

Workplace Practices

SOUTH CAROLINA HELPFUL HINTS

► **South Carolina Workers' Compensation Commission (SCWCC)**

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► **South Carolina Workers' Compensation Commissioners**

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Deborah Hutto, Assistant 803.737.5697

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Renee Smith, Assistant 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, or weeks.
- Claim is not reported until after Claimant is terminated, the 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

* Rebuttable presumption 50%+ ppd of back equals 500 weeks.

** Unless brain damage, paraplegia, or quadriplegia.

► **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
1/1/19	AWW	>	\$1,268.55	CR \$845.74

Mileage Rates: \$0.58 per mile as of January 1, 2019

► **Determine Compensation Owed for Permanent Disability Formula**

Number of Weeks for Member x % of
Disability x Compensation Rate = Compensation

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:

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

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Workplace Practices South Carolina Helpful Hints

► *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.



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► *Most Commonly Used Forms*

- Form 12A Employer's First Report of Injury
- Form 14B Physicians Statement ~ Required for settlement of cases involving a *Pro Se* 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



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

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