



**University of South Carolina**  
**Explanation of Workers' Compensation**

**Explanation of Benefits**

All paid employees of the University of South Carolina 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 and complete all necessary paperwork. **Failure to report a work-related injury/illness within 90 days of the accident may disqualify an individual from receiving benefits.**

**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 USC 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 employee is out of work for fifteen (15) consecutive calendar days, they may receive weekly workers' compensation payments retroactive to the first date out of work due to the injury/illness.

**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. Please review the explanation below of the three (3) options that are available to employees while out of work under workers' compensation. **Once an employee has selected an option on the Employee Injury Report, it is irrevocable and will remain the elected option throughout the entire course of the claim.**

**Option 1:** Employees that are in a leave eligible position may choose to use their remaining accrued sick, annual and/or compensatory leave to continue to receive their full salary. The employee will continue to accrue leave if they remain in a paid status for at least one-half of the working month. If the employee exhausts all their remaining leave prior to their return to work, the employee will be placed on 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 because of a work-related injury. While on leave without pay, the employee is responsible for paying the employee share of their insurance premiums by the established due date each month to the Payroll office.

**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. Employees would also receive a weekly workers' compensation benefit from The State Accident Fund in conjunction with any pay received from the university. The combined total of pay received from accrued leave by the University and the weekly workers' compensation benefit cannot exceed an employee's normal wages after taxes are deducted. Additional information about Option 3 may be found on page 4. If the State Accident Fund denies liability, the employee will be eligible to use their accrued sick, annual and/or compensatory leave.

**Should you have any questions about the above options, please contact Central Benefits at [workerscomp@mailbox.sc.edu](mailto:workerscomp@mailbox.sc.edu) for further guidance.**



**University of South Carolina**  
**Explanation of Workers' Compensation Benefits**

**Injured Employee Responsibilities**

- An employee who has sustained a work-related injury or illness must **report it immediately** to their supervisor.
- All injured employees must complete the **USC Employee Injury Report Form (81-B)** as soon as possible after an injury or illness has occurred. If medical treatment is not necessary, the employee must still complete the USC Employee Injury Report Form (81-B) and check the report only box at the top right of the form.
- If the injured employee has or anticipates that they will miss time from work beyond the date of the injury, a workers compensation benefits election option must be selected, which is located on the bottom of the Employee Injury Report Form (81-B). Upon completion, a copy of this form should be emailed immediately to Central Benefits at [workerscomp@mailbox.sc.edu](mailto:workerscomp@mailbox.sc.edu) and CompEndium Services at [customerservice@compendumusa.net](mailto:customerservice@compendumusa.net) or may be faxed to CompEndium at 1.877.710.2667.
- If medical treatment may be necessary, the injured employee and their supervisor together must report the injury to CompEndium Services at 1.877.709.2667 as soon as possible. If a supervisor is not available to call CompEndium, the injury/illness should be reported by the employee and another available supervisor or their department's HR contact. CompEndium is available 24 hours a day/7 days a week.
- In the event of a life-threatening injury or illness, 911 should first be notified, followed by reporting the incident to CompEndium.
- An employee will be assigned a nurse case manager at CompEndium to assist them throughout the course of their claim. The employee must remain in contact with their nurse case manager and attend all scheduled appointments as directed.
- Should an employee need to reschedule a doctor's appointment, they must timely notify their assigned nurse case manager to have an appointment rescheduled. Failure to miss multiple appointments or no-show may result in denial of the claim.
- If an injured employee misses time away from work, the employee must provide copies of all doctor's notes, referrals, or supporting documentation to their HR department, certifying any time missed from work was due to their injury or illness.
- If a physician releases an employee to work with restrictions, the employee must immediately notify their supervisor of the restrictions so that it can be determined if the department will be able to accommodate the work restrictions. Should the employee be unable to be accommodated, they will be placed out of work and begin utilizing their elected leave option under workers' compensation if they miss seven (7) or more continuous days from work.
- If an employee misses time from work for more than three (3) consecutive working days, a [USC Family Medical Leave Act Packet](#) should be completed by the employee.
- In the circumstance that an employee exhausts their leave and/or is placed on a leave without pay status, the employee will be responsible for paying their portion of their insurance premiums, as well as other applicable deductions to USC's Payroll office to maintain coverage. An active member of the retirement system may wish to pay their retirement contributions to maintain their retirement service credit with the retirement system. The State Accident Fund will not take any insurance/benefit deductions from the weekly benefit payment.



