

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

# AGREEMENT FOR COMPENSATION FOR DEATH

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

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

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

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

Deceased 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 _____
XXX-XX- _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F / / _____	Carrier's Telephone Number _____ Fax Number _____
Last 4 Digits of SSN _____	Date of Birth _____

We, the dependent(s) or next of kin listed below and the employer and carrier/administrator hereby stipulate to the following facts as to the death of the deceased employee:

1. The employer and the deceased employee were bound by the provisions of the N.C. Workers' Compensation Act;
2. The deceased employee sustained a compensable injury by accident (or occupational disease) on \_\_\_\_\_, \_\_\_\_\_, that arose out of and in the course of his employment and resulted in his death on \_\_\_\_\_, \_\_\_\_\_.
3. The average weekly wage of deceased employee was \$ \_\_\_\_\_, and the weekly compensation rate is \$ \_\_\_\_\_.
4. The parties hereto have provided the Industrial Commission with the names and addresses of all known persons wholly or partially dependent for support upon the earnings of the deceased employee at the time of the accident, or the next of kin who might be entitled to compensation if there are no whole or partial dependents.
5. The following are the only persons entitled to receive compensation as a result of the death of employee:

Name	Address	Date of Birth	Age	Relationship	Indicate whole or partial dependent or next of kin
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(IF ADDITIONAL SPACE NEEDED USE REVERSE SIDE)

6. Based upon the above stipulated facts, the employer and its carrier or third party administrator, agree to pay and the dependents, or next of kin agree to accept compensation based upon a weekly rate of \$ \_\_\_\_\_ payable as follows:  
 (Check all that apply)
  - if widow/widower only, for 500 weeks
  - if widow/widower and minor child(ren), in equal shares for 500 weeks; however, minor child(ren) shall continue to receive compensation if they have not yet reached age 18 within the 500 week period
  - if minor child(ren) only, in equal shares for 500 weeks or until they reach age 18, whichever is longer
  - If whole dependent(s) other than widow/widower and/or child(ren), for 500 weeks
  - if partial dependent(s) only, in the weekly amount of \$ \_\_\_\_\_ (compensation rate multiplied by the percentage of support provided by deceased) for 500 weeks

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[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html)

if next of kin, for 500 weeks payable in a lump sum commuted to present value in equal shares

7. The parties agree that the employee's surviving widow/widower  was able or  was unable to support herself/himself because of physical or mental disability as of the date of death of the employee, and  will or  will not continue to receive additional weekly benefits during his/her lifetime or until remarriage.

8. The employer and its carrier agree to pay burial expenses not exceeding \$10,000.00 for deaths on or after October 1, 2001, and medical expenses in accordance with Commission procedure.

9. Compensation for death to be paid under this agreement .....\$ \_\_\_\_\_  
Amount due for expense of burial .....\$ \_\_\_\_\_  
Total amount to be paid .....\$ \_\_\_\_\_

10. The date of this agreement is \_\_\_\_\_, 20 \_\_\_\_.

_____ Signature of Dependent or Next of Kin	_____ Signature of Employer	_____ Title
_____ Signature of Dependent or Next of Kin	_____ Signature of Carrier/Administrator	_____ Title
_____ Signature of Dependent or Next of Kin		
_____ Signature of Dependent or Next of Kin		
_____ Signature of Plaintiff's Attorney		

**NOTICE TO EMPLOYER OR CARRIER: A completed Form 30D Award Approving Agreement for Compensation for Death or a document containing all pertinent information MUST be submitted to the Industrial Commission along with this Form 30 Agreement for Compensation for Death. In addition, the following documents, if appropriate, should be attached to this Form: (1) death certificate; (2) marriage certificate; (3) divorce decree; (4) birth certificate, if minor; (5) Form 42 Application for Appointment of Guardian *Ad Litem*; and (6) Form 29 Supplemental Report for Fatal Accidents.**