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Weeks Allowed for Scheduled Members (§ 42-9-30 & Reg. 67-1101)

<u>Body Part</u>	<u>Wks for Partial Loss</u>	<u>Body Part</u>	<u>Wks for Partial Loss</u>	<u>Wks for Total Loss</u>
Spermatic Cord	10 to 100	Thumb		65
Prostate	10 to 100	1st/Index Finger		40
Biliary Tract.....	75 to 400	2nd/Middle Finger		35
Bladder	25 to 250	3rd/Ring Finger		25
Brain	25 to 250	4th/Little Finger		20
Bronchi or Bronchus.....	25 to 400	Great Toe		35
Esophagus.....	25 to 400	Other Toes		10
Intestine, Small.....	10 to 400	Beyond 1st Joint		equals entire finger/toe
Diaphragm.....	25 to 250	Portion Opposite Nail Bed		1/4 weeks allowed
Duodenum.....	10 to 250	Base of Nail to 1st Joint		1/2 weeks allowed
Heart.....	25 to 250	Hand		185
Larynx.....	25 to 400	Arm		220
Liver.....	25 to 250	Foot		145
Mandible	10 to 100	Leg		195
Palate	25 to 250	Rib	1 1/2 to 10	10**
Rectum	10 to 250	Eye		140
Scapula.....	10 to 200	Degree of Loss of Vision		See Reg. 67-1105
Skin.....	5 to 300	Loss Hearing One Ear		80
Nasal Passage	10 to 75	Loss Hearing Both Ears		165
Olfactory Nerve	10 to 75	Partial Loss Hearing		See Reg. 67-1102
Sinus.....	5 to 30	Back		300
Sternum.....	10 to 100	Loss 50% of More of Back		500
Stomach	25 to 250	Coccyx	1 to 10	10
Thyroid Gland.....	10 to 100	Gall Bladder	10 to 75	75
Ureter.....	10 to 100	Kidney	25 to 250	400
Urethra.....	10 to 100	Spleen	2 1/2 to 25	25
Uterus.....	10 to 100	Lung	25 to 250	400
Fallopian Tubes.....	10 to 100	Pancreas	10 to 250	500
Ovaries	10 to 100	Tongue	50 to 500	500
Vagina	25 to 250	Tooth	1/2 to 2	2
Vulva.....	25 to 250	Penis	25 to 250	350
Cervix	10 to 100	Testicle	10 to 75	75
Clavicle.....	10 to 100	Scrotum & Testicles	30 to 300	350
Colon	25 to 250	Testicles	25 to 250	250
Disfigurement	50*	Breast	10 to 75	75
		Breasts	25 to 250	250
		Loss of both hands, arm, feet		
		legs or vision in both eyes or		500
		any two thereof		

***NOTE** Disfigurement must be serious, permanent, and in an area normally exposed in employment. Claimant not entitled to disfigurement for scars plus loss of use of that body part unless scar is a burn scar or keloid scar.

**** NOTE** Maximum amount of 200 weeks for loss of 4 ribs

Helpful S.C. Workers' Compensation Commission Numbers

S.C. Workers' Compensation Commission	803.737.5700	Commission Fax Number	803.737.5768
Claims Division—Greg Line	803.737.5723	Hearing Request	803.737.5736
Accident Reporting—Barbara Jones	803.737.5722	Informal Conferences	803.737.5734
Request WCC File Number—Debbie Lucas	803.737.5733	Letters of Representation	803.737.5675
Judicial—Diane Davis	803.737.5675	Coverage & Compliance	803.737.5708
Proper Insurance Carrier	803.737.5704	Second Injury Fund	803.798.2722

This is an informal guide for your convenience. Before actually paying benefits, you should consult us or the applicable S.C. code section in Title 42.

Average Weekly Wage

To determine the Average Weekly Wage (AWW) and Compensation Rate (CR), use a Form 20. Determine the AWW from the gross wages for the four (4) quarters proceeding the quarter in which the injury occurred (i.e., the quarter in which the injury occurred is not used). Then divide the total wages for all quarters by the actual number of weeks that the Claimant worked for those four quarters.

Maximum Compensation Rate

January 1, 1992	\$379.82	January 1, 1997	\$450.62	January 1, 2002	\$549.42
January 1, 1993	\$393.06	January 1, 1998	\$465.18	January 1, 2003	\$563.55
January 1, 1994	\$410.26	January 1, 1999	\$483.47	January 1, 2004	\$577.73
January 1, 1995	\$422.48	January 1, 2000	\$507.34	January 1, 2005	\$592.56
January 1, 1996	\$437.79	January 1, 2001	\$532.77	January 1, 2006	\$616.48

Payment of Temporary Total Disability

No Temporary Total Disability (TTD) compensation due for the first seven (7) calendar days of a disability. If the disability continues for more than fourteen days, TTD compensation at the Claimant's CR is owed from the date the disability began. (§ 42-9-10 § 42-9-200)

Second Injury Fund

South Carolina has a Second Injury Fund. The carrier could be entitled to reimbursement for a portion of the benefits paid on a claim if the requirements of § 42-9-400 are met. **NOTE:** Notice of a potential claim for reimbursement by the Second Injury Fund must be given before 78 weeks compensation are paid to the Claimant.

Mileage Reimbursement

The Claimant is entitled to mileage to and from the place of medical treatment. Mileage is 44.5 cents per mile (from the previous 34.5) effective July 1, 2006.

Payment of Temporary Partial Disability

When the incapacity from work is partial (the Claimant is able to work, but cannot earn as much as before the accident), the Claimant is entitled to compensation equal to 66 2/3% of the difference between the employee's pre-injury AWW and the employee's post-injury AWW. (§ 42-9-20)

Death Benefits

If death results from an accident within 2 years of the accident or while the Claimant remains totally disabled and within 6 years after the accident, the Claimant's dependents are entitled to not less than 500 weeks of compensation at the Claimant's CR and payment of funeral expenses up to \$2,500. (§ 42-9-290)

Failure to File Required Forms / Reports

FINES of not less than \$10.00 and not more than \$100.00 per form / report. (§ 42-9-290)

Forms Required by S.C. Workers' Compensation Commission

<u>Form</u>	<u>Purpose</u>	<u>Reference</u>	<u>Form</u>	<u>Purpose</u>	<u>Reference</u>
12-A	First report of injury File within 10 business days of knowledge of claim	§ 42-19-10 Reg. 67-411	19	Compensation receipt; Attach with denial letter if claim denied.	§ 42-9-270 Reg. 67-413
15	Utilized to start or stop compensation & to indicate change in CR.	§ § 42-9-260 42-17-10 Regs. 67-503	20	Wage statement used to compute Claimant's AWW and CR.	Regs. 67-606 67-804 and 67-1603
16	Utilized to settle claim and pay permanent disability. claimant may file change of condition within 1 year.	§ 42-9-390 Regs. 67-801, 67-802 and 67-804	21	Utilized to request permission to stop payment of temporary benefits & a hearing to pay compensation.	Regs. 67-505, 67-506 and 67-208
17	Filed when employee has returned to work or agrees he is able to return to work. MUST be offered before filing a Form 21.	Regs. 67-504 to 67-506	50	Utilized by the Claimant to file a claim for benefits and to request a hearing.	Regs. 67-206 to 67-207
18	Filed every six months and used to request an informal conference or transmit a message to the Commission.	Reg. 67-413	51/53	Utilized to answer Form 50. MUST be filed within 30 days to preserve affirmative defenses.	Reg. 67-603 and 67-604