North Carolina Industrial Commission

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:

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 dependent, next of kin or personal representative

_____
Signature of Employer Title

_____
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

ATTORNEYS: FILE VIA EDFP
HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML
EMPLOYEES EMAIL TO: FORMS@IC.NC.GOV OR
MAIL TO: NCIC – CLAIMS SECTION
1235 MAIL SERVICE CENTER
RALEIGH, NC 27699-1235
HELPLINE: (800) 688-8349 WEBSITE: HTTPS://
WWW.IC.NC.GOV

FORM 26D