Records

NetID & E-mail | MyRecords | Direct Deposit
MyRecords Employee Portal
https://horseshoe.musc.edu/human-resources/univ/employee-corner/my-records

MUSC Human Resources - My Records

MyRecords offers you access to your records as an MUSC employee through a single web interface. This is a secure connection. You will be prompted for your NetID and password.

My Benefits lists all current benefits options you have selected. It shows your payroll deductions as well as MUSC financial contribution as your employer.

My Leave provides you with a summary of all leave hours available as of the end of your last pay period, as well as compensation time.

My Pay Stub gives you access to a detailed history of your check stubs. Check stubs are available for review by calendar year since 2003.

My Personal Information allows you to review the accuracy of your personal information such as address, military status etc. You can also update some of your records directly.

For all inquiries about your benefits choices, payroll, leave balances or personal information, you can submit your questions using this web inquiry form NEVER SUBMIT your Social Security Number or other confidential information.
welcome to the
MEDICAL UNIVERSITY of SOUTH CAROLINA

MUSC Shibboleth Single Sign-On Service

Username: 

Password: 

Login

The MUSC single sign-on service is built on the open source Shibboleth authentication service developed by the Internet2 middleware initiative.

DISCLAIMER: This system is solely for the use of authorized MUSC users. The information contained herein is the property of MUSC and subject to non-disclosure, security, and confidentiality requirements. MUSC shall monitor system usage for unauthorized activities. Any user accessing this system expressly consents to such monitoring.
Pay Cycle

Non-exempt employees, (hourly) are paid biweekly, every other Wednesday.

Exempt employees, (monthly) are paid on the last working day of each month.
Harborview Office Tower, Suite 102

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrice Gordon, Benefits Administrator (A-G)</td>
<td>792-9679, <a href="mailto:gordonp@musc.edu">gordonp@musc.edu</a></td>
<td></td>
</tr>
<tr>
<td>Lisa Beattie, Benefits Administrator (H-O)</td>
<td>792-5922, <a href="mailto:beattie@musc.edu">beattie@musc.edu</a></td>
<td></td>
</tr>
<tr>
<td>Rachel Gittens, Benefits Administrator (P-Z)</td>
<td>792-6392, <a href="mailto:gittens@musc.edu">gittens@musc.edu</a></td>
<td></td>
</tr>
<tr>
<td>Emily Edris, general benefits questions</td>
<td>792-2122, <a href="mailto:benefits@musc.edu">benefits@musc.edu</a>, general fax 843-792-9533</td>
<td></td>
</tr>
</tbody>
</table>
Topics to be Covered

• State Retirement Plans
• Supplemental Retirement Plans
• Flexible Spending Plans (Section 125)
• Health, Dental and Vision Insurance
• Life Insurance
• Long Term Disability Insurance
PEBA and University Benefits Website

• PEBA administers state retirement and insurance benefits
• 888-260-9430 or visit www.peba.sc.gov
• Set up personal profile to view your benefits at https://mybenefits.sc.gov
• MUSC University Benefits website: https://web.musc.edu/human-resources/university-hr/benefits

**THE INFORMATION CONTAINED IN THIS PRESENTATION IS MEANT TO BE AN OVERVIEW. EMPLOYEES ARE RESPONSIBLE FOR READING BENEFIT DETAILS FOUND IN THE IBG.**

http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf
401(a) State Retirement Participation

Mandatory Participation
• Classified/ Unclassified State FTE Employees and Faculty
• Employees with current SCRS accounts (active or inactive)

Optional Participation
• Research Grant and Temporary employees
• Residents and Postdoctoral Scholars
• Employees with annual salaries less than $1200
# Retirement Plans

<table>
<thead>
<tr>
<th>Key Highlights</th>
<th>SCRS Pension Plan</th>
<th>State Optional Retirement Program (ORP)</th>
<th>PORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Options</strong></td>
<td>If no plan is selected within 30 days, then the SCRS plan is selected by default.</td>
<td>There is the option to switch to the SCRS plan from the State ORP during Open Enrollment (January – February each year). This option would need to be selected within five years of the employment anniversary date.</td>
<td>Limited to public safety officers</td>
</tr>
<tr>
<td><strong>Portability and Distribution Waiting Period</strong></td>
<td>Upon separation, employees would receive their contribution plus accrued interest after a 90-day waiting period.</td>
<td>Upon separation, employees would receive their entire account balance with no waiting period.</td>
<td>Upon separation, employees would receive their contribution plus accrued interest after a 90-day waiting period.</td>
</tr>
<tr>
<td><strong>Employee Contribution</strong></td>
<td>9% employee contribution</td>
<td>9% employee contribution</td>
<td>9.75% employee contribution</td>
</tr>
<tr>
<td><strong>Access to Funds</strong></td>
<td>No access to dollars while employed. Minimum 8 years &amp; age 60 to be pension eligible</td>
<td>Unless age 59 ½ years of age, cannot access dollars while employed</td>
<td>No access to dollars while employed. Minimum 8 years &amp; age 55 to be pension eligible</td>
</tr>
</tbody>
</table>
Retirement Plans Overview

