



# WORKPLACE PRACTICES SOUTH CAROLINA HELPFUL HINTS

## South Carolina Workers' Compensation Commission (SCWCC)

1612 Marion St., Post Office Box 1715  
Columbia, South Carolina 29202  
Phone: 803.737.5700 / Fax: 803.737.5768

**Claims Department:** 803.737.5723  
**Coverage & Compliance:** 803.737.5704  
**Executive Director:** 803.737.5744  
**Judicial Department:** 803.737.5675

## South Carolina Workers' Compensation Commissioners

**Susan Barden**, Commissioner  
Assistant: Barbara Skarbek **803.737.5660**

**T. Scott Beck**, Commission Chair  
Assistant: Shawnee DeBruhl **803.737.5698**

**Gene McCaskill**, Commissioner  
Assistant: Kellie Lindler **803.737.5663**

**Melody James**, Commissioner  
Assistant: Tamara Morris **803.737.5668**

**Michael Campbell, II**, Commissioner  
Assistant: Barbara Cheeseboro **803.737.5678**

**Avery B. Wilkerson**, Commissioner  
Assistant: Deborah Hutto **803.737.5697**

**Aisha Taylor**, Commissioner  
Assistant: Renee Smith **803.737.5692**

### Potential Red Flags

- Claim occurs early in workday, particularly on a Monday.
- Claim occurs late in workday/week, particularly on a Friday.
- Claim is not witnessed.
- Claim is witnessed only by claimant's friend, spouse, relative or a disgruntled employee.
- Claim is not reported for several days, weeks.
- Claim is not reported until after the claimant is terminated, job ends, or claimant quits.
- Claimant has a very short history with the company.
- Claimant has prior claim(s), particularly if the prior claims involved the same type of injury.
- Claimant has a history of discipline, personnel, attendance, or other problems, particularly if he/she is close to termination or other serious disciplinary action.
- Claimant has a positive post-accident drug test or refuses a drug test.

## Scheduled Members

§ 42-9-30 provides compensation for the following specific members:

Thumb	65 weeks
Index Finger	40 weeks
Second Finger	35 weeks
Third Finger	25 weeks
Little Finger	20 weeks
Great Toe	35 weeks
Other Toes	10 weeks
Hand	185 weeks
Arm	220 weeks
Foot	140 weeks
Leg	195 weeks
Eye	140 weeks
Hip	280 weeks
Shoulder	300 weeks
Hearing (1 ear)	80 weeks
Hearing (2 ears)	165 weeks
Back*	300 weeks
Scarring	up to 50 weeks
Total Disability**	500 weeks

## Maximum Average Weekly Wage, Compensation Rates by Year (SC)

1/1/12	AWW	>	\$1,088.21	CR\$725.47
1/1/13	AWW	>	\$1,115.53	CR\$743.72
1/1/14	AWW	>	\$1,128.19	CR\$752.16
1/1/15	AWW	>	\$1,149.02	CR\$766.05
1/1/16	AWW	>	\$1,175.99	CR\$784.03
1/1/17	AWW	>	\$1,210.32	CR\$806.92
1/1/18	AWW	>	\$1,257.25	CR\$838.21

*Mileage Rates: \$0.545 per mile  
as of January 1, 2018*

## Determine Compensation Owed for Permanent Disability Formula

$$\begin{aligned} &\text{Number of Weeks for Member} \\ &\times \text{Percentage of Disability} \\ &\times \text{Compensation Rate} \\ &= \text{Compensation} \end{aligned}$$

### EXAMPLE:

If Commissioner finds the claimant has 10% permanent partial disability to his right upper extremity and the claimant has a compensation rate of \$200.00, then the claimant would be owed \$ 4,400.00:

$$\begin{aligned} &220 \text{ weeks (arm)} \times .10 \text{ (disability)} \\ &\times \$200.00 \text{ (C/R)} = \$4,400.00 \end{aligned}$$

## S.C. Workers' Compensation Law at a Glance

When the Carrier can terminate temporary benefits

- A. Within 150 days of Notice of Accident (§ 42-9-260)
1. Claimant has returned to work at least 15 days and no temporary partial compensation is due; or
  2. Claimant agrees that he/she is able to return to work and has signed a Form 17; or
  3. Based on good faith investigation, the claim is denied; or
  4. Claimant has been released to return to work without restrictions and employment has been offered; or
  5. Claimant has been released to return to work without restrictions at limited duty and employer has provided work consistent with the Employee's release; or
  6. Claimant has refused medical treatment, examination or evaluations.
- B. After 150 Days of Notice of Accident (R.67-506)
1. Carrier shall not suspend or terminate temporary compensation without Order or Agreement.
  2. Disability is presumed to continue until the Claimant returns or agrees he/she is able to return to work for 15 calendar days.

## Most Commonly Used Forms

Form 12A	Employer's First Report of Injury
Form 14B	Physicians Statement - Required for settlement of cases involving a <i>Pro Se</i> claimant
Form 15	Agreement for Compensation - File within the first 150 days to suspend benefits
Form 16A	Agreement for Permanent Disability (DOI after 07/01/2007)
Form 17	Receipt of Compensation
Form 18	Periodic Report - File every 6 months
Form 19	Status Report and Compensation Receipt - File to close claim
Form 20	Statement of Earnings of Injured Worker - File within 30 days of Form 50 or within 30 days of beginning temporary compensation
Form 21	Employer's Request For Hearing - File 150 days after accident to suspend benefits
Form 27	Subpoena
Form 30	Request for Commission Review
Form 50	Employee's Notice of Claim/Hearing Request
Form 51	Employer's Answer to Form 50 - File within 30 days
Form 58	Pre-Hearing Brief

*\* Commission issues fine of \$200 if forms are not filed on time.*



**T. CORY EZZELL**  
Group Leader  
Partner-Greenville  
cezzell@GWBlawfirm.com  
864.271.5345



**H. MILLS GALLIVAN**  
Partner-Greenville  
mgallivan@GWBlawfirm.com  
864.271.5341



**DEBORAH CASEY BROWN**  
Partner-Greenville  
dbrown@GWBlawfirm.com  
864.271.5346



**MICHELLE D. YARBROUGH**  
Partner-Greenville  
myarbrough@GWBlawfirm.com  
864.271.5349



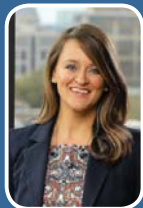
**MIKELL WYMAN**  
Partner-Charleston  
mwyman@GWBlawfirm.com  
843.414.8100



**JARED M. PRETULAK**  
Partner-Greenville  
jpretulak@GWBlawfirm.com  
864.271.5354



**WILLIAM R. HARBISON**  
Partner-Columbia  
wharbison@GWBlawfirm.com  
803.724.1709



**AMITY EDMONDS**  
Associate-Greenville  
aedmonds@GWBlawfirm.com  
864.271.5383



**BLAKELY BELLAMY**  
Associate-Charleston  
bbellamy@GWBlawfirm.com  
843.414.8101



**RYAN NICHOLS**  
Associate-Greenville  
rnichols@GWBlawfirm.com  
864.271.5433



**T.J. TWEHUES**  
Associate-Greenville  
ttwehues@GWBlawfirm.com  
864.271.5364



**GREGORY DONALDSON**  
Associate-Greenville  
gdonaldson@GWBlawfirm.com  
864.271.5385