Supervisors: Please ensure that the injured employee receives a copy of this Workers' Compensation Form

TO: Injured DPS Employees

FROM: Angela Thornton, Payroll & Leave Manager
Office of Human Resources
(803)896-9762; (803)896-9683 (fax)

SUBJECT: WORKERS' COMPENSATION OPTION FORM

Below is a brief explanation of the different options available to employees when a work-related injury results in missed work days:

OPTION #1 – In choosing this option, you will be placed on paid leave status using sick and/or annual leave and your paycheck will continue as normal with no interruptions in deductions. After all of your sick and annual leave has been used, you will be placed on Option #2.

OPTION #2 – In choosing this option, you will be placed on "Leave Without Pay" status from DPS, and you will receive a weekly check from the State Accident Fund equal to 66 2/3% of your gross salary not to exceed $806.92 (If your annual salary is more than $62,999, you will receive less than 66 2/3% of your salary.) You will need to make a payment to PEBA Insurance Benefits through OHR to continue your insurance premiums. You will also need to make arrangements with DPS payroll office to continue your retirement contributions.

OPTION #3 – In choosing this option, you will receive a weekly check from the State Accident Fund for 66 2/3% of your salary not to exceed $806.92 (If your annual salary is more than $62,999, you will receive less than 66 2/3% of your salary.) In addition to your weekly disability benefit check from the State Accident Fund, you will receive a small check from DPS and be charged a **prorated** amount of leave. If your annual salary is $62,999 or less you will receive $81.43 from DPS. If this $81.43 does not cover your payroll deductions, you will need to make a payment to PEBA Insurance Benefits through OHR to continue your insurance premiums. You must also make arrangements with DPS payroll office to continue your retirement contributions.

Please call me upon receipt of this information to discuss these options in detail. Once you have completed the Option Form, please mail or fax the form to me at **(803)896-9683**.

REMINDER: Once signed and submitted, the Option chosen cannot be changed.

Revised: 01/09/2017

COORDINATING SICK AND ANNUAL LEAVE WITH WORKERS' COMPENSATION

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 paid leave status, using accrued sick and/or annual leave. When such leave credits are exhausted before I can return to work, I shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted.

Option #2 ☐ To use Workers' Compensation benefits awarded in accordance with Title 42 of the1976 Code. (Under this method the employee is placed on Leave Without Pay, and will receive the disability benefit equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate of $806.92 per week,

Option #3 ☐ To receive sick and/or annual leave on a **prorated basis** in conjunction with Workers' Compensation benefit.

I elect to receive compensation as outlined in the Option above.

I understand that in the event I receive an overpayment of compensation from the Department of Public Safety and/or the State Accident Fund; I am legally obligated to repay such overpayment within the time frame and by the method required by my employer.

PLEASE NOTE: While in a LEAVE WITHOUT PAY STATUS, an employee will not accrue any sick or annual leave. If, while in a LEAVE WITHOUT PAY STATUS, an employee has insurance premiums due, they will be notified by Human Resources regarding the amount that is due and date payable.

REMINDER: Once signed and submitted, the Option chosen cannot be changed.

_____ _____
Employee's Signature Date

_____
Employee's Personnel Number

_____ _____
EXPLAINED BY Date

Revised: 07/15/2016