



# South Carolina Workers' Compensation Commission

Electronic Form Submission and Payment Interface

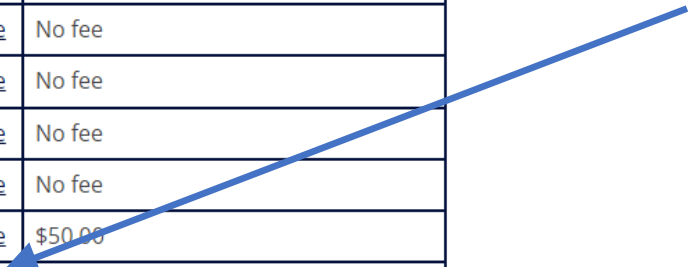
From [wcc.sc.gov](http://wcc.sc.gov), click on the Forms Link



The screenshot shows the homepage of the South Carolina Workers' Compensation Commission. At the top left is the 'SC.GOV' logo. A red banner at the top center contains the text: 'The Commission's offices will be closed Monday, February 19, 2024 in observance of President's Day.' Below this is a light blue banner with an advisory notice: 'Advisory Notice - IT Legacy Modernization System Updates (e-file, e-pay, e-view, etc.) are NOW available to stakeholders. Click [here](#) to find out more.' The main navigation menu is a dark blue bar with white text links: 'eCase', 'Verify Coverage', 'Subpoenas and File Copy Requests', 'Protection Requests', 'Pre-Employment Verifications', 'FAQs', 'Forms', 'Medical Fee Schedules', 'Updates/News', and 'To Report Fraud'. A blue arrow points from the text above to the 'Forms' link. Below the navigation is a dark blue header with the South Carolina state seal on the left, the text 'South Carolina Workers' Compensation Commission' in the center, and a search box on the right labeled 'Search Partner Site'. Below the header is a blue bar with white text links for 'Commissioners', 'Employee/ Injured Worker', 'Employers', 'Insurance Carriers / Third Party Administrators', and 'Medical Providers'. Below that is another blue bar with white text links for 'Coverage and Compliance Division' and 'Self Insurance Division'. The main content area features a background image of a sunset over the ocean. A dark blue box in the center contains the text 'Welcome to South Carolina Workers' Compensation Commission' in a white serif font. Below this text is a blue button with white text that says 'How Do I ...' followed by a downward-pointing chevron.

Form	Description	PDF	DOC	eFile	Fee
Form 12A	First Report of Injury	<a href="#">PDF</a>	<a href="#">Doc</a>	N/A	No fee
Form 12M	Annual Minor Medical Report	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 14A	Health Insurance Claim Form	<a href="#">PDF</a>	Word Format not Available	N/A	No fee
Form 14B	Physician's Statement	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 15	Temporary Compensation Report	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	\$50.00 for Section III only
Form 15	Hearing Request to dispute the termination or suspension of temporary compensation on Form 15	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	\$50.00 for (Hearing Request Section III only)
Form 15S	Supplemental Report of Varying Temporary Partial Payments	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 16	Agreement for Permanent Disability/Disfigurement Compensation	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	\$50.00 if filed by Claimant's Attorney
Form 16A	Agreement for Permanent Disability/Disfigurement Compensation Please complete this form for injuries occurring after July 1, 2007	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	\$50.00 if filed by Claimant's Attorney
Form 17	Receipt of Compensation	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 18	Periodic Report	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 19	Saturation Report and Compensation Report	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 20	Statement of Earnings of Injured Employee	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee
Form 24	Application for Lump Sum Award	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	\$50.00
Form 50	Employee's Notice of Claim <b>(No Hearing requested)</b>	<a href="#">PDF</a>	<a href="#">Doc</a>	<a href="#">eFile</a>	No fee (If Hearing is not requested)

Identify the form  
You wish to file,  
And click on the  
eFile link




Form Selection

Submission Information

Submitter Information

Review

Submit



This form allows external stakeholders to submit electronic filings to the South Carolina Workers' Compensation Commission. If your submission requires an online payment, it will be processed by a third party working under statewide contract held by the Department of Administration. A fee is included with all electronic payments and will be displayed during the payment portion of the submission. This fee is used to develop, maintain, enhance, and expand the service offerings of the state's portal.

