

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500

P.O. BOX 1715

Columbia, SC 29202-1715

(803) 737-5675 www.wcc.sc.gov

WCC File #: _____

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: _____ SSN: _____ - - Employer's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: () - Work Phone: () - Carrier: _____

Preparer's Name: _____ Preparer's Phone #: () -

Check applicable claims and complete all blanks.

1. The employee sustained a compensable accidental injury to the _____ (part of the body) on _____ (date) in _____ (county), State of _____ (state).
2. That the Second Injury Fund was put on notice of the claim on _____ (date).
3. That the carrier concluded the disability claim by ☐ Award ☐ Agreement on _____ (date).
4. That the subsequent injury combined with or was aggravated by the below-named permanent impairment under S.C. Code Section 42-9-400(d):
- a. Listed Impairment – (1) – (33) _____
- b. (34) (a) _____
- c. (34) (b) _____
5. ☐ a. That the impairment preexisted;
- ☐ b. That the impairment was permanent; and
- ☐ c. That the impairment is a physical condition.
6. ☐ That the prior impairment combined with or was aggravated by the subsequent injury.
7. ☐ That the combination/aggravation substantially increased the liability of the carrier for: ☐ disability ☐ medical or ☐ both.
8. ☐ That the impairment was a hindrance or obstacle to employment or re-employment.
9. ☐ a. That the employer has knowledge of the prior impairment;
- ☐ b. That the impairment was unknown to the employee and the employer; or
- ☐ c. That the employee concealed the prior impairment from the employer.
10. ☐ That the subsequent injury would not have occurred "but for" the prior impairment.
11. That the above claim qualifies for reimbursement under S.C. Code Section 42-9-410 because: _____
12. Other grounds for claim: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____ address _____ on the ____ day of ____ 20____, by ☐ first class postage ☐ certified mail ☐ personal service.

A \$50.00 filing fee is required.

Preparer's Signature _____ Title _____ Email _____ Date _____

Questions regarding this form should be directed to the Judicial Department at 803.737.5675, or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-204 through 67-211 and Regulations 601 through 67-615 as well as Reg. 67-1801.