North Carolina Industrial Commission

AWARD APPROVING AGREEMENT FOR COMPENSATION FOR DEATH

IC File #_____

Emp. Code #_____

Carrier Code #_____

Deceased Employee's Name		Employer's Name / Email Address	( ) - 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	☐ M ☐ F Sex / / Date of Birth	( ) - Carrier's Telephone Number / Adjuster's Name	Email Address

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:

Person(s) Receiving Compensation	Compensation Rate	Time Period or Lump Sum

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

FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML

CONTACT INFORMATION:
NCIC-CLAIMS ADMINISTRATION
TELEPHONE: (919) 807-2502
HELPLINE: (800) 688-8349
WEBSITE: HTTPS://WWW.IC.NC.GOV

FORM 30D