

**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](http://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 benefits is made based on the following grounds:**

- Injury  Illness  Repetitive Trauma  Occupational Disease  Physical Brain Injury  Concurrent Jurisdiction
- 1. The claimant sustained an injury to \_\_\_\_\_ (Part(s) of Body Injured) on \_\_\_\_\_ (Month/Day/Year) in \_\_\_\_\_ county, state of \_\_\_\_\_.  
Body part(s) affected are: \_\_\_\_\_
- 2. Briefly describe how the accident occurred. \_\_\_\_\_
- 3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
- 4. The relationship of employer and employee existed at the time of injury.
- 5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
- 6. Notice of the accidental injury was given to the Employer on \_\_\_\_\_ (Month/Day/Year) in the following manner:  
\_\_\_\_\_
- 7. Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: \_\_\_\_\_  (b) additional medical examination and treatment for: \_\_\_\_\_
- 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:  
\_\_\_\_\_
- 9. Claimant at MMI:  Yes  No. 9a. If yes, due to the injury, the Claimant has permanent disability of the following nature and extent (check one):  
 (1) General Disability:  Total  Partial  (2) Specific Disability:  Total  Partial  (3) Wage Loss
- 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: \_\_\_\_\_.
- 11. At the time of the injury, the Claimant was paid weekly wages of \$\_\_\_\_\_, and demands accounting of days worked and wages earned as provided by law.
- 12. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:  
\_\_\_\_\_
- 13. Further grounds or unusual aspects of claim:  
\_\_\_\_\_
- 13a. 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.
- 13b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
\_\_\_\_\_
- 13c. To the best of your knowledge, did you have any prior permanent disability? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
- 14.  I am adding a party. \_\_\_\_\_ (name/address).  
 I am removing a party. \_\_\_\_\_ (name/address).  
 Other amendment: \_\_\_\_\_.
- 15. **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: \_\_\_\_\_
- 16. **I am requesting a hearing. A \$50 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](mailto: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 67-204 - 67-211, Regulations 67-601 -67-615, and Regulation 67-1801.