|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **South Carolina Workers’ Compensation Commission**  1333 Main Street, Suite 500  Post Office Box 1715  Columbia, South Carolina 29202-1715  (803) 737.5675 [www.wcc.sc.gov](http://www.wcc.sc.gov) | | | SCSealBWjpg | | | |  |  | | --- | --- | | WCC File #: |  | |  |  | | Carrier File #: |  | |  |  | | Carrier Code #: |  | |  |  | | Employer FEIN #: |  | |  |  | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Claimant's Name: | | |  | | | SSN: | | -    - | | |  | |  | | | | | | | | | Address: | |  | | | | | | | | |  |  | | |  |  | |  | |  | | City: |  | | | State: |  | | Zip: | |  |  |  |  |  |  | | --- | --- | --- | --- | | Home Phone: | (     )     - | Work Phone: | (     )     - | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Employer's Name: | | |  | | | | | |  | | |  | | | | | | Address: | |  | | | | | | |  |  | | |  |  |  |  | | City: |  | | | State: |  | Zip: |  |  |  |  | | --- | --- | | Insurance Carrier: |  | | | | |
| Preparer’s Name: |  | Law Firm: | |  | | | Preparer’s Phone #: | (     )     - |
|  |  |  | |  | | |  |  |

**Date of Injury or Illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete each information blank. Clearly specify when contention are admitted in part and denied in part. The Claimant’s answer to the claim respectfully shows:**

1. **Stop payment of compensation.**

It is admitted/denied the Claimant has reached maximum medical improvement and continues to receive temporary compensation payments.

It is admitted/denied the Claimant’s temporary total payments are current.

It is admitted/denied the Claimant’s temporary total payments have been properly stopped as of      (m/d/yyyy) pursuant to Reg. 67-505.

1. **Address suspension, termination, or reduction of temporary disability payments for any cause.**

a. At any time pursuant to § 42-9-260(E).

b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

c. Temporary total compensation was suspended, terminated, or reduced without proper order of the Commission.

d. Additional compensation and penalties are requested pursuant to Reg. 67-510.

The basis for additional compensation and penalty is

1. **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant reached maximum medical improvement on       (m/d/yyyy) (copy of medical report must be attached).

It is admitted/denied the Claimant has reached maximum medical improvement.

Claimant has/ has not returned to work. Claimant has/has not returned to light duty.

a. Permanency is premature at this time.

b. Claimant is in need of additional medical care and treatment

c. Claimant is entitled to permanent partial disability pursuant to 42-9-30.

d. Claimant is entitled to wage loss pursuant to 42-9-20.

e. Claimant is entitled to total and permanent disability pursuant to 42-9-10 or 42-9-30(21) and Reg. 67-1802.

1. **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

It is admitted/denied that the Employer/Carrier is due a credit for overpayment.

1. **Determine amount of compensation for claims involving a fatality.**

a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.

b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

1. **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.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.

Questions regarding mediation may be submitted to [**mediation@wcc.sc.gov**](mailto: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  electronic service.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Preparer’s Signature |  | Title |  | Email |  | Date |