, or to the Clerk of
- 36 Court in the county in which the beneficiary resides, for the beneficiary's exclusive use and benefit.

- 1 (1) Upon a change in circumstances, any interested party may request that the Commission amend the terms of any
- 2 award with respect to a minor or incompetent person to direct payment to another party on behalf of the minor or
- 3 <u>incompetent person.</u>
- 4 (m) In the case of benefits commuted to present value, only those sums that have not accrued at the time of the
- 5 approval of a Form 30 Agreement for Compensation for Death or entry of a final order of the Commission directing
- 6 payment of death benefits pursuant to G.S. 97-38 are subject to commutation pursuant to Rule .0406 of this
- 7 Subchapter.
- 8 (c) In all cases involving minors or incompetents who are potential beneficiaries, a guardian ad litem shall be
- 9 appointed pursuant to Rule .0604 of this Subchapter.
- 10 (d) If an issue exists as to whether a person is a beneficiary under G.S. 97-38, the employer, carrier, administrator, or
- any person asserting a claim for benefits may file a Form 33 Request that Claim be Assigned for Hearing for a
- 12 determination by a Deputy Commissioner.
- 13 (e) If the employer, carrier, or administrator accepts liability for a claim involving an employee's death and there are
- 14 no issues necessitating a hearing for determination of beneficiaries or their respective rights, the parties shall submit
- 15 an agreement executed by all interested parties or their representatives to the Commission. All agreements shall be
- 16 submitted to the Commission on a Form 30 Agreement for Compensation for Death as set forth in Rule .0501 of this
- 17 Subchapter.

- 18 (f) The agreement shall be submitted along with all relevant supporting documents, including death certificate of the
- 19 employee, any relevant marriage certificate and birth certificates for any dependents.
- 20 (g) If the employer, carrier, or administrator denies liability for a claim involving an employee's death, the employer,
- 21 carrier, or administrator shall send a letter of denial to all potential beneficiaries, their attorneys of record, if any, all
- 22 known health care providers that have submitted bills to the employer, carrier, or administrator, and the Commission.
- 23 The denial letter shall state the reasons for the denial and shall further advise of a right to hearing.
- 24 (h) Any potential beneficiary, the employer, the carrier, or the administrator may request a hearing as provided in
- 25 Rule .0602 of this Subchapter.
- 26 (i) Upon approval by the Commission of a Form 30 Agreement for Compensation for Death, or the issuance of a final
- 27 order of the Commission directing payment of death benefits pursuant to G.S. 97-38, payment shall be made by the
- 28 employer, carrier, or administrator directly to the beneficiaries, with the following exceptions:
 - (1) any applicable award of attorney fees shall be paid directly to the attorney; and
- 30 (2) benefits due to a minor or incompetent.
- 31 (j) Any benefits due to a minor pursuant to G.S. 97 38 shall be paid directly to the parent as natural guardian of the
- 32 minor for the use and benefit of the minor if the minor remains in the physical custody of the parent as natural guardian.
- 33 If the minor is not in the physical custody of the parent as natural guardian, payment shall be made through some other
- 34 person appointed by a court of competent jurisdiction or to such other person under such terms as the Commission
- 35 finds is in the best interests of the parties. When a beneficiary reaches the age of 18, any remaining benefits shall be
- 36 paid directly to the beneficiary.

1	(k) In order to	protect the interests of a beneficiary who is incompetent, the Commission shall order that benefits be
2	paid to the bene	eficiary's appointed general guardian for the beneficiary's exclusive use and benefit, or to the Clerk of
3	Court in the cou	unty in which the beneficiary resides for the beneficiary's exclusive use and benefit as determined by
4	the Clerk of Co	urt.
5	(l) Upon a cha	nge in circumstances, any interested party may request that the Commission amend the terms of any
6	award with resp	ect to a minor or incompetent to direct payment to another party on behalf of the minor or incompetent.
7	(m) In the case	of benefits commuted to present value, only those sums that have not accrued at the time of the entry
8	of the Order are	subject to commutation.
9	(n) Where the p	parties seek a written opinion and award from the Commission regarding the payment of death benefits
10	in uncontested o	eases in lieu of presenting testimony at a hearing before a Deputy Commissioner, the parties may make
11	application to the	ne Commission for a written opinion by filing a written request with the Docket Director.
12	(o) The parties	shall file, electronically, by joint stipulation, affidavit or certified document, a proposed opinion and
13	award or order	along with the following information:
14	(1)	a stipulation regarding all jurisdictional matters;
15	(2)	the decedent's name, social security number, employer, insurance carrier or servicing agent, and the
16		date of the injury giving rise to this claim;
17	(3)	a Form 22 Statement of Days Worked or Earnings of Injured Employee or stipulation as to average
18		weekly wage;
19	(4)	any affidavits regarding dependents;
20	(5)	the death certificate;
21	(6)	a Form 29 Supplemental Report for Fatal Accidents;
22	(7)	Guardian ad litem forms, if any beneficiary is a minor or incompetent;
23	(8)	proof of beneficiary status, such as marriage license, birth certificate, or divorce decree;
24	(9)	medical records, if any;
25	(10)	a statement of payment of medical expenses incurred, if any; and
26	(11)	a funeral bill or stipulation as to payment of the funeral benefit.
27	(p) Any attorne	ey seeking fees for representation in an uncontested claim shall file an affidavit or itemized statement
28	in support of an	award of attorney's fees.
29		
30	History Note:	Authority G.S. 97-38; 97-39; 97-80(a);
31		Eff. June 1, 2000;
32		Amended Eff. November 1, 2014; January 2, 2011;
33		Recodified from 04 NCAC 10A .0409 Eff. June 1, 2018;
34		Amended Eff. December 1, 2020.
35		

