

(Sample Notice of Election Form)

Section 8-11-145 of the S.C. Code of laws provides that, in the event of an accidental injury arising out of and in the event of an accidental injury arising out of and in the course of employment with the State, a disabled employee shall make an election to receive compensation under one of the following options.

A. To be placed on paid leave status, using accrued sick and/or annual leave (When such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' compensation disability benefits at the time the specific amount of leave is exhausted).

B. to use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 Code (Under this method, the employee would receive the disability benefits equal to 66-2/3% of the employee's gross weekly pay, not to exceed the current maximum compensation rate), or

C. To receive sick and/or annual leave on a prorated basis in conjunction with Workers' compensation according to the attached formula approved by the Budget and Control Board.

Regardless of which method of disability compensation an employee elects, he or she would continue to be eligible for payment of medical costs provided by Workers' Compensation.

I have read the above and understand my options regarding Workers' Compensation.
I choose Option A___, B___, or C___.

The effective date of the election is _____.

Employee Signature

Date

Signature of Witness

Date

SSN _____