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SOUTH CAROLINA WORKERS' COMPENSATION

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WEEKS ALLOWED FOR SCHEDULED MEMBERS (\$42-9-30)

Body Part	Wks for Total Loss
Thumb	65
Finger - Index (1st)	40
Finger - Middle (2nd)	35
Finger - Ring (3rd)	25
Finger - Little (4th)	20
Toe - Great	35
Toe - Other	10
Amputation: Below 1st joint/phalange	Entire Digit
Amputation: Portion opposite base of nail bed or above	1/4 wks allowed
Amputation: Base of nail to 1st joint	1/2 wks allowed
Hand	185
Arm	220
Shoulder	300
Back	300*, 500**
Hip	280
Leg	195
Foot	140

* If disability award is 49% or less

** If disability award is 50% or greater

SC MILEAGE RATES

2019	58 cents per mile
2020	57.5 cents per mile
2021	56 cents per mile
2022	62.5 cents per mile
2023	65.5 cents per mile
2024	67 cents per mile
2025	70 cents per mile
2026	76 cents per mile

MAXIMUM COMPENSATION RATES

Year	Comp Rate
2019	\$845.74
2020	\$866.67
2021	\$903.40
2022	\$963.37
2023	\$1,035.78
2024	\$1,093.67
2025	\$1,134.43
2026	\$1,189.94

(Minimum Compensation Rate - \$75.00)

IMPORTANT INFORMATION

Time Periods

Notice to Employer (§42-15-20)	90 days
Employer's First Report of Injury (R 67-411)	10 days from knowledge of injury
Waiting Period for TTD (§42-9-200)	7 days
Answer Form 50 Request for Hearing	30 days
Pay Order/Award (§42-9-240)	Within 7 days
Appeal to Full Commission (R 67-701)	14 days

Statute of Limitations

File Initial Claim (§42-15-40)	2 years
Change of Condition (§42-17-90)	1 year from last payment of compensation

Failure to File Required Forms/Reports

Fines of not less than \$10.00 and not more than \$100.00 per form/report (§42-19-30)
 Fines may be doubled. (§42-3-105)
 10% penalty if an order is not paid within 14 days. (§42-9-90)

Illegal Termination of Benefits

Improperly stopping TTD or TPD benefits will result in penalty of 25% of amount of benefits not received, in addition to the benefits owed (§42-9-260(G))

BENEFITS

Determining Average Weekly Wage & Compensation Rate

To determine Average Weekly Wage (AWW) & Compensation Rate (CR), use a Form 20. Determine the AWW from the gross wages from the 4 quarters preceding the quarter in which the injury occurred (quarter in which the injury occurred is not included). Divide the total gross wages for the 4 quarters by the actual number of weeks worked during those quarters to arrive at the AWW (if less than 52 weeks worked, divide by actual number of weeks worked). To determine CR, multiply the AWW by .6667 (§42-1-40).

Payment of Permanent and Total Disability (P&T)

500 weeks, unless a case involves paraplegia, quadriplegia, or physical brain damage, then Claimant is entitled to lifetime benefits. (§42-9-10)

Payment of Temporary Total Disability (TTD)

No TTD compensation is due for the first seven calendar days of disability. If the disability continues for more than 14 days, TTD compensation at the CR is owed from the date disability began. (§42-9-10, §42-9-200, R67-503)

Death Benefits

500 weeks paid to dependents, with \$12,000 allowed for burial expenses (§42-9-290)

SOUTH CAROLINA COMMISSION FORMS

Forms	Title of Form	When Used	Who Receives	Code § / Regulation
12A	First Report of Injury	10 days from knowledge of injury	SCWCC	§42-19-10/R 67-411
14B	Physician's Statement	When parties need a doctor to address maximum medical improvement, work restrictions, and future medical treatment; required at informal conferences	SCWCC	R 67-802, 803, 804
15	Temporary Compensation Report	When TTD is started or terminated; to change CR	SCWCC; claimant/attorney	§42-9-260 / R67-503, 67-506
16A	Agreement for Permanent Disability/Disfigurement Compensation	Settle claim and pay permanent disability	SCWCC; claimant/attorney	§42-9-390, §42-15-60, R 67-801, 67-802
17	Receipt of Compensation	Claimant returns/able to return to work; MUST be offered before filing Form 21	SCWCC; claimant/attorney	R 67-504 - 67-506
18	Periodic Report	Every 6 months; transmit message to WCC	SCWCC	R 67-413
19	Status Report & Compensation Receipt	Settlement; claim denied (file with denial letter)	SCWCC	§42-9-270 / R 67-414
20	Statement of Earnings of Injured Employee	To compute AWW and CR	SCWCC; claimant/attorney	§42-1-40 / R 67-606, 67-804, 67-1603
51	Employer's Answer to Request for Hearing	To answer Form 50; MUST be filed within 30 days to preserve affirmative defenses	SCWCC; claimant/attorney	R 67-603, 67-604

Forms may be filed with the Commission by email.

Instructions for filing forms by email can be found at <http://www.wcc.sc.gov/welcomeandoverview/forms>.

Request Informal Conference by emailing [request to conferences@wcc.sc.gov](mailto:conferences@wcc.sc.gov)

SC WORKERS' COMPENSATION COMMISSION

P. O. BOX 1715 1333 MAIN ST., SUITE 500

COLUMBIA, SC 29202-1715

(803) 737-5700 FAX (803) 737-5768

Claims Dept (803) 737-5723
 Accident Reporting (803) 737-5722
 Request WCC File No. (803) 737-5723
 Judicial Dept. (803) 737-5675
 Executive Director (803) 737-5744

Informal Conferences (803) 737-5734
 Letters of Representation (803) 737-5675
 Proper Insurance Carrier (803) 737-5704
 Medical Svcs/Fee Schedule (803) 737-5743