

BERKELEY COUNTY  
Elections and Voter  
Registration  
Laura Thomas

**BECOME A PART OF THE ELECTION PROCESS ON ELECTION DAY!**

The Berkeley County Board of Elections and Voter Registration is always looking for new Poll Managers to staff precincts throughout Berkeley County. Poll Managers have a unique opportunity to serve the community, meet their neighbors and become involved in the democratic process. They are also compensated \$160 for each election they work, \$60 for training and \$100 for working Election Day. You must work Election Day for us to pay you for training. It will take approximately **30 business days** after the election to process pay checks.

**Election duties include:** processing of voters, ballot distribution, activation of the voting system, compliance with election law and procedures, and general assistance to voters.

***In order to apply, YOU MUST:***

- Be a registered voter in Berkeley County, or an adjoining county; (Dorchester, Charleston, Georgetown, Williamsburg, Orangeburg, and Clarendon County), or aged 16 or 17.
- Be willing to attend a Poll Manager training session (1-2 hours) and pass a certification test before ***EACH*** election you choose to work.
- Be prepared to work the ENTIRE Election Day; from 6:00 am until approximately 7:30 pm, maybe longer
- Be non-partisan and neutral when working an election (cannot be an elected official or immediate family of an elected official/candidate).
- **Physical requirements:** standing, bending, stooping, lifting approximately 40 lbs., normal vision and manual/physical dexterity.
- **Technical Requirements:** can use a lap top and mouse to process the voters on Election Day.

You will be required to provide a copy of your drivers license and social security card. Our office will make copies to attach to your poll manager application packet along with other forms you must complete. **If you do not provide this information, you will not be allowed to work the polls.**

If you are interested in this opportunity, please complete the attached application. You can mail, fax, or email it back to us at the contact information listed below.

When your application is approved, you will be added to our mailing list. We will keep you informed of upcoming Poll Manager Training Sessions and Elections. Please note there is no guarantee that you will be chosen to work every election held in Berkeley County and you may be required to work in a precinct outside your home voting precinct.

For further information about working the polls, contact Laura Thomas; the Precinct Coordinator at [laura.thomas@berkeleycountysc.gov](mailto:laura.thomas@berkeleycountysc.gov) or (843) 719-4663



## **Poll Worker Guidelines Berkeley County Government**

### **Purpose**

To comply with the Section 218 Agreement between the State of South Carolina and the Social Security Administration regarding Poll Workers.

### **Definition**

Poll Workers are individuals who volunteer and are employed to perform services for a state or local government at elections booths in conjunction with national, state, or local elections. Poll Workers are exempt from Fair Labor Standard Act.

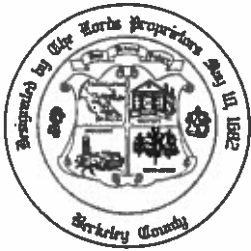
### **Requirements**

- All applicants must complete an application, Form I-9 and Form W-4. Please bring the correct forms of identification to your training.
- Persons currently participating in the Retirements Systems must present a copy of their social security card and complete Enrollment Form 1100 and Beneficiary Form 1102.
- If you are currently receiving a check from the retirement system, you can not opt out of the retirement system. Retirement must be deducted from your earnings. A copy of your social security card and signed Form 1114 must be on file for this purpose.
- Applicants currently not participating in the Retirement System must complete
- An Election of Non-Membership Form 1104.
- Applicants will not be required to undergo a background check, drug test or physical.
- Poll Workers will be subject to the normal withholding thresholds for Social Security and Medicare.
- Poll Worker pay generally will not be subject to income tax withholding.

### **Current Employees of Berkeley County**

County employees may apply for poll work. County employees who want to work must receive approval from their supervisor.

- Registration and Election Employees are not eligible to volunteer.



**BERKELEY COUNTY**  
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- An application must be submitted to the Department of Registration and Elections.
- Employees will receive the same stipend given to other Poll Workers doing similar work. Employees must complete their work as Poll Workers on Election Day to receive the stipend.
- The Registration and Elections Department will verify the names of County employees who have applied and been accepted as Poll Workers to the finance department.
- Any training that the employee must attend as part of the obligation of a poll worker must be done on the employee's own time and the employee will be eligible for any stipend due to be paid for attending the training.
- Poll worker per diem is issued in separate check. However, you will receive only one W-2.

