

South Carolina Workers' Compensation Commission

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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 \$25 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.