

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

IC File # _____

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

Deceased Employee's Name _____

Address _____

City _____ State _____ Zip _____

() _____ () _____

Home Telephone _____ Work Telephone _____

XXX-XX- _____ ☐ M ☐ F / /

Last 4 Digits of SSN _____ Sex _____ Date of Birth _____

Employer's Name _____ Email Address _____ Telephone Number _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Carrier _____

Carrier's Address _____ City _____ State _____ Zip _____

() _____

Carrier's Telephone Number _____ Adjuster's Name _____ Email Address _____

WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:

- All parties hereto are subject to and bound by the provisions of the North Carolina Workers' Compensation Act.
- 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).
- The accident or occupational disease resulted in the following injury and disability: _____

 Description of injury and permanent disability
- 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
- Employee died on _____, 20 __, from causes unrelated to the occupational disease or injury by accident referenced in No. 2 above.
- The following is/are the ☐ whole dependent(s), ☐ partial dependent(s), ☐ next of kin, ☐ or personal representative of the estate of deceased employee: _____
- 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 _____

Attorney's address _____

NORTH CAROLINA INDUSTRIAL COMMISSION
THE FOREGOING AGREEMENT IS HEREBY APPROVED:

CLAIMS EXAMINER _____

DATE _____

ATTORNEY'S FEE APPROVED _____