Retirement Video

https://www.youtube.com/watch?v=P2dU-HCRIl-0
<table>
<thead>
<tr>
<th>OPR Vendors</th>
<th>Rep Name</th>
<th>Phone Number</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAA</td>
<td>Terry Pait</td>
<td>704-988-4882</td>
<td><a href="mailto:tpait@tiaa.org">tpait@tiaa.org</a></td>
<td><a href="http://www.tiaa.org/scorp">www.tiaa.org/scorp</a></td>
</tr>
<tr>
<td></td>
<td>Andre Brown</td>
<td>843-998-6502</td>
<td><a href="mailto:Andre.brown@tiaa.org">Andre.brown@tiaa.org</a></td>
<td></td>
</tr>
<tr>
<td>MetLife</td>
<td>Peter Collins</td>
<td>843-343-7634</td>
<td><a href="mailto:petercollins@financialguide.com">petercollins@financialguide.com</a></td>
<td><a href="http://www.metlife.com/scorp">www.metlife.com/scorp</a></td>
</tr>
<tr>
<td>Mass Mutual</td>
<td>Carolina LaMonica</td>
<td>Cell: 954-242-9012</td>
<td><a href="mailto:clamonica@massmutual.com">clamonica@massmutual.com</a></td>
<td><a href="http://www.retiresmart.com">www.retiresmart.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Desk: 860-835-8016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALIC</td>
<td>Enoch Booth</td>
<td>843-343-7400</td>
<td><a href="mailto:Enoch.booth@valic.com">Enoch.booth@valic.com</a></td>
<td><a href="http://www.scstateorp.valic.com">www.scstateorp.valic.com</a></td>
</tr>
<tr>
<td></td>
<td>Mark Taylor</td>
<td>843-442-3715</td>
<td><a href="mailto:Marksc.taylor@valic.com">Marksc.taylor@valic.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Retirement Plan Participation

- PEBA will send an email for you to elect your retirement plan. You have 30 days to elect a plan or select non-membership (if applicable).
- Retirement contributions will be withheld from your paycheck and listed as “Undecided” on your pay stub.
- If you select Non-Membership as a new hire, you cannot join a retirement plan at a later time unless you are assigned to a position that requires participation.
**NOTE:**

This form **does not** elect your retirement plan! You must use the link in the email from PEBA to make your election.

Please use your MUSC email if possible as gmail, yahoo etc accounts may put the email into a junk or spam folder.
JOHN DOE

ABC School District 1 began your enrollment for a retirement plan administered by the South Carolina Public Employee Benefit Authority (PEBA). Please use the link below to make a retirement plan election no later than August 5, 2015.

Make a retirement plan election

If you make no election, you will be automatically enrolled.

If you are experiencing trouble with the link, please copy and paste the following text into your web browser:

http://appldev/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEilOsVY(QeImPTx8(rADhkNQuX29)Rc

http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEilOsVY(QeImPTx8(rADhkNQuX29)Rc

Please do not reply to this email. Mail sent to this address cannot be answered.
Update if necessary

About You
- FIRST NAME: TEST
- LAST NAME: ENROLLMENT
- DATE OF BIRTH: 01/01/1965

Contact Information
- STREET: 101 MAIN ST
- CITY: COLUMBIA
- STATE: SOUTH CAROLINA
- ZIP CODE: 29201
- PHONE NUMBER: (803) 123-4567
- EMAIL ADDRESS: TESTENROLLMENT@SC.GOV

About Your Position
- Employer: Test Employer 1
- Position Title: MANAGER
- Hire Date: 06/01/2015

Elect a Retirement Plan Option
- South Carolina Retirement System (SCRS)
- Non-Membership
- State Optional Retirement Program (State ORP)

Select Plan

Member Enrollment

Name: TEST ENROLLMENT
Date of Birth: 01/01/1965
Gender: Male
Address: 101 MAIN ST COLUMBIA, SC 29201
Email: TESTENROLLMENT@SC.GOV
Phone: (803) 123-4567
Employer: Test Employer 1
Position Title: MANAGER
Hire Date: 06/01/2015
 Retirement Plan: South Carolina Retirement System (SCRS)

Disclaimer

Your part of the enrollment is complete.
The information you have submitted has been sent to your employer. Your employer will review this information and complete the enrollment process for you.
Supplemental Retirement Plans
Funded by voluntary employee contributions.
Plans can be started year round.

SC Deferred Compensation Program
Empower Retirement Services

Tax Sheltered Annuity Plans

Traditional 457 (Pre-tax)
Roth 457 (Post-tax)
Traditional 401(k) (Pre-tax)
Roth 401(k) (Post-tax)
403(b) (Pre-tax)

$19,000 limit*

$19,000 limit*

*Add'l $6,000 if over age 50

- Transfers must complete enrollment forms for University Payroll to continue contributions
- Diversification of investment choices
- Both 401(k) plans and 403(b) have a penalty for early withdrawals (age 59 1/2)
- The 457 plan has a three year catch-up provision
- The 457 will not accept any other plan rollover

*MUSC accepts no responsibility for nor recommends any product presented. MUSC has no financial interest in any presenting company and/or product and assumes no responsibility for services provided by the presenting company.
Insurance Plans Overview
PEBA Perks- free with enrollment in the MUSC Health Plan!

