

APPLICATION FOR LUMP SUM AWARD

IC File # _____

Emp. Code # _____

Carrier Code # _____

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

Carrier File # _____

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 _____		
XXX-XX-XXXX-XX- Last 4 Digits of SSN			☐ M ☐ F Sex			/ / Date of Birth		
			Carrier's Telephone Number _____ () _____			Fax Number _____		

APPLICATION MUST BE COMPLETED IN FULL BEFORE REQUEST WILL BE CONSIDERED.

The applicant represents that he or she has been granted an award of compensation by the North Carolina Industrial Commission, and that the award has been paid in periodical payments for not less than six weeks. The applicant hereby requests that he or she be allowed a lump-sum payment in an amount as requested below. (If the applicant desires to buy property of any kind with this lump sum settlement, three estimates of the value of the property must be submitted with the application to the Industrial Commission.)

Name: _____	Present Employer: _____
Address: _____	How Long: _____
_____	Job Title: _____
_____	Average Wage/Wk : _____
Birth Date: _____	Are you unemployed: _____
Phone Number: _____	Other Income (Including Spouse's): _____
Marital Status: _____	
Dependents (Names & Ages): _____	

Outstanding Bills (Creditor and Amount Owed): _____

Purpose of Lump Sum Request: _____

Amount Requested \$ _____

Applicant's Signature: _____ Date: _____

Applicant must send a copy of this form to the carrier and a copy to the Industrial Commission at the address below.**TO BE COMPLETED BY CARRIER/ADMINISTRATOR**

The _____ (Name Insurance Company), ☐ agrees to pay the requested amount of \$ _____ in a lump sum without commutation, or ☐ agrees to pay the following recommended amount of \$ _____ in a lump sum without commutation or ☐ refuses to pay the compensation in a lump sum without commutation.
Balance due applicant (pre-lump sum): _____

For Commission's Use Only

Approved By: _____
Amount: _____
Denied By: _____
Date: _____

Signature _____ Title _____