

# APPLICATION TO TERMINATE OR SUSPEND PAYMENT OF COMPENSATION (G.S. 97-18.1)

IC File # \_\_\_\_\_

Emp. Code # \_\_\_\_\_

Carrier Code # \_\_\_\_\_

Carrier File # \_\_\_\_\_

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

Employer FEIN \_\_\_\_\_

Employee's Name \_\_\_\_\_

Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex  M  F Date of Birth \_\_\_\_\_

Carrier's Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**IMPORTANT NOTICE TO EMPLOYEE:** YOUR BENEFITS MAY BE STOPPED UNLESS YOU OBJECT IMMEDIATELY. IF YOU BELIEVE YOUR BENEFITS SHOULD NOT BE STOPPED, YOU MUST FILL OUT SECTION B. OF THIS FORM AND RETURN ONE COPY OF THIS FORM TO THE INDUSTRIAL COMMISSION. IF THE INDUSTRIAL COMMISSION HAS NOT RECEIVED THE COMPLETED COPY OF THIS FORM FROM YOU BY \_\_\_\_\_, YOUR BENEFITS MAY BE STOPPED WITHOUT FURTHER NOTICE TO YOU. IF YOU OBJECT, YOU MAY HAVE THE RIGHT TO AN INFORMAL HEARING BY THE INDUSTRIAL COMMISSION BEFORE YOUR BENEFITS CAN BE STOPPED. (THE DATE TO BE INSERTED ABOVE BY THE EMPLOYER OR CARRIER/ADMINISTRATOR SHALL BE 17 DAYS AFTER THIS APPLICATION WAS MAILED TO THE INDUSTRIAL COMMISSION.)

**SECTION A. TO BE COMPLETED BY THE EMPLOYER OR CARRIER/ADMINISTRATOR:**

1. Date of injury by accident : \_\_\_\_\_ Date disability began : \_\_\_\_\_

2. Nature and extent of injury: \_\_\_\_\_

3. Number of weeks compensation paid: \_\_\_\_\_ From : \_\_\_\_\_ To : \_\_\_\_\_

4. Total amount of indemnity compensation paid to date: \$ \_\_\_\_\_

5. Check applicable box(s):
- a. An agreement was approved by the Industrial Commission on \_\_\_\_\_
  - b. The employer admitted employee's right to compensation pursuant to N.C. Gen. Stat. § 97-18(b).
  - c. The employer paid compensation to employee without contesting claim within the statutory period provided under N.C. Gen. Stat. § 97-18(d).
  - d. Other: \_\_\_\_\_

6. Application is made to  terminate or  suspend compensation to the employee on the grounds that \_\_\_\_\_

7.  Check box if employee is in managed care.

**MAIL TO: NCIC - EXECUTIVE SECRETARY  
4333 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4333  
MAIN TELEPHONE: (919) 807-2500  
HELPLINE: (800) 688-8349  
WEBSITE: HTTP://WWW.IC.NC.GOV/**

