

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov



WCC File #: _____

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Decedent's Name: _____ SSN: _____ - - Employer's Name: _____

Claimant's Name: _____ SSN: _____ - - Address: _____

Address: _____ City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____ Insurance Carrier: _____

Home Phone: _____ Work Phone: _____

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

Date of Injury or Illness: _____

Complete each information blank. Clearly specify when contentions are admitted in part or denied in part.

The Employer-insurance Carrier in answer to the claim due to the death of _____ (employee's name) respectfully shows:

1. It is ☐ admitted ☐ denied the employee sustained an injury on or about the date set forth in the application.
2. It is ☐ admitted ☐ denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is ☐ admitted ☐ denied the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is ☐ admitted ☐ denied at the time in question the employee was performing services arising out of and in the course of employment.
5. It is ☐ admitted ☐ denied notice of injury was given the employer as specified in the application.
6. It is ☐ admitted ☐ denied the employee was entitled to medical care as a result of the injury.
7. It is ☐ admitted ☐ denied the employee lost compensable time from work and wages for period(s) of:

8. It is ☐ admitted ☐ denied the employee's death resulted proximately from accidental injury arising out of and in the course of employment on _____ (m/d/yyyy).
9. It is contended that an average weekly wage of \$_____ applies, according to the attached accounting of employee's earnings, as provided by law.
10. Further grounds of claim:

Mediation

- a. ☐ Mediation is required 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. See attached certificate of service.

I verify the contents of the 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 803.737.5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-205 through 67-211, 67-215, Regulations 67-601 through 67-615; and Regulations 67-901-905 as well as Reg. 67-1801.