

An Explanation of Workers' Compensation Benefit Options

NOTE: *If you are out of work for more than three days, disability leave and/or leave under the Family Medical Leave Act must be requested regardless of the option you select on the Employee Injury Report (Form 81-B). You may apply for this leave (with or without pay) by completing the [Employee Medical Certification Form \(P-75\)](#) and the [Employee Request for Leave \(P-83\)](#).*

- *Complete the Employee Injury Report (Form 81-B) on Page 3 indicating details related to your claimed injury and your selected option.*
- *Once an option is selected, it cannot be changed.*

Option 1: Use accrued sick, annual and/or compensatory leave and be placed in paid leave status.

- Only available for employees who accrue sick, annual, and/or compensatory leave.

Selecting Option 1 means:

- A. You choose to use your accrued sick, annual and/or compensatory leave during your absence and continue to receive your full salary.
- B. You will continue to accrue sick and annual leave while you are in pay status.
- C. If you should exhaust your leave, you will be placed on leave without pay (LWOP) status; and if eligible, receive the weekly Workers' Compensation payment equivalent to 66⅔ percent of your average weekly pay. If you receive a Workers' Compensation payment you will be responsible for paying your portion of retirement and insurance premiums, in addition to payment for other deductions to the USC Payroll Office, as the State Accident Fund will not take any deductions from this payment.
- D. You must provide a doctor's note or excuse certifying your time missed from work as a result of your work-related injury. If your doctor releases you to restricted duty and your department is not able to accommodate your restrictions you will need to provide a letter from your department indicating that they are not able to accommodate the restrictions.

Option 2: Use the Workers' Compensation benefit — 66⅔ percent of your gross weekly pay.

- Available for anyone covered under Workers' Compensation insurance, which includes all leave-eligible employees, students on USC payroll, student nurses, student teachers, and other professional and internship students (such as medical students and social work interns) for whom the University provides Workers' Compensation insurance.

Selecting Option 2 means:

- A. You choose to be placed on leave without pay (LWOP) status.
- B. Workers' Compensation weekly payments equivalent to 66⅔ percent of your gross weekly pay will begin after you have been out of work for seven consecutive calendar days. If you are out for 15 consecutive days, you will receive weekly Workers' Compensation payments retroactive to the date you lost time away from work as a result of your injury.
- C. You must provide a doctor's note or excuse certifying your time missed from work as a result of your work-related injury. If your doctor releases you to restricted duty and your department is not able to accommodate your restrictions, you will need to provide a letter from your department indicating that it is unable to accommodate the restrictions.

Consequences for leave-eligible employees who select Option 2:

- Will not accrue sick or annual leave during the time of Workers' Compensation benefits.
- Will not have insurance, retirement, or any other applicable deductions taken from their Workers' Compensation payments.
- Will be responsible for paying their portion of retirement, insurance benefits, and any other deductions, if applicable, to the USC Payroll Office.

Option 3: Use a combination of the weekly Workers' Compensation benefit and accrued sick, annual and/or compensatory leave.

- The combined total cannot exceed your normal wages after taxes are deducted. If the State Accident Fund denies liability, you will be eligible to use accrued sick, annual and/or compensatory leave subject to University policies.
- Only available for employees who accrue sick, annual and/or compensatory leave.

Selecting Option 3 means:

- A. Depending on your annual salary and after a seven-day waiting period, you will receive weekly Workers' Compensation payments of 66⅔ percent of your gross weekly pay.
- B. A set pay amount (depending on your annual salary rate and determined by the State Office of Human Resources) is then paid to you, and leave corresponding to the determined pay is deducted from your sick and/or annual leave balance.
- C. The combined total of weekly Workers' Compensation payments and the determined leave amount allocated will not equal your regular weekly pay. Please call the USC Benefits Office at (803) 777-6650 with any questions you may have concerning the monetary amount you will receive.
- D. When your accrued leave is exhausted, you will be placed in leave without pay (LWOP) status but will continue to receive weekly Workers' Compensation payments. During this time, you will be responsible for paying your portion of retirement, insurance benefits, and other deductions to the USC Payroll Office.
- E. You must provide a doctor's note or excuse certifying your time missed from work as a result of your work-related injury. If your doctor releases you to restricted duty and your department is unable to accommodate your restrictions, you will need to provide a letter from your department indicating that it is unable to accommodate the restrictions.