<table>
<thead>
<tr>
<th>Perk</th>
<th>Perk Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Screening</td>
<td>Biometric screening- health risk appraisal, blood pressure screening, height and weight and blood work and lipid panels</td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td>Covers full cost and administration fee. Any associated office visit charges follow regular plan coverage rules.</td>
</tr>
<tr>
<td>Adult Vaccines</td>
<td>State plan covers those recommended by the CDC.</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.cdc.gov/vaccines/adults/index.html">https://www.cdc.gov/vaccines/adults/index.html</a></td>
</tr>
<tr>
<td>Well child benefits</td>
<td>Exams and immunizations for dependents age 18 and under.</td>
</tr>
<tr>
<td>No Pay Co Pay</td>
<td>Receive generic drugs at no costs on a quarterly basis. By completing certain activities in one quarter you can receive certain generic drugs the next quarter. Covered conditions include high blood pressure and high cholesterol, diabetes and others.</td>
</tr>
</tbody>
</table>

More information can be found by visiting [https://www.peba.sc.gov/pebaperks .html](https://www.peba.sc.gov/pebaperks .html)
Insurance Guidelines

• **Effective Date:** first day of the month following your effective date of employment *unless* you begin employment on the first working day of the month

• **Initial New Hire Period:** 31 days from date of hire to make changes to your insurance elections

• The MUSC Health Plan requires notification within 24 hours of any specific diagnosis, injury or illness. It is the subscriber's responsibility to call **Medi-Call** at 800-925-9724 to notify the insurance. There are monetary penalties for failure to obtain certification when required. You must also notify them within the 1st trimester of pregnancy.

• COBRA requires employers to offer all employees and/or their eligible dependents continuing group health, dental and vision insurance for up to 18 months if they meet specific qualifications.
  • COBRA coverage requires payment of full premiums
  • Letter of COBRA coverage sent to all new employees and exiting employees
<table>
<thead>
<tr>
<th>Key Highlight</th>
<th>Family covered by state insurance</th>
<th>Transfer from another SC State Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEBA rules</td>
<td>Employee can’t cover their spouse or children on health, dental, vision or life insurance if covered by another parent who has state insurance. Note, children can be carried by either state employed parent if both are eligible.</td>
<td>If you have less than a 15 day break in service, you must continue the same coverage you had with your prior employer. Contact your prior HR department or login to MyBenefits to view prior coverage.</td>
</tr>
</tbody>
</table>

This results in lower premiums for the entire family!
Affordable Care Act Guidelines

There are no pre-existing condition limitations for health insurance.

• Dependent children can stay on health, dental and vision until age 26 even if they are eligible for another employer’s insurance. (age 19-25 for life insurance if they are a FT student)
Covered Dependent Documentation Needed

<table>
<thead>
<tr>
<th>Relationship of Dependent</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse / Partner</td>
<td>• Social Security Number</td>
</tr>
<tr>
<td></td>
<td>• Date of Birth</td>
</tr>
<tr>
<td></td>
<td>• Copy of the Marriage License,</td>
</tr>
<tr>
<td></td>
<td>Common Law Affidavit, OR</td>
</tr>
<tr>
<td></td>
<td>• previous year Federal Income</td>
</tr>
<tr>
<td></td>
<td>Tax Return Page 1 (income</td>
</tr>
<tr>
<td></td>
<td>redacted)</td>
</tr>
<tr>
<td>Children Under the Age of 26 / Incapacitated Child Over the Age of 26*</td>
<td>• Social Security Number</td>
</tr>
<tr>
<td></td>
<td>• Date of Birth</td>
</tr>
<tr>
<td></td>
<td>• Long-Form Birth Certificate</td>
</tr>
<tr>
<td></td>
<td>• *Incapacitated Child Certification</td>
</tr>
</tbody>
</table>

Enrollment Changes

- During the first 31 days of benefits eligibility,
- Annual Open Enrollment,
- Within 31 days of a **Qualifying Life Event**, OR
- Court Order
Tobacco Surcharge

The subscriber is charged based on the level of health insurance.

- Enrollee Only: $40/ month
- Enrollee/Child(ren): $60/month
- Enrollee/Spouse: $60/month
- Family: $60/month

Employees are required to certify whether they, or anyone covered on their insurance, are tobacco users. Tobacco use is smoking tobacco in such forms as a cigarette, pipe or cigar, or using smokeless tobacco, such as snuff or chewing tobacco (nicotine chewing gum is excluded). A non-tobacco user is someone who has not used tobacco within the past six months.
Certification regarding tobacco use

Check the appropriate box, sign and return to S.C. Peba, 202 Arbor Lake Drive, Columbia, SC 29223.

