



TO: New Full-Time (FTE) Employee
FROM: Kaji Orr, Benefits Specialist
Horry Georgetown Technical College
RE: PEBA Insurance and Retirement Benefits

Welcome to HGTC, I look forward to meeting you at your benefits orientation! In an effort to expedite the orientation paperwork process, there is information related to your insurance benefit and retirement option on our website under Human Resources – New Hire Information. Please feel free to contact me if you have any questions regarding the posted information. I will contact you in the near future to schedule your benefit orientation – the orientation generally takes around 30-45 minutes.

Please be prepared to discuss your election options regarding your choice of Health, Dental, Optional Life, Dependent Life Spouse and/or child, and Supplemental Long Term Disability. You do have **31 days from the date of hire** to make these selections, so you are able to change anything that you do choose or add anything you've refused at orientation.

Membership in one of the retirement plans outlined below (SCRS or State ORP) is mandatory for all FTE. You have **30 days from your date of hire** to make a selection. We have posted on our New Hire webpage under "retirement" for your review, a *Select Your Retirement Plan* brochure. This brochure, along with the information provided in your scheduled benefits orientation will help you in your selection of a retirement plan.

RETIREMENT (All new employees hired on or after July 1, 2012 may elect SCRS or Sate ORP.)

SC Retirement System

- Defined Benefit Plan; the State bears the investment risk and provides a guaranteed monthly pension based on a statutory formula, not on your account balance.
- Effective July 1, 2017 members will contribute 9.00% of his/her gross salary.

Optional Retirement Programs

- Defined Contribution Plan. In a defined contribution plan, you invest your funds within the plan's investment choices and then bear the risk, or enjoy the benefit, based on the performance of your investments. Your retirement benefit is based on the balance in your account when you retire.
- Members contribute 9.00 % of his/her gross salary effective July 1, 2017.
- There are four vendors for the Optional Retirement Program available and they are VALIC, METLIFE, TIAA-CREF, and Mass Mutual.

If you have any questions, please do not hesitate to contact me at (843) 349-5350, email Kaji.Orr@hgtc.edu, or stop by the Human Resources Department located on the Conway Campus, Building 200. I look forward to seeing you in the near future at our scheduled Benefits Orientation. **Welcome to HGTC!**

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

You are eligible to participate in the health insurance plans offered through PEBA Insurance Benefits. To actually participate, you must complete a Notice of Election form and pay the premium.

The Health Insurance Portability and Accountability Act (“HIPAA”) requires PEBA Insurance Benefits to notify you of a very important provision in its health insurance plan. You have the right to enroll in PEBA Insurance Benefits’ health insurance plans under its “special enrollment provision” if you acquire a new dependent or if you decline coverage under PEBA Insurance Benefits’ health insurance plans for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

I. SPECIAL ENROLLMENT PROVISION

▶ **Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program [CHIP]).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in PEBA Insurance Benefits’ health insurance plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment **within 31 days** after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

▶ **Loss of Coverage for Medicaid or a State Children’s Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in PEBA Insurance Benefits’ health insurance plans if you or your dependents lose eligibility for that other coverage. However, you must request enrollment **within 60 days** after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

▶ **New Dependent by Marriage, Birth, Adoption or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents in PEBA Insurance Benefits’ health insurance plans. However, you must request enrollment **within 31 days** after the marriage, birth, adoption or placement for adoption.

▶ **Eligibility for Medicaid or a State Children’s Health Insurance Program (CHIP).** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program, you may be able to enroll yourself and your dependents in PEBA Insurance Benefits’ health insurance plans. However, you must request enrollment **within 60 days** after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about special enrollment provisions in PEBA Insurance Benefits’ health insurance plans, contact your Benefits Administrator [Kaji Orr, 843.349.5350].

II. PREMIUM ASSISTANCE:

If you live in one of the States on the attached list, you may be eligible for assistance paying your employer health plan premiums. The attached list of States is current as of November 3, 2010. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since November 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
1-866-444-EBSA (3272) www.dol.gov/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
1-877-267-2323, Ext 61565 www.cms.hhs.gov

If you are not enrolled in Medicaid or CHIP, but think you or your dependent might be eligible, contact your State Medicaid or CHIP office, or call 1-877-KIDS-NOW or visit www.insurekidsnow.gov to apply.

CHIP ASSISTANCE:	
Arizona	1-877-764-5437 http://www.azahcccs.gov/applicants/default.aspx
Arkansas	1-888-474-8275 http://www.arkidsfirst.com
Colorado	1-303-866-3243 http://www.CHPplus.org
Idaho	1-800-926-2588 http://www.medicaid.idaho.gov
Massachusetts	1-800-462-1120 http://www.mass.gov/MassHealth
Nevada	1-877-543-7669 http://www.nevadacheckup.nv.org/
New Jersey	1-800-701-0710 http://www.njfamilycare.org/index.html
New Mexico	1-888-997-2583 http://www.hsd.state.nm.us/mad/index.html , click on Insure New Mexico
Oregon	1-877-314-5678 http://www.oregonhealthykids.gov
Virginia	1-866-873-2647 http://www.famis.org/

