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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
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<tr>
<td>January 1, 2012</td>
<td>725.47</td>
<td>January 1, 2007</td>
<td>645.94</td>
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<td>January 1, 2011</td>
<td>704.92</td>
<td>January 1, 2006</td>
<td>616.48</td>
</tr>
<tr>
<td>January 1, 2010</td>
<td>681.36</td>
<td>January 1, 2005</td>
<td>592.56</td>
</tr>
<tr>
<td>January 1, 2009</td>
<td>681.36</td>
<td>January 1, 2004</td>
<td>577.73</td>
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<td>January 1, 2008</td>
<td>661.29</td>
<td>January 1, 2003</td>
<td>563.55</td>
</tr>
</tbody>
</table>

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 two thirds 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 wage weekly the employee is able to earn thereafter. (See § 42-9-20).

FRACTIONAL WEEKS:

<table>
<thead>
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<th>Fraction</th>
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<tbody>
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<td>One Day</td>
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</tr>
<tr>
<td>Two Days</td>
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<tr>
<td>Three Days</td>
<td>.4285713</td>
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<tr>
<td>Four Days</td>
<td>.5714284</td>
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<tr>
<td>Five Days</td>
<td>.7142857</td>
</tr>
<tr>
<td>Six Days</td>
<td>.8571428</td>
</tr>
</tbody>
</table>

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 § 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 phalanx of thumb/finger equals loss of ½ of affected digit
  - Loss or more than one phalanx of thumb/finger equals 100% loss of digit

**Toes**
- Great: 35 weeks
- All other toes: 10 weeks
  - Loss of first phalanx of any toe equals loss of ½ such affected digit
  - Loss or more than one phalanx equals 100% loss of affected digit

**Ear**
- Loss of hearing in one ear: 80 weeks
- Loss of hearing in both ears: 165 weeks

**Hand**
- Arm: 220 weeks

**Shoulder**
- 300 weeks
*Only for injuries on or after 7/1/07

**Foot**
- 140 weeks

**Leg**
- Hip: 195 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

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

**Commonly Used Forms:**
- Form 12A: Employer’s First Report of Injury (ACORD 4)
- Form 14B: Physician’s Statement
- Form 15: Temporary Compensation Report
- Form 15S: Supplemental Report of Varying Temporary Partial Payments
- Form 16: Agreement for Permanent Disability/Disfigurement Compensation
- 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
- Form 18: Employer’s Request for Hearing
- Form 20: Statement of Earnings of Injured Employee
- Form 21: Agreement for Permanent Disability/Disfigurement Compensation
- Form 22: Status Report and Compensation Receipt
- Form 23: Statement of Earnings of Injured Employee
- Form 25: Receipt of Compensation

**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 Gene McCaskill: (803) 737-5633
- Commissioner G. Bryan Lyndon: (803) 737-5688
- 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

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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.

Revised: 3/9/12

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