11 NCAC 23A .0903 is amended with changes as published in 34:14 NCAC 1293-94 as follows:

1 2 3

11 NCAC 23A .0903 EMPLOYEE'S OBLIGATION TO REPORT EARNINGS

- 4 (a) A self-insured employer, earrier carrier, or third-party administrator may require the employee who has filed a
- 5 claim and is receiving wage loss benefits under G.S. 97-29 or G.S. 97-30 to complete a Form 90 Report of Earnings
- 6 when reasonably necessary but not more than once every six months.
- 7 (b) The Form 90 Report of Earnings shall be sent to the employee by certified mail, return receipt requested, and shall
- 8 include a self-addressed stamped envelope for the return of the form. When the employee is represented by an attorney,
- 9 the Form 90 Report of Earnings shall be sent only to the attorney for the employee and shall be sent by any method
- of transmission that provides proof of receipt, including electronic mail, facsimile, or certified [mail, return] mail, return
- 11 receipt requested. and not to the employee.
- 12 (c) The employee shall complete and return the Form 90 Report of Earnings within 15 days after receipt of a Form
- 13 90 Report of Earnings. If the employee fails to complete and return the Form 90 Report of Earnings within 30 days of
- 14 receipt of the form, the self-insured employer, earrier carrier, or third-party administrator may seek an order from the
- 15 Executive Secretary allowing the suspension of benefits. The self-insured employer, carrier or third-party
- 16 administrator shall not suspend benefits without Commission approval pursuant to the Workers' Compensation Act.
- 17 to suspend compensation being paid pursuant to G.S. 97-29 by filing a Form 24 Application to Terminate or Suspend
- Payment of [Compensation] Compensation, as allowed by G.S. 97-18.1 and Rule .0404 of this Subchapter. If the
- 19 Commission suspends benefits for failure to complete and return a Form 90 Report of Earnings, the self insured
- 20 employer, carrier or third party administrator shall reinstate benefits to the employee with back payment as soon as
- 21 the Form 90 Report of Earnings is submitted by the employee. If benefits are not reinstated, the employee shall submit
- 22 a written request for an Order from the Executive Secretary instructing the self-insured employer, carrier or third-
- 23 party administrator to reinstate benefits. If the employee's earnings report does not indicate continuing eligibility for
- 24 partial or total disability compensation, the self-insured employer, carrier or third-party administrator may apply to
- 25 the Commission to terminate or modify benefits by filing a Form 24 Application to Terminate or Suspend Payment of
- 26 Compensation or Form 33 Request that Claim be Assigned for Hearing.
- 27 (d) If compensation is suspended pursuant to Paragraph (c) of this Rule and the employee subsequently completes
- 28 and returns the Form 90 Report of Earnings, the self-insured employer, carrier, or third-party administrator shall
- 29 reinstate payment of compensation to the employee with back payment. However, if the Form 90 Report of Earnings
- 30 does not indicate continuing eligibility for disability compensation, the self-insured employer, carrier, or third-party
- 31 <u>administrator is not required to reinstate payment of compensation. If the Form 90 Report of Earnings indicates</u>
- 32 continuing eligibility for temporary partial disability compensation, the self-insured employer, carrier, or third-party
- 33 administrator shall make payment of compensation pursuant to G.S. 97-30 with back payment within 14 days of
- 34 receipt of documentation establishing the amount of compensation due. If payment of compensation is not reinstated
- following submission of the completed Form 90 Report of Earnings and the employee claims entitlement to ongoing
- 36 <u>disability compensation, the employee may seek reinstatement by filing a Form 23 Application to Reinstate Payment</u>
- 37 of Disability Compensation or Form 33 Request that Claim be Assigned for Hearing.

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2	History Note:	Authority G.S. 97-80(a); 97-88.2;
3		Eff. June 1, 2000;
4		Amended Eff. November 1, 2014; August 1, 2006;
5		Recodified from 04 NCAC 10A .0903 Eff. June 1, 2018;
6		Amended Eff. December 1, 2020.
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11 NCAC 23B .0104 is amended with changes as published in 34:20 NCR 1852-53 as follows:

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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.
- 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
- 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.
- 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	Hand delivery to the Industrial
	assigned	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	Email to dockets@ic.nc.gov,
	assigned	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	No IC file number has been	Hand delivery to the Industrial
9(j)(3) of the Rules of Civil	assigned.	Commission's main office or by
Procedure to extend the Statute of		mail to 1236 Mail Service Center,
Limitations.		Raleigh, North Carolina 27699
		1236.

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(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.

1	(c)(e) Any party	y may apply to the Commission for an emergency temporary waiver of the electronic filing requirement
2	set forth in Para	agraph (a) of this Rule if it is unable to comply because of temporary technical problems or lack of
3	electronic mail	or internet access. The request for an emergency temporary waiver shall be included with any filing
4	submitted via fa	acsimile, 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. N	Hail. EDFP, U.S. Mail, hand delivery, or any other means allowed by the Rules of Appellate Procedure
7	or applicable sta	atutes governing appeals from the General Courts of Justice. Notwithstanding the foregoing, plaintiffs
8	without legal re	presentation may file all documents with the Commission as provided in Paragraph (a) of this Rule.
9		
10	History Note:	Authority G.S. 143-291; 143-291.2; <u>143-293;</u> 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. February 1, 2021.

1 11 NCAC 23B .0105 is amended with changes as published in 34:20 NCR 1853 as follows: 2 3 11 NCAC 23B .0105 **CONTACT INFORMATION** 4 (a) "Contact information" for purposes of this Rule shall include telephone number, facsimile number, email address, 5 and mailing address. 6 (b) All persons or entities without legal representation who have matters pending before the Commission shall advise 7 inform the Commission upon of any change in contact information by filing a written notice via the Commission's 8 Electronic Document Filing Portal ("EDFP"), electronic mail, [mail (dockets@ic.nc.gov),] [mail 9 (contactinfo@ic.nc.gov)], email to contactinfo@ic.nc.gov, facsimile, U.S. Mail, private courier service, or hand 10 delivery. 11 (c) A plaintiff without legal representation who was an inmate in the North Carolina Division of Adult Corrections at 12 the time of filing his or her tort claim, shall, within thirty (30) 30 days of release, provide the Commission with written 13 notice of his or her post-release contact information in any manner authorized in Paragraph (b) of this Rule. Following 14 the initial written notice of post-release contact information, the previously incarcerated plaintiff shall continue to 15 advise the Commission upon inform the Commission of all changes in contact information in accordance with 16 Paragraph (b) of this Rule. 17 (d) All attorneys of record with matters before the Commission shall inform the Commission in writing of any change 18 in the attorney's or the represented party's contact information via email to dockets@ic.ne.gov. EDFP.

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History Note:

Authority G.S. 143-291; 143-300;

Amended Eff. February 1, 2021.

