South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File #: ____________
Carrier File #: ____________
Carrier Code #: ____________
Employer FEIN #: ____________

Decedent's Name: ____________ SSN: ___-__-___
Claimant's Name: ____________ SSN: ___-__-___
Address: ____________
City: ____________ State: _____ Zip: _____
Home Phone: ____________ Work Phone: ____________

Employer's Name: ____________
Address: ____________
City: ____________ State: _____ Zip: _____
Insurance Carrier: ____________

Preparer's Name: ____________ Law Firm: ____________ Preparer's Phone #: ____________

Date of Injury or Illness:____________

Complete each information blank. Clearly specify 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 the employee sustained an injury on or about the date set forth in the application.
2. It is ☐ admitted ☐ denied 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 the relationship of employer and employee existed at the time in question. The reasons for denial are:
   ____
4. It is ☐ admitted ☐ denied at the time in question the employee was performing services arising out of and in the course of employment.
5. It is ☐ admitted ☐ denied notice of injury was given the employer as specified in the application.
6. It is ☐ admitted ☐ denied the employee was entitled to medical care as a result of the injury.
7. It is ☐ admitted ☐ denied the employee lost compensable time from work and wages for period(s) of:
   ____
8. It is ☐ admitted ☐ denied 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 grounds of claim:
   ____

Mediation

a. ☐ Mediation is required 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**.

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

I verify the contents of the form are accurate and true to the best of my knowledge.

____________	____________	____________	____________
Preparer's Signature	Title	Email	Date

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov**.
Refer to Regulations 67-205 through 67-211, 67-215, Regulations 67-601 through 67-615; and Regulations 67-901-905 as well as Reg. 67-1801.