Subscriber name: ___________________________  Subscriber BIN/SSN: ___________________________

Non-tobacco user premium

☐ I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to Peba. By checking this box, I certify truth and understanding of the following:
  ▪ I certify that all persons covered on my health insurance coverage through Peba (including myself and any dependents) are not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months.
  ▪ I certify that if this information changes at any time in the future, while I have health insurance coverage through Peba, I will notify Peba of such change within 30 days through completion and resubmission of this form.
  ▪ I certify that this information is true and correct to the best of my knowledge.
  ▪ I understand that if it is determined that I (or any of my covered dependents) have used tobacco products within the last six months or if I (or any of my covered dependents) start using tobacco products subsequent to the date of this certification without notifying Peba, I will be subject to penalties including, but not limited to, payment of premium difference once last certification plus a 10 percent penalty and elimination of tobacco user’s out-of-pocket maximum for current year and subsequent year.
  ▪ I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

☐ I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to Peba Insurance Benefits. By checking this box, I certify truth and understanding of the following:
  ▪ I certify that all covered individuals who use tobacco have completed the Quit for Life® smoking cessation program.
  ▪ I certify that this information is true and correct to the best of my knowledge.
  ▪ I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

Tobacco user premium

☐ I acknowledge that I will pay the Tobacco-User Premium by checking this box. I declare that one or more persons covered on my health insurance coverage through Peba uses tobacco products in some form or that I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the Tobacco-User Premium. Please do not send me this certification again unless upon request.

Subscriber signature: ___________________________  Date: ___________________________

The language used in this document does not create an employment contract between the employees and the agency. This document does not create any contractual rights or entitlements. The agency reserves the right to revise the content of this document in whole or in part. No promises or assurances, whether written or oral, which are contrary to or inconsistent with the terms of this paragraph create any contract of employment.
MONEYPLUS$
Enables you to deduct expenses before taxes are calculated - lowering your taxable income!

Pre-tax Insurance Premiums (Eligible Immediately)

- Pay health, dental, vision and optional life* (up to $50,000) premiums before taxes

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medical Spending Account</th>
<th>Dependent Care Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Details</td>
<td>Allocate pre-tax funds to pay for you/family’s eligible medical, dental, vision &amp; prescription expenses</td>
<td>Allocate pre-tax funds to reimburse for dependent care expenses for children age 12 and younger</td>
</tr>
<tr>
<td>Plan max</td>
<td>$2700</td>
<td>$5,000 if married filing jointly or single/head of household. $2,500 if married filing separately.</td>
</tr>
<tr>
<td>Monthly admin fee</td>
<td>$2.32</td>
<td>$2.32</td>
</tr>
<tr>
<td>Timeline for expenses and reimbursement</td>
<td>Expenses must be incurred by calendar year end. All remaining funds not used by March 31st of the following year are forfeited.</td>
<td>Expenses must be incurred by calendar year end. All remaining funds not used by March 31st of the following year are forfeited.</td>
</tr>
</tbody>
</table>
### County codes:
- Berkeley: 8
- Charleston: 10
- Dorchester: 18
**Social Security number:**

**BIN**

**Last Name:**

**First Name:**

### Medicare

29. List yourself and any other persons to be covered who are eligible for Medicare Part A and/or Part B.

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicare #</th>
<th>Eligible due to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Age ☐ Disability ☐ Renal Disease ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age ☐ Disability ☐ Renal Disease ☐</td>
</tr>
</tbody>
</table>

### Beneficiaries

In blocks 30 and 31, if there are additional beneficiaries or dependents, list on a separate sheet, signed and dated by employee.

<table>
<thead>
<tr>
<th>SSN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Date of Birth (MM/YYYY)</th>
<th>Primary or Contingent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contingent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contingent</td>
</tr>
</tbody>
</table>

If beneficiary is an estate or trust, complete the following:

**Address**

**Final Date Assigned**

31. Always list spouse. List eligible children to be covered. If they are not listed, they will not be covered. For a child age 19-24 to be eligible for Dependent Life-Child coverage, your child must be eligible according to the requirements on the instructions page for this NOE.

### Dependents

<table>
<thead>
<tr>
<th>Dependent SSN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Date of Birth (MM/YYYY)</th>
<th>Disability Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

32. CERTIFICATION: I have read the NOE and made all determinations herein and selected the coverage noted. I have provided Social Security number and documentation establishing my dependency/eligibility for the plan(s) selected. I certify that any child enrolled in Dependent Life-Child Insurance is eligible according to the requirements on the reverse of this NOE. I also understand that proof of eligibility (at the time of enrollment and at the time of the claim) will be required before any Dependent Life-Child Insurance claim is paid. I understand that unless otherwise provided in the Plan, I may cancel coverage for me or my dependent(s) only during an open enrollment period. Should I refuse any coverage or fail to enroll all eligible dependents when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period unless otherwise provided in the Plan. I understand and agree that all exclusions plans will not be effective unless and until the NOE is approved. I understand that the State reserves the right to start benefits or premiums at any time to preserve the financial stability of the Plan. I further acknowledge that the eligibility status of any covered individual is subject to audit at any time.

AUTHORIZATION: I hereby authorize my employer to deduct from my salary payments necessary to pay for all plans selected and verify my salary for enrollment. I authorize any healthcare provider, prescription drug dispensing, and claim administrator to release any information necessary to evaluate, administer, and process claims for any benefits.

DECLARATION: The language used in this document does not create an employment contract between the employee and the agency. This document does not create any contractual rights or entitlement. The agency reserves the right to revoke the content of this document and/or terminate employment at any time without notice, written or oral, which are contrary to any independent written terms of this paragraph.