Eff. March 1, 2019;

1	11 NCAC 23B.	0106 is adopted with changes as published in 34:14 NCAC 1294 as follows:
2		
3	11 NCAC 23B	.0106 NOTICE BY THE COMMISSION
4	(a) If service is	s provided by electronic mail, "receipt of such notice" pursuant to G.S. 143-292 and "receipt of the
5	decision and or	der" of the Full Commission pursuant to G.S. 143-293 is complete one hour after it is sent by the
6	Commission, pr	ovided that:
7	<u>(1)</u>	notice sent after 5:00 p.m. shall be complete at 8:00 a.m. the following State business day; and
8	<u>(2)</u>	notice sent by electronic mail that is not readable by the recipient is not complete. Within five State
9		business days of receipt of an unreadable document, the receiving party shall notify the Commission
10		of the unreadability of the document.
11	(b) If service [shall belis provided by electronic mail, notice of orders or other documents issued pursuant to G.S.
12	143-296 is comp	plete in accordance with the same provisions set forth in Paragraph (a) of this Rule.
13		
14	History Note:	Authority G.S. 143-300;
15		Eff. December 1, 2020.
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1	11 NCAC 23E	0104 is amended with changes as published in 34:14 NCR 1294-95 as follows:
2	11 NG	MAA CECUPE I E AVE BEDIONG FOR ATTORNEYS
3	11 NCAC 23E	
4		by may request one or more secure leave periods each year as provided in this Rule.
5		pose of this Paragraph only, a "secure leave period" is defined as a partial calendar week or a complete
6		During any Within a calendar year, an attorney's secure leave periods pursuant to this Rule shall not
7		egate of three weeks. attorney is entitled to obtain secure leave periods totaling up to 15 business days
8	for any purpose	
9		pose of this Paragraph only, a "secure leave period" is defined as a complete calendar week. Within a
10	-	surrounding the birth or adoption of an attorney's child, that attorney is entitled to have the benefit of
11	up to 12 additio	nal secure leave periods.
12	(c) To request	a secure leave period an attorney shall file a written request, by letter or motion, containing the
13	information req	uired by Paragraph (d) of this Rule with the Office of the Chair within the time provided in Paragraph
14	(e). Upon such	filing, the Chair shall review the request and, if the request complies with Paragraphs (d) and (e) of
15	this Rule, issue	a letter allowing the requested secure leave period. The attorney shall not be required to appear at any
16	trial, hearing, de	eposition, or other proceeding before the Commission during that secure leave period.
17	(d) To request	a secure leave period, an attorney shall file a written request, by letter or motion, containing the
18	information req	uired by Paragraph (e) of this Rule with the Office of the Chair within the time period provided in
19	Paragraph (f) o	f this Rule. Upon such filing, the Chair shall review the request. If the request is made pursuant to
20	Paragraph (b) or	r Paragraph (c) of this Rule and the request complies with Paragraphs (e) and (f) of this Rule, the Chair
21	shall issue a lett	er allowing the requested secure leave period. The attorney shall not be required to appear at any trial,
22	hearing, deposit	tion, or other proceeding before the Commission during a secure leave period that is allowed.
23	(d) The request	shall contain the following information:
24	(1)	the attorney's name, address, telephone number and state bar number;
25	(2)	the date(s) for which secure leave is being requested;
26	(3)	the dates of all other secure leave periods during the current calendar year that have previously been
27		designated by the attorney pursuant to this Rule;
28	(4)	a statement that the secure leave period is not being designated for the purpose of delaying, hindering
29		or interfering with the timely disposition of any matter in any pending action or proceeding; and
30	(5)	a statement that no action or proceeding in which the attorney has entered an appearance has been
31		scheduled, tentatively set, or noticed for trial, hearing, deposition or other proceeding during the
32		designated secure leave period.
33	(e) The request	shall contain the following information:
34	<u>(1)</u>	the attorney's name, mailing address, telephone number, email address, and state bar number;
35	<u>(2)</u>	the date(s) for which secure leave is being requested;
36	<u>(3)</u>	the dates of all other secure leave periods during the current calendar year that have previously been
37	\/	designated by the attorney pursuant to this Rule;
		- · · · · · · · · · · · · · · · · · · ·

1	<u>(4)</u>	a statement that the secure leave period is not being designated for the purpose of delaying,
2		hindering, or interfering with the disposition of any matter in any pending action or proceeding;
3	<u>(5)</u>	a statement that no action or proceeding in which the attorney has entered an appearance has been
4		scheduled, tentatively set, or noticed for trial, hearing, deposition, or other proceeding during the
5		designated secure leave period; and
6	<u>(6)</u>	for secure leave requests that arise under Paragraph (c) of this Rule, the expected birth date or
7		adoption date of the child.
8	(e) To be allowed	ed, the request shall be filed:
9	(1)	no later than 90 days before the beginning of the secure leave period; and
10	(2)	before any trial, hearing, deposition or other matter has been regularly scheduled, peremptorily set
11		or noticed for a time during the designated secure leave period.
12	An untimely req	uest will be denied by letter. In the event that a party has been denied secure leave because the request
13	was not timely fi	led and there are extraordinary circumstances, the attorney may file a motion requesting an exception.
14	If the case has be	een scheduled for hearing before a Deputy Commissioner, the motion shall be addressed to the Deputy
15	Commissioner.	If the matter is scheduled for hearing before the Full Commission, the motion shall be addressed to
16	the Chair of the	Panel before which the hearing will be held. In all other cases, the motion should be directed to the
17	Office of the Ch	air.
18	(f) The request s	shall be filed:
19	<u>(1)</u>	no later than 90 days before the beginning of the secure leave period; and
20	<u>(2)</u>	before any trial, hearing, deposition, or other matter has been scheduled, peremptorily set, or noticed
21		for a time during the designated secure leave period.
22	(f) If, after a se	ecure leave period has been allowed pursuant to this Rule, any trial, hearing, deposition, or other
23	proceeding is se	heduled or tentatively set for a time during the secure leave period, the attorney shall file with the
24	Deputy Commis	sioner or chair of the Full Commission panel before which the matter was calendared or set, and serve
25	on all parties, a	copy of the letter allowing the secure leave period with a certificate of service attached. Upon receipt,
26	the proceeding s	hall be rescheduled for a time that is not within the attorney's secure leave period.
27	(g) The Chair n	nay, as set forth in Rule .0301 of this Subchapter, make exception to the 15-day aggregate limit set
28	forth in Paragrap	oh (b) of this Rule, the requirement set forth in Subparagraph (e)(5) of this Rule, and the limitations
29	set forth in [Sub	paragraphs (f)(1) and (f)(2)] Paragraph (f) of this Rule. An attorney requesting that the Chair make
30	[this] an excepti	on under this Paragraph shall inform the Chair of all known actions or proceedings involving that
31	attorney that are	scheduled, tentatively set, or noticed for trial, hearing, deposition, or other proceeding during the
32	requested secure	leave period. The attorney also shall provide notice to all opposing parties or, if represented, opposing
33	counsel of recor	d in all cases subject to the jurisdiction of the Industrial Commission of the beginning and ending
34	dates of the requ	uested secure leave period and of all known actions or proceedings involving that attorney that are
35	scheduled, tenta	tively set, or noticed for trial, hearing, deposition, or other proceeding during the requested secure

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leave period.