### **Compensation and Hour Requirements**

Managers and clerks of general elections shall receive a per diem as is provided in the annual State general appropriations act.

- Poll Workers will be paid \$60 for attending the required training session; must work Election Day to receive this pay.
- Poll Managers in Berkeley County are also paid \$75 per day by the State and \$25 by the County for working an election. Clerks receive an additional day's pay of \$60.

### **Pay**

- To be paid, you must verify your service time on the Poll Worker Time Sheet provided to you.
- You must work an election event to be paid for training. You will not receive the \$60 for training if you do not work an election.
- Print all information clearly. Voter registration will confirm the accuracy of the entries and sign the time sheets to validate it. Poll workers whose time sheets are incomplete or inaccurate may not receive their checks on time.
- Finance has 30 business days to process the pay checks after each election.
- As of 06/01/2018, if you earn \$1000 or more in a calendar year you will receive a W-2 reporting this income even though the income is exempt from federal and state taxes. This amount is subject to change.
- If you earn more than \$1800 in a calendar year all wages will be subject to social security and Medicare taxes. You will not be paid if Board of Elections does not have you Social Security number.



**COMPLETION OF THE FOLLOWING STEPS WILL  
ENSURE TIMELY AND ACCURATE PAYMENT**

All items must be completed and signed in blue or black ink.  
Absolutely no strike outs or changes are allowed on the W-4 or I-9.

- 1) Poll worker employment application
- 2) Completed and signed I-9 form
- 3) Two forms of identification. Acceptable forms of ID are listed
- 4) Applicant data record
- 5) W-4
- 6) Please complete the SC retirement form that applies to your current situation

Missing forms, inaccurate or incomplete information will result in you not being paid in a timely manner. If you need assistance, please call, email, or visit the Elections and Voter Registration office.

**POLL WORKER APPLICATION  
BERKELEY COUNTY GOVERNMENT  
ELECTIONS AND VOTER REGISTRATION**

Post Office Box 6122, 6 Belt Drive  
Moncks Corner, SC 29461-6122

**BERKELEY COUNTY GOVERNMENT'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.**

**PLEASE TYPE OR PRINT ALL ANSWERS IN BLUE INK**

**PERSONAL DATA**

NAME: \_\_\_\_\_ S.S. # \_\_\_\_\_  
(Last) (First) (Middle)

List any other name by which you have been known: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/Town) (County) (State) (Zip Code)

PHONE NUMBERS: Home: (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Are you currently employed by Berkeley County Government? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been a Berkeley County Government Employee? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently contributing funds to the South Carolina Retirement Systems or Police Officer Retirement Systems? Yes \_\_\_ No \_\_\_ If yes, please give the name of your current employer: \_\_\_\_\_  
Are you a retiree and currently receiving a monthly check from the South Carolina Retirement Systems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which system? \_\_\_\_\_ SCRS \_\_\_\_\_ PORS.

Are you a registered voter? Yes \_\_\_\_\_ No \_\_\_\_\_

County registered in: \_\_\_\_\_ Precinct registered in: \_\_\_\_\_

Voter registration number: \_\_\_\_\_

Have you ever attended a poll worker training? Yes \_\_\_\_\_ No \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## APPLICANT DATA RECORD FOR POLL WORKERS

**BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.**

Name *(Print Name as it appears on Social Security Card)*:

<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
Address: _____			
Street	City	State	Zip Code
Date of Birth: _____		Age: _____	
Position Applying For: _____			PS#: _____
Phone: (____) _____		Date: _____	

**IN ACCORDANCE WITH EQUAL EMPLOYMENT LAWS, WE ARE REQUIRED TO MAINTAIN STATISTICAL DATA ON ALL APPLICANTS. WE ASK FOR YOUR COOPERATION IN COMPLETING AND RETURNING THIS VOLUNTARY FORM. THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION AND NOT USED IN THE INTERVIEWING OR SCREENING PROCESS. WE APPRECIATE YOUR COOPERATION.**

