PEBA℠
SC Retirement Systems
and State Health Plan

Optional Employer Eligibility Determination Request for Participation in the State Insurance Benefits Program

Complete the form below and submit via mail or email.

S.C. PEBA
Attn: Legal Department
202 Arbor Lake Drive
Columbia, SC 29223

EmployerServices@peba.sc.gov

Section I: Employer information

Legal name of employer:		
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: Employer category

Type of employer: ☐ Municipality ☐ County ☐ Special purpose district
☐ Other political subdivision (describe): ________________________________
☐ Governmental agency/instrumentality (describe): ________________________

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: Governance

Describe the composition of the Employer's governing body (e.g., board, commission, etc.).

Are the members of the governing body elected or appointed? ☐ Elected ☐ Appointed	If the members are elected or appointed, by whom or which authority?______________________

Describe the Employer's enabling authority. Attach copies of the relevant creation and governance documents (e.g., statutes, ordinances, charters, articles of incorporation and bylaws).

This document does not constitute a comprehensive or binding representation regarding the employee benefits offered by PEBA. The terms and conditions of insurance plans offered by PEBA are set out in the applicable plan documents and are subject to change. The language on this flyer does not create any contractual rights or entitlements for any person. PEBA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.260.9430. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.260.9430

SCPEBA 122020
Data classification: public information

Section IV: Funding

Indicate from which of the following sources you receive funding. Check and list all that apply.

☐ Public sources only Type of funding:____

☐ Private sources only Type of funding:____

☐ Public and private sources Type of funding:____

Section V: Other participation in PEBA-administered benefits programs

Does the Employer participate in the South Carolina Retirement Systems?

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

Has the Employer previously participated in the State Insurance Benefits Program?

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

Date of termination of prior coverage: ____

Section VI: Requested effective date for coverage

Indicate the Employer'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 VII: 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 employer's governing body and that all information provided herein is true and correct to the best of my knowledge.

Signature of authorized person:______________________________ Date: ____________________

This document does not constitute a comprehensive or binding representation regarding the employee benefits offered by PEBA. The terms and conditions of insurance plans offered by PEBA are set out in the applicable plan documents and are subject to change. The language on this flyer does not create any contractual rights or entitlements for any person. PEBA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.260.9430. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.260.9430