

Columbia Office

P.O. Box 1473 (29202)
 17th Floor, 1901 Main St.
 Columbia, SC 29201
 Phone: (803) 254-2200
 Fax: (803) 799-3957

Florence Office

P.O. Box 5478 (29502)
 4th Floor, 1831 W. Evans St.
 Florence, SC 29501
 Phone: (843) 662-9008
 Fax: (843) 667-0828

Charleston Office

P.O. Box 22129 (29413)
 40 Calhoun St.
 Charleston, SC 29401
 Phone: (843) 576-2800
 Fax: (843) 577-3369

Greenville Office

P.O. Box 1509 (29602)
 Suite 250, 200 E. Broad St.
 Greenville, SC 29601
 Phone: (864) 552-4600
 Fax: (864) 552-4620

Myrtle Beach Office

P.O. Box 2116 (29578)
 Suite 301, 2411 N. Oak St.
 Myrtle Beach, SC 29577
 Phone: (843) 213-5500
 Fax: (843) 213-5555

SOUTH CAROLINA WORKERS' COMPENSATION LAW

WAITING PERIOD: Seven days. No compensation is payable for the first seven calendar days of disability resulting from an injury, except for medical benefits. If, however, the injury results in disability of more than fourteen days, compensation is paid from the date the disability began. (§ 42-9-200).

AVERAGE WEEKLY WAGE: For injuries occurring on or after June 18, 1996, an employee's average weekly wage is calculated based on the total amount of wages paid over the preceding four quarters as reported to the Employment Security Commission. Where the length of employment has been short, comparable employees may be used. See § 42-1-40 for further exceptions. For injuries occurring prior to June 18, 1996, the employee's average weekly wage is the average of earnings during the fifty-two weeks immediately preceding the date of injury. Periods missed from work of seven days or more are not counted against the employee.

COMPENSATION RATE: In South Carolina, the compensation rate is sixty-six and two thirds percent of the average weekly wage subject to the maximum and minimum compensation rates in effect on the date of injury. The compensation rate is as of the date of injury and is not affected by later changes in the allowed maximum or by inflation.

MAXIMUM COMPENSATION RATES:	January 1, 2011	704.92	January 1, 2006	616.48
	January 1, 2010	689.71	January 1, 2005	592.56
	January 1, 2009	681.36	January 1, 2004	577.73
	January 1, 2008	661.29	January 1, 2003	563.55
	January 1, 2007	645.94	January 1, 2002	549.42

MINIMUM COMPENSATION RATE: The minimum rate is \$75.00 unless the employee's actual earnings are less than \$75.00. If the employee earns less than the minimum, the compensation rate equals the actual earnings. (Example: actual earnings are \$60.00, then the compensation rate is \$60.00, rather than \$75.00).

TEMPORARY DISABILITY BENEFITS: If the disability resulting from injury by accident exceeds seven days, the injured employee will be entitled to sixty-six and 2/3 percent (66 2/3%) of his average weekly wage not to exceed the maximum allowable by law. (See WAITING PERIOD)

TOTAL DISABILITY (TTD & PTD): 66 2/3% of injured workers' average weekly wage, but not less than \$75.00, unless the actual earnings are less than \$75.00, then the actual earnings will be used. The total weeks allowed for total disability shall not exceed 500 weeks. (See § 42-9-10).

PARTIAL DISABILITY (TPD & PPD): When incapacity from work resulting from injury is partial, the employer shall pay weekly compensation equal to 66 2/3% of the difference between the employee's average weekly wage before the injury and the average weekly wage the employee is able to earn thereafter. (See § 42-9-20).

FRACTIONAL WEEKS:	One Day	.1428571	Four Days	.5714284
	Two Days	.2857142	Five Days	.7142857
	Three Days	.4285713	Six Days	.8571428

MEDICAL TREATMENT: Medical, Surgical, Hospital and other treatment, including medical and surgical supplies as may reasonably be required for a period not exceeding ten weeks from the date of an injury to effect a cure, or give relief and for such additional time as in the judgment of the Commission will tend to lessen the period of disability (expert medical evidence stated to a reasonable degree of medical certainty required for injuries on or after 7/1/07).

