

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

IC File # _____
 Emp. Code # _____
 Carrier Code # _____
 Carrier File # _____
 Employer FEIN _____

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

Employee's Name _____			Employer's Name _____			Telephone Number _____					
Address _____			Employer's Address _____			City _____	State _____	Zip _____			
City _____	State _____		Zip _____		Insurance Carrier _____			Policy Number _____			
Home Telephone _____			Work Telephone _____			Carrier's Address _____			City _____	State _____	Zip _____
Social Security Number _____			Sex <input type="checkbox"/> M <input type="checkbox"/> 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(es):
 - 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 thin 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.

For IC use ONLY
Nature _____
Body _____
Cause _____
SIC _____
Coder _____

FORM 24

MAIL TO:
NCIC - EXECUTIVE SECRETARY
4333 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4333
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688-8349

In addition to filing the original of this application and supporting documents with the Industrial Commission, I hereby certify that a copy of this application, together with all supporting documents, was mailed to the employee at (address) _____

and employee's attorney of record, if any, on _____ (number) pages.

The attached documents consist of _____

SIGNATURE OF EMPLOYER OR CARRIER/ADMINISTRATOR

PRINTED NAME

TELEPHONE NUMBER

DATE

TO BE COMPLETED BY THE EMPLOYEE

SECTION B. IF YOU THINK YOUR COMPENSATION SHOULD NOT BE STOPPED, YOU SHOULD COMPLETE THIS SECTION.

1. I do not think my compensation should be stopped because:

2. Enclose and specify the number of pages of documents the Industrial Commission should consider: _____ (number).

3. Give a telephone number at which you can be reached when the informal hearing is scheduled, from Monday through Friday between 8:00 a.m. and 5:00 p.m - _____ The Industrial Commission will notify you of the date and time of the hearing.

SIGNATURE OF EMPLOYEE

WITNESS

DATE

If you need assistance in completing this form, you may contact the Industrial Commission at (800) 688-8349. You must contact the Office of the Executive Secretary at (919) 807-2500 to obtain an extension of time in which to submit medical records, or to obtain documents you have not been able to obtain.

EMPLOYEE: SEND A COPY OF THIS FORM AND SUPPORTING DOCUMENTS TO THE EMPLOYER AND CARRIER/ADMINISTRATOR FROM WHOM YOU ARE RECEIVING COMPENSATION. SEND THE ORIGINAL TO: INDUSTRIAL COMMISSION, OFFICE OF THE EXECUTIVE SECRETARY, 4333 MAIL SERVICE CENTER, RALEIGH Nc 27699-4333.

MAIL TO:

**NCIC - STATISTICS SECTION
4334 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4334
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688-8349**