



SOUTH CAROLINA STATE ACCIDENT FUND

Website

(www.saf.sc.gov)



South Carolina State Accident Fund



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Welcome

The State Accident Fund is the leading provider of workers' compensation insurance in South Carolina. Since 1943, SAF has provided a continuous, guaranteed source of cost effective workers' compensation coverage. Today we serve nearly 700 employers and 200,000 employees throughout the state. Welcome to our new website!

As the leading experts on workers' compensation in South Carolina, we understand the important role we play in the economic and social well-being of the citizens of our state. A strong and viable workers' compensation system requires employers, injured workers, the medical services industry, and insurance carriers to share information and coordinate their efforts as a unified team, to minimize frequency and severity of work-place accidents and timely return injured workers to productive employment. We hope our new website will facilitate such team work and thereby add cost-effective value to our customer service.

If you have suggestions on how we can enhance the value or quality of this site, please do not hesitate to contact our webmaster at webmaster@saf.sc.gov or (803-896-5800). Thank you for helping us "Meet the Challenge!"

Harry B. Gregory, Jr.
Director

**Policyholder
Update Seminar**

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Password:

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Clicking login indicates you have read and agreed to our [Terms and Conditions](#)

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-  [Find A Medical Provider](#)
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-  [Policyholder Training & Registration](#)
-  [Claim Services and Directory](#)
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-  [SC Workers Compensation Commission](#)
-  [SC Workers Compensation Education Association](#)
-  [SC Self-Insurers Association](#)
-  [OSHA](#)

NEWS AND NOTICES

Director of Claims

Employer Reports and Forms

Reports (can be run as needed for various timeframes, data is updated nightly, most data can be exported to excel)

- Claim search

Use this report to find a claim or list of claims by Search Criteria:

- Injury Type (i.e. Fall or Slip Injury)
- Date Range (i.e. Dates of Injury between 1/1/09 and 12/31/09)
- Claimant Name (i.e. Doe, John)
- Claim Number (i.e. 03-2008-001234)
- Status (i.e. Currently Open)

Claim Search

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Injury Type: -- All Injuries Types --

Date Range: to

Claimant Name:

Claim Number: 03-

Status: -- All Status Codes --

Claims Found: 4

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Detail	Claim No	Name	SSN	Injury Date	Injury Description	Status	Total Paid	Reserve
	03-2020-001001	SEINFELD, JERRY	XXX-XX-1234	01/15/2020	Strain/Injury By - Pushing or Pulling	Open	\$18,874.66	\$1,072.09
	03-2020-001002	BENES, ELAINE	XXX-XX-4321	02/25/2020	Strain/Injury By - Lifting	Closed	\$7,579.08	\$0.00
	03-2020-001003	COSTANZA, GEORGE	XXX-XX-6789	03/15/2020	Strain/Injury By - Twisting	Open	\$17,307.42	\$129,750.58
	03-2020-001004	KRAMER, COSMO	XXX-XX-9876	04/30/2020	Strain or Injury By, NOC	Closed	\$21,969.91	\$0.00

Claim Summary

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Details:

Claim Number: 03-2020-001001

Status: Accepted-Active

Type: Lost Time

Status Reason: Active

Injury Date: 01/15/2020

Major Part of Body: Trunk - Low Back Area
(inc.:Lumbar and Lumbo-Sacral)

Adjuster Name: Adjuster X

Adjuster Phone: (803) 896-5800

Claimant:

Name: SEINFELD, JERRY

SSN: XXX-XX-1234

Birth-Date: 4/29/1954

Phone: (803) 555-1234

Alternate-Phone: (803) 555-9876

Mailing-Address: 123 Candy Lane

Employer:

DBA-Name: Policy Holder

Policy-Number: 500000001

Phone: (803) 555-4567

Alternate-Phone:

Mailing-Address: PO Box 1234

Milestones:

Last Worked:

MMI:

Last Med DOS:

RTW:

First Med DOS:

Open Date: 1/16/2020

Re-open:

Closed Date:

Loss Details

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Claim Number: 03-2020-001001

Totals

Medical:	<u>\$2,561.71</u>
Indemnity:	\$16,312.95
Other:	\$0.00
Third Party:	\$0.00
SIF:	\$0.00
Total Paid:	\$18,874.66
Indemnity Reserve:	\$1,072.09
Medical Reserve:	\$0.00
Net Loss:	\$19,176.67

(click links above for Details)

Adjuster: SAF Adjuster

Phone: (803) 896-5800

Email: adjuster_x@saf.sc.gov

Medical Payments

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Provider Name:

Check Number:

Check Date Range: to

Service Date Range: to

Claim No: 03-2020-001001 Number of Bills: 16 Total Paid: \$2,561.71 [Export to Excel](#)

