Date Prepared: ________________

Retirement Checklist

Retirement (Regular)

Retirement (Disability)

PERSONAL INFORMATION

Last Name: ___________________________ First Name: _____________________________

SSN: _______________ Date of Birth: ________________ Gender: M F

Home Phone (w/ area code): ______________________ Email: ________________________________

Home Address: ____

City: _____________________________ State: _______ Zip Code: ______________

EMPLOYMENT INFORMATION

Position Title: ____

Department: ____

Annual Salary: ____________________

Annual Leave Balance: _________ hours / Sick Leave Balance: _________ hours

Last Day Worked: _______________ Last Day Paid: _______________

Selected Date of Retirement: _______________

RETIREMENT INFORMATION

SC State Retirement Plan: SCRS

ORP – MassMutual MetLife TIAA AIG

Supplemental Retirement Plan? Yes No

If yes: 401(k) 457

403(b) – Fidelity MassMutual MetLife TIAA AIG

ANNUAL LEAVE PAYOUT CALCULATION

Attached at the end of this packet.

Retirement Checklist

Name:________________________ Employee ID:___________________Department/Contact: ____________________

Employee:

[ ] I am aware that my last day employed will be _______________and my date of retirement will be __________________.

[ ] I may be paid out up to 360 hours of unused annual leave to use towards my AFC and 720 hours of sick leave towards my service credit. Sick leave cannot be used to meet retirement eligibility.

[ ] Retirement checks are paid on the last working day of the month. The first check or two may be mailed to me and future checks will be deposited into the bank account I have elected.

[ ] Retirees are eligible for an incidental death benefit based on their total years of service credit. There is no cost to the retiree.

- SCRS: 10-19 yrs = $2,000 / 20-27 yrs = $4,000 / 28+ yrs = $6,000
- PORS: 10-19 yrs = $2,000 / Class II 20-24 yrs or Class III 20-26 yrs = $4,000 / Class II 25+yrs or Class III 27+ yrs = $6,000

[ ] I will receive an "estimate" of my retirement benefit once PEBA Retirement receives my application. The initial estimate will not include any annual or sick leave that I have. MUSC will report the leave to PEBA Retirement upon the processing of my last paycheck and annual leave payout, which will prompt PEBA Retirement to generate a "finalized estimate" of my retirement.

[ ] If all beneficiaries predecease the retiree, the annuity reverts to Option A, effective on the date of the last beneficiary died.

[ ] For Options B and C, if the retiree has a change in marital status he/she may select a new payment plan and/or beneficiary within five years of the change in marital status. Change is effective the first of the month in which the form is received. A retiree may only make a maximum of 2 changes to their beneficiary option.

[ ] Retired PORS plan members are eligible for Cost of Living Adjustments (COLAs) the second July 1 after their date of retirement. Retired SCRS plan members who retired with 28 years of service or on or after their 60th birthday are eligible for COLAs the second July 1 after their date of retirement. However, SCRS plan members who retired under early retirement provisions at age 55 with 25 years of service are not eligible for COLAs until the second July 1 after they reach age 60 or the second July 1 after the date they would have attained 28 years of service credit had they not retired. Eligible retirees should receive a benefit adjustment of 1 percent of their annual annuity up to a maximum of $500 effective each July 1, based on current state legislation.

[ ] If a retiree returns to work after for any employer who participates in the PEBA Retirement plans, their retirement benefit will be subject to an earnings limitation. Once the retiree earns $10,000 from their employer, their retirement benefit will cease for the remainder of the calendar year; retirement benefits will resume the following calendar year subject to the same limitation. The $10,000 limitation does not apply if the retiree was at least 62 (SCRS plan) or 57 (PORS plan) years of age on the date of their retirement.

[ ] If I am eligible for Retiree health, dental and/or vision insurance, my Benefits Counselor has given me the ***Retiree Notice of Election (NOE)***and the ***Employment Verification Form*** These forms need to be mailed to PEBA Insurance within 31 days of my retirement date. Premiums for these insurances may be paid from my retirement paycheck, deducted after taxes are calculated and will be pre-deducted for the following month's coverage.

[ ] If my spouse and/or I are of Medicare age, we must contact Social Security/Medicare to determine when to enroll in Part B. Contact Medicare at 800-MEDICARE if you have additional questions.

[ ] The Affordable Care Act requires employers to offer coverage to all employees who work an average of 30 hours a week. Because of this federal law, if you return to work at MUSC as a retiree employed in a temporary position, and you average 30 hours, you could be eligible to keep benefits through MUSC. **If you and/or your spouse are eligible for Medicare, you are required to keep your benefits through MUSC based on the federal law governing Medicare enrollment.**

[ ] Retirees are eligible for enrollment changes to health, dental and/or vision. PEBA will send communications regarding enrollment options.

[ ] I have the option of converting/continuing my optional term life insurance within 31 days of my retirement. My retiree coverage will end on January 1 following my 75th birthday. I can also convert my coverage to a whole life policy, which is a permanent form of life insurance. I may be able to continue my insurance coverage and pay premiums directly to MetLife. MetLife will mail me a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA. To continue my coverage, I will complete the form that will be included in my packet from MetLife. Metlife can be reached at 888-507-3767.

[ ] Employees are still allowed to continue making contributions to their MSAs on an after-tax basis through COBRA. If an employee continues to make contributions to his MSA, you can use it through the end of the current plan year, including the grace period. The grace period is March 31st of the following plan year. If you do not continue his contributions after you leave employment, you have 90 days to submit a claim for any services you received before you left your job. If you are enrolled in a Dependent Care Spending Account, you cannot continue contributing to the account. You can only request reimbursement for eligible expenses incurred while you were employed until the account is exhausted. Please contact the MSA/DCA vendor ASI FLEX if you have any additional questions at 833-726-7587.

[ ] I understand that should my department propose that I be rehired, they must first submit a Position Justification Form to HR to be approved by the Provost or respective VP.

[ ] I am aware that I may (or may not) be rehired by my department as a Retiree. If my department rehires me as a Retiree, they must indicate on the ***Notice of Separation*** that I am a Retiree returning to work on: ***month/day/year***. I must have at least a 30 **calendar day** break in service before returning to work. I am considered a retiree and I am employed in an at-will status with no grievance rights or faculty tenure. Faculty, Nurse Practitioners, and Physician's Assistants will not have any malpractice insurance during this break. I should also sign a ***Statement of Understanding-Post-TERI/Post-Retiree*** regarding my re-employment in a temporary position.

