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SOUTH CAROLINA WORKERS' COMPENSATION

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WEEKS ALLOWED FOR SCHEDULED MEMBERS (\$42-9-30)

| Body Part | Wks for Total Loss |
|--|--------------------|
| Thumb | 65 |
| Finger - Index (1st) | 40 |
| Finger - Middle (2nd) | 35 |
| Finger - Ring (3rd) | 25 |
| Finger - Little (4th) | 20 |
| Toe - Great | 35 |
| Toe - Other | 10 |
| Amputation: Below 1st joint/phalange | Entire Digit |
| Amputation: Portion opposite base of nail bed or above | 1/4 wks allowed |
| Amputation: Base of nail to 1st joint | 1/2 wks allowed |
| Hand | 185 |
| Arm | 220 |
| Shoulder | 300 |
| Back | 300*, 500** |
| Hip | 280 |
| Leg | 195 |
| Foot | 140 |

* If disability award is 49% or less
** If disability award is 50% or greater

SC MILEAGE RATES

| | |
|------|---------------------|
| 2013 | 56.5 cents per mile |
| 2014 | 56 cents per mile |
| 2015 | 57.5 cents per mile |
| 2016 | 54 cents per mile |
| 2017 | 53.5 cents per mile |
| 2018 | 54.5 cents per mile |
| 2019 | 58 cents per mile |

MAXIMUM COMPENSATION RATES

| Year | Comp Rate |
|------|-----------|
| 2013 | \$743.72 |
| 2014 | \$752.16 |
| 2015 | \$766.05 |
| 2016 | \$784.03 |
| 2017 | \$806.92 |
| 2018 | \$838.21 |
| 2019 | \$845.74 |

(Minimum Compensation Rate - \$75.00)

IMPORTANT INFORMATION

Time Periods

| | |
|--|----------------------------------|
| Notice to Employer (§42-15-20) | 90 days |
| Employer's First Report of Injury (R 67-411) | 10 days from knowledge of injury |
| Waiting Period for TTD (§42-9-200) | 7 days |
| Answer Form 50 Request for Hearing | 30 days |
| Pay Order/Award (§42-9-240) | Within 7 days |
| Appeal to Full Commission (R 67-701) | 14 days |

Statute of Limitations

| | |
|---------------------------------|--|
| File Initial Claim (§42-15-40) | 2 years |
| Change of Condition (§42-17-90) | 1 year from last payment of compensation |

Failure to File Required Forms/Reports

- Fines of not less than \$100.00 and not more than \$100.00 per form/report (§42-19-30)
- Fines may be doubled. (§42-3-105)
- 10% penalty if an order is not paid within 14 days. (§42-9-90)

Illegal Termination of Benefits

Improperly stopping TTD or TPD benefits will result in penalty of 25% of amount of benefits not received, in addition to the benefits owed (§42-9-260(G))

BENEFITS

Determining Average Weekly Wage & Compensation Rate

To determine Average Weekly Wage (AWW) & Compensation Rate (CR), use a Form 20. Determine the AWW from the gross wages from the 4 quarters preceding the quarter in which the injury occurred (quarter in which the injury occurred is not included). Divide the total gross wages for the 4 quarters by the actual number of weeks worked during those quarters to arrive at the AWW (if less than 52 weeks worked, divide by actual number of weeks worked). To determine CR, multiply the AWW by .6667. (§42-1-40).

Payment of Temporary Total Disability (TTD)

No TTD compensation is due for the first seven calendar days of disability. If the disability continues for more than 14 days, TTD compensation at the CR is owed from the date disability began. (§42-9-10, §42-9-200, R67-503)

Payment of Temporary Partial Disability (TPD)

When the incapacity from work is partial (i.e., Claimant is able to work but cannot earn as much as before the accident), Claimant is entitled to TPD equal to 66 2/3 % of the difference between the pre-injury AWW and the post-injury AWW. (§42-9-20)

Payment of Permanent and Total Disability (P&T)

500 weeks, unless a case involves paraplegia, quadriplegia, or physical brain damage, then Claimant is entitled to lifetime benefits. (§42-9-10)

Death Benefits

500 weeks paid to dependents, with \$12,000 allowed for burial expenses (§42-9-290)

SOUTH CAROLINA COMMISSION FORMS

| Forms | Title of Form | When Used | Who Receives | Code § / Regulation |
|-------|---|--|--------------------------|--|
| 12A | First Report of Injury | 10 days from knowledge of injury | SCWCC | §42-19-10/R 67-411 |
| 14B | Physician's Statement | When parties need a doctor to address maximum medical improvement, work restrictions, and future medical treatment; required at informal conferences | SCWCC | R 67-802, 803, 804 |
| 15 | Temporary Compensation Report | When TTD is started or terminated; to change CR | SCWCC; claimant/attorney | §42-9-260 / R67-503, 67-506 |
| 16A | Agreement for Permanent Disability/Disfigurement Compensation | Settle claim and pay permanent disability | SCWCC; claimant/attorney | §42-9-390, §42-15-60, R 67-801, 67-802 |
| 17 | Receipt of Compensation | Claimant returns/able to return to work; MUST be offered before filing Form 21 | SCWCC; claimant/attorney | R 67-504 - 67-506 |
| 18 | Periodic Report | Every 6 months; request Informal Conference; transmit message to WCC | SCWCC | R 67-413 |
| 19 | Status Report & Compensation Receipt | Settlement; claim denied (file with denial letter) | SCWCC | §42-9-270 / R 67-414 |
| 20 | Statement of Earnings of Injured Employee | To compute AWW and CR | SCWCC; claimant/attorney | §42-1-40 / R 67-606, 67-804, 67-1603 |
| 51 | Employer's Answer to Request for Hearing | To answer Form 50; MUST be filed within 30 days to preserve affirmative defenses | SCWCC; claimant/attorney | R 67-603, 67-604 |

Forms may be filed with the Commission by email.

Instructions for filing forms by email can be found at <http://www.wcc.sc.gov/welcomeandoverview/forms>.

SC WORKERS' COMPENSATION COMMISSION

P. O. BOX 1715 1333 MAIN ST., SUITE 500

COLUMBIA, SC 29202-1715

(803) 737-5700 FAX (803) 737-5768

Claims Dept(803) 737-5723
 Accident Reporting(803) 737-5722
 Request WCC File No.(803) 737-5723
 Judicial Dept.(803) 737-5675
 Executive Director(803) 737-5744

Informal Conferences(803) 737-5734
 Letters of Representation(803) 737-5675
 Proper Insurance Carrier(803) 737-5704
 Medical Svcs/Fee Schedule(803) 737-5743