Adjuster: Adjuster X
 Phone: (803) 896-5800
 Email: adjuster_x@saf.sc.gov

Check No.	Provider	Charged Amt	Service Date(s)	Paid Amt	Check Date
613310	CORVEL CORP	\$1.34	01/09/2020-01/15/2020	\$1.34	01/24/2020
611210	CORVEL CORP	\$1.58	01/01/2020-01/08/2020	\$1.58	01/10/2020
	CORVEL CORP	\$5.02	05/01/2020-05/12/2020	\$5.02	05/20/2020
606226	PHARMACY VENDOR INC	\$20.09	04/22/2020	\$20.09	05/06/2020
646346	SEINFELD, JERRY	\$78.78	09/04/2020	\$78.78	02/10/2010
620718	HOSPITAL VENDOR	\$89.00	07/10/2020	\$72.00	08/12/2020
608657	DOCTOR OFFICE VENDOR INC	\$126.00	04/22/2020	\$107.35	05/20/2020
612583	DOCTOR OFFICE VENDOR INC	\$126.00	04/27/2020	\$107.35	06/17/2020
612583	DOCTOR OFFICE VENDOR INC	\$126.00	05/17/2020	\$91.25	06/17/2020
599964	MEDICAL MANAGEMENT VENDOR INC	\$175.00	03/23/2020	\$175.00	03/25/2020
620718	HOSPITAL VENDOR	\$216.00	06/05/2020	\$188.00	08/12/2020
628659	HOSPITAL VENDOR	\$250.00	09/04/2020	\$97.00	10/07/2020
639998	SEINFELD, JERRY	\$512.50	03/12/2020-09/05/2020	\$383.26	10/23/2020
608657	DOCTOR OFFICE VENDOR INC	\$551.56	03/30/2020	\$233.69	05/20/2020
622624	MEDICAL SUPPLY VENDOR INC	\$750.00	07/10/2020	\$500.00	08/26/2020
612403	MEDICAL SUPPLY VENDOR INC	\$2,484.00	04/20/2020	\$500.00	06/17/2020

Indemnity Payments

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Check Number: _____

Check Date Range: _____ to _____

Adjuster: Adjuster X

Phone: (803) 896-5800

Email: adjuster_x@saf.sc.gov

Claim No: 2020-001001 DOI: 01/15/2020

Seinfeld, Jerry

123 Candy Lane

City, SC 29000

Benefit Type	Check No.	Amount	Check Date	Check Cleared Date	Payment Period	Weeks
Totals:		\$16,312.95				45
Temporary Total	1952498	\$362.51	03/25/2020	No Data as of 2/26/2020	03/18/2020 to 03/24/2020	1
Temporary Total	1951329	\$362.51	03/18/2020	No Data as of 2/26/2020	03/11/2020 to 03/17/2020	1
Temporary Total	1950619	\$362.51	03/11/2020	No Data as of 2/26/2020	03/04/2020 to 03/10/2020	1
Temporary Total	1949435	\$362.51	03/04/2020	No Data as of 2/26/2020	02/25/2020 to 03/03/2020	1
Temporary Total	1948679	\$362.51	02/25/2020	Outstanding as of 2/26/2020	02/18/2020 to 02/24/2020	1
Temporary Total	1947442	\$362.51	02/18/2020	02/22/2020	02/11/2020 to 02/17/2020	1
Temporary Total	1946649	\$362.51	02/11/2020	02/16/2020	02/04/2020 to 02/10/2020	1
Temporary Total	1945373	\$362.51	02/04/2020	02/08/2020	01/28/2020 to 02/03/2020	1
Temporary Total	1944567	\$362.51	01/28/2020	02/01/2020	01/21/2020 to 01/27/2020	1
Temporary Total	1943326	\$362.51	01/21/2020	01/25/2020	01/14/2020 to 01/20/2020	1
Temporary Total	1942622	\$362.51	01/14/2020	01/20/2020	01/07/2020 to 01/13/2020	1
Temporary Total	1941401	\$362.51	01/07/2020	01/12/2020	12/31/2020 to 01/06/2020	1
Temporary Total	1940935	\$362.51	01/05/2020	01/07/2020	12/24/2020 to 12/30/2020	1
Temporary Total	1939354	\$362.51	12/22/2020	01/04/2020	12/17/2020 to 12/23/2020	1
Temporary Total	1938884	\$362.51	12/17/2020	12/22/2020	12/10/2020 to 12/16/2020	1
Temporary Total	1937670	\$362.51	12/10/2020	12/15/2020	12/03/2020 to 12/09/2020	1
Permanent Partial - Fixed	1936967	\$10,512.79	12/04/2020	12/08/2020	09/24/2020 to 12/02/2020	29

- Loss summary

- Provides totals for payouts: Medical, Indemnity, Other, TPY, SIF and Reserve Balances for Medical and Indemnity Reserves.
- Data is based on Dates of Injury (i.e. Calendar Year 2009 would show data for claims with DOI between 1/1/09 and 12/31/09, even if payments are made after 12/31/09)
- Optional Items will add a column and give additional search criteria
 - Closed Date
 - Claim Type
 - Part of Body
 - Nature of Injury
 - Injury Source
 - Job Class
 - Legal Representation
- Includes Links to Medical Payments and Indemnity Payments

Loss Summary

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Note: Data on this report is based on the Date of Injury.