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female	How did you hear about this job?
CHECK ONE:	<input type="checkbox"/> White <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Black <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> American Indian/Alaska Native <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Two or More Races <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Native Hawaiian or Pacific Islander <i>(Not Hispanic or Latino)</i>	CHECK ONE: <input type="checkbox"/> County Employee <input type="checkbox"/> Job Line <input type="checkbox"/> Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Office Visit <input type="checkbox"/> Job Service



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write in This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 150px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State      ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
▶ Whether you're entitled to claim a certain number of allowances or exemption is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>D</b>	_____
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	_____
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	_____
<b>G</b>	<p><b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .</p>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ _____
<b>3</b>	Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	Add lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	_____
<b>10</b>	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6 Subtract line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**ELECTION OF NON-MEMBERSHIP**

**SC Public Employee Benefit Authority  
South Carolina Retirement Systems  
Attention: Enrollment  
Box 11960, Columbia, SC 29211-1960**

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

**SECTION I EMPLOYEE INFORMATION**

If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City		6. State
					7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date of Employment	11. Position Title		12. Present Monthly Salary

**SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE**

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

**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 SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)**

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership.

CATEGORY (SEE DESCRIPTIONS ON PAGE 2)	SCRS	PORS	GARS
Non-Permanent Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Membership - Exemptions Authorized by the Retirement Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected Official Earning \$9,000 or less per Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Earning Less than \$2,000 and working fewer than 1,600 hours in a Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 30 years service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired Justice/Judge returning to work for public institution of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: \_\_\_\_\_ Employer Code: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

## INSTRUCTIONS

### SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.

Complete items 1-12 by providing the requested information.

### SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.

Read carefully the statements in this section, then sign and date the form in the spaces provided.

### SECTION III - THE EMPLOYER COMPLETES THIS SECTION.

If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on page 1 and described in further detail below.

#### EMPLOYMENT CATEGORY

**Non-Permanent Position:** The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

**Optional Membership - Exemptions Authorized by the Retirement Act:** Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of \$100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

**Elected Official Earning \$9,000 or less per Year:** This individual must not be a full-time employee and must have been elected to office.

**Earning less than \$2,000 and Working fewer than 1,600 Hours in a Year:** To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn \$2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

**Active General Assembly Member:** A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

**Retired Justice or Judge:** A retired member of JSRS that returns to work for a public institution of education may elect non-membership in SCRS.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact Customer Services at (800) 868-9002 (available within SC only), (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov). The Retirement Systems Employer Manual includes more information as well and is available at the Retirement Systems website at [www.retirement.sc.gov](http://www.retirement.sc.gov) or by contacting Customer Services.

### NOTIFICATION OF EMPLOYED RETIREE

SC Public Employee Benefit Authority  
South Carolina Retirement Systems  
Attention: Enrollment  
Box 11960, Columbia, SC 29211-1960

Print or type in black ink and sign in blue ink. Please read the instructions on page 2 before completing this form.

#### SECTION I EMPLOYEE INFORMATION

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date Returned To Work	11. Position Title		12. Present Monthly Salary
13. Date of Retirement			14. System Retired Under <input type="checkbox"/> SCRS <input type="checkbox"/> PORS		

#### SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I am a retiree of one of the systems covered by the South Carolina Retirement Systems. As a retired member returned to covered employment, I understand that I am required to pay contributions at the same rate as active members. I also understand that I will not accrue any additional service credit. However, the contributions will be credited to my account and upon my death, any remaining contributions that have not been exhausted through benefit payments will be paid to my beneficiary.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment.

I also certify that the information provided in items 1-14 of Section I of this form are true to the best of my knowledge and belief.

**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 SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION III TO BE COMPLETED BY THE EMPLOYER

The individual must be retired from the South Carolina Retirement Systems (includes SCRS TERI participants) or the Police Officers Retirement System. A retired SCRS or PORS member that returns to covered employment must make the same member contributions as an active employee. The employer must also make the same employer contributions for a retiree that is currently employed as they make for an active employee. The contribution rate should be based on the system in which a member is retired under. For example, a PORS retiree that returns to work under a position that would normally qualify as an SCRS position will contribute at the PORS rate. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute.

Please indicate which system the member will be contributing:  SCRS  PORS

I hereby certify that the employee listed in items 1-2 of Section I of this form is a retiree returning to covered employment.