1	(g) If, after a se	scure leave period has been allowed pursuant to this Rule, any deposition is noticed for a time during
2	the secure leave	period, the attorney may serve on the party that noticed the deposition a copy of the letter allowing
3	the secure leave	period with a certificate of service attached, and that party shall reschedule the deposition for a time
4	that is not within	n the attorney's secure leave period.
5	(h) After a seco	are leave period has been allowed pursuant to this Rule, if any trial, hearing, or other proceeding is
6	scheduled or te	entatively set for a time during the secure leave period, the attorney shall file with the Deputy
7	Commissioner of	or Chair of the Full Commission panel before which the matter was calendared or set, and serve on all
8	parties, a copy	of the letter allowing the secure leave period with a certificate of service attached. Upon receipt, the
9	proceeding shal	be rescheduled for a time that is not within the attorney's secure leave period.
10	(i) After a secu	re leave period has been allowed pursuant to this Rule, if any deposition is noticed for a time during
11	the secure leave	e period, the attorney [may] shall serve on the party that noticed the deposition a copy of the letter
12	allowing the sec	cure leave period with a certificate of service attached, and that party shall reschedule the deposition
13	for a time that is	s not within the attorney's secure leave period.
14		
15	History Note:	Authority G.S. 97-80(a);
16		Eff. July 1, 2014;
17		Recodified from 04 NCAC 10E .0104 Eff. June 1, 2018;
18		Amended Eff. December 1, 2020.
19		
20		

1	11 NCAC 23L .0101 is amended with changes as published in 34:20 NCR 1853-58 as follows:
2	
3	11 NCAC 23L .0101 FORM 21 – AGREEMENT FOR COMPENSATION FOR DISABILITY
4	(a)(Effective until July 1, 2015) The parties to a workers' compensation claim shall use the following Form 21,
5	Agreement for Compensation for Disability, for agreements regarding disability and payment of compensation
6	therefor pursuant to G.S. 97 29 and 97 30. Additional issues agreed upon by the parties such as payment of
7	compensation for permanent partial disability may also be included on the form. This form is necessary to comply
8	with Rule 11 NCAC 23A .0501, where applicable. The Form 21, Agreement for Compensation for Disability, shall
9	read as follows:
10	
11 12 13	North Carolina Industrial Commission Agreement for Compensation for Disability (G.S. 97-82)
14 15 16 17 18 19	IC File # Emp. Code # Carrier Code # Carrier File # Employer FEIN
20 21 22 23	The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act
24	Employee's Name
25 26	Address
27 28	City State Zip
29 30	Home Telephone Work Telephone
31 32	Social Security Number: Sex:
33 34 35	Employer's Name Telephone Number
36 37	Employer's Address City State Zip
38	Insurance Carrier
39 40 41	Carrier's Address City State Zip
42 43	Carrier's Telephone Number Carrier's Fax Number
44 45 46 47	 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
48 49	of and in the course of employment on or by 3. The injury by accident or occupational disease resulted in the following injuries:
50 51	4. The employee □ was/ □ was not paid for the entire day when the injury occurred.

7. The employer and earrier/administrator hereby undertake to pay compensation to the employee at the speech beginning and continuing for weeks. Per week beginning and continuing for weeks. The employee II has /II has not returned to work for on a rat an average weekly wage of \$	6. Disability resulting from the injury or occupational disease began on	5. The average weekly wage of the en was \$, subject to verification unles	mployee at the time of the inj	tem 0 below	
The employer and certifical ministrator hereby undertake to pay compensation to the employee at the semployee B has f B has not returned to work for one at an average weekly wage of \$	The employer and carrier/administrator hereby undertake to pay compensation to the employee at the per week beginning				
Section Description Desc	Second Commission Seco				nlovee at the r
The employee	The employee B has / B has not returned to work for on at an average weekly wage of \$				ipioyee at the i
on	on State any further matters agreed upon, including disfigurement, permanent partial, or temporary 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 agree 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 eward is \$3,000.00 or toes, you are not responsible for any portion of the fee; award is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your emagree otherwise. Check one of the boxes below if the award is more than \$3,000.00. B The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement. B The employee and employer have agreed that the employer will pay the entire fee. Name Of Employer Signature Title Name Of Employee Signature Title Name Of Employee's Attorney Signature Title Name Of Employee's Attorney Address Signature of Employee's Attorney Address North Carolina Industrial Commission The Foregoing Agreement Is Hereby Approved: Claims Examiner Date Attorney's Fee Approved B Check Box If No Attorney Retained. B Check Box If No Attorney Retained. B Check Box If Femployee Is In Managed Care. IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP PAYMENTS Once your compensation checks have been stopped, if you claim further compensation, you must notify the Ind Commission in writing within two years from the date of receipt of your last compensation check or your rightess benefits may be lost. IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1991 CLAIMING ADDITIONAL MEEKLY S, 1991			weeks.	
State any further matters agreed upon, including disfigurement, permanent partial, or temporary 1 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 agree is \$300.00 to be paid in equal shares by the employee and the employer. You are not required to pay your port the fee in advance, and if your award is \$23,000.00 or less, you are not responsible for any portion of the fee. It award is one of the boxes below if the award is more than \$3,000.00. The employer shall deduct \$150.00 from your award, unless you and your empagree 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 employer and employer have agreed that the employer will pay the entire fee. Name Of Employer Signature Title Name Of Employer Signature Title Name 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-PAYMENTS Once your compensation checks have been stopped, if you claim further compensation, you must notify the Indicement of the part of the part of the part of the part of your last compensation check or your rig these benefits may be lost. IMPORTANT NOTICE TO EMPLOYEE INJURED BEFORE JULY 5, 1994 CLAIMING ADDITIC	State any further matters agreed upon, including disfigurement, permanent partial, or temporary disability: 10. If applicable, the Second Injury Fund Assessment is \$				
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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.

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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 earrier/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.ie.ne.gov/forms.html.

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IMPORTANT NOTICE TO EMPLOYER

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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 earrier/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.

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NEED ASSISTANCE?

