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## **Quick Look at Most Often Used South Carolina Workers' Compensation Forms**

NAC Forms			1254	www.speed-seta.com	
WC Form	I2A		I2M	I4B	15
Title and Purpose of Form	First Report of Injury		Annual Minor Medical Report	Physician's Statement Summary of Medical Condition	Temporary Compensation Report – Payment or Suspension of Compensation
Rules Associated with Form	File form within 10 days of occurrence and knowledge of accident if: 1) medical expenses exceed \$2,500.00 or 2) accident results in compensable lost time (over 8 days). If neither criterion exists initially, hold form until at least one criterion is met. Then, file w/in 10 days and mark 12-A as "Previously processed as medical only." Fines range from \$10-\$200 for noncompliance.		File annually by January 1 for prior calendar year. Do not file later than April 1. Fines charged for late reporting plus \$5.00 per day.	Used for injuries on or after 7/1/2007. Form must be completed and submitted before Commission will set an informal conference (clincher/settlement) for unrepresented Claimants.	File within 10 days of first compensation payment, or any compensation rate changes, or termination of compensation within the first 150 days. Form must be served on Claimant. Fines range from \$10-\$200 for non-compliance.
WC Form	15S		16	16A	17
Title and Purpose of Form	Supplemental Report of Varying or Partial Payments	Agreement for Permanent Disability/Disfigurement Compensation		Agreement for Permanent Disability/Disfigurement Compensation	Receipt of Compensation Return to Work
Rules Associated with Form	When paying Temporary Partial benefits, file report of initial payment on Form 15. Subsequent payments should be reported on Form 15S at the end of the payment period or every 6 months. Fines range from \$10-\$200 for non- compliance.	Form used at settlement and payment of permanent disability benefits, and use when paying 2 <sup>nd</sup> period of temporary benefits. Claimant ordinarily has 1 year from date of this report to file for change/worsening of condition. Fines range from \$10-\$200 for noncompliance.		For injuries on or after 7/1/2007. Itemizes agreement regarding medical benefits in addition to settlement of permanent disability benefits.  See Rules for Form 16.	File upon termination of temporary benefits after 150 days, due to Claimant's return to work. Must be filed within 31 days of return to work. Fines range from \$10 - \$200 plus 25% penalty if benefits stopped w/out Form 17 or Order.

## **Quick Look at Most Often Used South Carolina Workers' Compensation Forms**



WC Form	18	19	20	30
Title and Purpose of Form	Periodic Report	Status Report and Compensation Receipt File Closing Form	Statement of Earnings of Injured Employee Average Weekly Wage/ Compensation Rate Calculation	Request for Commission Review - Appeal
Rules Associated with Form	File 6 months from date of accident and every 6 months thereafter until SCWCC file is closed. Also used to request an informal conference or to transmit a message. Fines range from \$10-\$200 for noncompliance.	Submit within 16 days of final payment of all compensation, including medical. If claim denied file with copy of denial letter. Must be filed to close a claim with SCWCC.	File w/in 30 days of initial compensation payment or w/in 30 days of Claimant's hearing request (whichever is earlier). File w/in 7 days of requesting informal conference. Use when stipulating max compensation rate. Must also serve on Claimant. Fine is \$200 plus possibility of higher comp rate.	File w/in 30 days of any Order in order to appeal to the full commission or higher court. Appeals to SC Supreme Court are discretionary and may not be considered by the Court. Failure to timely file appeal at any level forfeits right of appeal.

WC Form	50	51	52	53
Title and Purpose of Form	Employee Notice of Claim and/or Request for Hearing	Employer's Answer to Request for Hearing	Employee Notice of Claim and/or Request for Hearing in Death Case	Employer's Answer to Request for Hearing in Death Case
Rules Associated with Form	Filed by Claimant or Claimant's counsel to open a claim and/or to request a hearing or mediation.	Must be filed within 30 days of service of Form 50. Failure to respond is a general denial, but forfeits Employer's right to defenses such as notice, intoxication, etc.	Filed by Claimant or Claimant's counsel to open a claim for death benefits and/or to request a hearing or mediation.	Must be filed within 30 days of service of Form 50. Failure to respond is a general denial, but forfeits Employer's right to defenses such as notice, intoxication, etc.

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