



**WILLSON JONES CARTER
& BAXLEY, P.A.**

Greenville Office
872 S. Pleasantburg Dr.
Greenville, SC 29607
Fax (864) 235-6015

Columbia Office
3600 Forest Dr., Ste. 204
Columbia, SC 29204
Fax (803) 782-2527

Charleston Office
421 Wando Park Blvd., Ste. 100
Mount Pleasant, SC 29464
Fax (843) 284-1081

Myrtle Beach Office
1601 N. Oak St., Ste. 307
Myrtle Beach, SC 29577
Fax (843) 282-9015

www.wjcblaw.com



SOUTH CAROLINA WORKERS' COMPENSATION

ATTORNEY CONTACT INFORMATION

Greenville

Hal Willson	(864) 527-3270	hjwillson@wjlaw.net
Jeff Jones	(864) 527-3273	jsjones@wjlaw.net
Tracy Tiddy	(864) 527-3271	twtidy@wjlaw.net
Franklin Guerrero	(864) 527-3282	fdguerrero@wjlaw.net
South Lewis	(864) 527-3284	jslewis@wjlaw.net
Brenn Watson	(864) 527-3292	lbwatson@wjlaw.net
Jason Griggs	(864) 527-3288	jagriggs@wjlaw.net
Ben Renfrow	(864) 527-3296	bmrenfrow@wjlaw.net
Zach Smith	(864) 527-3297	zsmith@wjlaw.net
Wes Shull	(864) 272-2660	wjshull@wjlaw.net
Kevin Couch	(864) 527-3286	jkcouch@wjlaw.net
Ian Gohean	(864) 272-2664	icgohean@wjlaw.net
Justin Few	(864) 527-3295	jcfew@wjlaw.net
Amanda Neely	(864) 272-2668	aeneely@wjlaw.net
Carolyn Atkins	(864) 272-2661	caatkins@wjlaw.net
Casey Gonyea	(864) 603-5662	cpgonyea@wjlaw.net
Mary Kate Littlejohn	(864) 527-3285	mklittlejohn@wjlaw.net
Graham Buckner	(864) 527-3272	dgbackner@wjlaw.net

Charleston

Allison Carter	(843) 284-1083	amcarter@wjlaw.net
Johnnie Baxley	(843) 284-1082	jwbaxley@wjlaw.net
Anne Noonan	(843) 284-1097	avnoonan@wjlaw.net
George Miars	(843) 284-1091	gtmiars@wjlaw.net
Lynnley Ross	(843) 284-1090	ldross@wjlaw.net
Morgan McQueeney	(843) 284-1092	mtmcqueeney@wjlaw.net
Sarah G. J. Verstraten	(843) 606-3295	sgverstraten@wjlaw.net
Adam Stovall	(843) 284-1095	wastovall@wjlaw.net
Lara Browne	(843) 284-0838	lbrowne@wjlaw.net
Will Lyon	(843) 284-1084	whlyon@wjlaw.net
Alan Westerlund	(843) 284-0835	dawesterlund@wjlaw.net
Sarah Shahid	(843) 284-1094	sashahid@wjlaw.net
Adam Greene	(843) 284-0837	apgreene@wjlaw.net

Columbia

Michael Burkett	(803) 227-2886	mwburkett@wjlaw.net
Shannon Poteat	(803) 227-2883	stpoteat@wjlaw.net
LeAnne McCormack	(803) 227-2880	slmccormack@wjlaw.net
Strat Stavrou	(803) 227-2895	wsstavrou@wjlaw.net
Candy Hindersman	(803) 227-2888	cghindersman@wjlaw.net
Gabe Coggiola	(803) 227-2889	jgcoggiola@wjlaw.net
Sarah Sutusky	(803) 227-2885	scsutusky@wjlaw.net
Sarah Johnson	(803) 227-2892	skjohnson@wjlaw.net
Erica Loudin	(803) 227-2894	eeloudin@wjlaw.net
Sarah Khouri	(803) 509-8068	srkhouri@wjlaw.net

Myrtle Beach

Lee Gremillion	(843) 282-9017	llgremillion@wjlaw.net
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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

2012 (January 1)	50.5 cents per mile
2012 (July 1)	55.5 cents per mile
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

MAXIMUM COMPENSATION RATES

Year	Comp Rate
2012	\$725.47
2013	\$743.72
2014	\$752.16
2015	\$766.05
2016	\$784.03
2017	\$806.92
2018	\$838.21

(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 \$10.00 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