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

25 26

- 27 Form 21
- 11/2014 28

29 30

- Self Insured Employer or Carrier, Mail to:
- NCIC Claims Section 31
- 4335 Mail Service Center 32
- 33 Raleigh, NC 27699 4335
- 34 Telephone: (919) 807-2502
- 35 Helpline: (800) 688-8349
- 36 Website: http://www.ic.nc.gov/

37

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

43

- 44 North Carolina Industrial Commission
- 45 Agreement for Compensation for Disability
- (G.S. 97-82) 46

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- 48 IC File#
- 49 Emp. Code #
- 50 Carrier Code #
- 51 Carrier File #
- 52 Employer FEIN

Employee's Nar	ne							
Address								
City	State	Zip						
Home Telephor Last 4 digits of	ne Social Security Num	ıber:		rk Telep I M □		f Birth:		
Employer's Nar	ne		Telephon	e Numb	er			
Employer's Ado	lress		City	State	Zip			
Insurance Carri	er							
Carrier's Addres	SS		City	State	Zip			
Carrier's Teleph	one Number		Car	rier's Fa	x Number			
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North Carolina Industrial Comm	nission
The Foregoing Agreement Is He	ereby Approved:
Claims Examiner	Date
Attorney's Fee Approved	
☐ Check Box If No Attorney Re	etained.
☐ Check Box If Employee Is In	Managed Care.
	_

11 IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM 12 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.ie.ne.gov/forms.html. An 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 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.

- 52 Form 21
- 53 7/2015 [8/2020] 2/2021

- 55 Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"): Carrier, Mail to:
- 56 NCIC Claims Section

18 5 of 6

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1
      4335 Mail Service Center
 2
      Raleigh, NC 27699-4335
 3
      Telephone: (919) 807-2502
 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
             The copy of the form described in Paragraph (a) of this Rule can be accessed at
12
      (b)
13
      http://www.ic.nc.gov/forms/form21.pdf. https://www.ic.nc.gov/forms/form21.pdf. The form may be reproduced only
14
      in the format available at http://www.ic.ne.gov/forms/form21.pdf https://www.ic.nc.gov/forms/form21.pdf and may
15
      not be altered or amended in any way.
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      History Note:
                      Authority G.S. 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;
18
                      Eff. November 1, 2014;
19
                      Recodified from 04 NCAC 10L .0101 Eff. June 1, 2018;
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Amended Eff. February 1, 2021.

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11 NCAC 23L .0102 is amended with changes as published in 34:20 NCR 1858-62 as follows: 1 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 of Employee's Right to Permanent Partial Disability, they shall use the following Form 26, Supplemental Agreement 7 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 with Rule 11 NCAC 23A .0501, where applicable. The Form 26, Supplemental Agreement as to Payment of 11 12 Compensation, shall read as follows: 13 14 North Carolina Industrial Commission Supplemental Agreement as to Payment 15 16 of Compensation (G.S. §97-82) 17 IC File# 18 19 Emp. Code # 20 Carrier Code # Carrier File # 21 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 State City-32 33 Home Telephone Work Telephone Social Security Number: Sex:

By Mark Brith:

Sex:

By Mark Brith: 34 35 36 37 Telephone Number Employer's Name 38 39 Employer's Address City State 40 41 Insurance Carrier 42 43 Carrier's Address City State Zip 44 45 Carrier's Telephone Number Carrier's Fax Number 46 We, The Undersigned, Do Hereby Agree and Stipulate As Follows: 47

20 1 of 6

— Date of injury: ____

per week. Seginning	2. The employee ☐ returned to work	c / □ was rated on	_ (date), at a weekly wage of
Employee's average weekly wage was reduced /	The application become totally diss	hlad an	
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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 earrier/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.

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IMPORTANT NOTICE TO EMPLOYER

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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.

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NEED ASSISTANCE?

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

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24 Form 26 11/2014 25

26 27

- Self-Insured Employer or Carrier Mail to:
- 28 NCIC Claims Administration
- 29 4335 Mail Service Center
- 30 Raleigh, North Carolina 27699 4335
- Main Telephone: (919) 807-2500 31
- Helpline: (800) 688-8349 32

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

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41 42 (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:

43 44 45

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

48

- 49 IC File #
- Emp. Code # _____ 50
- 51 Carrier Code #

Employer FEIN

52 Carrier File #

53 54

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

Address						
City State	Zip					
Home Telephone <u>Last 4 digits of Social Security Nu</u>		rk Tele _l l M 🛚		f Birth:	_	
Employer's Name	Telephon	e Numb	per			
Employer's Address	City	State	Zip			
Insurance Carrier						
Carrier's Address	City	State	Zip			
Carrier's Telephone Number	Car	rier's Fa	x Number			
We, The Undersigned, Do Hereby 1. Date of injury: 2. The employee □ returned	 I to work / □ was rated	l on		(date), at a wee	ekly wage of S	S
3. The employee became tot	ally disabled on					
4. Employee's average weel per week to \$ per wee 5. The employer and carrier	k.	ed / 🗖				
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4 of 6 23

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 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.

- 43 Form 26
- 44 7/2015[8/2020] 2/2021

- 46 Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"): Carrier Mail to:
- 47 NCIC Claims Administration
- 48 4335 Mail Service Center
- 49 Raleigh, North Carolina 27699 4335
- 50 Main Telephone: (919) 807-2500
- 51 Helpline: (800) 688-8349
- 52 Website: http://www.ic.nc.gov/
- 53 https://www.ic.nc.gov/docfiling.html
- 54 <u>Contact Information:</u>
- 55 NCIC- Claims Administration
- 56 Telephone: (919) 807-2502

1	<u>Helpline: (800)</u>	<u>688-8349</u>
2	Website: https:/	/www.ic.nc.gov
3	-	
4	(b) The c	opy of the form described in Paragraph (a) of this Rule can be accessed at
5	http://www.ic.n	e.gov/forms/form26.pdf. https://www.ic.nc.gov/forms/form26.pdf. The form may be reproduced only
6	in the format av	vailable at http://www.ie.ne.gov/forms/form26.pdf https://www.ic.nc.gov/forms/form26.pdf and may
7	not be altered or	amended in any way.
8		
9	History Note:	Authority G.S. 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;
10		Eff. November 1, 2014;
11		Recodified from 04 NCAC 10L .0102 Eff. June 1, 2018;
12		Amended Eff. February 1, 2021.

