PEBA
SC Retirement Systems and State Health Plan

Charter School Eligibility Determination Request for Participation in the State Insurance Benefits Program

Complete the form below and return via email to EmployerServices@peba.sc.gov.

Note: PEBA will use the entity's legal name for official business.

Section I: Employer information

Legal name of charter school:		
Common/business name (if applicable):		
Federal tax ID number:	State tax ID number:	
Mailing address:		
City:	State:	Zip:
Street address:		
City and county:	State:	Zip:

Section II: Employee information

Number of employees:	Total number of covered lives:

Number of covered lives in each of the following categories:

_____Active employees	_____Dependents of active employees
_____Retired employees	_____Dependents of retired employees
_____Former employees on COBRA	_____Dependents on COBRA
_____Survivors of deceased employees	_____Former spouses

Section III: Sponsor

Sponsoring entity:

Section IV: Other participation in PEBA-administered benefits programs

Does the charter school participate in the South Carolina Retirement Systems?

☐ No ☐ Yes If yes, what is the Employer Code?_____

Has the charter school previously participated in the State Insurance Benefits Program?

☐ No ☐ Yes If yes, what was the Group Number? _____

Date of termination of prior coverage: _____

Section V: Requested effective date for coverage

Indicate the charter school's requested effective date for coverage under the State Insurance Benefits Program. This date should be at least six months from the date of this request._____

Section VI: Authorized person information and certification

Name of authorized person submitting this request:	
Title/position:	Phone number:
Email address:	

My signature below certifies that I am authorized to make this eligibility request on behalf of my charter school's board and that all information provided herein is true and correct to the best of my knowledge.

Signature of authorized person:_____ Date: _____