Period: Calendar Yearly
 Date Range: 2020
 Status: -- All Status Codes --

Optional Search Items:

- Closed Date
- Claim Type
- Part of Body
- Nature of Injury
- Injury Source
- Job Class
- Legal Representation

Generate Report

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Claims Found: 4

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Date Range: 01/01/2020 to 12/31/2020

Claim No.	Claimant	DOI	Status	Medical	Indemntiy	Other	TPY	SIF	Indemnity Reserve	Medical Reserve
			Totals:	\$49,418.12	\$16,312.95	\$0.00	\$0.00	\$0.00	\$79,750.58	\$51,072.09
2020-001001	SEINFELD, JERRY	01/15/2020	Open	\$2,561.71	\$16,312.95	\$0.00	\$0.00	\$0.00	\$0.00	\$1,072.09
2020-001002	BENES, ELAINE	02/25/2020	Closed	\$7,579.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2020-001003	COSTANZA, GEORGE	03/15/2020	Open	\$17,307.42	\$0.00	\$0.00	\$0.00	\$0.00	\$79,750.58	\$50,000.00
2020-001004	KRAMER, COSMO	04/30/2020	Closed	\$21,969.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- Payment Activity

- Provides Medical and Indemnity Total Payments for a given time period based on the Financial Transaction Date
- Similar to the CM51B
- Shows Claim Activity during the time period; Closed, Newly Open, and Total Open.
- Link to Medical Details page (from Claim Search)
- Link to Indemnity Details Page

Payment Activity

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Note: Data on this report is based on the date of the Financial Transaction

Period:

Quarterly

Date Range:

1st Quarter, 2020

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Claims Found: 3

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Date Range: 01/01/ 2020 to 03/31/ 2020

Location	Closed	New Open	Total Open
Policy Holder	1	2	2

Claim No.	Injury Date	Employee	Medical	Indemntiy	Total
		Totals:	\$27,448.21	\$16,312.95	\$43,761.16
2020-001001	01/15/2020	SEINFELD, JERRY	<u>\$2,561.71</u>	<u>\$16,312.95</u>	\$828.33
2020-001002	2/25/2020	BENES, ELAINE	<u>\$7,579.08</u>	<u>\$0.00</u>	\$7,579.08
2020-001003	03/15/2020	CASTANZA, GEORGE	<u>\$17,307.42</u>	<u>\$0.00</u>	\$17,307.42

- Claim Activity Report

- Provides totals for payouts: Medical, Indemnity, Other, TYP, SIF and Reserve Balances for Medical and Indemnity Reserves.
- Search by status: Newly Received & Still Open or Closed
- Data is based on the Claim Status Date (i.e. Claims that were Newly Received in January and are still Open).
- Similar to the CM51a

Claim Activity Report

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Note: Data on this report is based on the Claim Status Date.

Period: Quarterly

Date Range: 1st Quarter, 2020

Status: Newly Received and Still Open

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Claims Found: 2

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Date Range: 01/01/ 2020 to 03/31/ 2020

Claim No.	Claimant	DOI	Status	Medical	Indemntiy	Other	TPY	SIF	Total Paid	Proj. Gross Payout
2020-001001	SEINFELD, JERRY	01/15/2020	Accepted-Active	\$2,561.71	\$16,312.95	\$0.00	\$0.00	\$0.00	\$18,874.66	\$19,176.67
2020-001002	COSTANZA, GEORGE	03/15/2020	Accepted-Active	\$17,307.42	\$0.00	\$0.00	\$0.00	\$0.00	\$17,307.42	\$147,058.00

- Lost Time Report

- Shows injured workers that are currently receiving Lost Time Benefits
- Filter by Benefit Type (Admin, Annual/Sick, Temp. Total, etc.)
- **Good way of double-checking to be sure SAF records match yours in regards to workers who currently out of work**
- Includes Contact phone & email for adjuster (Email your adjuster when an employee returns to work to prevent overpayments)
- Similar to CM51c – Updated Nightly
- Includes a link to WCC Form 20 if necessary to report Wages

Lost Time Report

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Benefit Type:

-- All Benefit Types --

Search

Claimants Found: 1

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[Form 20](#)

This list indicates your employee is currently receiving Lost Time benefits. Please contact your adjuster immediately if this list shows any employees who have returned to work or are no longer employed.

Adjuster: Adjuster X

Phone: (803) 896-5800

Email: adjuster_x@saf.sc.gov

Location	Claimant	Claim No	DOI	Benefit Type	Wages	Last Payment	Notes
POLICY HOLDER	SEINFELD, JERRY	2020-001001	01/15/2020	Temporary Total	\$362.51	04/01/2020	

Need a login ID?

- Contact your SAF adjuster, premium auditor or safety representative
- E-mail webmaster@saf.sc.gov or sflowers@saf.sc.gov (include your name, employer name, telephone #, E-mail address, and job title)
- Once you receive your new ID please activate it as soon as possible (ID's that are not activated within 30 days of issue will automatically be set to "expired")