University of South Carolina Employee Injury Report

Employee should type or print answers in ink only. Answer each question completely. Missing, incomplete or illegible information may delay the processing of your claim. If this claim is for an exposure or occupational illness, substitute the word exposure or illness for the word injury. Forward this form immediately to the Benefits Office, 1600 Hampton St., Columbia, SC 29208.

Employee Name: _____ SSN: _____

Employee Address: _____

Employee Home Phone: _____ Employee Work Phone: _____

Employee Date of Birth: _____ Male Female Married Single

Department Name: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Date of injury: _____ Time of injury: _____ Time workday begins: _____

Hours worked per week: _____ What date did you report the injury to your supervisor? _____

Did you receive medical treatment for this injury? No Yes. If yes, name and address of doctor or hospital: _____

Did you miss time from work? Yes *If yes, date disability began: _____
(other than date of injury) No *If yes, you must complete the Workers Compensation Benefits Election section below.

How did injury happen? State what part of the body, left, right, upper, lower, and where accident happened.

Who saw the injury happen? (Give name and phone number):

I certify that the above statements are true and accurate. I understand that all claims are subject to investigation. I authorize the treating physician to release information relating to this injury to the University of South Carolina and the State Accident Fund. I understand that the filing of this claim to the State Accident Fund does not guarantee payment for medical treatment or lost wages. If liability is not accepted by the State Accident Fund, I will be responsible for all charges for medical treatment. All claims for lost time from work must be supported by a physician's report.

Employee Signature: _____ (sign and date in blue ink) Date: _____

Workers' Compensation Benefits Election

****Once an Option has been selected it cannot be changed****

Section 8-11-145 of the S.C. Code of Laws provides that, in the event of an accidental injury arising out of and in the course of employment with the state, a disabled employee shall make an election to receive compensation under one of the following methods. **Note: If you need additional information before making this election, please call the University's Benefits Office at 803-777-6650. Once an option is selected and compensation has begun, the option cannot be changed.**

OPTION 1: To be placed on paid leave status, using accrued sick, annual or compensatory leave. I understand that if paid leave is exhausted before I return to work, I may be entitled to receive weekly Workers' Compensation benefits at 66⅔ percent of my gross weekly pay. If you are out more than three days, you must submit HR forms [P-75 \(Employee Medical Certification Form\)](#) and [P-83 \(Employee Request for Leave\)](#).

OPTION 2: To use the Workers' Compensation benefit, which is 66⅔ percent of my gross weekly pay. If I elect this option, I must also submit the following forms: [Employee Medical Certification Form \(P-75\)](#), an [Employee Request for Leave \(P-83\)](#) and a [Request for Leave Without Pay/Return from Leave Without Pay \(PBP-7-LWOP\)](#). I further understand that I am responsible for maintaining my portion of retirement and insurance benefits by paying them directly to the University. If the State Accident Fund denies liability, I will be eligible to use accrued sick, annual or compensatory leave subject to University policies.

OPTION 3: To use a combination of the weekly Workers' Compensation benefit and accrued sick, annual and/or compensatory leave, the combined total of which cannot exceed my normal wages after taxes. In addition, I would like to be paid a pro-rated amount of accrued leave based on the formula developed by the South Carolina Human Resources Division.

Employee Signature: _____ (sign and date in blue ink) Date: _____

HR Designee Signature: _____ (sign and date in blue ink) Date: _____