Employer Name: BERKELEY COUNTY GOVERNMENT Employer Code: 708-01

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: HR GENERALIST II Work Telephone: 843-719-4790

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800



## INSTRUCTIONS

This form is used to notify the Retirement Systems of a retired member returning to covered employment. The individual must be retired from the South Carolina Retirement Systems (SCRS), which includes participants in the TERI program, or the Police Officers Retirement System (PORS). A retired member that returns to work with a covered employer must make the same member contributions as an active member. The employer must also make the same employer contributions for a retiree that returns to employment as they make for an active employee.

### **SECTION I- THE EMPLOYEE COMPLETES THIS SECTION**

Complete items 1-14 by providing the requested information.

### **SECTION II- THE EMPLOYEE COMPLETES THIS SECTION**

Read carefully the statements in this section, then sign and date the form in the spaces provided. Please note that you are required to make the same member contributions, working as a retired member for a covered employer, as an active member would make. These contributions do not add additional service credit to your retirement account. However, the contributions will be credited to your account and upon your death, any remaining contributions that have not been exhausted through benefit payments will be paid to your beneficiary.

### **SECTION III- THE EMPLOYER COMPLETES THIS SECTION**

Please print the requested information, then sign and date the form. Also, please check the box to indicate which system the retiree and employer will be contributing. Both the member and the employer should contribute at the rate corresponding to the system the member is retired under. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute.

Forms not properly completed will be returned to the employer. For more information, please contact Customer Service at (800) 868-9002 (in state), (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov).

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

**ACTION REQUESTED (Check One):**

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

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

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

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

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

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

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

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

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

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

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

19. Employer Code <b>708-01</b>	20. Employer Name <b>Berkeley County Gov.</b>	21. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer	
22. Original Date of Hire with Employer listed in Items 19-20	23. Date of Membership	24. Employee's Position Title	25. Employee's Annual Salary

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

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Work Telephone **843-719-4790**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form 1102 Revised 11/1/2017 Page 1  Print or type in black ink  Please read the instructions on the reverse (Page 2) before completing this form.	<b>ACTIVE MEMBER BENEFICIARY FORM</b>  <b>BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201</b>  SC Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223  Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.	<b>CHECK ONE:</b> <input type="checkbox"/> New Enrollee <input type="checkbox"/> Change of Beneficiary <hr/> <b>Retirement System (check one)</b> <input type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> GARS <input type="checkbox"/> JSRS
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Section I PERSONAL INFORMATION			
1. Last Name & Suffix	2. First/Middle Name	3. Social Security Number	
4. Date of Birth	5. Address		
6. City	7. State	8. ZIP+4	

**ALL SECTIONS MUST BE COMPLETED**

Section II-A* BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.				
1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section II-B* Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.				
1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section III* BENEFICIARY(IES) FOR INCIDENTAL DEATH BENEFIT (You may not designate contingent beneficiaries for the incidental Death Benefit). I designate the following beneficiary(ies) to receive my Retirement Systems Incidental Death Benefit:				
1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

**\* 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 CERTIFICATION AND CONDITIONS	
<b>IMPORTANT:</b> Please read the Certification and Conditions sections of the instructions on the reverse (Page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (Page 2), including the certification and conditions, and I agree to the provisions stated.	
MEMBER'S SIGNATURE _____	WITNESS _____
(Do not print)	(Required only when signed by mark)
STATE OF <u>South Carolina</u>	COUNTY OF <u>Berkeley</u>
Acknowledged before me this date _____	NOTARY NAME _____
My Commission Expires _____	NOTARY SIGNATURE _____
	(Out of state, requires Seal)

**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 SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

**INSTRUCTIONS**

**USE THIS FORM FOR ACTIVE MEMBER BENEFICIARY DESIGNATIONS WHICH DO NOT REQUIRE A TRUSTEE APPOINTMENT. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY EACH TIME. AN ACKNOWLEDGMENT LETTER WILL BE SENT TO THE MEMBER EACH TIME A FORM IS RECEIVED BY THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY (PEBA). FOR RETIREE BENEFICIARY DESIGNATION, USE FORM 7201.**

Check the appropriate boxes in the upper right corner. If you are a member of more than one system, complete a beneficiary form (FORM 1102) for each system. You should complete a form for each system of which you are a member when making any beneficiary changes (i.e. if you complete a FORM 1102 for your SCRS account, beneficiary changes will be for that system only, your prior designations for your PORS account would still be in effect).