[ ] Per HR Policy 51 all Post Retirement employees returning to work will be employed in a temporary position. Temporary employees are typically* not eligible for benefits, annual leave, sick leave or holidays. I am required to continue participating to the SCRS or PORS plan if I return to work in any position. Temporary employees are required by State guidelines to take a 15 calendar day break after one year of temporary employment, however, temporary returned retirees at MUSC are exempt per MUSC Legal Counsel. (*temporary employees could be eligible for insurance benefits under the ACA if they have worked enough hours- see Benefits Office)

[ ] If I return to work, my contributions to my supplemental retirement plan will continue if Payroll knows that I will be returning to work. Otherwise, I must contact the Benefits Office directly at benefits@musc.edu to resume the contributions.

Please communicate the following information with your Business Manager:

[ ] A ***Notice of Separation*** form or Teamworks separation must be sent to HR. The transaction should reflect the appropriate Retirement reason (Early or Regular).

[ ] Should you be rehired, your department must also submit a PEAR to rehire you and submit a NetId Extension Request Form if they approve your email and/or NetID to remain active during this break.

[ ] If you will be rehired in your department as a Retiree, a Statement of Understanding must be signed by you, the employee. The form will be provided to you by your Business Manager. A returned retiree is also required to complete all steps required for new hires, including background check, health screening and all required paperwork. You will be asked to complete new hire paperwork and submit a driver's license and social security card.

[ ] Do you want to join the MUSC Retired Faculty Program? Overseen by the Office of Planned Giving, this program provides opportunities to stay involved with the Medical University and fellow retired faculty members.
This program offers:

- Attend the annual retired faculty event
- Join our e-newsletter for the latest updates and events on campus
- Order business cards
- Obtain a retired faculty email address (please note, this is a new email address and does not provide email forwarding from your address used during employment)

For more information, please call the Office of Planned Giving at 843-792-9562 or visit muscgiving.org/retired-faculty-program.

Retiree/ Employee Date

Form 6302
Revised 11/5/2018

RETIRING MEMBER'S SERVICE APPLICATION CHECKLIST
SC Public Employee Benefit Authority
202 Arbor Lake Drive
Columbia, SC 29223

To avoid delays in receiving benefits, please check the following items carefully before submitting your application:

- ☐ Application is submitted no earlier than six months prior to your planned retirement date.
- ☐ No corrections or white-outs are made on the application.
- ☐ Only one method of payment is selected in Section II.
- ☐ Last day on payroll is indicated in Section IV. This should match the date that will be provided by your employer when certifying your last day paid.
- ☐ Application is signed.
- ☐ A copy of your current driver's license or special identification card issued by your state Department of Transportation or Public Safety is attached.
- ☐ A copy of your birth certificate (or other proof of birth if a public birth certificate does not exist) is attached.
- ☐ If you selected Option B or C, a copy of a birth certificate for each beneficiary is attached.
- ☐ Service and installment purchases should be paid in full prior to anticipated retirement date.
- ☐ *Withholding Certificate for Monthly Benefit Payments* (Form 7202) and *Direct Deposit Authorization* (Form 7204) are completed and returned to the Benefit Payments Department at S.C. Public Employee Benefit Authority (PEBA), using the envelope provided. **Monthly annuity payments are distributed the last business day of each month by direct deposit.**

Retiree health insurance

- ☐ Being eligible for retirement benefits does not automatically make you eligible for retiree health insurance. Prior to selecting your retirement date, you should contact your employer or health insurance provider to determine if you will be eligible for retiree health insurance. If you have state-sponsored health insurance, you should contact PEBA at 888.260.9430 for assistance.
- ☐ If you are a retiring public safety officer, either the *Retired Public Safety Officers' Insurance Payment Program Deduction Form SC Employee Insurance Program (EIP) Only (*Form 7700) or the *Retired Public Safety Officers' Insurance Payment Program Deduction Form Not Applicable for SC Employee Insurance Program (EIP) (*Form 7701) must be completed if you wish to have qualified health insurance premiums deducted from your monthly retirement annuity and remitted directly to the provider. It is your responsibility to determine whether you qualify to claim the federal tax credit for your after-tax insurance premium payment deductions.

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 SC PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE SC PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Form 6101S
Revised 7/1/2018
Page 1

SCRS SERVICE RETIREMENT APPLICATION

SC Public Employee Benefit Authority
202 Arbor Lake Drive
Columbia, SC 29223

OFFICE USE ONLY
☐ **SCRS**
☐ Correlated __________
☐ Disability pending

The member must be off the payroll from all employment under South Carolina Retirement System, Police Officers Retirement System, or the State Optional Retirement Program as of the effective date of retirement. Applications for retirement may be filed as early as six month prior to, and up to three months after, your service retirement effective date.

Section I (Attach Your Birth Certificate) **PERSONAL INFORMATION** **TYPE OR PRINT IN BLUE INK**

LAST NAME & SUFFIX (Jr., Sr., etc.)	**FIRST/MIDDLE NAME**	**SOCIAL SECURITY NUMBER**	
Address	City	State	ZIP+4
Date of Birth (proof required)	Sex ☐ M ☐ F	Email Address	Home Phone	Work Phone

Section II* **SCRS RETIREMENT PLAN ELECTION AND BENEFICIARY DESIGNATION**

YOUR PAYMENT PLAN MAY NOT BE CHANGED ONCE BENEFITS ARE FIRST PAYABLE, except as noted on the reverse side.
If designating more than three beneficiaries, complete and attach an additional Form 6101S. For all plans, attach a copy of your birth certificate and your current driver's license or special identification card issued by your state Department of Transportation or Public Safety. For any joint retiree-survivor plan, attach your beneficiary's birth certificate.

☐ **Check here if payments are to be paid through a trust and attach a completed Certification of Trust (Form 1113).**

☐ **OPTION A (Maximum-Retiree Only)**
☐ **OPTION B (100% - 100% Joint Retiree-Survivor)**
☐ **OPTION C (100% - 50% Joint Retiree-Survivor)**

Payments are made by direct deposit. Please complete Direct Deposit Authorization (Form 7204).

1. Name of Beneficiary	Social Security #/Federal ID#	Sex ☐ M ☐ F	Date of Birth	Relationship (Check one) ☐ Spouse ☐ Son ☐ Daughter ☐ Other
2. Name of Beneficiary	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship (Check one) ☐ Spouse ☐ Son ☐ Daughter ☐ Other
3. Name of Beneficiary	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship (Check one) ☐ Spouse ☐ Son ☐ Daughter ☐ Other

Section III* ☐ **INCIDENTAL DEATH BENEFIT**
CHECK IF SAME BENEFICIARY(IES) AS IN SECTION II

1. Name of Beneficiary	Social Security #/Federal ID#	Sex ☐ M ☐ F	Date of Birth	Relationship (Check one) ☐ Spouse ☐ Son ☐ Daughter ☐ Other
2. Name of Beneficiary	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship (Check one) ☐ Spouse ☐ Son ☐ Daughter ☐ Other
3. Name of Beneficiary	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship (Check one) ☐ Spouse ☐ Son ☐ Daughter ☐ Other

* **YOUR BENEFICIARY DESIGNATIONS WILL NOT BE REVOKED UNDER SECTION 62-2-507 OF THE SOUTH CAROLINA CODE OF LAWS BY DIVORCE, ANNULMENT, OR ORDER TERMINATING MARITAL PROPERTY RIGHTS.**

Section IV **EMPLOYMENT INFORMATION**

Current/Former Employer(s)	Your Position Title

Last day on payroll will be or was: ____________________

Effective Date of Retirement (choose one): ☐ Day following last day on payroll ☐ Specific date: ____________________

Section V **SIGNATURE STATEMENT**

Please read the Authorization section of the instructions on the reverse (Page 2) before signing this form IN BLUE INK.

