



**Fiscal Year FY 2022-2023  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting General Fund Appropriations.
<input type="checkbox"/>	Requesting Federal/Other Authorization.
<input checked="" type="checkbox"/>	Not requesting any changes.

**NON-RECURRING  
REQUESTS  
(FORM B2)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input checked="" type="checkbox"/>	Not requesting any changes.

**CAPITAL  
REQUESTS  
(FORM C)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting funding for Capital Projects.
<input checked="" type="checkbox"/>	Not requesting any changes.

**PROVISOS  
(FORM D)**

For FY 2022-2023, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	Erin Farthing	(803) 896-5892	EFarthing@saf.sc.gov
<b>SECONDARY CONTACT:</b>	Abigail Sellers	(803) 896-5872	ASellers@saf.sc.gov

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>SIGN/DATE:</b>	<i>Erin Farthing 9/23/2021</i>	
<b>TYPE/PRINT NAME:</b>	<i>Erin Farthing</i>	

*This form must be signed by the agency head – not a delegate.*

Agency Name:	State Accident Fund		
Agency Code:	R120	Section:	75

## **FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	75.2
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*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	Military Disability
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	State Accident Fund Section 75
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	No
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*Is this request associated with a budget request you have submitted for FY 2022-2023? If so, cite it here.*

<b>REQUESTED ACTION</b>	Delete
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	Adjutant General's Office It concerns disability benefits for certain individuals who are members of the National Guard.
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	The proviso established a military disability program within the State Accident Fund to provide a settlement to members of the National Guard who became permanently disabled while serving during the catastrophic weather event in October 2015. Pursuant to this proviso, two National Guard members filed claims in 2019, which have been resolved. No other claims have been filed since those initial two claims. As it appears that the need for this proviso has been resolved, we are requested its deletion.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

## FISCAL IMPACT

There have been only two participants who filed claims as part of this program, both of which have been settled. No other members have filed claims. As there are no current payments to be made pursuant to this proviso, there would not be any fiscal impact.

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

## PROPOSED PROVISO TEXT

~~—(SAF: Military Disability) (A) From the funds credited to the State Accident Fund in the current fiscal year, there is established within the State Accident Fund a military disability program that provides a settlement for any such member of the National Guard that became permanently disabled while serving during the catastrophic weather event in October 2015. The settlement must be based upon that which persons under similar circumstances in the military service of the United States receive from the United States. The director may seek assistance in establishing the program from the Adjutant General or any other agency or entity with such expertise.~~

~~—(B) A National Guard member may only participate in this program if the member permanently waives any right to claim benefits pursuant to Section 25-1-100 and releases the State from any potential liability pursuant to Section 25-1-100, and further agrees that any amounts due under this proviso are subject to appropriate offsets to avoid compensation in excess of what the member would have received from the federal government if permanently disabled while performing federally paid duty. Offsets include benefits received, or to be received, under Title 42 of the 1976 Code as a result of these injuries (State Workers' Compensation), benefits received, or to be received, pursuant to Chapter 10 of Title 9 of the 1976 Code (SC National Guard Retirement System), as well as any benefits received, or to be received, from the federal government such as severance pay, military retirement pay, or VA benefits relating to the same disabilities at issue in the State military disability claim.~~

~~—(C) From the funds credited and authorized to the State Accident Fund in the current fiscal year, the director of the State Accident Fund is authorized to offer a onetime lump sum settlement to members of the military disability program, subject to eligibility and the other requirements set forth in the proviso.~~

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.