

AWARD APPROVING AGREEMENT FOR COMPENSATION FOR DEATH

IC File # _____

Emp. Code # _____

Carrier Code # _____

The Use of This Form Is NOT Required Under the Provisions of the Workers' Compensation Act

Employer FEIN _____

Deceased Employee's Name	Employer's Name
Address	Telephone Number
City State Zip	City State Zip
Home Telephone	Insurance Carrier
XXX-XX- Last 4 Digits of SSN	Carrier's Address
<input type="checkbox"/> M <input type="checkbox"/> F Sex	City State Zip
Date of Birth	Carrier's Telephone Number
	Fax Number

Employer or carrier shall complete and submit to the Industrial Commission for approval this form or a document containing all pertinent information

The parties now have executed and submitted for approval a Form 30 Agreement for Compensation for Death, which is incorporated herein by reference. The Commission hereby approves said Agreement and directs payment of compensation to the person(s) and at the rate(s) as follows:

<u>Person(s) Receiving Compensation</u>	<u>Compensation Rate</u>	<u>Time Period or Lump Sum</u>
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In addition, the employer and its insurance carrier, if any, shall pay burial expenses not exceeding \$10,000.00 to the person or persons entitled for deaths occurring on or after October 1, 2001.

The employer and its insurance carrier, if any, shall pay all medical, hospital, nursing and other treatment expenses incurred by or on behalf of deceased employee as a result of the injury causing death when bills have been submitted to and approved through the procedure adopted by the Industrial Commission.

An attorney's fee of \$_____ is approved for counsel for claimant(s). This amount shall be deducted from the amount claimant(s) is/are to receive, and paid directly to counsel.

Employer and its insurance carrier, if any, shall pay the costs of this action.

This is an award of the Industrial Commission and any interested party may give notice of appeal within the time and in the manner provided by law.

NORTH CAROLINA INDUSTRIAL COMMISSION
 THE FOREGOING AGREEMENT IS HEREBY APPROVED:

 CLAIMS EXAMINER

 DATE

FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html)