**DISABILITY AWARDS**

When your doctor determines that you have recovered as much as possible from your injury, he/she will issue a statement that you have reached “maximum medical improvement,” or MMI. Your doctor will also determine what level, if any, of permanent physical impairment you have.

Permanent physical impairment is determined using criteria developed by the American Medical Association. The impairment rating (a % of loss or loss of use to one or more body parts) is one factor used in determining if you have suffered a permanent disability.

Other factors, such as your level of education and ability to return to your job, may be considered when determining your eligibility for an Award for permanent disability. SC law places a limit on the value of each Award, depending on the body part(s) affected. In most cases, the law also places a lifetime cap on the total amount of benefits an employee can collect.

All awards are reviewed by the SC Workers' Compensation Commission. You may be required to attend an administrative hearing before final approval is granted.

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**Your Legal Rights & Responsibilities...**

Your claim is unique, and should not be compared with anyone else’s. Discuss any questions or concerns with your employer or claims adjuster. Be sure to reference your State Accident Fund claim number (SF#) which is listed on the letter that accompanies this brochure.

If you receive a notice from us requesting additional information, please call us immediately at (800) 521-6576. Failure to do so may delay the payment of benefits.

All decisions we make regarding benefit payments and administrative actions are based on guidelines contained in the SC Workers' Compensation Act (SC Title 42.)

You may request an internal review of any decision we make. **You are not required to retain an attorney to proceed with a review of your claim.**

If you are still not satisfied, you may file a request that an administrative hearing be scheduled with the

**South Carolina Workers' Compensation Commission**

PO Box 1715 / 1712 Marion Street
Columbia, SC 29202-1715.

or call (803) 737-5700.

**You may request a hearing without being represented by an attorney.**

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**So, You’ve Been Injured On-The-Job...**

**Now What?**

**An overview of State Accident Fund workers’ compensation benefits**

1/97
This is what you can expect...

You have received this brochure because your employer has filed a First Report of Injury (WCC Form 12-A) on your behalf.

Depending on the nature of your injury, you will probably be contacted in the next few days by a State Accident Fund claims adjuster to obtain more details about your accident. In some cases, more information is needed to meet SC legal requirements.

In South Carolina, workers' compensation insurance provides specific benefits to injured workers, as follows:

**MEDICAL CARE**

All authorized medical treatment and associated services directly related to your accident are covered, including prescription drugs and mileage for round-trip travel over 10 miles for visits to medical care facilities.

If your employer has instructed you to be seen by a specific doctor or group practice, SC law requires you to do so. Any additional medical treatment must be authorized by State Accident Fund. You can’t change doctors or treatment programs without prior approval.

**DISABILITY INCOME**

If your doctor keeps you out-of-work for more than seven (7) calendar days as a result of your injury, you may be eligible for weekly temporary-total (TT) benefits, unless you use sick and/or annual leave.

State government employees must sign a statement (Notice of Election Form) indicating their intention to use sick/annual leave or receive TT benefits.

Generally, SC law sets benefit payments at 66 2/3% of your “average weekly wage” based on salary data submitted by your employer, including overtime pay. If you are injured as a result of employment with the National Guard or a volunteer fire department, the amount of your benefit payments are mandated by law.

SC law also sets the maximum amount of benefits that are paid on a weekly basis and for the life of a claim.

If you have a second job with another employer, you must submit that information to us so we can include that income in our calculations.

Benefits are not subject to state or federal taxes. You may be responsible for other payroll deductions, such as regular health insurance premiums or pension plan contributions.

**RETURN TO WORK**

One of the goals of the workers’ compensation system is to return injured employees to the workplace. You and your employer should discuss job requirements with your doctor so that your treatment is focused on preparing you to return to work.

Once you have been released to go back to work, make sure that your employer notifies us immediately. If you continue to receive checks from us after you have been released to return-to-work, call and let us know. It is against the law to receive TT benefits and your regular salary.

If you go back to work under “light duty” or part-time conditions which temporarily prevent you from earning your previous salary, you may be eligible for temporary-partial (TP) benefits to “make up the difference” until you return to work in a full-duty and full-time status.

Stay in contact with your doctor, your employer, and your claims adjuster so that everyone is kept informed of your progress and your work status.