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

Fiscal Year FY 2026-2027

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2026-2027, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*		Requesting General Fund Appropriations.
	X	Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*		Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
PROVISOS *(FORM D)*		Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
	X	Not requesting any proviso changes.

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

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

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	*Board or Commission Chair*
SIGN/DATE:	Erin Farthing 9/26/2025	
TYPE/PRINT NAME:	Erin Farthing	

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

Agency Name:	State Accident Fund
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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Requesting Other Fund Authorization	0	0	691,401	0	691,401	0.00	0.00	0.00	0.00	0.00
TOTALS			0	0	691,401	0	691,401	0.00	0.00	0.00	0.00	0.00

Agency Name:	State Accident Fund		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Requesting Other Fund Authorization

Provide a brief, descriptive title for this request.

AMOUNT

General: $0

Federal: $0

Other: $691,401

Total: $691,401

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
X	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

The agency continues to provide excellent service to policy holders and their injured workers while being good stewards of agency funds. Last year, we were able to request a $1.4M decrease to our budget due to a reduction in IT costs as we near the end of our new case management system implementation. This year, our increase of $691,401 reflects our focus on application and security support of our internal systems, as well as ensuring pay equity within our current staff, and our ability to retain and recruit talented staff to ensure excellent customer service for our policyholders and their injured workers.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

Agency employees would receive the funds requested in personnel services and

RECIPIENTS OF FUNDS	employer contributions. The funding for other operating would be received by state approved vendors for increases in the agency's administrative expenses.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	State Accident Fund reduced our request for authorization by $1.4M last fiscal year. This year the agency is requesting an appropriation increase of $691,401 due to other operating cost increase of $328K, increase of $346K in classified positions, and a $17K increase in employer contributions. The other operating increase included in the authorization request for FY2027 is primarily for an increase in IT releated costs to application and security support of our internal systems. The increase in personnel services and employer contributions is to ensure that the agency has the funds available to cover any additional state mandated salary increases and to allow the agency to retain the talent necessary to administer claims efficiently.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.