# Employee Injury Report Form (81-B)

✓ Report Only

**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. **A copy of this form is required to be emailed to CompEndium at [customerservice@compendiumusa.net](mailto:customerservice@compendiumusa.net) and emailed to the Central Benefits Office at [workerscomp@mailbox.sc.edu](mailto:workerscomp@mailbox.sc.edu).**

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

Address:

Personal Phone:	Work Phone:	DOB:
-----------------	-------------	------

Date of Hire:	Job Title:
	Department Name:

Date of Injury:	Time of Injury:	Time Workday Begins:
-----------------	-----------------	----------------------

Supervisor's Name:	Supervisor's Phone:
--------------------	---------------------

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 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? <input type="radio"/> Yes <input type="radio"/> No	*If you missed time from work due to your injury, what was your last day of work? ___/___/___
--	---

**\*\* You must complete the Workers' Compensation Benefits Election section below regardless of if any time is missed in the event you may need to be medically placed out of work at a later date due to your work-related injury. Failure to select an option timely may delay the payment of benefits. \*\***

I certify that the above statements are true and accurate and 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.

Employee Signature:	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 leave without pay status 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. While on leave without pay, I understand that I am responsible for paying the employee share of my insurance premiums.
- Option 3:** To use a prorated portion of my own accrued sick, annual and/or compensatory leave, **and** 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. **Please review the document on the following page to understand the compensation rate that you would receive from the University while using a prorated portion of your leave.**

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:	Date: ___/___/___
---------------------	-------------------

Supervisor or HR Representative Signature:	Date: ___/___/___
--	-------------------



**COORDINATING SICK AND ANNUAL LEAVE WITH WORKERS' COMPENSATION FOR 2024  
OPTION 3**

Section 8-11-145 of the South Carolina Code of Laws provides that an employee may use sick and annual leave in conjunction with Workers' Compensation benefits according to a formula to be developed by the South Carolina Department of Administration.

Currently, Workers' Compensation will pay 66 2/3 percent of an employee's average weekly gross pay up to a maximum of \$1,093.67 per week. The total benefit received during a regular payroll period is less than the average net or take-home pay that an employee would receive if a regular payroll check was issued subject to taxation.

The purpose of this formula is to allow employees to maintain the level of spendable income that was being received before an injury. This can be accomplished by permitting the employee to elect to use a reduced amount of leave time.

The table shows a constant pay period gross amount of \$234.93 for those employees whose salaries fall between \$15,080 and \$85,999 per year. This is because the difference between Workers' Compensation benefits and regular pay remains the same until the maximum Workers' Compensation benefit is reached. The \$1,093.67 per week is approximately 66 2/3 percent of a \$85,999 annual salary. At this point, the shortfall in spendable income begins to increase.

The following formula and table were developed to assist agencies in calculating appropriate leave charges that will, when added to the Workers' Compensation benefit, equate closely to the net pay an employee would receive in a regular net paycheck if at work.

**AMOUNT OF LEAVE TO BE CHARGED PER PAY PERIOD – 2024**

**Hourly Rate** = Annual Salary /  
Base Hours (1950 or 2080)

**Leave Time** = Pay Period Gross /  
Hourly Rate Per Pay Period

SALARY RANGE			Pay Period Gross
\$15,080	-	\$85,999	\$234.93
\$86,000	-	\$86,999	\$267.68
\$87,000	-	\$87,999	\$300.44
\$88,000	-	\$88,999	\$333.20
\$89,000	-	\$89,999	\$365.95
\$90,000	-	\$90,999	\$398.70
\$91,000	-	\$91,999	\$432.22
\$92,000	-	\$92,999	\$465.89
\$93,000	-	\$93,999	\$499.55
\$94,000	-	\$94,999	\$533.21
\$95,000	-	\$95,999	\$566.88
\$96,000	-	\$96,999	\$600.55
\$97,000	-	\$97,999	\$634.22
\$98,000	-	\$98,999	\$667.87
\$99,000	-	\$99,999	\$701.55
\$100,000	-	\$100,999	\$735.22
\$101,000	-	\$101,999	\$768.89
\$102,000	-	\$102,999	\$802.55
\$103,000	-	\$103,999	\$836.23

SALARY RANGE			Pay Period Gross
\$104,000	-	\$104,999	\$869.87
\$105,000	-	\$105,999	\$903.56
\$106,000	-	\$106,999	\$938.31
\$107,000	-	\$107,999	\$975.86
\$108,000	-	\$108,999	\$1,013.47
\$109,000	-	\$109,999	\$1,051.03
\$110,000	-	\$110,999	\$1,088.61
\$111,000	-	\$111,999	\$1,127.29
\$112,000	-	\$112,999	\$1,166.28
\$113,000	-	\$113,999	\$1,205.27
\$114,000	-	\$114,999	\$1,244.23
\$115,000	-	\$115,999	\$1,283.25
\$116,000	-	\$116,999	\$1,322.20
\$117,000	-	\$117,999	\$1,361.19
\$118,000	-	\$118,999	\$1,400.17
\$119,000	-	\$119,999	\$1,439.16