

# Workers' Compensation Commission

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## Personal History Form

Name: \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
(Street, Apartment #)

\_\_\_\_\_  
(City / State / Zip / County)

Telephone Numbers: \_\_\_\_\_  
(Home) (Cellular)

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Marital Status:  Married  Single Sex:  Male  Female

Race:  American Indian / Alaskan Native  Black / Non-Hispanic  Hispanic  
 Asian / Pacific Islander  White / Non-Hispanic  Two or More Races

Veteran Points:  5  10

Reserve or National Guard Annual Year Designation:  
 Calendar Year (Jan. 1 – Dec. 31) OR  Federal Fiscal Year (Oct. 1 – Sept. 30)

Are you currently a **retiree** of the SC Retirement Systems (SCRS)?  
 No, I am not a State retiree.  Yes, I am a State retiree.  
 Yes, I am a current TERI participant.  Yes, I am a prior TERI participant.

Are you a member of the Police Officer Retirement System (PORS)?  Yes  No

Emergency Contact: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship) (Phone)

\_\_\_\_\_  
(Full Address)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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