

**Summary of Benefits Worksheet**

**Please complete this document and bring it with you to your Benefits Orientation. You may also email this document to the Benefits Administrator prior to your meeting to Kaji Orr @ [Kaji.Orr@hgtc.edu](mailto:Kaji.Orr@hgtc.edu)**

**Health Insurance – Refuse or select one plan**

**Plan:**

- Refuse
- \*State Savings Health Plan
- State Standard Health Plan

**Coverage Level:**

- Employee Only
- Employee/Spouse
- Employee/Child(ren)
- Full Family

**State Dental Plan – If electing Dental Plus, you must enroll in Basic Dental and cover the same individuals**

**Basic Dental:**

- Refuse
- Employee Only
- Employee/Spouse
- Employee/Child(ren)
- Full Family

**Dental Plus:**

- Refuse
- Yes

**EyeMed State Vision**

- Refuse
- Employee Only
- Employee/Spouse
- Employee/Child(ren)
- Full Family

**Optional Life – Please refer to Optional Life Rate Sheet for current rates – new hires can elect up to 3x’s annual salary without providing medical evidence**

- Refuse
- Coverage Level \$ \_\_\_\_\_

**Dependent Life/Spouse – New hires may elect either \$10,000 or \$20,000 on a spouse, rates are based on the age of the employee – Please refer to Optional Life Rate Sheet**

- Refuse
- Coverage Level \$ \_\_\_\_\_

*\*Participants in the State Savings Health Plan may enroll in a Health Savings Account. Please see a Benefits Representative for more information.*

**Dependent Life/Child - \$1.10/month regardless of number of children covered – if over the age of 19, student certification is required**

- Refuse
- Enroll - \$15,000

**Supplemental Long Term Disability – Refuse or select one plan – formula to calculate rate is reflected on Active Monthly Insurance Rates**

- Refuse
- Plan One – 90-day benefit waiting period
- Plan Two – 180-day benefit waiting period

**MoneyPlus\$ pretax premium feature - \$.28 per month – premiums will be deducted prior to taxes, resulting in a lower tax base for employee.**

- Refuse
- Yes

**Retirement Plan – required for full-time permanent positions**

South Carolina Retirement Systems (SCRS)

ORP – Optional Retirement Plan – must select a vendor from the list below

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> TIAA-Cref  | <input type="checkbox"/> VALIC   |
| <input type="checkbox"/> MassMutual | <input type="checkbox"/> MetLife |

I certify that I have reviewed the online *New Hire Benefits Orientation* containing information related to benefits at Horry-Georgetown Technical College.

I have been advised of the availability of state benefits and was given the opportunity to enroll in all programs.

I understand that I am responsible for my benefits and it is my responsibility to inform the Benefits Administrator of Horry-Georgetown Technical College within the appropriate time frame if/when changes need to be made to my coverage.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**If electing any coverage for any dependents, the following information must be provided to enroll in benefits:**

Name of Dependent \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female

If over 19 – is child a Full-time Student?  Yes  No

\*SSN \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female

If over 19 – is child a Full-time Student?  Yes  No

\*SSN \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female

If over 19 – is child a Full-time Student?  Yes  No

\*SSN \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female

If over 19 – is child a Full-time Student?  Yes  No

\*SSN \_\_\_\_\_

**\*If emailing this document, SSN's may be supplied when meeting in-person with a benefits representative.**

**Other Documents required for proof of dependent eligibility:**

**SPOUSAL COVERAGE:**

**Legal Spouse:**

Copy of Marriage Certificate

OR

Page 1 of most recent Federal Tax Return (with financials blacked out)

**Former Spouse:**

Copy of Divorce Decree ordering subscriber to cover the former spouse

**Common Law Spouse:**

Copy of Common Law Marriage Affidavit

**DEPENDENT CHILD(REN):**

Student Certification - if over the age of 19 and enrolling in Dependent Life Child – **PLUS** –

**Natural Children:**

A copy of the long form birth certificate reflecting the names of the biological parents.

**Step Child(ren):**

A copy of the long form birth certificate reflecting the names of the biological parents – **PLUS** –

proof that the subscriber and natural parent are married (see above)

**Adopted Child(ren):**

A copy of court document verifying completed adoption

Official letter of placement indicating adoption is in process

**Foster Child(ren):**

A copy of court order or legal document placing the child with the subscriber who is a licensed foster parent

***Please refer to the Enrollment Eligibility Documentation Worksheet for a complete list of acceptable documents.***

**Beneficiary Information will be required if enrolling in a health plan, optional life, and retirement plan. Please be prepared to submit the following:**

Name(s) of beneficiary(ies)

**Must Designate Primary or Contingent**

Date of Birth

SSN