



Explanation of Benefits

All University of South Carolina employees are covered by workers' compensation insurance, which may compensate an employee for lost time, medical expenses, loss of life or dismemberment from an injury arising out of or during work. Employees must immediately report an accident or injury to their supervisor so that the necessary paperwork may be completed.

How is the compensation rate determined?

Injured workers are entitled to compensation at the rate of 66 2/3% of their average weekly wage based on wages of the four quarters prior to the injury, but no more than the maximum average weekly wage determined each year by the South Carolina Department of Employment and Workforce. If the injured employee is working two or more jobs at the time of the accident, those wages may be included as part of the average weekly wage and compensation rate. The compensation rate is the same for Option 1, Option 2, and Option 3 (explained below).

Will I be compensated for missing time from work because of my injury?

Compensation is **not** due if the total days lost is seven (7) days or less. If the total days lost is eight (8) through fourteen(14) days, only those days within this period shall be compensable. If the total days lost are fourteen calendar days, all days lost from the first date of disability is compensable.

Workers' Compensation Benefit Options

Section 8-11-45 of the South Carolina Code of Laws provides that an employee may use sick and annual leave in conjunction with workers' compensation benefits. The following below provides an explanation of the three (3) options that are available to employees. **Once an employee has selected an option on the Employee Injury Report, it cannot be changed.**

Option 1: Employees that are in a leave eligible position may choose to use their remaining accrued sick, annual and/or compensatory leave in order to continue to receive their full salary. The employee will continue to accrue leave as long as they remain in a paid status for at least one-half of the working month. If the employee exhausts all of their remaining leave prior to the release of a physician, the employee will be placed in a leave without pay status. At this time, if the employee has been out of work for at least seven consecutive calendar days, the employee may be eligible to receive a weekly workers' compensation benefit from The State Accident Fund.

Option 2: Employees that are in a leave eligible position, as well as students paid by the University, student nurses, student teachers, and other professional and internship students (such as medical students and social work interns) may elect to be placed in a leave without pay status with the University and **only** receive a weekly workers' compensation benefit from The State Accident Fund. The weekly workers compensation benefit payment would not begin until an employee has been out of work for more than seven consecutive calendar days. If an employee is out of work for fifteen consecutive calendar days, he/she will receive weekly workers' compensation payments retroactive to the first date of lost time away from work as a result of a work related injury.

Option 3: Employees that are in a leave eligible position may choose to use a pro-rated portion of their remaining accrued sick, annual and/or compensatory leave. Additionally, employees would **also** receive a weekly workers' compensation benefit from The State Accident Fund. The weekly workers compensation benefit payment would not begin until an employee has been out of work for seven consecutive calendar days. If an employee is out of work for fifteen consecutive calendar days, he/she will receive weekly workers' compensation payments retroactive to the first date of lost time away from work as a result of a work related injury. The combined total of pay received for accrued leave by the University and the weekly workers' compensation benefit cannot exceed an employee's normal wages after taxes are deducted. If the State Accident Fund denies liability, the employee will be eligible to use their accrued sick, annual and/or compensatory leave.

For further information regarding the benefit options above, reach out to your Human Resources Contact or feel free to contact The Central Benefits Office at workerscomp@mailbox.sc.edu.