**Employee Signature**

**Date**

33. I hereby attest the employee meets eligibility requirements, proper premiums are being collected, this form is complete and accurate and all required documentation is attached to process NOE form.

**Beneficiary Administrator Signature**

**Phone**

**Date**
<table>
<thead>
<tr>
<th></th>
<th>Without MoneyPlus</th>
<th>With MoneyPlus</th>
<th>MoneyPlus advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross monthly pay</strong></td>
<td>$3,750.00</td>
<td>$3,750.00</td>
<td></td>
</tr>
<tr>
<td>Retirement contribution (9%)</td>
<td>-$337.50</td>
<td>-$337.50</td>
<td></td>
</tr>
<tr>
<td>DCSA fee</td>
<td></td>
<td>-$2.32</td>
<td></td>
</tr>
<tr>
<td>MSA fee</td>
<td></td>
<td>-$2.32</td>
<td></td>
</tr>
<tr>
<td>MoneyPlus pretax payroll deduct</td>
<td></td>
<td>-$112.00</td>
<td></td>
</tr>
<tr>
<td>MSA</td>
<td></td>
<td>-$550.00</td>
<td></td>
</tr>
<tr>
<td>DCSA</td>
<td></td>
<td>-$343.90</td>
<td></td>
</tr>
<tr>
<td><strong>Taxable gross income</strong></td>
<td>$3,412.50</td>
<td>$2,401.96</td>
<td>$1,010.54</td>
</tr>
<tr>
<td>Estimated 27% payroll taxes</td>
<td>-$921.38</td>
<td>-$648.53</td>
<td>$272.85</td>
</tr>
<tr>
<td>Post-tax expenses and deductions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical expenses</td>
<td>-$112.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent care expenses</td>
<td>-$550.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premiums - health, dental and vision</td>
<td>-$343.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly take-home pay</strong></td>
<td>$1,485.22</td>
<td>$1,753.43</td>
<td>$268.21</td>
</tr>
<tr>
<td><strong>Annual savings (7.15%)</strong></td>
<td></td>
<td></td>
<td>$3,218.52</td>
</tr>
</tbody>
</table>

TRICARE Supplement

• Employees eligible for TRICARE may choose to enroll in the TRICARE Supplement sponsored by the American Military Retirees Association (AMRA).
• The TRICARE Supplement Plan is secondary coverage to TRICARE. It pays the subscriber’s share of covered medical expenses under the TRICARE Prime (in-network), Extra and Standard options. Eligible participants have almost 100 percent coverage.
• Complete the NOE and select TRICARE supplement on the form.
• Tricare Contact: Laine Hoytt 440-646-9336 ext 195, email lhoytt@selmanco.com
• Refer to [https://www.peba.sc.gov/tricaresupplement.html](https://www.peba.sc.gov/tricaresupplement.html) for more information
# 2019 Comparison of Health Plan Benefits for MUSC Employees

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Plus*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premiums</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$97.60</td>
<td>$271.12</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$153.36</td>
<td>$154.80</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$145.03</td>
<td>$183.20</td>
</tr>
<tr>
<td>Family</td>
<td>$206.56</td>
<td>$262.10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSC Network, approved pediatricians, National Allergy &amp; Asthma, and Doctors Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside MUSC Network - Standard State Health Plan approved providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not in MUSC Network and not a Standard State Health Plan approved provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductibles</td>
<td>Tier a</td>
<td>Tier b</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$285</td>
<td>$400</td>
</tr>
<tr>
<td>Family</td>
<td>$770</td>
<td>$900</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan pays 80%, you pay 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible and coinsurance not applicable for physicians' visits, certain outpatient services, and hospital facility charges associated with an inpatient hospital stay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT, OT, &amp; Speech Therapy subject to deductible and coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$2,200</td>
<td>$2,300</td>
</tr>
<tr>
<td>Family</td>
<td>$4,400</td>
<td>$4,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$26 - Rapid Access Clinic &amp; Primary Care Physician copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$425 - Specialist Physician copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 - copy for non-approved prevention visits &amp; annual well-woman exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$285 copay for hospital surgical outpatient, $75 for radiology &amp; $50 for pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deductible and coinsurance not applicable for physician fees, but no copay for inpatient hospital services.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent/ Emergency Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent: $75 copay at doctors' care; ER: $175 copay, plus deductible &amp; coinsurance</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSC Retail Pharmacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (generic-lowest cost alternative): $6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2 (brand-highest cost alternative): $50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3 (brand-highest cost alternative): $50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: Generic: $5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2 (preferred brand): $10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3 (preferred brand): $140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4 (non-preferred brand): $175</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSC Patient Pharmacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (generic): $32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2 (preferred brand): $10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand): $175</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>$500 annual deductible first; $10 copay, then coinsurance:</td>
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<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Copy waived if service performed at a patient-centered medical home (PCMH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$900 annual deductible first; $14 copay, then coinsurance:</td>
<td></td>
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<tr>
<td>Copy waived if service performed at a patient-centered medical home (PCMH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Annual Chiropractic payments: $2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4000 annual deductible first; $14 copay, then coinsurance:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy waived if service performed at a patient-centered medical home (PCMH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Annual Chiropractic payments: $2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please refer to the website <a href="https://www.musc.edu/medcenter/MUSCHealthPlan/index.html">https://www.musc.edu/medcenter/MUSCHealthPlan/index.html</a> to ensure that you are viewing the latest version of this chart.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please refer to your 2018 insurance summary for information on how this plan coordinates with Medicare.