Please select which form you would like to file \*

50 Employee's Notice of Claim (Hearing is NOT requested)

< Previous

Next >

2. Click on the dropdown that says "Please select which form you would like to file" and choose the appropriate form

3. Click "Next"

✓ Form Selection

Submission Information

Submitter Information

Review

Submit Delete

Is the form 50 completed and ready for upload \*

Yes, the form is complete and is ready to be submitted

No, I need the link to complete the form

Please upload the completed form 50 here \*

Test Form Universal.docx ×

WCC Number

0202249

Claimant First Name \*

Cfirst

Claimant Last Name \*

Clast

Date of Injury

01-01-2023

< Previous

Next >

4. On the next screen (Submission Information) answer any questions and input the information about your filing.

5. Click "Next"

Submitter First Name \*

SFirst

Submitter Last Name \*

SLast

Law Firm (if applicable)

Test Law Firm

Submitter Email \*

email@email.gov

Submitter Phone Number \*

(803) 444-5555

< Previous

Next >

6. On the next screen (Submitter Information) input your information (All of this information is the person who is actually entering and uploading the filing. If you are with a firm and filing on behalf of an attorney, you would still input your information here. The attorney’s signature would be collected from uploaded documentation if necessary).

7. Click “Next”

Submission Information

WCC Number: 0202249

Claimant First Name: Cfirst

Claimant Last Name: Clast

Date of Injury : 01-01-2023

Submitter Information

Submitter First Name: SFirst

Submitter Last Name: SLast

Law Firm (if applicable): Test Law Firm

Submitter Email : email@email.gov

Submitter Phone Number: (803) 444-5555

< Previous

Submit

8. On the next screen (Review), verify the information displayed for accuracy. If any errors, you can press the “previous” button at the bottom of the screen to correct.

9. If this is a non-payment form (a form that does not require a fee), click “Submit”. If this form requires a fee, click “Continue to Payment”.

Note – you will only see one option on your form (either “Submit” or “Continue to Payment”)

Form Selection  
 Submission Information  
 Submitter Information  
 Review

**Continue to Payment**  
 Delete

### Form Selection

Please select which form you would like to file: Employee's Notice of a Claim

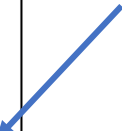
### Submission Information

WCC Number: 0202249  
 Claimant First Name: Cfirst  
 Claimant Last Name: Clast  
 Date of Injury: 01-01-2023

### Submitter Information

Submitter First Name: Sfirst  
 Submitter Last Name: slast  
 Law Firm (if applicable): lawfirms  
 Submitter Email: email@email.com  
 Submitter Phone Number: (123) 456-7891

Click Continue to Payment



1 Payment Type   2 Customer Info   3 Payment   4 Submit Payment

### Transaction Detail

The following amounts will be remitted back to the Workers' Compensation Commission TEST

SKU	Description	Unit Price	Quantity	Amount
Form 50	Employee's Notice of a Claim 0202249	\$50.00	1	\$50.00
<b>Total</b>				<b>\$50.00</b>

### Transaction Summary

Employee's Notice of a Claim 0202249 \$50.00  
**TOTAL \$50.00**

### Need Help?

Select Payment Method and Continue to proceed with payment.

### Payment

#### Payment Type

Save time in the future and streamline your government experience by creating an SC.GOV account and saving your preferred payment methods for checkout. Choose "SC.GOV Wallet" below to create or login to your account and save or select your payment methods

Payment Type \*  
 Select One  
 Select One  
 Credit/Debit Card  
 Electronic Check

#### Customer Information

#### Payment Information

Workers' Compensation Commission   TEL: (803) 737-5700  
 1353 Main St., Suite 500  
 P.O. Box 1715  
 Columbia, SC 29202-1715

Note – Now you are on the sc.gov interface that will process your online payment.

Choose a Payment Type from the dropdown. Please note the following:

- Credit and Debit payments have a 4 % processing fee
- Electronic Payments have a \$2.50 processing fee



Workers' Compensation Commission South Carolina ONLINE PAYMENTS

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

**Transaction Detail**  
The following amounts will be remitted back to the Workers' Compensation Commission TEST

BKU	Description	Unit Price	Quantity	Amount
Form 50	Employee's Notice of a Claim 0202249	\$50.00	1	\$50.00
				<b>Total \$50.00</b>

**Transaction Summary**

Employee's Notice of a Claim 0202249	\$50.00
Service Fee* SC.GOV	\$2.00
<b>TOTAL</b>	<b>\$52.00</b>

**Need Help?**  
Please complete the Customer Information Section.

**Payment**  
Payment Type ✓  
**Credit/Debit Card**

**Customer Information** Complete all required fields [ \* ]

Country \*  
United States ✓

First Name \*  
Sfirst ✓

Last Name \*  
slast ✓

Address \*  
1333 Main Street ✓

Address 2 ✓

City \*  
Columbia ✓

State \*  
SC - South Carolina ✓

ZIP/Postal Code \*  
29202 ✓

Phone Number \*  
1234567891 ✓

Email \*  
eschinke@wcc.sc.gov ✓

**Next >**

Payment Information

Cancel

Workers' Compensation Commission 1333 Main St., Suite 500 P.O. Box 1715 Columbia, SC 29003-1715 TEL: (803) 737-5709