ARTIFICIAL MEMBERS/PROSTHETIC DEVICES: Artificial members and prosthetic devices as may reasonably be necessary at the end of the healing period shall be provided by the employer. Once a prosthetic device has been provided, it shall be furnished during the life of the injured employee or so long as necessary. Damage to a prosthetic device as a result of an injury by accident entitles the employee to compensation ensuring that the prosthetic device is repaired or replaced. (See § 42-15-60 and 65).

DEATH BENEFITS: If a death results proximately from an accident within two years thereafter or while total disability continued and within six years after the accident, the employer shall pay to the dependents of the employee, wholly dependent upon his earnings, a weekly payment equal to 66 2/3% of the injured worker's average weekly wage for a period of not less than 500 weeks. (See § 42-9-290), (See this section regarding types of dependents), (For death benefits when there is more than one dependent, see s 42-9-130), (For payment of death benefits where employee leaves no dependents, See § 42-9-140).

FUNERAL BENEFITS: Funeral expenses may be paid up to, but not exceeding \$2,500.00. (Where deceased employee leaves no full or partial dependents, funeral benefits are paid in full. See § 42-9-140.)

MEDICAL RECORDS: All existing information compiled by a health care facility, ... or a health care provider... pertaining directly to a workers' compensation claim must be provided to the insurance carrier, the employer, the employee, their attorneys, or the South Carolina Workers' Compensation Commission, within fourteen days of receipt of written request. See Section 42-15-95.

Charges and fees for providing medical records: For the first 30 pages, 65¢ per page and for all other pages, 50¢ per page, and a clerical fee for searching and handling, not to exceed \$15.00 per request, plus actual postage and applicable sales tax.

MILEAGE REIMBURSEMENT: Mileage to and from place of medical attention which is more than five miles away from home in the amount of 55.0¢ per mile (effective January 1, 2009); or actual costs of expense incurred in using public transportation; plus actual costs of reasonable overnight lodging and subsistence when necessary. Effective 1/1/11, the new rate will be 51¢ per mile.

SCHEDULED INJURIES (§ 42-9-30):

Fingers	
thumb.....	65 weeks
first (index).....	40 weeks
second.....	35 weeks
third.....	25 weeks
fourth (little).....	20 weeks
• loss of first phalange of thumb/finger equals loss of ½ of affected digit	
• loss or more than one phalange of thumb/finger equals 100% loss of digit	
Toes	
great.....	35 weeks
all other toes.....	10 weeks
• loss of first phalange of any toe equals loss of ½ such affected digit	
• loss of more than one phalange equals 100% loss of affected digit	
Eye.....	140 weeks

Members/Organs and other parts of the body (WCC Regulation 67-1101):

Coccyx.....	1-10 weeks
Kidney.....	25-250 weeks
total loss.....	400 weeks
Lung.....	25-250 weeks
total loss.....	400 weeks
Pancreas.....	10-250 weeks
total loss.....	500 weeks
Rib.....	1½ - 10 weeks
Tooth.....	½ - 2 weeks
Brain.....	25-250 weeks

Commonly Used Forms:

Form 12A.....	Employer's First Report of Injury (ACORD 4)
Form 14B.....	Physician's Statement (use for dates of accident after 7/1/07)
Form 15.....	Temporary Compensation Report (use to start, stop or amend rate of compensation within 150 days)
Form 15S.....	Supplemental Report of Varying Temporary Partial Payments
Form 16.....	Agreement for Permanent Disability/Disfigurement Compensation* (*amended to address provision of medical care)
Form 16A.....	(provides for medical care on Form 14B; use for dates of accident on or after 7/1/07)
Form 17.....	Receipt of Compensation (use to stop temporary benefits)

Key Telephone Numbers:

