

**RETIREMENT PLAN ENROLLMENT**  
**S.C. Public Employee Benefit Authority**  
**Retirement Benefits**  
**Attention: Enrollment**  
**202 Arbor Lake Drive**  
**Columbia, SC 29223**

**ACTION REQUESTED (Check One):**

- NEW ENROLLEE (First-time membership)
- OPEN ENROLLMENT (Irrevocable election from State ORP)
- CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
- CHANGE OF INFORMATION
  - Name (Prior Name): \_\_\_\_\_  
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
  - Address
  - SSN (Old Number): \_\_\_\_\_
  - Date of Birth

**Print or type in black ink**  
**Please read the instructions on Page 2 before completing this form.**

**SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)**

1. Last Name & Suffix		2. First/ Middle Name		3. Social Security Number <small>(attach copy of Social Security card only if changing SSN)</small>	
4. Address		5. City		6. State	7. ZIP+4
8. Gender M - Male F - Female	9. Date of Birth	10. Telephone Number	11. Email Address		
12. Have you ever been a member of PEBA's retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes					
13. If item 12 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes					
14. Do you currently have a pending refund request? <input type="checkbox"/> No <input type="checkbox"/> Yes					
15. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process					

16. Retirement Plan Election (CHOOSE ONE) <input type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 17.) <input type="checkbox"/> JSRS (Judge, Solicitor, Circuit Public Defender, or Administrative Law Court)	17. Select State ORP Vendor <input type="checkbox"/> MassMutual <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> VALIC
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18. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 16 above.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_  
(Required only when signed by mark)

**SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)**

19. Employer Code	20. Employer Name	21. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer			
22. Original Date of Hire with Employer listed in Items 19-20	23. Date of Membership	24. Employee's Position Title		25. Employee's Annual Salary	

26. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Work Telephone \_\_\_\_\_

**INSTRUCTIONS**  
**(PLEASE READ BEFORE COMPLETING AND SIGNING THIS FORM)**

Complete this form: to enroll a new member; to change a member's employer, name, address, date of birth, or Social Security number; for employees who have had a break-in-service (those who return from a leave-without-pay status of more than 13 months); or when changing from one retirement system to another, regardless of prior membership.

**ACTION REQUESTED - (CHECK APPROPRIATE BOX) (THE EMPLOYER MAKES THESE SELECTIONS.)**

**NEW ENROLLEE:** Enrolling in the Retirement Systems for the first time.

**OPEN ENROLLMENT:** Irrevocable election from State ORP - Employee previously participated in State ORP, but is now irrevocably electing membership in SCRS during open enrollment period, after the first annual anniversary but before the fifth annual anniversary of the person's initial enrollment in State ORP.

**CHANGE OF EMPLOYER/Dual employment:** A member of the Retirement Systems transferring or accepting a position with another employer or a new hire with funds on deposit in the Retirement Systems.

**CHANGE OF INFORMATION:** Changing any of the listed information and to request that the Retirement Systems update its records on the employee accordingly.

**Name (Prior Name):** Attach a copy of the marriage license or other legal document authorizing the name change.

Indicate the employee's **old name** in the space provided and list his **new name** in items 1-3 in Section I.

**Address:** List employee's new address (items 4-7 in Section I).

**SSN (Old Number):** Change/correct an employee's Social Security number by listing **old Social Security number** in the space provided and completing items 1-3 in Section I. (The employee's **new Social Security number** should be listed in item 3 in Section I). Include a copy of Social Security card with correct SSN.

**Date of Birth:** Change an employee's date of birth by completing items 1-9 in Section I.

**SECTION I - ITEMS 1-18 INSTRUCTIONS (THE EMPLOYEE COMPLETES AND SIGNS THIS SECTION.)**

**Items 1 - 11:** Complete items 1-11 by providing the requested information.

**Item 12:** Indicate if you have prior membership in any of the five retirement plans (SCRS, State ORP, PORS, GARS, or JSRS).

**Item 13:** If item 12 is "yes," provide the name(s) of the employer(s) for whom you worked and through which you contributed to one of PEBA's retirement systems or State ORP, and indicate whether or not you received a refund of your contributions.

**Item 14:** Indicate whether or not you currently have a pending refund request.

**Item 15:** Indicate whether or not you are receiving or have applied to receive a monthly benefit from the PEBA.

**Item 16:** Select the retirement plan of your choice (check appropriate box). You must be eligible for membership in the retirement plan you select. To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire; be a coroner in a full-time permanent position; or be a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least \$2,000 per year and devote at least 1,600 hours per year to this work, unless exempted by statute. By signing this form as an employer, you are certifying that the employee meets these eligibility requirements. GARS is closed to members of the General Assembly who are first elected to serve in and after November 2012; however, these members may elect to join SCRS, State ORP, or non-membership.

**Item 17:** If you elected State ORP, you must check the appropriate box to indicate your vendor selection.

**Item 18:** Please sign and date the form after you have completed items 1-17.

Your employer will complete the remainder of the form (Section II).

**SECTION II - ITEMS 19-25 INSTRUCTIONS (THE EMPLOYER COMPLETES AND SIGNS THIS SECTION.)**

**Items 19-20:** Indicate the five-digit employer code assigned to your organization by PEBA and list the name of your organization.

**Item 21:** Indicate if this will be the employee's primary or secondary employer.

**Item 22:** List the date the employee was originally hired by the current employer.

**Item 23:** List the date the employee will begin making contributions to his chosen retirement plan through the current employer. If an employee is electing irrevocable membership in SCRS during the State ORP open enrollment period, the effective date must be April 1 of the current year.

**Item 24:** Indicate the employee's position title.

**Item 25:** List the employee's annual salary. If the employee is part-time, the salary may be listed as an hourly wage.

**Item 26:** Please sign and date the form, and provide your work telephone number so that the Enrollment staff may contact you if necessary.