



Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: \_\_\_\_\_

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

Complete each information blank. Clearly specify when contentions are admitted in part or denied in part.  
The Employer-insurance Carrier in answer to the claim due to the death of \_\_\_\_\_ (employee's name)  
respectfully shows:

1. It is admitted denied the employee sustained an injury on or about the date set forth in the application.
2. It is admitted denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:  
\_\_\_\_\_
3. It is admitted denied the relationship of employer and employee existed at the time in question. The reasons for denial are:  
\_\_\_\_\_
4. It is admitted denied at the time in question the employee was performing services arising out of and in the course of employment.
5. It is admitted denied notice of injury was given the employer as specified in the application.
6. It is admitted denied the employee was entitled to medical care as a result of the injury.
7. It is admitted denied the employee lost compensable time from work and wages for period(s) of:  
\_\_\_\_\_
8. It is admitted denied the employee's death resulted proximately from accidental injury arising out of and in the course of employment on \_\_\_\_\_(m/d/yyyy).
9. It is contended that an average weekly wage of \$\_\_\_\_\_ applies, according to the attached accounting of employee's earnings, as provided by law.
10. Further grounds of 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](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.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or [judicial@wcc.sc.gov](mailto:judicial@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Refer to Regulations 67-205 through 67-211, 67-215, Regulations 67-601 through 67-615; and Regulations 67-901-905 as well as Reg. 67-1801.