

**South Carolina Workers' Compensation Commission**

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5675



WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Complete each information blank. Specify clearly when contentions are admitted in part or denied in part.**

**The employer-insurance carrier in answer to the claim due to the death of \_\_\_\_\_ (employee's name) respectfully shows:**

1. It is  admitted  denied that the employee sustained an injury on or about the date set forth in the application.
2. It is  admitted  denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:  
\_\_\_\_\_
3. It is  admitted  denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:  
\_\_\_\_\_
4. It is  admitted  denied that at the time in question the employee was performing services arising out of and in the course of employment.
5. It is  admitted  denied that notice of injury was given the employer as specified in the application.
6. It is  admitted  denied that the employee was entitled to medical care as a result of the injury.
7. It is  admitted  denied that the employee lost compensable time from work and wages for period(s) of:  
\_\_\_\_\_
8. It is  admitted  denied that the employee's death resulted proximately from accidental injury arising out of and in the course of employment on \_\_\_\_\_ (m/d/yyyy).
9. It is contended that an average weekly wage of \$\_\_\_\_\_ applies, according to the attached accounting of employee's earnings, as provided by law.
10. Further contentions or grounds of defense are:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have served this document pursuant to R.67-212 by delivering a copy to \_\_\_\_\_ (name), at \_\_\_\_\_ (address) on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  first class mail  personal service  certified mail.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.