I hereby certify I have read and understand the information on the reverse side (Page 2), including the authorization, and I agree to the terms stated.

My signature indicates that I understand that it is my responsibility to contact my employer or health insurance provider regarding my eligibility for retiree health insurance, if applicable.

MEMBER'S SIGNATURE ______________________________ DATE ______________
(Certified copy of legal authorization required with signature other than applicant's)

WITNESS ______________________________ DATE ______________
(Required only when signed by mark)

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SOUTH CAROLINA RETIREMENT SYSTEM (SCRS) ELIGIBILITY CRITERIA FOR SERVICE RETIREMENT

Normal Retirement: 28 years of service credit (five years of which must be earned service) or age 65 with five years of earned service
Early Retirement: Age 55 with 25 years of service credit (five years of which must be earned service) or age 60 with five years of earned service

Earnings Limitation: A member who retires from SCRS after January 1, 2013, and subsequently returns to covered employment, after having been retired for at least 30 consecutive days, may earn up to $10,000 each calendar year without affecting his retirement benefits. The earnings limitation does not apply if the member was at least 62 years old at retirement, returns to certain elected or appointed positions, or is a teacher employed by a school district to teach in a critical academic or geographical need area.

Disclaimer: Service credit previously recorded on member statements or benefit estimates does not necessarily constitute automatic eligibility to retire. All accounts are audited after the application is received to determine eligibility. Please file your application as early as possible (up to six months prior to your planned retirement date) so the South Carolina Public Employee Benefit Authority (PEBA) may audit your account, determine eligibility, and notify you in writing that you are eligible for retirement. The following is provided as general information and is subject to change based on prevailing statutes at the time of the event in question. Contact Customer Service at 803.737.6800, 888.260.9430, or www.peba.sc.gov for forms, information about current statutes, or assistance with retirement matters.

INCIDENTAL DEATH BENEFIT ELIGIBILITY

- Coverage is based on your years of SCRS service credit at retirement:
1-9 years: $ 0 10-19 years: $2,000 20-27 years: $4,000 28 + years: $6,000
- Your employer must provide the SCRS Incidental Death Benefit at the time of your death.
- If you are a retired contributing member at the time of your death and your current employer provides the Incidental Death Benefit, your coverage will be your earnable annual compensation at the time of death, in lieu of the regular retiree Incidental Death Benefit.

MONTHLY PAYMENT PLAN SUMMARY

All payment plans require a copy of the member's birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. If you are selecting a joint retiree-survivor plan, a copy of each beneficiary's birth certificate must be supplied. Please attach copies of birth certificates to your application--originals will NOT be returned. You may select only one payment plan. Your payment plan may not be changed after benefits have begun unless prevailing statutes allow a change under certain conditions--see General Information on Changing Beneficiaries and Options After Retirement below. All payments are made by direct deposit. Please complete Direct Deposit Authorization (Form 7204).

Option A (Maximum - Retiree Only). This plan will pay you a standard lifetime benefit based on your average final compensation, years of service, and a multiplier (.0182 for Class II or .0145 for Class I). Upon your death, PEBA will return, through a lump-sum payment to your beneficiary, any member contributions and interest (including contributions made as a retired contributing member) not paid to you in benefits during your retirement.
Option B (100% - 100% Joint Retiree-Survivor). You will receive a reduced (from the maximum) monthly benefit for life and, upon your death, the benefit (100 percent of your benefit, including granted benefit adjustment increases, but excluding any minimum benefit supplement) will continue throughout your beneficiary's lifetime. If your designated beneficiary predeceases you, your benefit will revert to Option A (maximum payment plan), including benefit adjustment increases granted since your retirement date.
Option C (100% - 50% Joint Retiree-Survivor). You will receive a reduced (from the maximum) monthly benefit for life and, upon your death, one-half of the benefit (50 percent of your monthly benefit, including granted benefit adjustment increases, but excluding any minimum benefit supplement) will continue throughout your beneficiary's lifetime. If your designated beneficiary predeceases you, your benefit will revert to Option A (maximum payment plan), including benefit adjustment increases granted since your retirement date.

INFORMATION ABOUT DESIGNATING SCRS BENEFICIARIES

The beneficiary designations you make on this application will become valid only upon your effective date of retirement.

ESTATE
Option A (Maximum): Your estate may be named to receive any contributions and interest not paid to you.
Survivor Options (B, C): Your estate may not be named to receive a monthly benefit.
NOTE: If you name your estate, upon your death, payment will be made to the designated personal representative.

MULTIPLE BENEFICIARIES
Option A (Maximum): Each surviving beneficiary will receive an equal share of any contributions and interest not paid to the retiree. If any beneficiary predeceases the member, the remaining beneficiaries will receive equal shares of any unused contributions and interest.
Survivor Options (B, C): Each beneficiary will receive an equal share of the monthly benefit. If any beneficiary predeceases the member, the deceased beneficiary's share ends and the remaining beneficiaries will receive their normal monthly entitlements.
Trustees (All Plans): Trustee designations are allowed for all payment plans. You must create the trust in a separate document and attach this trust document and a completed *Certification of Trust (*Form 1113), to your retirement application.
Incidental Death Benefit: You may name one or more beneficiaries, your estate, or one or more trustees.

GENERAL INFORMATION ON CHANGING BENEFICIARIES AND OPTIONS AFTER RETIREMENT

Incidental Death Benefit: You may change your beneficiary at any time regardless of the payment plan selected.
Option A (Maximum): You may change your beneficiary at any time. If you have a change in marital status you may also select a new option within five years of the change in marital status (After you retire, your spouse dies, you marry, or you divorce).
Survivor Options (B, C): If all of your designated beneficiaries predecease you, your benefit will revert to Option A (maximum). You must notify PEBA upon the death of your beneficiary. You may then select a new beneficiary under Option A. If you have a change in marital status you may select a new option within five years of the change in marital status (After you retire, your spouse dies, you marry, or you divorce).

