South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5675



WCC File #:	
Carrier File #:	
Carrier Code #:	
Employer EEIN #:	

(803) 73	ia, SC 29202-1715 37-5675 cc.sc.gov • Judicial@wcc.sc.gov		,	Employer FEIN #: _				
Claiman	it's Name:	SSN:	Employer's Name:	ame:				
	:		Address:					
City:	State:	Zip:	City:		State:	Zip:		
Home P	hone: () - Work Phone:	() -	Insurance Carrier:					
Prepare	r's Name:	Law Firm:		Preparer's Phone #:	()			
merits of the case, is such that immediate attention is necessary; and the issue is capable of speedy resolution by the Commission. The attached motion for expedited adjudication is made pursuant to Regulation 67-215 and has been served on all parties pursuant to Regulation 67-210 and Regulation 67-211.								
	Death benefits are due and the emplodisposition of benefits. Investigative							
	beneficiaries.							
	The case is accepted and involves me body part or condition which is (a) ac Commission. Relevant Medical docum	cepted by the employer/c	carrier or (b) fou	ind compensable	•	•		
	The case involves a request for a med	dical evaluation on change	e of condition pu	ursuant to Regula	ition 67-602	!(C).		

The issue is determination of a lump sum payment under §42-9-301 and Regulation 67-1605. Form 24 attached.

This form and motion must be served on all parties and filed with the Judicial Department. A proof of service and filing fee must be attached.

Signature of Moving Party

Email

This request is on behalf of the \(\subseteq \text{Claimant} \)

☐ Carrier

\$25 Filing Fee is attached (MUST be attached to this request)

Date (m/d/yyyy)