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Willson Jones Carter & Baxley, P.A.

WORKERS' COMPENSATION DEFENSE

## SOUTH CAROLINA WORKERS' COMPENSATION

### 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 \$2,500 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
15	Temporary Compensation Report	When TTD is started or terminated; to change CR	SCWCC; claimant/attorney	§42-9-260, 42-17-10/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
21	Employer's Request for Hearing	Request permission to stop TTD; request hearing to pay compensation	SCWCC; claimant/attorney	R 67-505, 67-506, 67-208
50	Employee's Notice of Claim and/or Request for Hearing	File claim for benefits; request a hearing	SCWCC; claimant/attorney	R 67-206, 67-207
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



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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

### MAXIMUM COMPENSATION RATE

Year	Comp Rate
2001	\$532.77
2002	\$549.42
2003	\$563.55
2004	\$577.73
2005	\$592.56
2006	\$616.48
2007	\$645.94
2008	\$661.29
2009	\$681.36
2010	\$689.71
2011	\$704.92

SC WORKER'S COMPENSATION COMMISSION  
P. O. BOX 1715 1333 MAIN ST., SUITE 500  
COLUMBIA, SC 29202  
(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  
Hearing Requests . . . . . (803) 737-5736  
Informal Conferences . . . . . (803) 737-5734  
Letters of Representation . . . . . (803) 737-5675  
Proper Insurance Carrier . . . . . (803) 737-5704  
Coverage & Compliance . . . . . (803) 737-5708  
Medical Svcs/Fee Schedule . . . . . (803) 737-5743

## ATTORNEY CONTACT INFORMATION

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