Injured Employee Responsibilities

- 1) An employee who has incurred a work-related injury, must **report** their injury **immediately** to their supervisor.
- 2) If medical treatment may be necessary, the injured employee **and** their supervisor will report the injury immediately to **CompEndium Services (1.877.709.2667)**. If a supervisor is not available at the time, the injury should be called in by the injured employee and an available Human Resources Representative. CompEndium is available **24 hours a day/7 days a week**. After the report is made to CompEndium, CompEndium will assist the employee in scheduling medical treatment.
***For life threatening injuries or illnesses, 911 should be called.**
- 3) The injured employee must **complete** this **USC Employee Injury Report Form (81-B)** as soon as possible after the injury has occurred. If the injured employee has or anticipates that he/she will miss time from **beyond the date of the injury**, a workers compensation **benefits election option** must be **selected**, which is located on the bottom of this Employee Injury Report Form. Upon completion, a copy of this form should be **faxed** immediately to **CompEndium Services (Fax#: 1.877.710.2667)** **AND emailed** to the **Central Benefits Office** at workerscomp@mailbox.sc.edu.
- 4) If medical treatment is **not** necessary, the employee should complete this **USC Employee Injury Report Form (81-B)** and check the **report only** box at the top of the form. Upon completion, a copy of the form should be **emailed** to the **Central Benefits Office** at workerscomp@mailbox.sc.edu. The Central Benefits Office will file the report in case medical treatment is needed in the future.
- 5) If an injured employee misses time from work due to an injury, the employee **must** provide copies of all doctor's notes recieved to their supervisor, which will **certify** the time missed from work as a result of a work-related injury. If a phycian releases an employee to work with restrictions, the employee **must** immediately notify their supervisor of the restrictions so that it can can determined if the department will be able to accommodate the work restrictions.
- 6) If an employee misses time from work for more than **three (3) consecutive working days**, an [FMLA Employee Medical Certification Form](#) and an [Employee Request for Leave Form \(P-83\)](#).
- 7) In the circumstance that an employee exhausts their leave and/or is placed on a leave without pay status, or receiving a reduced paycheck with the University, **the employee will be responsible for paying their portion of their insurance premiums**, as well as other applicable deductions to the UofSC's Payroll Office **in order to maintain coverage**. An active member of the retiemnt system may wish to pay their retirement contributions in order to maintain their retirement service credit with the retirement system. The State Accident Fund will **not** take any insurance/benefit deductions from their weekly workers compensation benefit payment.



To Be Completed by Employee

Please type or print answers in ink only. Missing, incomplete or ineligible 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. **A copy must be faxed to CompEndium Services, Inc. at 1. 877.710.2667 and emailed to the Central Benefits Office at workerscomp@mailbox.sc.edu**

Name (Last, First, MI): _____ USCID: _____

Address: _____

Personal Phone: _____ Work Phone: _____ DOB: _____

Date of Hire: _____ Male _____ Single _____ Job Title: _____
Female _____ Married _____ Department Name: _____

Date of Injury: _____ Time of Injury: _____ Time Workday Begins: _____ Avg. Hours Worked Per Week: _____

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

Date You Reported Your Injury to Your Supervisor: _____ Did you receive medical treatment? Yes No

If Yes, Name and Address of Physician or Hospital: _____

How did the injury occur? _____

What part/s of the body is/are injured? (Be specific: left, right, upper, lower): _____

Where did the injury occur? (Be specific: location, campus, building): _____

Were there any witnesses? (Provide names and contact information): _____

Did you miss time from work, not including the date of your injury? Yes No

***If Yes, you must complete the Workers' Compensation Benefits Election section below.** *If you missed time from work due to your injury, what was your last day of work? ____/____/____

*Failure to select an option timely may delay the payment of benefits.
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 costs for medical treatment. All lost time from work must be supported by a physician's note.

Employee Signature (Sign and Date in Blue Ink): _____ Date: _____

Workers' Compensation Benefits Election

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:

Option 1: To be placed on a paid leave status, using accrued sick, annual or compensatory leave. I understand that if my paid leave is exhausted before I return to work, I may be entitled to receive a weekly workers' compensation benefits at 66 2/3 % of my gross weekly pay, not to exceed the maximum rate.

Option 2: To be placed on a leave without pay status with the University and **only** receive a weekly workers' compensation benefit. 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 prorated portion of my accrued sick, annual and/or compensatory leave, **and** to receive a weekly workers' compensation benefit which is 66 2/3 percent of my gross weekly pay, not to exceed the maximum rate. The combined total amount of pay that I receive cannot exceed my normal wages after taxes. If the State Accident Fund denies liability, I will be eligible to use accrued sick, annual or compensatory leave subject to university policies.

I certify that I have reviewed and understand the three benefit options that may be available under the Workers Compensation program. After consideration of the advantages and the disadvantages of each option, I have selected the best option given my personal circumstances.

****I understand that my selection of this option is irrevocable.****

Employee Signature (Sign and Date in Blue Ink): _____ Date: _____

Supervisor Signature (Sign and Date in Blue Ink): _____ Date: _____

HR Representative Signature (Sign and Date in Blue Ink): _____ Date: _____