North Carolina Industrial Commission

IC File #_____

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

Emp. Code #_____

Carrier Code #_____

Carrier File #_____

The Use Of This Form Is 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	Insurance Carrier
( ) Home Telephone ( ) Work Telephone	Carrier's Address City State Zip
Social Security Number ☐ M ☐ F Sex / / Date of Birth	( ) 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 : _____

   _____
   Description of injury and permanent 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 _____.
   Rating of body part pursuant to G.S. 97-31
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 Employer Title
Signature of dependent, next of kin or personal representative	Signature of Carrier/Administrator Title
Signature of claimant's attorney	NORTH CAROLINA INDUSTRIAL COMMISSION THE FOREGOING AGREEMENT IS HEREBY APPROVED:
Attorney's address	CLAIMS EXAMINER DATE ATTORNEY'S FEE APPROVED

MAIL TO:

NCIC - CLAIMS SECTION
4335 MAIL SERVICE CENTER
RALEIGH, NC 27699-4335
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688-8349

FORM 26D