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|  **South Carolina Workers’ Compensation Commission** 1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5675 [www.wcc.sc.gov](http://www.wcc.sc.gov)  | SCSealBWjpg |

|  |  |
| --- | --- |
| WCC File #: |  |
|  |  |
| Carrier File #: |  |
|  |  |
| Carrier Code #: |  |
|  |  |
| Employer FEIN #: |  |
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| Claimant's Name: |       | SSN: |    -  -     |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

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| --- | --- | --- | --- |
| Home Phone: | (     )     -      | Work Phone: | (     )     -      |

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|  |  |
| --- | --- |
| Employer's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

|  |  |
| --- | --- |
| Insurance Carrier: |       |

  |
|  Preparer’s Name: |       |  Law Firm: |       |  Preparer’s Phone #:  | (     )     -      |
|  |  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | It is [ ]  acknowledged [ ]  denied the employee sustained a compensable accident;  |       |
|  |       |
|  | It is [ ]  acknowledged [ ]  denied the notice was given to the Second Injury Fund; |       |
|  |       |
|  | It is [ ]  acknowledged [ ]  denied the disability claim has been concluded. |
|  | It is [ ]  acknowledged [ ]  denied the impairment is: |       |
|  | a. It is [ ]  admitted [ ]  denied the impairment pre-existed. |
|  | b. It is [ ]  admitted [ ]  denied the impairment was permanent. |
|  | c. It is [ ]  admitted [ ]  denied the impairment is physical.  |
|  | It is [ ]  admitted [ ]  denied the impairment combined with or was aggravated by the subsequent injury. |
|  | It is [ ]  admitted [ ]  denied the combination/aggravation substantially increased the carrier’s liability for |
|  | [ ] disability [ ]  medical or [ ]  both: |       |
|  |       |
|  | It is [ ]  admitted [ ]  denied the impairment was a hindrance or obstacle to employment or re-employment. |
|  | a. It is [ ]  admitted [ ]  denied the employer had knowledge of the impairment. |
|  | b. It is [ ]  admitted [ ]  denied the impairment was unknown to the employee and employer. |
|  | c. It is [ ]  admitted [ ]  denied the employee concealed the impairment. |
|  | It is [ ]  admitted [ ]  denied the subsequent injury would not have occurred “but for” the prior impairment. |
|  | It is [ ]  admitted [ ]  denied the claim qualifies for reimbursement under S.C. Code Section 42-9-410; |
|  |       |
|  | The Carrier’s claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40; |
|  |       |
|  | Other grounds for denial: |       |
|  |       |

 [ ]  **Mediation**

[ ] a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

[ ] b. Mediation is required pursuant to Reg. 67-1802.

[ ] c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

[ ] d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

 Questions regarding mediation may be submitted to **mediation@wcc.sc.gov****.**

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Preparer’s Signature Title Email Date

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature on behalf of the Second Injury Fund |  | Date (m/d/yyyy) |