South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 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: _____ Insurance Carrier: _____

Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: _____

A claim for workers' compensation death benefits is made based on the following grounds:

The Claimant is _____ (relationship to employee) of _____ (employee's name)

1. The employee sustained an accidental injury to the _____ (Part of Body Hurt) on _____ (m/d/yyyy) in _____ County, State of _____.
2. Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the employee was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on _____ (m/d/yyyy) in the following manner:

_____

☐ 6. Due to injury, the employee received medical examination and treatment which remains unpaid by the employer.

☐ 7. Due to injury, the employee lost compensable time from work and wages for the periods of:

_____

☐ 8. The employee died on _____ (m/d/yyyy) as a result of the accidental injury, and death compensation is claimed.

9. At the time of the injury, the employee was paid weekly wages of $_____. The claimant demands an accounting of days worked and wages earned as provided by law.

10. Further grounds of claim:

_____

11. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 12a. **I am filing a claim. I am not requesting a hearing at this time.**

☐ 12b. **I am requesting a hearing. A $50.00 fee is required.**

☐ **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.

I verify the contents of this form are accurate and true to the best of my knowledge.

_____ _____ _____ _____
Preparer's Signature Title Email Date

Questions about the use of this form should be directed to the Judicial Department at 803.757.5675 or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov.** Refer to Regulations 67-205 through 67-211, 67-216, Regulations 67-601 through 67-615 and; Regulations 67-901 through 67-905 well as Reg. 67-1801.