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1	11 NCAC 23L .0103 is amended with changes as published in 34:14 NCR 1295-1300 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
10	where applicable. The Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, shall
11	read as 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	<u> </u>
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	Section 2 section 1 section 2 sectio
35	
36	Employer's Name Telephone Number
37	Employer 3 Name Telephone Number
51	

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Emplo	yer's Address City State Zip
Insura	nce Carrier
Carrie	's Address City State Zip
Carrie	's Telephone Number Carrier's Fax Number
WE, T	HE 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 ar
	is the Carrier/Administrator for the Employer.
2.	The employee sustained an injury by accident or the employee contracted an occupational disease arising or
of and	in the course of employment on
3.	The injury by accident or occupational disease resulted in the following injurie
4 .	The employee □ was □ was not paid for the 7 day waiting period.
lf 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 allowance
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:
v	reeks of compensation at rate of \$ per week for% rating to (body part)
v	reeks of compensation at rate of \$ per week for% rating to (body part)
v	reeks of compensation at rate of \$ per week for% rating to (body part)
Total a	mount 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 parti
disabil	ity, waiting period or othe
10.	An overpayment is claimed in the amount of \$ Overpayment was calculated a
follow):
If over	payment 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 include
12.	IMPORTANT NOTICE TO EMPLOYEE: The Industrial Commission's fee for processing this agreement
\$300.0	0 to be paid in equal shares by the employee and the employer. You are not required to pay your portion of the

1	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
2	is more than \$3,000.00, the employer shall deduct \$150.00 from your award, unless you and your employer agree
3	otherwise.
4	Check one of the boxes below if the award is more than \$3,000.00:
5	The employer will deduct \$150.00 from the amount to be paid pursuant to this agreement.
6	The employee and employer have agreed that the employer will pay the entire fee.
7	
8	The undersigned hereby certify that the material medical and vocational reports related to the injury have been
9	provided to the employee or the employee's attorney and have been filed with the Industrial Commission for
10	consideration pursuant to G.S. 97-82(a) and Rule 11 NCAC 23A .0501.
11	
12	
13	Name Of Employer Signature Title Date
14	
15	Name Of Carrier/Administrator Signature Direct Phone Number Title Date
16	
17	By signing I enter into this agreement and certify that I have read the "Important Notices to Employee"
18	printed on pages 2 and 3 of this form.
19	
20	
21	Signature of Employee Address Date
22	
23	Signature of Employee's Attorney AddressDate
24	
25	☐ Check box if no attorney retained.
26	
27	North Carolina Industrial Commission
28	The Foregoing Agreement Is Hereby Approved:
29	
30	Claims Examiner Date
31	
32	Attorney's fee approved
33	
34	IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY CHECKS OR LUMP SUM
35	PAYMENTS

28 3 of 9

-	one your compensation enests have even stopped, if you claim farther 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
6	MEDICAL 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

Main Telephone: (919) 807 2500

4 of 9 29

1	Helpline: (800) 688-8349				
2	Website: http://www.ic.nc.g	ov/			
3					
4	(a) (Effective July 1, 2015)	5) The parties	to a wo	orkers' compensation of	claim shall use the following Form 26A
5	Employer's Admission of Er	nployee's Right	to Perm	anent Partial Disability	y, for agreements regarding the employee's
6	entitlement to and the emplo	oyer's payment	of comp	ensation for permanen	t partial disability pursuant to G.S. 97-31
7	Additional issues agreed up	on by the partie	s, such a	as election of payment	of temporary partial disability pursuant to
8	G.S. 97-30, may also be inc	cluded on the fo	orm. Thi	s form is necessary to	comply with Rule 11 NCAC 23A .0501
9	where applicable. The Form	26A, Employe	r's Adm	ission of Employee's R	Right to Permanent Partial Disability, shal
10	read as follows:				
11					
12	North Carolina Industrial Co	ommission			
13	Employer's Admission of Er	nployee's Right	to Perm	anent Partial Disability	ý
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 Re	quired Under T	he Prov	isions 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	Social Security Number:	Sex: \Box M	☐ F Da	te of Birth:	
33					
34					-
35	Employer's Name			Telephone Number	
36					-
37	Employer's Address	City	State	Zip	

30 5 of 9

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\$	This results in yee \square has \square has not ras released \square with	a weekl t returne , at an a	ly composed full tin	ensation rate of me to work for weekly wage of	of \$	·			
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weeks of con	partial disability of	ompensa	ation wil	ll be paid to th	e injured w	orker as fo	1100000		
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	verpayment is cl					Overpa	yment	was calcu	ılate
follows:									

The undersigned hereby certify the	hat the material	medical and voca	ational repo i	rts records related	to the in	j ury <u>injury</u>
including any job description kno	own to exist if th	e employee has p	ermanent re	strictions and has	returned	to work for
the employer of injury, have been	n provided to the	e employee or the	e employee's	attorney and have	e been fil	ed with the
Industrial Commission for consid	eration pursuant	to G.S. 97-82(a)	and Rule 11	1 NCAC 23A .050	1.	
Name Of Employer	Signature		Title		Date	
Name Of Carrier/Administrator	Signature	Direct Phone	e Number	Email Address	Title	Date
By signing I enter into this agreer	nent and certify	that I have read t	he "Importa	nt Notices to Emp	loyee"	
printed on Page 3 of this form.						
Signature of Employee		Address	Email	Address	Date	
Signature of Employee's Attorney	/	Address	<u>Email</u>	Address	Date	
☐ Check box if no attorney retain	ed.					
North Carolina Industrial Commi	ssion					
The Foregoing Agreement Is Her	eby Approved:					
Claims Examiner				Date		
Attorney's fee approved						
IMPORTANT NOTICE TO EN	MPLOYEE CLA	AIMING ADDIT	TIONAL WI	EEKLY CHECKS	S OR LU	JMP SUM
PAYMENTS						
Once your compensation checks l	nave been stoppe	ed, if you claim fu	arther compe	ensation, you must	notify th	e Industria
Commission in writing within tw	o years from th	e date of receipt	of your last	compensation che	eck or yo	ur rights to
these benefits may be lost.						
IMPORTANT NOTICE TO E	MPLOYEE IN	JURED BEFOR	E JULY 5	, 1994 CLAIMI	NG ADI	DITIONAL
MEDICAL BENEFITS						
If your injury occurred before Ju				-		•
necessary, related to your worker	s' compensation	case, and authori	zed by the c	arrier or the Indus	trial Com	mission.

