

University of South Carolina Explanation of Workers' Compensation Benefit Options

Explanation of Benefits

All University of South Carolina employees are covered by workers' compensation insurance, which compensates an employee for lost time, medical expenses and 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 percent of your average weekly wage based on 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 you are 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.

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

No compensation is 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.

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 provides an explanation to the three (3) options that are available to employees.

***Please note: When making your option for compensation, once an option is selected, it cannot be changed.**

Option 1

Option 1: Leave eligible employees may choose to use accrued sick, annual and/or compensatory leave and be placed in paid leave status. If leave is exhausted prior to release from a physician, the employee will be placed on leave without pay status (LWOP), and will receive workers' compensation payment.

- Only available for leave eligible 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 66 2/3 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.

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Option 2

Option 2: Employees may elect to only receive use 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 they are 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

Option 3: An injured worker may choose 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.

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- 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 a 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 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 they are unable to accommodate the restrictions.

Forms

There is a series of steps that you must take and forms you must complete in the event of an employee accident, incident or exposure.

If an employee is out of work for more than three (3) days, disability leave and/or leave under the Family Medical Leave Act (FMLA) must be requested regardless of the option you selected on the Employee Injury Report.

You may apply for this leave (with or without pay) by completing the following forms:

- [Employee Medical Certification Form](#)
- [Employee Request for Leave \(P-83\)](#)
- [Employee Injury Report \(Form 81-B\)](#)



University of South Carolina Employee Injury Report

To Be Completed by Employee					
Employees 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. Fax this form immediately to CompEndium Services, Inc. at 877-710-2667.					
Name (Last, First, Middle):			SSN:		
Address:					
Home Phone:		Work Phone:		DOB:	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Married <input type="radio"/> Single		Department Name:			
Supervisor's Name:			Supervisor's Phone:		
Date of Injury:		Time of Injury:		Time Workday Begins:	Hours Worked Per Week:
Date You Reported Your Injury to Your Supervisor:			Did you receive medical treatment? <input type="radio"/> Yes <input type="radio"/> No		
If Yes, Name and Address of Doctor or Hospital:					
Did you miss time from work? <input type="radio"/> Yes *If Yes, date disability began. _____ (other than date of injury) <input type="radio"/> No *If yes, you must complete the Workers' Compensation Benefits Election section below.					
How did the injury happen? State what part of the body (left, right, upper, lower), and where the 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: Refer to section "An Explanation of Workers' Compensation Benefits Options". 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 66 2/3 percent of my gross weekly pay. If I am out more than three days, I must submit HR forms WH-380E and P-83 .					
Option 2: To use the workers' compensation benefit, which is 66 2/3 percent of my gross weekly pay. If I elect this option, I must also submit HR forms WH-380E , P-83 and 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: