

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			Telephone Number		
Address			Employer's Address			City	State	Zip
City			State			Zip		
Home Telephone			Work Telephone			Insurance Carrier		
() -			() -			Carrier's Address		
- -			/ /			City	State	Zip
Social Security Number			Sex			Carrier's Telephone Number		
			<input type="checkbox"/> M <input type="checkbox"/> F			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>
---	--------------------------	--------------------------------

In addition, the employer and its insurance carrier, if any, shall pay burial expenses not exceeding \$3,500.00 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

MAIL TO: NCIC - CLAIMS SECTION
4335 MAIL SERVICE CENTER
RALEIGH, NC 27699-4335
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.IC.NC.GOV/