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- 2 IMPORTANT NOTICE TO EMPLOYEE INJURED ON OR AFTER JULY 5, 1994 CLAIMING ADDITIONAL
- 3 MEDICAL BENEFITS
- 4 If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several
- 5 factors. Your right to payment of future medical compensation will terminate two years after your employer or
- 6 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,
- 8 or your right to these benefits may be lost. To apply you may also use Industrial Commission 18M, Employee's
- 9 Application for Additional Medical Compensation (G.S. 97-25.1), available at http://www.ic.nc.gov/forms.html.

10

- 11 IMPORTANT NOTICE TO EMPLOYER
- 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 If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at
- 20 (800) 688-8349.

21

- 22 Form 26A
- 23 7/2015 [6/2020] <u>12/2020</u>

24

- 25 Self-Insured Employer or Carrier Mail to:
- 26 NCIC Claims Administration
- 27 4335 Mail Service Center
- 28 Raleigh, North Carolina 27699-4335
- 29 Main Telephone: (919) 807-2500
- 30 Helpline: (800) 688-8349
- 31 Website: http://www.ic.nc.gov/

32

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

36

37 History Note: Authority G.S. 97-30; 97-31; 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;

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1	Eff. November 1, 2014;
2	Recodified from 04 NCAC 10L .0103 Eff. June 1, 2018,
3	Amended Eff. December 1, 2020.
4	
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11 NCAC 23L .0103 is amended with changes as published in 34:20 NCR 1862-67 as follows: 1 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, Employer's Admission of Employee's Right to Permanent Partial Disability, for agreements regarding the employee's 6 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 applicable. The Form 26A, Employer's Admission of Employee's Right to Permanent Partial Disability, shall read as 10 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# Emp. Code # 18 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 Zip 30 City State 31 32 Work Telephone Home Telephone 33 Social Security Number: 34 35 36 Employer's Name Telephone Number 37 38 Employer's Address City State 39 40 Insurance Carrier 41 Carrier's Address 42 City State Zip 43 44 Carrier's Telephone Number Carrier's Fax Number 45 WE. THE UNDERSIGNED. DO HEREBY AGREE AND STIPULATE AS FOLLOWS: 46 47 1. All the parties hereto are subject to and bound by the provisions of the Workers' Compensation Act and 48 is the Carrier/Administrator for the Employer. 49 2. The employee sustained an injury by accident or the employee contracted an occupational disease arising 50 out of and in the course of employment on

1 of 6

3. The in	jury by accid	ent or occup	pational disec	ise resulted	in the	following	<u>inju</u>
4. The emp	loyee-□was □we		e 7 day waiting	period.			•
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	loyee □ has □ ha						
7 Claiman	t awar walang ad 🗗	, at an ave	rage weekiy wa watui ati ana . 🗗 .	ge of φ	ant mastriat	iona	
	t was released 🗗 v						
	ent partial disabilit						
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	npensation at rate						
weeks of con	npensation at rate	-of \$p	er week for	_% rating to		_ (body part)	
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		waning	peri	.04			
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	able, the Second	Injury Fund Ass	sessment is \$ _		 A	l check 🛭 is	- □ i .
included .							
<u> 12. IMPORT</u>	TANT NOTICE TO	EMPLOYEE: 7	The Industrial C	'ommission's fee	e for proce	ssing this agr	eeme
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foo in advance an	ed if your award is	\$3.000.00 or les	vou are not re	sponsible for a	v nortion	of the fee If w	<u></u> ~
is more than \$2 f	100 00 the american	, on shall dade -4	s, you are not re . \$150.00 from:	sp onsiole joi ur	ogg ver:	d vous or 1-	in a
	100.00, the employ	er snatt acauct i	o130.00 jrom y	sur awara, unb	ess you an	u your emple	yer e
otherwise.		_					
	boxes below if the						
## The employer v	vill deduct \$150.0	0 from the amou	nt to be paid pu	rsuant to this a	greement.		
### The employee of	and employer have	: agreed that the	employer will p	ray the entire fe	e.		
	•		-	·			
The undersigned	hereby certify tha	ı t the material r	nedical and voc	zational reports	s related t	o the injury	have
	employee or the						
	suant to G.S. 97-8						
constact anon pur	5 10 G.S. 7/ O	- (a) and 11mc 11	. 1,0110 2311 ,00	V.1.			
N		C:		T*.1		D ==4 =	
Name Of Employe	!r	<u>Signature</u>		<u>Title</u>		-Date	
Name Of Carrier	'Administrator	Signature	Direct P	hone Number	<u>Title</u>	Date	
		-					
By signing Lenter	' into this agreeme	nt and certify the	at I have read th	ie "Imnortant N	otices to E	mplovee"	
	2 and 3 of this form					r	
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G: , CE	1		4 1 1				
Signature of Emp	loyee		- Address		Date	g	
Signature of Empl	loyee's Attorney		Address		Date	2	
J 7 1	-						
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	idustrial Commissi						
the Foregoing Ag	greement Is Hereb j	y Approved:					
Claims Examiner			Date				

1 Attorney's fee approved
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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.ne.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
- 39 4335 Mail Service Center
- 40 Raleigh, North Carolina 27699 4335
- *Main Telephone: (919) 807-2500*
- *Helpline:* (800) 688-8349
- 43 Website: http://www.ic.nc.gov/

