

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5700 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 #:

The date of injury reported on Form 12A is: (m/d/yyyy)

Check appropriate section(s). The Employer's Representative requests a hearing to:

I. Stop payment of compensation. Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on (m/d/yyyy).

II. Address suspension, termination, or reduction of temporary disability payments for any cause.

- a. At any time pursuant to § 42-9-260(E).
b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is

III. Determine if compensation is due pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant reached maximum medical improvement on (m/d/yyyy) (copy of medical report must be attached).

IV. Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.

V. Determine amount of compensation for claims involving a fatality.

- a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

Amendment to Prior Hearing Request

- a. I am adding a party pursuant to Reg. 67-610(C). Party Name/Address:
b. I am removing a party pursuant to Reg. 67-610(C). Party Name/Address:
c. Other amendment:

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.

Failure to respond pursuant to Reg. 67-208 B in writing may result in ordered mediation pursuant to Reg. 67-1801 B.
Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service. I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature Title Email Date (m/d/yyyy)

Refer to Regulations 67-211, 67-504, 67-505, 67-506; and 67-510.