



SOUTH CAROLINA STATE ACCIDENT FUND

Claim Resolution



Criteria for Disability

- When an authorized treating physician releases an employee from care and assigns an impairment of more than 0% the employee may be entitled to disability.
- An employee may also be entitled to disability when their injury involves permanent scarring or burns.
- It's important to remember that the impairment the physician assigns and the disability may differ.



*South Carolina
State Accident Fund*

Permanent Partial Disability

To calculate disability owed we use the following:

- 1 – The employee's compensation rate as established by the Form 20.
- 2 – The maximum number of weeks assigned to the body part.
- 3 – The percentage of disability we offer the employee.





Permanent Partial Disability

- Statute 42-9-30 establishes the maximum number of weeks associated with each body part.
- Some common scheduled members and their maximum assigned weeks.
 - Back – 300 weeks
 - Shoulder – 300 weeks
 - Arm – 220 weeks
 - Leg – 195 weeks
 - Hip – 280 weeks
 - Foot – 140 weeks
- Disfigurement/scarring claims are capped at 50 weeks.





PPD Example

Below is an example of a disability calculation for one body part.

John is given a rating of 5% to his shoulder. John's compensation rate is \$500.00 per week. If you recall from the previous slide, the assigned number of weeks for the shoulder is 300. The minimum disability John could receive is calculated below.

$$300 \text{ weeks} \times 5\% = 15 \text{ weeks} \quad 15 \text{ weeks} \times \$500.00 = \mathbf{\$7,500}$$



TPD, P&T, Lifetime, & Death

- **Temporary Partial Disability** may be owed to an employee when he or she cannot return to work at the same wage they were earning when injured. Benefits are capped at 340 weeks.
- **Permanent and Total Disability** could be awarded when an employee has an incapacity for work resulting from the injury. Benefits are capped at 500 weeks.
- **Lifetime** benefits may be awarded when an employee has a permanent brain injury, paraplegia, or quadriplegia and also is unable to seek gainful employment.
- **Death** benefits could be awarded to the dependant of an employee if that death occurs arising out of and in the course employment. Benefits are capped at 500 weeks.



How to settle? - 16A

- A 16A is commonly used when the employee remains employed and has not retained an attorney.
- A 16A is used when awarding an employee Permanent Partial Disability.
- The 16A is executed via an Informal Conference.
- If the employee has an attorney and wishes to use a 16A the Informal Conference is not required.



South Carolina State Accident Fund

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____	Carrier: _____
Preparer's Name: _____	Preparer's Phone #: _____

This form is only applicable to injuries by accident occurring on or after July 1, 2007 pursuant to Title 42-15-60 (A) as amended. The execution of this document is an agreement between the parties relating to a Workers' Compensation claim under §§42-1-160, 42-1-172 or 42-11-10.

The above parties agree to pay and accept compensation based on the following facts: _____
Date of Injury or Illness: _____
A compensable Injury Illness Repetitive Trauma occurred on: _____ (month/day/year).

The injury was to _____ body part(s) injured and also the injury affected _____ other body part(s).

The authorized treating physician has released the Claimant from his or her care and has found maximum medical improvement on _____ (month/day/year).
with an impairment rating of _____.

Average weekly wage \$ _____ Compensation rate \$ _____

By agreement of the parties, the following award has been referred to the Commission for approval:

_____ Percentage loss of use to: _____ (body part(s) injured).	_____ weeks
_____ Percentage loss of use to: _____ (body part(s) affected).	_____ weeks
_____ Percentage loss of use to: whole person	_____ weeks
Disfigurement to: _____	_____ weeks
Wage Loss: \$ _____ amount	_____ weeks
Total and Permanent Disability: _____	_____ weeks
Other: _____	_____ weeks

Estimated award (number of weeks times compensation rate) \$ _____
The estimated award is subject to verification by the Commission

Additionally, the Employer's Representative agrees to pay and the Claimant accepts the following medical care and treatment as recommended by the authorized treating physician pursuant to the attached physician's statement, Form 14B

Additional medical ordered: Yes No Claimant is entitled to lifetime replacement, repair and maintenance of causally related medical hardware pursuant to 42-15-60(C).
See attached 14B physician's statement dated: _____

This agreement is binding on approval by the Commission. A claim for additional compensation based on a worsening of the Claimant's condition must be filed no later than one (1) year from the date of the last payment of compensation. Only medical care specifically detailed herein will be paid under this agreement. If a dispute arises with regard to continued medical treatment, either party may request a hearing before the Commission pursuant to 42-15-60(B) 3 and (C).

_____ Claimant's Signature	_____ Date Agreement Signed	_____ Attorney/Witness/Translator
_____ Employer's Representative	_____ Attorney for Carrier	_____ Email
_____ Deputy Commissioner	_____ Date Agreement Approved	_____ Jurisdictional Commissioner



How to settle? - Clincher

- A clincher is commonly used when the employee no longer works for the employer or has retained an attorney.
- A clincher can be used in a case that involves one body part or more complex cases such as P&T, as mentioned on the previous slide.
- If the employee does not have an attorney, a Clincher Conference will be required in order to approve the settlement terms.



*South Carolina
State Accident Fund*

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: |

,)	
)	
Employee-Claimant)	
)	
vs.)	PETITION FOR APPROVAL
)	OF
,)	COMPROMISE SETTLEMENT
)	AGREEMENT
Employer, and)	
)	
State Accident Fund,)	
)	
Carrier-Defendants.)	

The Petition of |, Employee, , Employer, and the State Accident Fund, Carrier, respectfully shows:

1. That Employee sustained an injury by accident arising out of and in the course of employment by Employer on or about, in | County, South Carolina. Employee suffered | to the.
2. That Employee received medical treatment for the above |. That on |, Dr. | gave a rating of | to the.
3. That Employee has an average weekly wage of \$|, making a compensation rate of \$|.
4. That an actual bona fide disagreement exists between Employee on the one hand and Employer and Carrier on the other as to the extent of residual disability, if any, and the amount of compensation for disability, if any, and the amount of compensation for any disfigurement to which





*South Carolina
State Accident Fund*

What We Need From You!

- Your claim representative should contact you prior to making a settlement offer or prior to a hearing.
- We want your input! Please feel free to discuss settlement amounts with your claim representative.
- We want to know any unusual facts about the employee or anything that could impact the outcome of a hearing.
- Please feel free to attend any of your hearings or informal conferences.



*South Carolina
State Accident Fund*

Matthew Hansford
Director of Claims

mhansford@saf.sc.gov

Work: 803-896-5876

Cell: 803-807-7572