Subscribers who use tobacco or cover dependents who use tobacco will pay a $40 or $60 per month surcharge in addition to their health premium.

If more than one family member is covered, no family member will receive benefits, other than preventive, until the $7,200.00 annual family deductible is met.
Basic Dental vs Dental Plus

<table>
<thead>
<tr>
<th>Basic Dental</th>
<th>Dental Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers the same procedures as Dental Plus</td>
<td>Covers the same procedures as Basic Dental but <em>it covers a larger portion of the bill</em></td>
</tr>
<tr>
<td>$1,000 paid per person per year</td>
<td>$2,000 paid per person per year</td>
</tr>
<tr>
<td>Basic Dental premium</td>
<td>Basic Dental premium plus the Dental Plus premium</td>
</tr>
</tbody>
</table>

Open Enrollment changes to Dental coverage are only permitted during odd-numbered years in the month of October – for example: 2019, 2021, 2023, etc.

Dental plus providers can be found by visiting [www.go2dental.com/scplan](http://www.go2dental.com/scplan).
Visit the MUSC Dental Faculty Practice

Basic Dental Plan v. Dental Plus Plan

<table>
<thead>
<tr>
<th>Service (Fee)</th>
<th>Basic Plan</th>
<th>Dental Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative &amp; Diagnostic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning ($80)</td>
<td>$30.10</td>
<td>$46.90</td>
</tr>
<tr>
<td>PANO X-ray ($96)</td>
<td>$42.10</td>
<td>$53.90</td>
</tr>
<tr>
<td>Bitewing X-ray ($55)</td>
<td>$19.30</td>
<td>$35.70</td>
</tr>
<tr>
<td>Comprehensive Exam ($80)</td>
<td>$19.30</td>
<td>$52.70</td>
</tr>
<tr>
<td><strong>Total ($311):</strong></td>
<td><strong>$110.80</strong></td>
<td><strong>$189.20</strong></td>
</tr>
<tr>
<td>Basic Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Filling ($166)</td>
<td>$27.12</td>
<td>$138.88</td>
</tr>
<tr>
<td><strong>Major Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porcelain Crown ($1099)</td>
<td>$195.50</td>
<td>$903.50</td>
</tr>
<tr>
<td></td>
<td>$487.50</td>
<td>$611.50</td>
</tr>
</tbody>
</table>

To find a network dentist:

1. Go to [www.StateSC.South CarolinaBlues.com](http://www.StateSC.South CarolinaBlues.com)
2. Click on **Find a Dentist** and choose from the filter options.

**For information by phone:**

- Call State Dental customer service at 803-264-7323.
- Or call your dental office and ask if it has joined the BlueCross BlueShield of South Carolina provider network.
## Basic & Optional Life Insurance Program

<table>
<thead>
<tr>
<th>Key Highlight</th>
<th>Basic Life</th>
<th>Optional Term Life</th>
<th>Dependent Life: Spouse</th>
<th>Dependent Life: Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td>$3,000 of term life insurance is received automatically when enrolled in MUSC Health Plan</td>
<td><em>In the first month of hire only</em> Eligible to elect up to 3 times your base annual income rounded down to closest $10,000 (max $500,000)</td>
<td>Amount: Coverage of $10,000 or $20,000 may be added <em>at the time of hire</em></td>
<td>Amount: Coverage of $15,000 may be added at any time</td>
</tr>
<tr>
<td>Coverage Details</td>
<td>No cost if enrolled in MUSC Health Plan</td>
<td>Medical evidence of good health is required if opting to select additional coverage (max $500,000)</td>
<td>Medical evidence of good health is required if opting to select additional coverage (max 50% of the employee’s coverage amount and cannot exceed $100,000)</td>
<td>Age: Under 19 years of age and through age 25, if a full-time student</td>
</tr>
<tr>
<td>Monthly Premiums</td>
<td>No premium required for this coverage/no changes in premium based on age</td>
<td>Monthly premiums are based on your age and increase over time; coverage reduces at ages 70 and 75</td>
<td>Premium: Cost is based on spouse’s age</td>
<td>Premium: $1.26/month regardless of how many child are insured</td>
</tr>
<tr>
<td>Beneficiary Coverage</td>
<td>Beneficiary information is requested at the time of enrollment.</td>
<td>Beneficiary information is requested at the time of enrollment.</td>
<td>If spouse works for a SC State agency, he or she is ineligible for this coverage.</td>
<td>Beneficiary information is requested at the time of enrollment.</td>
</tr>
</tbody>
</table>
# Disability Insurance: Long- and Short-Term