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Complete the required fields  
And click "Submit Payment"

Workers' Compensation Commission South Carolina ONLINE PAYMENTS

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

**Transaction Detail**  
The following amounts will be remitted back to the Workers' Compensation Commission TEST

BKU	Description	Unit Price	Quantity	Amount
Form 50	Employee's Notice of a Claim 0202249	\$50.00	1	\$50.00
				<b>Total \$50.00</b>

**Transaction Summary**

Employee's Notice of a Claim 0202249	\$50.00
Service Fee* SC.GOV	\$2.00
<b>TOTAL</b>	<b>\$52.00</b>

**Need Help?**  
Your payment has NOT been completed. Please review the payment information below and select Submit Payment.

**Payment**  
Payment Type ✓  
**Credit/Debit Card**

**Customer Information** ✓

Address Sfirst slast 1333 Main Street Columbia, SC 29202 Go

Phone Number 1234567891

Country United States Go

Email Address eschinke@wcc.sc.gov

**Payment Information** ✓

Credit Card Visa \*\*\*\*1111 Exp. 07/2025 Go

Name on Credit Card Company Cardholder

Cancel **Submit Payment**

Workers' Compensation Commission 1333 Main St., Suite 500 P.O. Box 1715 Columbia, SC 29003-1715 TEL: (803) 737-5709

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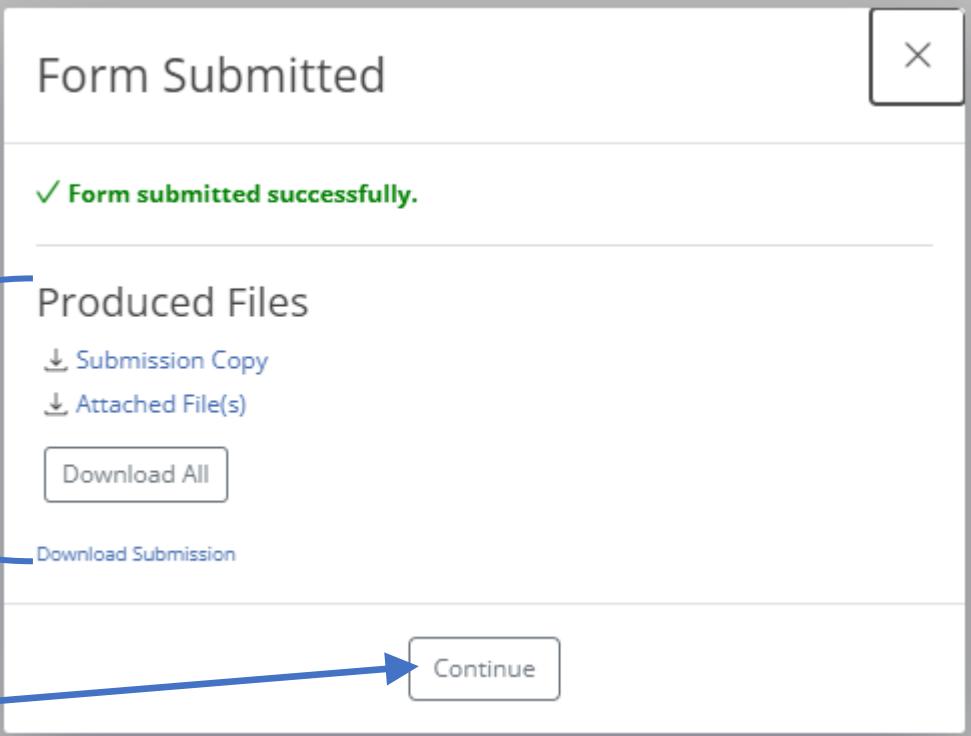
**Please note that you will receive two e-mails:**

1. A receipt from your electronic payment
2. A copy of your submission and the review screen that were submitted to SCWCC

10. Once you have completed the payment entry information or submitted your form, you will be redirected to the “Form Submitted” screen.

Note: this indicates that your submission has been filed with the commission.

You can download the filings from this screen, but you (the submitter e-mail address) will also receive an e-mail with the Submission Copy and Attached Files.



11. Click “Continue” and your submission is complete.

12. Once you hit continue, you will be redirected to the forms page