Your form of monthly payment (payment plan) may not be changed more than twice regardless of the number of events (death of a designated beneficiary or change in marital status) that occur. A reversion to Option A upon the death of your beneficiary will count as one of the two changes. If a second beneficiary predeceases you after you have again selected Option B or Option C, you will revert automatically to Option A; however, no further form of payment changes will be allowed.

AUTHORIZATION: I hereby authorize PEBA to make any and all payments due, in the event of my death, to the beneficiaries designated on Page 1 (or subsequent valid recertifications) in accordance with the rules, regulations, and statutes of the South Carolina Retirement System. I agree on behalf of myself and my heirs and assigns that any payments so made shall be a complete discharge of the claim or claims and shall constitute a release of PEBA from any further obligation on account of the benefit(s). In the event my beneficiaries predecease me, my estate will automatically become my beneficiary for payments due, unless I subsequently nominate new beneficiaries (if applicable). I reserve the right to change the designated beneficiaries by a written designation filed with PEBA in accordance with prevailing rules, regulations, and statutes.

RETIREE HEALTH INSURANCE

If you are determined to be eligible for retirement, it does not automatically make you eligible for retiree health insurance. Prior to selecting your retirement date, you should contact your employer or health insurance provider to determine if you will be covered for retiree health insurance.

Form 7202
Revised 6/27/2017

Withholding Certificate for Monthly Benefit Payments

SC Public Employee Benefit Authority
South Carolina Retirement Systems
202 Arbor Lake Drive, Columbia, SC 29223

Sign in blue or black ink

☐ **Check if new address**

Payee Last Name	Suffix	First Name/Middle Initial	Phone Number with Area Code	Social Security Number

Mailing Address		City	State	Zip Code

Check appropriate system:

☐ South Carolina Retirement System
☐ Retirement System for Judges/Solicitors
☐ Police Officers Retirement System
☐ National Guard Retirement System
☐ General Assembly Retirement System
☐ Accidental Death Program (PORS only)

Check appropriate box:

☐ Retired Member Member SSN: ____________
☐ Alternate Payee under QDRO (enter MEMBER SSN above)
☐ Beneficiary of deceased member (enter MEMBER SSN above)

Federal Income Tax Withholding

Complete the following applicable lines:

1 Check box if you do not want any federal income tax withheld from your monthly annuity payment. ☐

(Do not complete lines 2 or 3.)

2 Total number of exemptions and marital status you are claiming for withholding from each monthly annuity payment. (You may also designate an additional dollar amount on line 3.) ____________ (Enter number of exemptions)

Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

3 **Additional amount**, if any, you want withheld from each monthly annuity payment. ***Note:*** *For monthly annuity payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.* This amount will be withheld **in addition** to the amount calculated using the marital status and allowances from line 2 above. $ ________

South Carolina State Income Tax Withholding

Complete the following applicable lines:

4 Check box if you do not want any **South Carolina** state income tax withheld from your monthly annuity payment. ☐

(Do not complete lines 5 or 6.)

5 Total number of exemptions you are claiming for withholding from each monthly annuity payment. (You may also designate an additional dollar amount on line 6.) ____________ (Enter number of exemptions)

6 **Additional amount**, if any, you want withheld from each monthly annuity payment. ***Note:*** *For monthly annuity payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 5.* This amount will be withheld **in addition** to the amount calculated using the marital status and allowances from line 5 above. $ ________

______________________________ ______________________

Payee's Signature **Date**

(OR mark with "X" with two witnesses OR Power of Attorney, if on file with the Retirement Systems)

This form must be signed and dated. See notes on Page 2.

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Form 7204
Revised 6/27/2017
Sign in blue or black ink

☐ **Check if new address**

Direct Deposit Authorization

SC Public Employee Benefit Authority
South Carolina Retirement Systems
202 Arbor Lake Drive, Columbia, SC 29223

Check Payment Type:
☐ Annuity
☐ Refund
☐ TERI Payment
☐ Death Payment

Payee Last Name	Suffix	First Name/Middle Name	Phone Number with Area Code	Social Security Number

Mailing Address		City	State	Zip Code

Check appropriate system:

☐ South Carolina Retirement System
☐ Police Officers Retirement System
☐ General Assembly Retirement System
☐ Retirement System for Judges/Solicitors
☐ Accidental Death Program (PORS only)
☐ National Guard Retirement System

Check appropriate box:

☐ Member Member SSN: ____________
☐ Alternate Payee under QDRO (enter MEMBER SSN above)
☐ Beneficiary of deceased member (enter MEMBER SSN above)

1. Primary Account Information:

The amount specified below will be directly deposited into this account.

☐ CHECKING
☐ SAVINGS

Financial Institution Name	Transit/Routing Number	Account Number

☐ **ALL** **OR** You may enter a percentage or dollar amount: ______________________

Note: If funds are to be deposited into only one account, you MUST select the ALL box. If a PERCENTAGE or DOLLAR AMOUNT is entered, you MUST provide the secondary account information below for the remaining balance.

TAPE A VOIDED CHECK HERE (No deposit slips or starter checks, please)

If this account does not have checks, please attach a form from your financial institution certifying the account and routing numbers.

2. Secondary Account Information:

The remaining balance will be directly deposited into this account.

☐ CHECKING
☐ SAVINGS

Financial Institution Name	Transit/Routing Number	Account Number

TAPE A VOIDED CHECK HERE (No deposit slips or starter checks, please)

If this account does not have checks, please attach a form from your financial institution certifying the account and routing numbers.

______________________________ ______________________________
Payee's Signature **Date**

(OR mark with "X" with two witnesses OR Power of Attorney, if on file with the Retirement Systems)

(Note: This form must be signed and dated. See notes on Page 2.)

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south carolina peba SM
state health plan | retirement systems

Serving those who serve South Carolina

To: Individuals eligible for retirement

From: S.C. Public Employee Benefit Authority

RE: Retiree insurance benefits for employee and their eligible dependents

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Before you retire, you need to consider how retirement may affect one of your most important assets, your insurance coverage. Eligibility for retirement is not the same as eligibility for retiree insurance coverage. If you retire from a participating employer (state agency, public school district, higher education institution or optional employer), you may be eligible to:

- Continue or enroll in health insurance with prescription drug coverage. If you or your dependent are eligible for Medicare, you should enroll in the Medicare Supplemental Plan.
- Continue or enroll in dental insurance.
- Continue or enroll in the State Vision Plan.
- Convert your $3,000 Basic Life insurance policy to an individual policy.
- Continue your Optional Life insurance or convert it to an individual policy.
- Convert any Dependent Life insurance you have to an individual policy.
- Continue Supplemental Long Term Disability Insurance (in certain instances).

