

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 #: _____

The Second Injury, in answer to the claim, respectfully shows:

Date of Injury: _____

1. It is acknowledged denied that the employee sustained a compensable accident; _____

2. It is acknowledged denied that the notice was given to the Second Injury Fund; _____

3. It is acknowledged denied that the disability claim has been concluded.

4. It is acknowledged denied that the impairment is: _____

5. a. It is admitted denied that the impairment pre-existed.

b. It is admitted denied that the impairment was permanent.

c. It is admitted denied the impairment is physical.

6. It is admitted denied that the impairment combined with or was aggravated by the subsequent injury.

7. It is admitted denied that the combination/aggravation substantially increased the carrier's liability for
 disability medical or both: _____

8. It is admitted denied that the impairment was a hindrance or obstacle to employment or re-employment.

9. a. It is admitted denied that the employer had knowledge of the impairment.

b. It is admitted denied that the impairment was unknown to the employee and employer.

c. It is admitted denied that the employee concealed the impairment.

10. It is admitted denied that the subsequent injury would not have occurred "but for" the prior impairment.

11. It is admitted denied that the claim qualifies for reimbursement under S.C. Code Section 42-9-410;

12. The Carrier's claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40;

13. Other grounds for denial: _____

Signature on behalf of the Second Injury Fund

Date (m/d/yyyy)