

THE WORKERS' COMPENSATION TEAM

The Collins & Lacy Workers' Compensation Team has more than 150 years of combined experience crafting workers' compensation defense strategies. [Contact us](#) to see how we can help with your legal needs.



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Compensation Rates

Average Weekly Wage (AWW)

Must be fair to employee and employer. Generally calculated by totaling the preceding four quarters as reported to the S.C. Department of Employment and Workforce and dividing by 52 or the actual number of weeks worked. If the length of employment is short, comparable employees may be used. Also, generally include income from other employments. See §42-1-40 for further details.

Compensation Rate (CR)

$0.6667 \times \text{AWW}$ up to a maximum as follows in chart to the right.

Minimum Compensation Rate

\$75.00 unless Claimant's AWW is less than \$75.00, at which time the compensation rate is the same as the AWW.

Year	Compensation Rate
2001	\$532.77
2002	\$549.42
2003	\$563.55
2004	\$577.73
2005	\$592.56
2006	\$616.48
2007	\$645.94
2008	\$661.29
2009	\$681.36
2010	\$689.71
2011	\$704.92
2012	\$725.47
2013	\$743.72
2014	\$752.16

Disability Definitions

Waiting Period

Seven calendar days (not consecutive). If disability lasts more than fourteen (14) days, pay back to the date of the accident.

Temporary Total Disability Benefits (TTD)

0.6667 of AWW, not to exceed 500 weeks. See §42-9-10.

Temporary Partial Disability Benefits (TPD)

If Claimant returns to work making less than his average weekly wage because of the injury, he is entitled to .6667 of the difference between AWW and his current income. Not to exceed 340 weeks from date of injury or, if follows a period of TTD, from the last date of TTD. See §42-9-20.

Permanent Partial Disability (PPD)

After Claimant has reached maximum medical improvement (MMI) the Commission makes a determination as to disability based upon a percentage of the scheduled member involved. Schedules are on the reverse side. (Example: the arm is worth 220 weeks, so an award of 10% to the arm would be equal to 22 weeks). The award in weeks is multiplied times the CR. See §42-9-30 and Reg. 67-1101. If Claimant has more than one scheduled body part or a non-scheduled body part involved, Claimant may seek an award of permanent partial wage loss. Maximum is 340 weeks. See §42-9-20.

Permanent Total Disability (PTD)

500 weeks paid less TPD and TTD. See §42-9-10 and §42-9-30(19). Three ways to get perm total: 1) loss of earning capacity; 2) loss of both hands, shoulders, hips, arms, feet, legs, vision in both eyes, or any combination of two; or 3) 50% to the back. If disability is the result of paraplegia, quadriplegia or physical brain damage, indemnity is for life without regard to 500 week limitation.

Death Benefits

500 weeks less any TTD paid if death results from the injury and occurs within two years after the accident or within six years after the accident if Claimant is on TTD. §42-9-290. If death is not the result of the injury, see §42-9-280.

Scheduled Injuries (§42-9-30)

Injury	Total Loss
Fingers	
Thumb	65 weeks
First (Index)	40 weeks
Second	35 weeks
Third	25 weeks
Fourth (Little)	20 weeks
<ul style="list-style-type: none"> Loss of first phalange of thumb/finger equals ½ of affected digit. More than one phalange of thumb/finger is considered total loss of digit. 	
Toes	
Great	35 weeks
All other toes	10 weeks
<ul style="list-style-type: none"> Loss of first phalange of toe equals ½ of affected digit. More than one phalange of toe is considered total loss of digit. 	
Eye	140 weeks
Ear	
Loss of hearing in one ear	80 weeks
Loss of hearing in both ears	165 weeks
Hand	185 weeks
Arm	220 weeks
Foot	140 weeks
Leg	195 weeks
Back	300 weeks
unless more than 50% of use, then it shall be	500 weeks
Shoulder	300 weeks
Hip	280 weeks
Disfigurement of face, head, neck or other area normally exposed at work	up to 50 weeks

Commonly Used Forms

Form #	Name
Form 12A	Employer's First Report of Injury or Illness
Form 14B	Physician's Statement
Form 15	Temporary Compensation Report: used to start and modify compensation; may be used to stop compensation within 150 days.
Form 15S	Supplementary Report of Varying Temporary Partial Payments
Form 16A	Agreement for Permanent Disability/Disfigurement Compensation
Form 17	Receipt of Compensation (used to stop temporary benefits after 150 days)
Form 18	Periodic Report, due every 6 months (used to report payment made and to transmit information to Commission)
Form 19	Status Report and Compensation Receipt (used to close claim)
Form 20	Statement of Earnings of Injured Employee (used to calculate average weekly wage and compensation rate)
Form 21	Employer's Request for Hearing (used to request hearing to terminate temporary total benefits)
Form 22	Claimant's Answer to Request for Hearing
Form 27	Subpoena
Form 30	Request for Commission Review (used to appeal single commission decision)
Form 50	Claimant's Request for Hearing
Form 51	Employer's Answer to Form 50
Form 52	Claimant's Request for Hearing (Death Case)
Form 53	Employer's Answer to Form 52 (Death Case)
Form 58	Pre-Hearing Brief
Form 70	Mediator Report

Workers' Compensation Commission Key Phone Numbers



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