North Carolina Industrial Commission

IC File #_____

AGREEMENT FOR COMPENSATION FOR DEATH

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

Emp. Code #_____
Carrier Code#_____

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

We, the dependent(s) or next of kin listed below and the employer and carrier/administrator hereby stipulate to the following facts as to the death of the deceased employee:

1. The employer and the deceased employee were bound by the provisions of the N.C. Workers' Compensation Act;

2. The deceased employee sustained a compensable injury by accident (or occupational disease) on _____, _____, that arose out of and in the course of his employment and resulted in his death on _____, _____.

3. The average weekly wage of deceased employee was $ _____, and the weekly compensation rate is $ _____.

4. The parties hereto have provided the Industrial Commission with the names and addresses of all known persons wholly or partially dependent for support upon the earnings of the deceased employee at the time of the accident, or the next of kin who might be entitled to compensation if there are no whole or partial dependents.

5. The following are the only persons entitled to receive compensation as a result of the death of employee:

Name	Address	Date of Birth	Age	Relationship	Indicate whole or partial dependent or next of kin

(IF ADDITIONAL SPACE NEEDED USE REVERSE SIDE)

6. Based upon the above stipulated facts, the employer and its carrier or third party administrator, agree to pay and the dependents, or next of kin agree to accept compensation based upon a weekly rate of $ _____ payable as follows:
(Check all that apply)
   - ☐ if widow/widower only, for 500 weeks
   - ☐ if widow/widower and minor child(ren), in equal shares for 500 weeks; however, minor child(ren) shall continue to receive compensation if they have not yet reached age 18 within the 500 week period
   - ☐ if minor child(ren) only, in equal shares for 500 weeks or until they reach age 18, whichever is longer
   - ☐ If whole dependent(s) other than widow/widower and/or child(ren), for 500 weeks
   - ☐ if partial dependent(s) only, in the weekly amount of $ _____ (compensation rate multiplied by the percentage of support provided by deceased) for 500 weeks
   - ☐ if next of kin, for 500 weeks payable in a lump sum commuted to present value in equal shares

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FORM 30

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

7. The parties agree that the employee's surviving widow/widower □ was able or □ was unable to support herself/himself because of physical or mental disability as of the date of death of the employee, and □ will or □ will not continue to receive additional weekly benefits during his/her lifetime or until remarriage.

8. The employer and its carrier agree to pay burial expenses not exceeding $10,000.00 for deaths on or after June 24, 2011 and medical expenses in accordance with Commission procedure.

9. Compensation for death to be paid under this agreement . . . . . $ _____
   Amount due for expense of burial . . . . . $ _____
   Total amount to be paid . . . . . $ _____

10. The date of this agreement is _____, 20 ___.

_____ _____
Signature of Dependent or Next of Kin Signature of Employer Title

_____
Signature of Dependent or Next of Kin

_____
Signature of Carrier/Administrator Title

_____
Signature of Dependent or Next of Kin

_____
Signature of Dependent or Next of Kin

_____
Signature of Plaintiff's Attorney

NOTICE TO EMPLOYER OR CARRIER: 11 NCAC 23A .0409(e) requires:

If the parties submit a Form 30 Agreement for Compensation for Death, the agreement shall be filed in accordance with Rule .0108 of this Subchapter with the following:

(1) a stipulation as to average weekly wage;
(2) any affidavits regarding dependents;
(3) the employee's death certificate;
(4) a Form 29 Supplemental Report for Fatal Accidents;
(5) a Form 42 Application for Appointment of Guardian ad Litem, if any beneficiary is a minor or incompetent;
(6) proof of beneficiary status, such as marriage license, birth certificate, or divorce decree;
(7) a funeral bill or stipulation as to payment of the funeral benefit;
(8) a Form 30D Award Approving Agreement for Compensation for Death; and
(9) an affidavit or itemized statement in support of an award of attorney's fees if an attorney is seeking fees for representation of one or more beneficiaries.

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