This packet contains the following information to help you make informed decisions about your insurance when you do retire:

- An *Employment Verification Record* form to confirm your eligibility for state retirement insurance benefits;
- Retiree Eligibility, Funding flyers (one for state agency, public school district, and higher education institution employees and the other for employees of optional employers);
- Information on your prescription drug coverage when you enroll as a retiree; and
- A *Retiree Notice of Election* (enrollment form) and directions on how to complete it.

Applying for coverage

Retiree insurance coverage is not automatic. To enroll in retiree insurance, you will first need to confirm your eligibility for retiree group insurance by completing and submitting an *Employment Verification Record* to PEBA. This may be done up to six months prior to your anticipated retirement date. Determining retiree insurance eligibility is complicated and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement.

If PEBA determines that you are eligible for retiree insurance coverage, you must complete and submit the *Retiree Notice of Election* and any other applicable forms within 31 days of your retirement date. These completed forms should be submitted to PEBA if you work for a state agency, public school district or higher

education institution. These forms may be submitted to your employer's benefits office if you work for an optional employer.

At retirement, MetLife will mail you a conversion/continuation packet. The packet will include instructions for your options. Call MetLife at 888.507.3767 if you do not receive their packet.

Please refer to the Retiree group insurance chapter of the *Insurance Benefits Guide* for a detailed description of benefits for retirees. If you are eligible for Medicare, please refer to the *Insurance Coverage for the Medicare-eligible Member* guide. Both of these publications are available on PEBA's website at www.peba.sc.gov/iresources.html.

Retiree Insurance Eligibility, Funding

For members who work for a state agency, state institution of higher education or public school district

Eligibility for retiree group insurance is not the same as eligibility for retirement. Determining retiree insurance eligibility is complicated and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement. As an active employee, your employer pays part of the cost of your health and dental insurance. When you retire, several factors determine if you pay all or part of your insurance premiums. These factors include your years of earned service credit, the type of agency from which you retire and the date you were hired into an insurance-eligible position.

The charts on Page 2 illustrate eligibility and funding guidelines for retiree group insurance.

When reviewing the charts, keep these things in mind:

- For any retiree coverage, your last five years of employment must have been served consecutively in a full-time, insurance-eligible permanent position with an employer that participates in the State Health Plan.
- Changing jobs could affect your eligibility for funding. The information on Page 2 only applies if your last employer prior to retirement is a state agency, state institution of higher education, public school district or other employer that participates in the state's Retiree Health Insurance Trust Fund. Contact your employer if you are unsure whether it participates in the Retiree Health Insurance Trust Fund.
- To receive state-funding toward your premiums, your last five years of employment must have been in service with a state agency, state institution of higher education, public school district or other employer that participates in the state's Retiree Health Insurance Trust Fund.
- If the charter school for which you work does not participate in a PEBA-administered retirement plan and you meet the eligibility requirements for retiree group insurance, employer funding, if any, is at the discretion of your charter school.
- Earned service credit is time earned and established in one of the defined benefit pension plans PEBA administers; time worked while participating in the State Optional Retirement Program (State ORP); or time worked for an employer that participates in the State Health Plan, but not the retirement plans PEBA administers. Earned service credit does not include any purchased service credit not considered earned service in the retirement plans (e.g., non-qualified service).
- For State ORP participants and members whose employer does not participate in a PEBA-administered retirement plan, eligibility is determined as if the participant were a member of the South Carolina Retirement System.

Continued on back

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Data classification: public information

Employees hired into an insurance-eligible position before May 2, 2008

Retirement status	Earned service credit with an employer participating in the State Health Plan	Responsibility for paying premiums
Left employment after reaching service or disability retirement eligibility *Learn more about retirement eligibility at www.peba.sc.gov.*	Five years, but less than 10 years	You pay the full premium (employee and employer share).
	10 or more years	You pay the employee share of the premium only.
Left employment before reaching retirement eligibility	Less than 20 years	Not eligible for retiree insurance coverage.
	20 or more years	You pay the employee share of the premium only at retirement.

Employees hired into an insurance-eligible position on or after May 2, 2008

Retirement status	Earned service credit with an employer participating in the State Health Plan	Responsibility for paying premiums
Left employment after reaching service or disability retirement eligibility *Learn more about retirement eligibility at www.peba.sc.gov.*	Five years, but less than 15 years	You pay the full premium (employee and employer share).
	15 years, but less than 25 years	You pay the employee share of the premium and 50 percent of the employer share of the premium.
	25 or more years	You pay the employee share of the premium only.
Left employment before reaching retirement eligibility	Less than 20 years	Not eligible for retiree insurance coverage.
	20 years, but less than 25 years	You pay the employee share of the premium and 50 percent of the employer share of the premium at retirement.
	25 or more years	You pay the employee share of the premium only at retirement.

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 1.803.734.0119. 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 1.803.734.0119

2020 Monthly insurance premiums for funded retirees

Rates may vary for optional employers. Verify rates with your benefits office.

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$79.68	$217.36	$125.86	$270.56
Savings Plan[1]	N/A	N/A	N/A	N/A
Medicare Supplemental[1,2]	$97.68	$253.36	$143.86	$306.56
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental Plus	$25.96	$60.12	$74.26	$99.98
Basic Dental	$0.00	$7.64	$13.72	$21.34
State Vision Plan	$5.80	$11.60	$12.46	$18.26
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan[1]	$235.36	$281.54
Savings Plan[1]	N/A	N/A
Medicare Supplemental[1,2]	$253.36	$299.54
TRICARE Supplement	N/A	N/A
Dental Plus	$60.12	$99.98
Basic Dental	$7.64	$21.34
State Vision Plan	$11.60	$18.26
Tobacco-use premium[1]	$60.00	$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan[1]	$235.36	$281.54
Savings Plan[1]	$77.40	$113.00
Medicare Supplemental[1,2]	$253.36	$299.54
TRICARE Supplement	N/A	N/A
Dental Plus	$60.12	$99.98
Basic Dental	$7.64	$21.34
State Vision Plan	$11.60	$18.26
Tobacco-use premium[1]	$60.00	$60.00

[1] State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a $40 per month premium for subscriber-only coverage. The premium is $60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life® tobacco cessation program.

[2] If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$97.68	$253.36	$143.86	$306.56
Savings Plan[1]	$9.70	$77.40	$20.48	$113.00
Medicare Supplemental[1,2]	N/A	N/A	N/A	N/A
TRICARE Supplement	$62.50	$121.50	$121.50	$162.50
Dental Plus	$25.96	$60.12	$74.26	$99.98
Basic Dental	$0.00	$7.64	$13.72	$21.34
State Vision Plan	$5.80	$11.60	$12.46	$18.26
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan[1]	$143.86	$306.56
Savings Plan[1]	$20.48	$113.00
Medicare Supplemental[1,2]	$161.86	$324.56
TRICARE Supplement	N/A	N/A
Dental Plus	$74.26	$99.98
Basic Dental	$13.72	$21.34
State Vision Plan	$12.46	$18.26
Tobacco-use premium[1]	$60.00	$60.00

[1] State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a $40 per month premium for subscriber-only coverage. The premium is $60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life® tobacco cessation program.

