

AGREEMENT FOR PAYMENT OF UNPAID COMPENSATION IN UNRELATED DEATH CASES (G.S. § 97-37)

IC File #
Emp. Code #
Carrier Code #
Carrier File #

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

Deceased Employee's Name
Address
City State Zip
Home Telephone
Last 4 Digits of SSN

Employer's Name Telephone Number
Employer's Address City State Zip
Insurance Carrier
Carrier's Address City State Zip
Carrier's Telephone Number Fax Number

WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:

- 1. All parties hereto are subject to and bound by the provisions of the North Carolina Workers' Compensation Act.
2. Deceased employee contracted an occupational disease or sustained an injury by accident arising out of and in the course of employment on (date of accident or occupational disease).
3. The accident or occupational disease resulted in the following injury and disability:
4. The employee earned an average weekly wage of \$ which resulted in payment of compensation at the rate of \$ per week for temporary total disability for weeks covering the period from to and for permanent partial disability for weeks, and is entitled to the unpaid balance of weeks of permanent partial disability compensation for
5. Employee died on , 20 , from causes unrelated to the occupational disease or injury by accident referenced in No. 2 above.
6. The following is/are the whole dependent(s), partial dependent(s), next of kin, or personal representative of the estate of deceased employee:
7. The parties agree to pay and receive the balance of the compensation at the rate of \$ per week for a period of weeks beginning , 20 .

Signature of dependent, next of kin or personal representative
Signature of dependent, next of kin or personal representative
Signature of claimant's attorney
Attorney's address

Signature of Employer Title
Signature of Carrier/Administrator Title

NORTH CAROLINA INDUSTRIAL COMMISSION
THE FOREGOING AGREEMENT IS HEREBY APPROVED:
CLAIMS EXAMINER DATE
ATTORNEY'S FEE APPROVED