<table>
<thead>
<tr>
<th>Key Highlight</th>
<th>Basic Long-Term Disability Insurance (LTD)</th>
<th>Supplemental Long-Term Disability Insurance (SLTD)</th>
<th>Short-Term Disability Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Provided at no cost if you are enrolled in the MUSC Health Plan.</td>
<td>Cannot be denied coverage if you enroll within the first month of hire.</td>
<td>If you enroll within 45 days online, your coverage is guaranteed regardless of health conditions</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>90-day waiting period options; pre-existing disabilities are not covered during 1st year of coverage.</td>
<td>90 day waiting period 180 day waiting period.</td>
<td>7-day waiting period &amp; maximum 3 month benefit</td>
</tr>
<tr>
<td>Benefit Amount</td>
<td>Approved claims pay 62.5% of income (max $800/month).</td>
<td>Benefit = Up to 65% of base monthly earnings (up to a max of $8,000/month).</td>
<td>Benefits are non-taxable and paid in addition to Paid Time Off (PTO) and Extended Sick Leave (ESL)</td>
</tr>
<tr>
<td>Plan Details</td>
<td>Benefits are paid for the first two years based on the inability to perform your specific job.</td>
<td>Coordinates with other group income sources and long-term disability plans (for example: Workers Compensation, SC Retirement System, etc.)</td>
<td>Coverage issued by third-party, American Fidelity Assurance Company and AFLAC</td>
</tr>
</tbody>
</table>
Vision Coverage

• PEBA contracts with EyeMed Vision – use an in-network provider to minimize out-of-pocket costs

• To view providers: www.eyemedvisioncare.com

• In-network annual eye exam costs $10

• Reference: 2019 Comparison of Health Plan Benefits for premium amounts
Vision Care Discount Program

• Available without enrolling in the Vision plan; no premiums.
• You cannot use this program and State Vision Plan benefits at the same time; plus, you do not file claims.
• $60 flat exam fee and 20% discount off frames and lenses.
• More information can be found on page 100 of the Insurance Benefits Guide in the path below:
  • [http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf](http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf)
# Year Round Allowable Changes

<table>
<thead>
<tr>
<th>With medical evidence of good health</th>
<th>Changes anytime throughout the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add/increase dependent spouse life insurance</td>
<td>Add dependent life insurance for child(ren)-no medical evidence required</td>
</tr>
<tr>
<td>Add/increase supplemental LTD</td>
<td>Drop dependent life, SLTD</td>
</tr>
<tr>
<td>Increase optional life with medical evidence if NOT enrolled in pre-tax premium feature</td>
<td>Change beneficiaries</td>
</tr>
</tbody>
</table>
# Insurance Enrollment Periods

**OCTOBER 1st – OCTOBER 31st**

Changes made during October will be effective January 1st of the following year.

<table>
<thead>
<tr>
<th>Open Enrollment- every year</th>
<th>Open Enrollment- odd numbered years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add/drop health and/or vision coverage for yourself or dependents</td>
<td>All of the every year changes</td>
</tr>
<tr>
<td>Enroll/re-enroll in MoneyPlu$ Dependent Care, and/or Medical Spending Accounts for the following year</td>
<td>Add/drop dental for yourself or dependents</td>
</tr>
<tr>
<td>Increase Optional Life with medical evidence (if enrolled in the Pre-tax premium feature)</td>
<td>Add/drop Dental Basic and or Dental Plus. Note, you must have Dental Basic in order to have Dental Plus coverage.</td>
</tr>
<tr>
<td>Any special changes allowed for the year</td>
<td></td>
</tr>
</tbody>
</table>
# Changes to Employee Benefits
(Must be made within 31 Days)

<table>
<thead>
<tr>
<th>Initial Changes (within 31 days of hire)</th>
<th>Qualifying Event Changes (31 days from date of event)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add/drop health, dental or vision coverage for yourself or dependents</td>
<td>Marriage, separation/divorce</td>
</tr>
<tr>
<td>Add/drop optional and dependent life and SLTD</td>
<td>Birth/Adoption, death, employment/insurance change of dependent</td>
</tr>
</tbody>
</table>
Reminders

• Please remember to select a retirement plan or choose non-membership (if applicable) once you receive the email from PEBA Retirement.
• Insurance cards will be issued within 7-10 days of your Benefits Administrator keying your benefits into the PEBA Insurance website.
• Basic dental cards are available here but are not required for care.
• Online resources:
  • MUSC University Benefits: https://web.musc.edu/human-resources/university-hr/benefits
  • PEBA website: http://peba.sc.gov/
  • PEBA website to view benefits: https://mybenefits.sc.gov
  • MyRecords website to view paystub, change W-4, address: https://horseshoe.musc.edu/human-resources/univ/employee-corner/my-records
CHECKOUT

Please organize the following items for the Benefits Counselors to review:

• Retirement Information Sheet
• Dependent Documentation (if applicable)
• Tobacco Certification Form
• Insurance Enrollment (NOE) Form

Example of forms needed are on the next slides

Next steps, check with your department regarding your training/next steps for remainder of the day.
RETIREMENT INFORMATION SHEET

Mandatory Participation
I have been made aware that participation in the State Retirement Plan (SCRS, ORP or ORPS) is mandatory for Classified employees and Faculty. I have been informed that employees have thirty days from the effective date of employment to select a retirement plan. If my participation is required and I do not make a decision within the required time period, I will automatically default to the SCRS traditional plan.