[2] If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2020 Monthly insurance premiums for partially funded retirees

Rates may vary for optional employers. Verify rates with your benefits office.

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$281.02	$616.20	$434.88	$769.92
Savings Plan[1]	N/A	N/A	N/A	N/A
Medicare Supplemental[1,2]	$299.02	$652.20	$452.88	$805.92
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental Plus	$32.70	$66.86	$81.00	$106.72
Basic Dental	$6.74	$14.38	$20.46	$28.08
State Vision Plan	$5.80	$11.60	$12.46	$18.26
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan[1]	$634.20	$780.90
Savings Plan[1]	N/A	N/A
Medicare Supplemental[1,2]	$652.20	$798.90
TRICARE Supplement	N/A	N/A
Dental Plus	$66.86	$106.72
Basic Dental	$14.38	$28.08
State Vision Plan	$11.60	$18.26
Tobacco-use premium[1]	$60.00	$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan[1]	$634.20	$780.90
Savings Plan[1]	$476.24	$612.36
Medicare Supplemental[1,2]	$652.20	$798.90
TRICARE Supplement	N/A	N/A
Dental Plus	$66.86	$106.72
Basic Dental	$14.38	$28.08
State Vision Plan	$11.60	$18.26
Tobacco-use premium[1]	$60.00	$60.00

[1] State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a $40 per month premium for subscriber-only coverage. The premium is $60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life® tobacco cessation program.

[2] If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

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Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$299.02	$652.20	$452.88	$805.92
Savings Plan[1]	$211.04	$476.24	$329.50	$612.36
Medicare Supplemental[1,2]	N/A	N/A	N/A	N/A
TRICARE Supplement	$62.50	$121.50	$121.50	$162.50
Dental Plus	$32.70	$66.86	$81.00	$106.72
Basic Dental	$6.74	$14.38	$20.46	$28.08
State Vision Plan	$5.80	$11.60	$12.46	$18.26
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan[1]	$452.88	$805.92
Savings Plan[1]	$329.50	$612.36
Medicare Supplemental[1,2]	$470.88	$823.92
TRICARE Supplement	N/A	N/A
Dental Plus	$81.00	$106.72
Basic Dental	$20.46	$28.08
State Vision Plan	$12.46	$18.26
Tobacco-use premium[1]	$60.00	$60.00

[1] State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a $40 per month premium for subscriber-only coverage. The premium is $60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life® tobacco cessation program.

[2] If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2020 Monthly insurance premiums for non-funded retirees

Rates may vary for optional employers. Verify rates with your benefits office.

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$482.38	$1,015.04	$743.92	$1,269.28
Savings Plan[1]	N/A	N/A	N/A	N/A
Medicare Supplemental[1,2]	$500.38	$1,051.04	$761.92	$1,305.28
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental Plus	$39.44	$73.60	$87.74	$113.46
Basic Dental	$13.48	$21.12	$27.20	$34.82
State Vision Plan	$5.80	$11.60	$12.46	$18.26
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan[1]	$1,033.04	$1,280.26
Savings Plan[1]	N/A	N/A
Medicare Supplemental[1,2]	$1,051.04	$1,298.26
TRICARE Supplement	N/A	N/A
Dental Plus	$73.60	$113.46
Basic Dental	$21.12	$34.82
State Vision Plan	$11.60	$18.26
Tobacco-use premium[1]	$60.00	$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan[1]	$1,033.04	$1,280.26
Savings Plan[1]	$875.08	$1,111.72
Medicare Supplemental[1,2]	$1,051.04	$1,298.26
TRICARE Supplement	N/A	N/A
Dental Plus	$73.60	$113.46
Basic Dental	$21.12	$34.82
State Vision Plan	$11.60	$18.26
Tobacco-use premium[1]	$60.00	$60.00

[1] State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a $40 per month premium for subscriber-only coverage. The premium is $60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life® tobacco cessation program.

[2] If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan[1]	$500.38	$1,051.04	$761.92	$1,305.28
Savings Plan[1]	$412.40	$875.08	$638.54	$1,111.72
Medicare Supplemental[1,2]	N/A	N/A	N/A	N/A
TRICARE Supplement	$62.50	$121.50	$121.50	$162.50
Dental Plus	$39.44	$73.60	$87.74	$113.46
Basic Dental	$13.48	$21.12	$27.20	$34.82
State Vision Plan	$5.80	$11.60	$12.46	$18.26
Tobacco-use premium[1]	$40.00	$60.00	$60.00	$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan[1]	$761.92	$1,305.28
Savings Plan[1]	$638.54	$1,111.72
Medicare Supplemental[1,2]	$779.92	$1,323.28
TRICARE Supplement	N/A	N/A
Dental Plus	$87.74	$113.46
Basic Dental	$27.20	$34.82
State Vision Plan	$12.46	$18.26
Tobacco-use premium[1]	$60.00	$60.00

[1] State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a $40 per month premium for subscriber-only coverage. The premium is $60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life® tobacco cessation program.

[2] If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Your prescription drug coverage when you enroll in the State Health Plan as a retiree

1. It is important to send your *Retiree Notice of Election* form to PEBA at least 31 days before your retirement date. Once the *Retiree Notice of Election* form is processed by PEBA, it may take up to 10 business days to activate your prescription benefits as a retiree.

2. PEBA automatically enrolls Medicare-eligible retirees and their Medicare-eligible dependents in Express Scripts Medicare. This drug program is a Medicare Part D prescription drug program. PEBA does not charge an additional premium for prescription drug coverage.

3. New prescription ID cards will be sent to each Express Scripts Medicare participant. If you (or your dependent) are not eligible for Medicare, you will not receive a new prescription ID card.

4. If you (or your dependent) are eligible for Medicare, you will receive a letter from Express Scripts, the State Health Plan's pharmacy benefits manager, when your prescription drug coverage is activated. If you do not want to remain enrolled in Express Scripts Medicare, you may opt out by calling Express Scripts by the deadline in the letter. Typically, a member has 21 days to opt out. If a member opts out, he will automatically be enrolled in the non-Medicare prescription drug program offered by PEBA.

5. If you enroll in prescription drug coverage with another Medicare Part D plan (not the State Health Plan), you will lose all prescription drug benefits with the State Health Plan. Your monthly health premiums will remain the same.