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

Employer's Admis	dustrial Commissic ssion of Employee'		Permanent	Partial	Disabili	ty				
(G.S. §97-31)		_								
IC File #										
Emp. Code #										
Carrier Code #										
Carrier File #										
Employer FEIN _										
The Use Of This F	Form Is Required U	Jnder The	Provisions	of The	Workers	d' Compe	nsation	Act		
Employee's Name						_				
Employee's Name										
Address						_				
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City	State	Zip								
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Last 4 digits of So	cial Security Num	ber:	Sex: 🗆	М 🗆	F Date	of Birth:				
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Employer's Name			Telephone	Numb	er					
						_				
Employer's Addre	SS		City	State	Zip					
Insurance Carrier						_				
msurance carrier										
Carrier's Address			City	State	Zip	_				
Carrier's Telephon	ie Number		Carr	ier's Fa	x Numb	er				
	RSIGNED, DO HE									
1. All the parties	s hereto are subje						Worker	rs' Con	npensatior	ı Ac
			dministrato							
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of and in the cours	se of employment of	on		1 **	<u>.</u>	1, 1		.1 ^	. 11	
3. The inj	jury by accide	nt or	occupation	iai di	sease	resulted	ın	tne fo	ollowing	inj
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5. The average was \$	This results i loyee □ has □ has , at	n a weekly not return an average	y compensa ned full time e weekly wa	tion rate to wo	te of \$ rk for \$		·			iman
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9. State any further matters a disability, waiti		period	or	otl
10. An overpayment is claim follows:	ed in the amount of	f \$	Overpayment w	as calculated
If overpayment claimed, a Form 28I	3, Report of Compens	ation and Medical Com	pensation Paid, is	attached.
no	T 1 A	4 :- ¢	A -11-	
11. If applicable, the Second I included.	njury Fund Assessme	nt is \$	A check	18 📙 18
The undersigned hereby certify that including any job description known				
the employer of injury, have been pure Industrial Commission for consideration	rovided to the employ	ee or the employee's at	torney and have be	
Name Of Employer	Signature	Title	Date	e
Name Of Carrier/Administrator	Signature	Direct Phone Number	Email Address	Title Da
By signing I enter into this agreement printed on Page 3 of this form.	it and certify that I ha	ve read the important	Notices to Employ	cc
Signature of Employee	Ado	dress	Email Address	Date
Signature of Employee's Attorney	Add	lress	Email Address	Date
North Carolina Industrial Commission The Foregoing Agreement Is Hereby Claims Examiner	Approved:	Pate		
Attorney's fee approved				
IMPORTANT NOTICE TO EMPI PAYMENTS	LOYEE CLAIMING	ADDITIONAL WEE	KLY CHECKS C	OR LUMP SU
Once your compensation checks hav	e been stopped, if you	claim further compens	ation, you must no	tify the Indust
Commission in writing within two y these benefits may be lost.	ears from the date of	receipt of your last co	empensation check	or your rights
IMPORTANT NOTICE TO EMI MEDICAL BENEFITS	LOYEE INJURED	BEFORE JULY 5,	1994 CLAIMING	ADDITION
If your injury occurred before July necessary, related to your workers' c				
IMPORTANT NOTICE TO EMPL MEDICAL BENEFITS	OYEE INJURED ON	OR AFTER JULY 5,	1994 CLAIMING	3 ADDITION
If your injury occurred on or after a factors. Your right to payment of	future medical compe	ensation will terminate	two years after y	our employer
carrier/administrator last pays any n you will need future medical comper for additional medical compensation	isation, you must appl	y to the Industrial Com	nission in writing <u>f</u>	ile an applicat
lost. To apply you may also use	pursuant to G.S. 97-2 Industrial Commissic	. <u></u> within two years, o on 18M, Employee's A	r your right to these application—for Ad	ditional Med

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      Compensation (G.S. 97 25.1), available at http://www.ic.ne.gov/forms.html. An application for additional medical
 2
      compensation may be made on a Form 18M Employee's Application for Additional Medical Compensation or by
 3
      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
 4
 5
      forms are available at https://www.ic.nc.gov/forms.html.
 6
 7
      IMPORTANT NOTICE TO EMPLOYER
 8
      The employee must be provided a copy of the form when the agreement is signed by the employee. Pursuant to Rule
 9
      11 NCAC 23A .0501, within 20 days after receipt of the agreement executed by the employee, the employer or
10
      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
11
      Medical Compensation Paid, within 16 days after the last payment made pursuant to this agreement or be subject to a
12
13
      penalty.
14
15
      NEED ASSISTANCE?
16
      If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at
17
      (800) 688-8349.
18
19
      Form 26A
20
      <del>7/2015</del> <del>6/2020<mark>[8/2020]</del>2/2021</del></del></mark>
21
22
      Self-Insured Employer or Carrier, File via Electronic Document Filing Portal ("EDFP"): Carrier Mail to:
      NCIC - Claims Administration
23
24
      4335 Mail Service Center
25
      Raleigh, North Carolina 27699 4335
      Main Telephone: (919) 807-2500
26
      Helpline: (800) 688-8349
27
      Website: http://www.ic.nc.gov/
28
29
      https://www.ic.nc.gov/docfiling.html
30
      Contact Information:
31
      NCIC- Claims Administration
      Telephone: (919) 807-2502
32
      Helpline: (800) 688-8349
33
34
      Website: https://www.ic.nc.gov
35
36
      (b) A copy of the form described in Paragraph (a) of this Rule can be accessed at
37
      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.ie.ne.gov/forms/form26a.pdf https://www.ic.nc.gov/forms/form26a.pdf and
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      may not be altered or amended in any way.
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      History Note:
                       Authority G.S. 97-30; 97-31; 97-73; 97-80(a); 97-81(a); 97-82; S.L. 2014-77;
42
                       Eff. November 1, 2014;
                       Recodified from 04 NCAC 10L .0103 Eff. June 1, 2018;
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Amended Eff. December 1, 2020;

Amended Eff. February 1, 2021.

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11 NCAC 23L .0105 is	amended with changes as published in 34:20 NCR 1867-68 as follows:
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 Guardia	nn Ad Litem, in accordance with Rule 11 NCAC 23B .0203. The Form T-42, Application for
Appointment of Guardia	nn Ad Litem, shall read as follows:
North Carolina Industria	
[C File # T <u>A</u> -	 ment of Guardian Ad Litem
	required under Rule 11 NCAC 23B .0203
Plaintiff(s	y vDefendant(s)
To the North Carolina In	ndustrial Commission:
The undersigned	respectfully shows unto the North Carolina Industrial Commission that is neetent without general or testamentary guardian in this State, and that by reason thereof can
an iniani or incon bring an action only by a	a guardian ad litem; that the infant or incompetent has a cause of action against the defendants
on account of the follow	
	outable person closely connected with the infant or incompetent having the relationship with
the infant of incompeter	at as follows:
Wherefore, the undersig	ned prays the Commission that a fit and proper person be appointed Guardian Ad Litem for
	at 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 Guard	lian Ad Litem
It annearing to the North	n Carolina Industrial Commission from the above application that
	mpetent having no general or testamentary guardian within this State and that said infant or
	have a good cause of action against the defendant(s); and it further appearing to the
Commission after due i	nquiry that is a fit and proper person to be appointed guardian ad
It is therefore ordere	competent for the purpose of bringing this action on his or her behalf; d that be and is hereby appointed guardian ad litem of
it is therefore ordere	d that be and is hereby appointed guardian ad litem of to bring action on his or her behalf.
T1:	
Inis day of	f
Commissioner or Dep	puty Commissioner Commissioner, Deputy Commissioner, or Executive Secretary
DI .	
Please type or print:	
Full name and address of	f minor or incompetent:
Birth date of minor:	
Full name and address o	f proposed guardian ad litem:

Eff. March 1, 2019;

Amended Eff. February 1, 2021.