

# State of South Carolina

1333 Main St, Suite 500  
P.O. Box 1715  
Columbia, S.C. 29202-1715



Tel: (803) 737-5700  
Fax: (803) 737-1234  
[www.wcc.sc.gov](http://www.wcc.sc.gov)

## Workers' Compensation Commission

### ADVISORY NOTICE

September 12, 2022

#### **Form 6A and Form 10**

The Commission made the following changes to [Form 6A](#) and [Form 10](#). Please note that prior versions of the Forms 6A and 10 will not be accepted after September 30, 2022.

#### **Form 6A**

The Form 6A was revised to include a balance sheet on page 3 of the application to facilitate employers' disclosure of the required financial information when applying for membership in a self-insurance fund. In addition, the Notary signature block was removed and replaced with the applicant's signature attesting to the accuracy of the information in the application and the form is now in available fillable pdf format to streamline form submission. The Commission will accept electronic signatures on the Form 6A.

#### **Form 10**

The Form 10 was reformatted for ease of use. Line D was edited for additional information related to expenses. The Notary signature block was removed and replaced with the applicant's signature attesting to the accuracy of the information in the application and the form is now in available fillable pdf format to streamline form submission. In addition, the language in the Extension Requests Section on page 2 was edited for clarification purposes.

For additional information regarding these changes please contact Christy Brown, Director of Self-Insurance Programs at [CBrown@wcc.sc.gov](mailto:CBrown@wcc.sc.gov).