



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 #: _____

The South Carolina Second Injury, in answer to the claim, respectfully shows:

1. It is acknowledged denied the employee sustained a compensable accident;

2. It is acknowledged denied the notice was given to the Second Injury Fund;

3. It is acknowledged denied the disability claim has been concluded.
4. It is acknowledged denied the impairment is: _____
5. a. It is admitted denied the impairment pre-existed.
b. It is admitted denied the impairment was permanent.
c. It is admitted denied the impairment is physical.
6. It is admitted denied the impairment combined with or was aggravated by the subsequent injury.
7. It is admitted denied the combination/aggravation substantially increased the carrier's liability for
disability medical or both: _____
8. It is admitted denied the impairment was a hindrance or obstacle to employment or re-employment.
9. a. It is admitted denied the employer had knowledge of the impairment.
b. It is admitted denied the impairment was unknown to the employee and employer.
c. It is admitted denied the employee concealed the impairment.
10. It is admitted denied the subsequent injury would not have occurred "but for" the prior impairment.
11. It is admitted denied the claim qualifies for reimbursement under S.C. Code Section 42-9-410;

12. The Carrier's claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40;

13. Other grounds for denial: _____

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.

Preparer's Signature _____ Title _____ Email _____ Date _____

Signature on behalf of the Second Injury Fund _____ Date (m/d/yyyy) _____