

# AWARD APPROVING AGREEMENT FOR COMPENSATION FOR DEATH

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT

IC File # \_\_\_\_\_  
Emp. Code # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_

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- Last 4 Digits of SSN			Sex <input type="checkbox"/> M <input type="checkbox"/> F			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 June 24, 2011.

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.

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