S.C. Workers' Compensation Commission -	(803) 737-5700
Executive Director Gary M. Cannon -	(803) 737-5744
Commissioner Susan S. Barden -	(803) 737-5660
Commissioner T. Scott Beck -	(803) 737-5698
Commissioner David W. Huffstetler -	(803) 737-5663
Commissioner G. Bryan Lyndon -	(803) 737-5668
Commissioner Andrea C. Roche -	(803) 737-5678
Commissioner Avery B. Wilkerson -	(803) 737-5697
Commissioner Derrick L. Williams -	(803) 737-5692

South Carolina Workers' Compensation Commission Website:
<http://www.wcc.state.sc.us>

Turner Padget Website:
<http://www.TurnerPadget.com>

Ear – loss of hearing in one ear.....	80 weeks
loss of hearing in both ears.....	165 weeks
Hand.....	185 weeks
Arm.....	220 weeks
Shoulder.....	300 weeks*
* Only for injuries on or after 7/1/07	
Foot.....	140 weeks
Leg.....	195 weeks
Hip.....	280 weeks*
* Only for injuries on or after 7/1/07	
Back.....	300 weeks
unless more than 50% loss of use, then it shall be.....	500 weeks
* Rebuttable presumption of automatic 500 weeks for 50% or more to back for injuries on or after 7/1/07.	
Disfigurement:	
• payment not to exceed 50 weeks	
• payable for "serious" permanent disfigurement to face, head, neck or other areas normally exposed in employment	
• not payable in addition to other disability compensation unless scarring is keloidal or from serious burns	
• WCC usually does not award disfigurement for burn scars until 1 year from date of accident	
Heart.....	25-250 weeks
Intestine, Small.....	10-400 weeks
Larynx.....	25-400 weeks
Liver.....	25-250 weeks
Mandible.....	10-100 weeks
Skin.....	5-300 weeks
Stomach.....	25-250 weeks
Nasal Passage.....	10-75 weeks
Olfactory Nerve.....	10-75 weeks
Sinus.....	5-30 weeks

Form 18.....	Periodic Report (use to report payments made and transmit information to Commission)
Form 19.....	Status Report and Compensation Receipt
Form 20.....	Statement of Earnings of Injured Employee (use to calculate average weekly wage and compensation rate)
Form 21.....	Employer's Request for Hearing (use to request hearing to terminate temporary total benefits)
Forms 50 and 52.....	Claimant's Request for Hearing*
Forms 51 and 53.....	Defendants' Answer to Claimant's Request for Hearing*

*must be specific and certified for accidents on or after 7/1/07

TURNER, PADGET – WORKERS' COMPENSATION ATTORNEYS

Columbia:		
Michael E. Chase	mchase@turnerpadget.com	(803) 227-4241
Cynthia C. Dooley	cdooley@turnerpadget.com	(803) 227-4209
Matthew R. Cook	mcook@turnerpadget.com	(803) 227-4321
Ashley R. Kirkham	akirkham@turnerpadget.com	(803) 227-4252
Florence and Myrtle Beach:		
Walter H. Barefoot	wbarefoot@turnerpadget.com	(843) 656-4414
Brandon Hylton	bhylton@turnerpadget.com	(843) 656-4460
Charleston:		
Tucker C. Cecil	tcecil@turnerpadget.com	(843) 576-2804
Greenville:		
Vernon F. Dunbar	vdunbar@turnerpadget.com	(864) 552-4601
Bill Shaughnessy	wshaughnessy@turnerpadget.com	(864) 552-4602
O. Shayne Williams	swilliams@turnerpadget.com	(864) 552-4621
Brad Easterling	beasterling@turnerpadget.com	(864) 552-4619
Stephanie Lamb	slamb@turnerpadget.com	(864) 552-4615

To make these explanations as concise as possible, we have given only a summary of the rules. This is not intended as legal advice on any particular case. There are exceptions to almost every rule. If specific legal advice on a claim is needed, please contact attorneys listed above.