

AGREEMENT FOR COMPENSATION FOR DEATH

To the Industrial Accident Board of the State of Delaware Sitting in and

for _____ County

(Memorandum of this Agreement must be filed with the Board)
(SECTION 107)

We the undersigned, being all the dependents who are entitled to compensation on account of the death of

_____ from a personal injury sustained by him or her by an accident arising out of and in the course of his or her employment and

_____ in whose service the said _____

was employed at the time of said injury, have reached an agreement in regard to the compensation to be paid by said employer.

Date of accident _____

Place of accident _____

Cause of injury _____

Nature of injury _____

Date of Death _____

The terms of the agreement under the above facts are as follows:

That the compensation payable shall be at the rate of \$ _____ per week, based upon an average weekly wage of \$ _____ at the time of said injury and shall be paid from the _____ day of _____, 20____, until terminated, to the following person, or persons, or their legal representative, in accordance with the provisions of the "Delaware Workers' Compensation Act (Title 19, Ch. 23 of the Delaware Code), as amended and in the amount herein designated.

- _____ \$ _____ per week
- _____ \$ _____ per week
- _____ \$ _____ per week
- _____ \$ _____ per week
- _____ \$ _____ per week

Dated this _____ day of _____, 20 _____

Witness:

Signature of Dependents

Signature of Employer / Attorney