



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.