6. For most members, Express Scripts Medicare is more advantageous than the non-Medicare drug program offered to active employees.

Advantages of Express Scripts Medicare

Express Scripts Medicare offers additional benefits to members. Some of the additional benefits are:

- **Lower drug costs**: The formulary, the list of drugs covered, and the tier ratings for the non-Medicare plan are determined by PEBA; while the formulary and tier ratings for the Medicare Part D plan are determined by the Centers for Medicare and Medicaid Services (CMS). In some cases, CMS tier ratings for some drugs may be lower.
- **Prorated copayments**: Copayments for the non-Medicare plan are based on a 30-day supply of the drug. Copayments for Express Scripts Medicare are prorated based on the number of days the prescription will cover. For example, if a member is prescribed a Tier 2 medication and the doctor writes the prescription for 10 tablets to be taken for 10 days, the copayment is reduced to reflect a 10-day supply ($14) instead of a 30-day supply ($42).
- **Larger formulary:** Members enrolled in the Medicare Part D plan have access to all drugs available on the non-Medicare plan **plus** any additional drugs covered by CMS. Members are not losing access to any drugs by enrolling in the Medicare Part D plan.
- **Dispense as Written protection:** If a generic equivalent is available, but the member's physician wants the member to take the brand name, the member enrolled in Express Scripts Medicare is not required to pay-the-difference in most cases as he would if he were enrolled in the non-Medicare prescription drug plan. The member will pay the brand copay. For example, Diovan HCT has a generic equivalent. As of May 26, 2017, the brand-name Vytorin is a Tier 3 ($70) drug on Express Scripts Medicare formulary. A member who is not enrolled in Express Scripts Medicare would pay the difference, and the drug would cost the member more.
- **Low-income subsidies:** Some people with limited resources and income may be able to get extra help to pay for the costs—monthly premiums, annual deductibles and prescription copayments—related to a Medicare prescription drug plan. The member's resources must be limited to $14,390 for an individual or $28,720 for a married couple living together. If you would like to find out if you are eligible for extra help, contact the Social Security Administration.

Reasons a member might consider opting out of the Medicare Part D plan

- **Manufacturer discount cards/programs:** Under CMS regulations, manufacturer coupons cannot be used with a Medicare Part D prescription drug plan. If you use coupons or discount cards to obtain prescriptions, you should determine if the additional benefits of Express Scripts Medicare offset the savings of any coupons or discount cards.
- **TRICARE members:** Prescription benefits offered through TRICARE and TRICARE for Life do not coordinate with Medicare Part D plans. Express Scripts Medicare is a Part D plan. If you would like to use both prescription drug plans, you must opt out of Express Scripts Medicare. You will then be enrolled in PEBA's non-Medicare prescription drug program.
- **IRMAA (Income Related Monthly Adjustment Amounts):** High-income earners enrolled in a Medicare Part D plan may pay a monthly fee to the Social Security Administration. Check with Social Security for information about income thresholds and monthly adjustments (www.socialsecurity.gov/online/ssa-44.pdf). If you will pay an IRMAA fee, you should determine if the additional benefits of the Medicare Part D plan outweigh the monthly adjustment.

Retirees

If you are eligible for retiree group insurance when you retire, you may choose to continue or convert your life insurance through MetLife. Retiree life insurance coverage does not include Accidental Death and Dismemberment benefits. Optional Life coverage is eligible for conversion or continuation; Basic Life and Dependent Life coverage are eligible for conversion.

PEBA sends a bi-weekly file with employee status changes to MetLife. MetLife will use this information to mail a conversion/continuation packet to eligible retirees. Packets are sent via U.S. mail three to five business days after MetLife receives the file.

The continuation and conversion application period is time-sensitive. You have 30 days from the date your coverage as an active employee ends to continue coverage. You have 31 days from the date your active employee coverage ends to convert coverage. If you miss these deadlines, you will forfeit your right for retiree group life insurance.

If you have questions about your options for life insurance in retirement, contact MetLife at 888.507.3767 once you receive your conversion/continuation packet.

Continuation

You may continue your Optional Life coverage upon retirement. The rates match what you paid while you were an employee.

The minimum amount that can be continued is $10,000. You cannot increase your coverage, but you can decrease it. Rates are based on your age and will increase when your age category changes. Your coverage will reduce at ages 70, 75 and 80. When your coverage reduces or ends, you can convert the amount of reduced or lost coverage within 31 days as described in the Conversion section below.

MetLife will mail you a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA. To continue your coverage, follow the instructions included in your packet from MetLife. Coverage must be continued within 30 days of the date of coverage is lost due to approved retirement or approved disability retirement.

If you have questions about your options for continuing your insurance coverage once you receive your conversion/continuation packet, contact MetLife at 888.507.3767. If you continue your coverage, you will receive a bill and pay your premiums directly to MetLife.

Retiree life insurance beneficiary designation

When you elect to continue your Optional Life coverage upon retirement, you will need to designate a beneficiary on the *Retiree Life Continuation Enrollment Form* that you receive in your conversion/continuation packet from MetLife.

Once you are enrolled, you may review or update your beneficiary designation information by visiting MetLife's website at metife.com/mybenefits. Register and create your own unique user ID and password. Using the website will allow you to make designations quickly and easily, limiting paperwork and speeding up processing time.

Conversion

You may convert your Basic, Optional and Dependent Life coverage upon retirement to an individual whole life insurance policy, a permanent form of life insurance, without providing evidence of insurability. Your premium for the new policy will be set at MetLife's standard rate for the amount of coverage that you wish to convert and your age. You may not apply for more than the amount of life insurance you had under your terminated group life insurance.

MetLife will mail you a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA.

MetLife has contracted with Massachusetts Mutual Life Insurance Company (MassMutual) to help with converting coverage. To apply, contact MassMutual at 877.275.6387 and refer to the *Conversion Notice* included in the packet. The policy will be issued without medical evidence if you apply for and pay the premium within 31 days. If you miss the deadline, you will forfeit your right to convert your life insurance.

Supplemental Retirement Plans
Contact Information

Plan	Provider	Contact
401(k), 457, Roth 401(k) https://southcarolinadcp.gwrs.com	**South Carolina Deferred Compensation Program**	**Dallas Brewer** 843-300-9825 dallas.brewer@empower-retirement.com
403(b) www.myretirementmanager.com	**AIG Retirement Services**	**David Kornegay** 843-408-3014 david.kornegay@aig.com **Mark Taylor** 843-300-2775 marksc.taylor@aig.com
	Fidelity	**Jared McVey** 704-614-4167 jared.mcvey@fmr.com
	MassMutual	**Hugh Kinlaw** 413-209-2128 hkinlaw33@massmutual.com
	MetLife	**Peter Collins** 843-343-7634 petercollins@financialguide.com
	TIAA	**Terry Pait** 704-988-4882 tpait@tiaa.org **Andre Brown** 843-998-6502 andre.brown@tiaa.org

south carolina peba state health plan | retirement systems

Serving those who serve South Carolina

Employment verification record

If you are within six months of your anticipated retirement date, please complete this form as thoroughly as possible. The information will be used to assist us in determining your insurance eligibility at retirement.
Please sign and date this form before returning it to PEBA.