Optional Participation
I have been made aware that participation is optional for Temporary employees, Research Grant employees, Residents and Postdoctoral Fellows, unless the employee has a current account (active or inactive) with money on deposit in the SCRS traditional plan. I have been informed that employees have thirty days from the effective date of employment to select a retirement plan. If my participation is optional and I do not make a decision within the required time period, I will automatically default to the State Retirement Plan (SCRS).

If I select Non-Membership, I may not enroll at a later time unless I am assigned to a position that requires my participation.

** Enrollment
I will receive an email from PEBA Retirement to the address provided in which I must respond with my retirement election. If I do not respond within 30 calendar days of my first day of employment I will be defaulted to SCRS and this election is irrevocable. After 30 calendar days the election I make cannot be changed. Beneficiary selections are made separately. Should I choose the South Carolina Optional Retirement Program (ORP), I am required to select an approved investment provider and complete an enrollment form for the selected provider. I understand that I must forward the enrollment form to the HR Benefits Office of my provider choice, so my contributions may be deposited correctly. Failure to do so may result in the default of my contributions and the loss of interest earnings.

Changing Plans
I understand that if I wish to change plans I must do so within 30 calendar days of my hire date. I understand that membership in the SCRS traditional plan is irrevocable until I separate employment. I understand that should I elect to participate in the South Carolina ORP, I may irrevocably change to the SCRS traditional plan during the designated open enrollment period of January 1 – March 1 during the years for which I have between one and five years of State ORP service. This change may not be made at any other time.

Resources
I have received a verbal and written overview of the South Carolina Retirement Systems plans (traditional and ORP) or SC Police Officers Retirement plan. I have received a “Select Your Retirement Plan” booklet or have been notified that electronic access to this booklet may be obtained at http://www.peba.sc.gov/assets/selectyournretirementplan.pdf. Additional information regarding retirement may be accessed online at http://www.peba.sc.gov/retirement or by calling the HR Benefits Office at 843-792-2607 or the South Carolina Retirement System at (888) 260-9430.

EMPLOYEE INFORMATION

| Note: If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership. |
|---|---|---|
| 1. Last Name & Suffix | 2. First/Middle Name | 3. Social Security Number |
| 7. ZIP Code |
| 12. Present Annual Salary |
| 13. Telephone Number | 14. Email Address |

By signing below I acknowledge that all information provided is correct to the best of my knowledge, and I understand and adhere to the terms of this page’s content.

Employee Signature ___________________________ Date __________

HR Signature ___________________________ Date __________
Certification regarding tobacco use

Check the appropriate box, sign and return to S.C. Peba, 202 Arbor Lake Drive, Columbia, SC 29223.

Subscriber name: __________________________ Subscriber BIN/SSN: __________________________

Non-tobacco user premium

☐ I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to Peba. By checking this box, I certify truth and understanding of the following:
  • I certify that all persons covered on my health insurance coverage through Peba (including myself and any dependents) are not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months.
  • I certify that if this information changes at any time in the future, while I have health insurance coverage through Peba, I will notify Peba of such change within 30 days through completion and resubmission of this form.
  • I certify that this information is true and correct to the best of my knowledge.
  • I understand that if it is determined that I (or any of my covered dependents) have used tobacco products within the last six months or if I (or any of my covered dependents) are currently using tobacco products subsequent to the date of this certification without notifying Peba, I will be subject to penalties including, but not limited to, payment of premium difference once last certification plus a 10 percent penalty and elimination of tobacco user’s out-of-pocket maximum for current year and subsequent year.
  • I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

☐ I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to Peba Insurance Benefits. By checking this box, I certify truth and understanding of the following:
  • I certify that all covered individuals who use tobacco have completed the Quit for Life® smoking cessation program.
  • I certify that this information is true and correct to the best of my knowledge.
  • I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

Tobacco user premium

☐ I acknowledge that I will pay the Tobacco-User Premium by checking this box. I declare that one or more persons covered on my health insurance coverage through Peba uses tobacco products in some form or that I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the Tobacco-User Premium. Please do not send me this certification again unless upon request.

Subscriber signature: __________________________ Date: __________________________

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County codes:
Berkeley: 8
Charleston: 10
Dorchester: 18
### Social Security number: BIN Last Name: First Name:

- **Medicare**
  - Name
  - Medicare #: Age □ Disability □ Renal Disease
  - Age □ Disability □ Renal Disease
  - Effective Date

- **Benefits**
  - Basic Life/Optional Life
  - SSN Last Name □ First Name □ Relationship □ Date of Birth (MM/DD/YYYY) □ Primary or Contingent?

- **Estate/Trust**
  - Name □ Address □ Date of Birth

- **Certification & Authorization**

**39. Certification:** I have read this NOE and made the necessary choices and selected the coverage noted. I authorize the beneficiary to pay for all claims selected and verify my salary for enrollment. I authorize any healthcare provider, prescription drug dispensers, and claim administrators to release any information necessary to evaluate, administer, and process claims for any benefits.

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**Employee Signature:** [signature] **Date:** [date]

**Benefits Administrator Signature:** [signature] **Phone:** [number] **Date:** [date]