**SECTION I**

**1-8. Complete the general information concerning yourself.**

**SECTION II-A****REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS**

On this form you may designate a person(s) or your estate as beneficiary for your retirement contributions or survivor benefits. Leave the relationship, sex, date of birth, and SSN blank if you are naming your estate as beneficiary. If you are naming your estate as beneficiary, you may not designate a person(s) for this portion of your retirement benefits. If additional space is needed to designate more than three beneficiaries, complete and attach a second Form 1102 and indicate on the form how many pages are being submitted. That information will assist the PEBA in determining total number of forms submitted in the event the forms are separated during the processing. **If Section II-A is left blank the Form 1102 is incomplete. The Form 1102 is marked "VOID" and returned for completion of a new form.**

**NOTE: SURVIVOR BENEFITS WILL NOT BE PAID TO AN ESTATE - LUMP SUM REFUND ONLY!**

**SECTION II-B****CONTINGENT BENEFICIARY (OPTIONAL)**

In accordance with §9-1-1650, §9-9-100, and §9-11-110, Code of Laws of SC (1976) as amended, an "active" member (a member who is actively employed, making regular contributions and earning service credit) may name contingent beneficiaries to receive a refund of member contributions or survivor benefits (if eligible). **{THESE CONTINGENT BENEFICIARIES HAVE NO RIGHTS, UNLESS ALL PRIMARY BENEFICIARIES HAVE DIED}**. Contingent beneficiaries may not be designated for Incidental Death Benefit. If you do not want a contingent beneficiary, write "NONE" in Section II-B on the reverse (Page 1) of this form. **If a form is received in which the contingent beneficiary section is left blank, the designation will default to estate, even if there is a prior contingent beneficiary designation on file.**

**SECTION III****INCIDENTAL DEATH BENEFIT**

You may name different beneficiaries for the Incidental Death Benefit (a benefit equal to your annual salary), paid in a lump sum (if the employer has elected this coverage). The \$3,000 State Life Insurance and Optional Life Insurance are administered by the Employee Insurance Program (EIP); contact EIP for information pertaining to those benefits. Contact your employer or PEBA for Incidental Death Benefit coverage. If you do not have Incidental Death Benefit coverage, write "N/A" in Section III on the reverse (Page 1) of this form.

**SECTION IV****CERTIFICATION AND CONDITIONS**

1. **CERTIFICATION:** This form must be signed by the member in the presence of a notary public and be properly notarized. If more than one form is completed, **ALL** forms must be notarized on the same date. **FORMS ALTERED IN THE BENEFICIARY DESIGNATION OR CERTIFICATION SECTIONS WILL NOT BE ACCEPTED.**
2. **REVOCATION:** All previous beneficiary designations to receive retirement benefits are hereby revoked.
3. **AUTHORIZATION:** I hereby authorize PEBA to make payment of any refund of my accumulated contributions and/or any other payment due in the event of my death prior to retirement to the beneficiary(ies) designated on the front of this form (Page 1) in accordance with the provisions of PEBA, and agree on behalf of myself and my heirs and assigns, that any payment so made shall be a complete discharge of the claim or claims, and shall constitute a release of PEBA from any further obligations on account of the benefit or benefits. In the event my primary beneficiary(ies) predeceases me and if a contingent beneficiary designation is on file, PEBA would pay any benefits due to the contingent beneficiary(ies). In the event that no primary beneficiary(ies) or contingent beneficiary(ies) are alive at the time of my death, my estate (which is ineligible for survivor benefits), will automatically become my designated beneficiary. I reserve the right to change the designated beneficiary(ies) by a written designation filed with PEBA in accordance with its rules and regulations.
4. **PAYMENT:** PEBA shall be fully discharged of liability for all amounts paid to the beneficiary(ies), and shall have no other obligation as to the application of such amounts. In any dealing with a beneficiary(ies), including but not limited to any consent, release, or waiver of interest, PEBA shall be fully protected against the claim or claims of every other person.
5. **MULTIPLE BENEFICIARIES:** Survivor benefits payable to two or more beneficiaries shall be calculated based upon the average age of the designated beneficiaries. Payments will be equally divided among surviving beneficiaries at the member's death.