1. BIN or last four digits of SSN	2. Last name	3. First name
4. Current Address (Street, City, State, Zip)		Use this address for: ☐ Both Insurance and Retirement ☐ Insurance only ☐ Retirement only
5. Date of birth	6. Telephone number	7. Email address
8. Actual or anticipated date of retirement: ______________________________	9. Have you applied, or do you intend to apply, for disability retirement? ☐ Yes ☐ No	
10. System enrolled (check all that apply): ☐ SCRS ☐ PORS ☐ JSRS ☐ GARS ☐ State ORP ☐ None ☐ Other retirement plan		

11. Name of current employer	Dates of employment (example March 2001 to January 2009)	Status	Hours per week
MUSC		☐ Permanent ☐ Temporary	

Benefits administrator's signature: ____ **Date:** ____________________
(required for State ORP participants and employees of non-PEBA retirement benefit employers)

12. List previous employment with employers participating in one of the retirement systems administered by PEBA and/or with an optional employer participating in PEBA's insurance benefits.

Name of employer	Dates of employment (ex. March 2001 to January 2009)	Status	Hours per week
		☐ Permanent ☐ Temporary	
		☐ Permanent ☐ Temporary	
		☐ Permanent ☐ Temporary	
		☐ Permanent ☐ Temporary	
		☐ Permanent ☐ Temporary	
13. Have you purchased, or do you intend to purchase, service credit?		☐Yes (list time) ☐No	

Please explain any breaks in the last five years:
____
____
____

Employee signature: ____ **Date:** ____________________
(required if updating your address)

RETIREE NOTICE OF ELECTION (NOE)

R

SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY

See Instructions - if completing by hand use black ink

You must also complete a *Certification Regarding Tobacco Use* form within 31 days of enrolling in health coverage and whenever the status of tobacco use changes for you or a dependent covered under your health insurance.

Clear Form

ELIGIBILITY

Select One
- ☐ Regular Retiree
- ☐ Disability Retiree
- ☐ Police Retiree

Indicate Record of Service (Attach Employment Record)

______Yrs. ______Mos.________Days

Select One
- ☐ 5-14 Year Retiree
- ☐ 15-24 Year Retiree
- ☐ Age 55/25 Years Retiree Ending Date ____________

Verification of eligibility *(required of retirees from employers other than state agencies and school districts)*

Benefits Administrator Signature________________________ Employer ID: ____________

ACTION

Select One
- ☐ New Subscriber - Date of Retirement ____________ ☐ Termination
- ☐ Previously Enrolled as a Retiree - returning to Retiree status
- ☐ Change *(Specify)* ____________

SSN Change - Incorrect #
*(Attach copy of Social Security card)*____________Date of Change Event ____________

PEBA Use Only

Employer ID: ____________

Effective Date: ____________

Group ID: ____________

ENROLLEE INFO

1. Social Security number or BIN	2. Last Name	3. Suffix	4. First Name	5. M.I.	6. Date of Birth (MM/DD/YYYY)

7. Sex	8. Marital Status	9. Home Phone #	10. Email Address
☐ M ☐ F	☐ Single ☐ Divorced ☐ Widowed ☐ Married ☐ Separated		

11. Mailing Address	12. Apt.	13. City	14. State	15. Zip Code	16. County Code

COVERAGE

17. HEALTH PLAN *(Refuse or select one plan and one level of coverage)*

PLAN
- ☐ Refuse
- ☐ Medicare Supplement
- ☐ Standard
- ☐ Savings (not Medicare-eligible)
- ☐ TRICARE Supplement (not Medicare-eligible)

COVERAGE LEVEL
- ☐ Retiree
- ☐ Retiree/Spouse
- ☐ Retiree/Child(ren)
- ☐ Family

18. DENTAL *(Refuse or select one plan and one level of coverage)*

PLAN
- ☐ Refuse
- ☐ Dental Plus
- ☐ Basic Dental

COVERAGE LEVEL
- ☐ Retiree
- ☐ Retiree/Spouse
- ☐ Retiree/Child(ren)
- ☐ Family

19. VISION CARE *(select one)*
- ☐ Refuse
- ☐ Retiree
- ☐ Retiree/Spouse
- ☐ Retiree/Child(ren)
- ☐ Family

MEDICARE

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

Name	Medicare #	Eligible due to	Effective Date Part A (MM/DD/YYYY)	Effective Date Part B (MM/DD/YYYY)
		☐ Age ☐ Disability ☐ Renal Disease		
		☐ Age ☐ Disability ☐ Renal Disease		

DEPENDENTS

21. 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.

Add (A) or Delete (D)	Dependent SSN	Last Name	First Name	Sex	Relationship	Date of Birth (MM/DD/YYYY)	Indicate Special Status
	Spouse						Does PEBA Insurance Benefits already cover your spouse? ☐ Yes ☐ No
	Child						☐ Incapacitated
	Child						☐ Incapacitated
	Child						☐ Incapacitated
	Child						☐ Incapacitated

CERTIFICATION & AUTHORIZATION

22. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverage noted. I have provided Social Security numbers and documentation establishing my dependent(s)' eligibility for the plan(s) selected. I understand and agree that all selected plans will not become effective unless and until this NOE is submitted and the first payment is made. I understand my COBRA continuation coverage rights and responsibilities, as explained in the election notice and attachments provided to me. I also understand that the State reserves the right to alter 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 authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process claims for any benefits.

DISCLAIMER: 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 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.

Enrollee/Guardian Signature Date

south carolina peba
state health plan | retirement systems

Serving those who serve South Carolina

Certification Regarding Tobacco or E-cigarette 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 or e-cigarette user

❑ I certify that I am eligible for the non-tobacco-use 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 or electronic cigarettes 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 31 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 or electronic cigarettes within the last six months or if I (or any of my covered dependents) start using tobacco products or electronic cigarettes 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 since last certification plus a 10 percent penalty and elimination of the 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-use premium I have already paid.

❑ I certify that I am eligible for the non-tobacco-use 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 covered individuals who use tobacco or electronic cigarettes 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-use premium I have already paid.

Tobacco or e-cigarette user

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

Subscriber signature: ____ Date: ___________________________

Benefits administrator signature:_______________________________ Date: ___________________________

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