MEDICAID ASSISTANCE:	
Alabama	1-800-362-1504 http://www.medicaid.alabama.gov
Alaska	Outside Anchorage: 1-888-318-8890; Anchorage: 907-269-6529 http://health.hss.state.ak.us/dpa/programs/medicaid/
California	1-866-298-8443 http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Colorado	1-800-866-3513 http://www.colorado.gov
Florida	1-866-762-2237 http://www.fdhc.state.fl.us/Medicaid/index.shtml
Georgia	1-800-869-1150 http://dch.georgia.gov/ , click "Programs" then select "Medicaid"
Idaho	1-800-926-2588 http://www.accesstohealthinsurance.idaho.gov
Indiana	1-877-438-4479 http://www.in.gov/fssa/2408.htm
Iowa	1-888-346-9562 www.dhs.state.ia.us/hipp/
Kansas	1-800-766-9012 https://www.khpa.ks.gov
Kentucky	1-800-635-2570 http://chfs.ky.gov/dms/default.htm
Louisiana	1-888-342-6207 http://www.lahipp.dhh.louisiana.gov
Maine	1-800-321-5557 http://www.maine.gov/dhhs/oms/
Massachusetts	1-800-462-1120 http://www.mass.gov/MassHealth
Minnesota	Outside Twin City area: 1-800-657-3739; Twin City area: 1-651-431-2670 http://www.dhs.state.mn.us/ , click on Health Care, then Medical Assistance
Missouri	1-573-751-6944 http://www.dss.mo.gov/mhd/index.htm
Montana	1-800-694-3084 http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Nebraska	1-877-255-3092 http://www.dhhs.ne.gov/med/medindex.htm
Nevada	1-800-992-0900 http://dwss.nv.gov/

New Hampshire	1-603-271-4238 http://www.dhhs.nh.gov/ombp/index.htm
New Jersey	1-800-356-1561 http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
New Mexico	1-888-997-2583 http://www.hsd.state.nm.us/mad/index.html
New York	1-800-541-2831 http://www.nyhealth.gov/health_care/medicaid/
North Carolina	1-919-855-4100 http://www.nc.gov
North Dakota	1-800-755-2604 http://www.nd.gov/dhs/services/medicalserv/medicaid/
Oklahoma	1-888-365-3742 http://www.insureoklahoma.org
Oregon	1-877-314-5678 http://www.oregonhealthykids.gov
Pennsylvania	1-800-644-7730 http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm
Rhode Island	1-401-462-5300 http://www.dhs.ri.gov
South Carolina	1-888-549-0820 http://www.scdhhs.gov
Texas	1-800-440-0493 https://www.gethipptexas.com/
Utah	1-866-435-7414 http://health.utah.gov/medicaid/
Vermont	1-800-250-8427 http://ovha.vermont.gov/
Virginia	1-800-432-5924 http://www.dmas.virginia.gov/rcp-HIPP.htm
Washington	1-800-562-3022, ext. 15473 http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
West Virginia	1-304-342-1604 http://www.wvrecovery.com/hipp.htm
Wisconsin	1-800-362-3002 http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm
Wyoming	1-307-777-7531 http://www.health.wyo.gov/healthcarefin/index.html

State Health Plan Standard Plan



	In network	Out of network
Premium	For active employees, ranges from \$97.68 for single coverage to \$306.56 for full family	
Annual deductible	\$445 for single coverage and \$890 for full family	
Coinsurance	Plan pays 80 percent You pay 20 percent	Plan pays 60 percent You pay 40 percent
Coinsurance maximum	Single: \$2,540 Family: \$5,080 Excludes deductibles and copayments	Single: \$5,080 Family: \$10,160 Excludes deductibles and copayments
Physicians office visits	\$12 copayment Plan pays 80 percent You pay 20 percent Chiropractic payments limited to \$2,000 a year, per person	\$12 copayment Plan pays 60 percent You pay 40 percent Chiropractic payments limited to \$2,000 a year, per person
Hospitalization/emergency care	Outpatient services: \$95 copayment Emergency care: \$159 copayment Plan pays 80 percent You pay 20 percent	Outpatient services: \$95 copayment Emergency care: \$159 copayment Plan pays 60 percent You pay 40 percent
Prescription drugs	<p>Participating pharmacies only (up to 31-day supply)</p> <p>Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$38 Tier 3 (brand-highest cost alternative): \$63</p> <p>Mail order and retail maintenance network pharmacies (up to 90-day supply)</p> <p>Tier 1 (generic-lowest cost alternative): \$22 Tier 2 (brand-higher cost alternative): \$95 Tier 3 (brand-highest cost alternative): \$158 Copayment maximum: \$2,500</p>	

Find out more about the Standard Plan at www.peba.sc.gov/shpstandardplan.html.



The Standard Plan and Savings Plan both offer value-based benefits at no cost to members, including preventive screenings, flu vaccines, tobacco cessation, diabetes education and more.

Learn more at www.PEBAPerks.com.

This overview is not meant to serve as a comprehensive description of the benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The Standard Plan Summary of Benefits and Coverage is available at www.peba.sc.gov/assets/sbcstandardplan.pdf.

State Health Plan Savings Plan



	In network	Out of network
Premium	For active employees, ranges from \$9.70 for single coverage to \$113 for full family	
Annual deductible	\$3,600 for single coverage and \$7,200 for full family	
Coinsurance	Plan pays 80 percent You pay 20 percent	Plan pays 60 percent You pay 40 percent
Coinsurance maximum	Single: \$2,400 Family: \$4,800 Excludes deductible	Single: \$4,800 Family: \$9,600 Excludes deductible
Physicians office visits	No copayment Plan pays 80 percent You pay 20 percent Chiropractic payments limited to \$500 a year, per person	No copayment Plan pays 60 percent You pay 40 percent Chiropractic payments limited to \$500 a year, per person
Hospitalization/emergency care	No copayments for outpatient facility services or emergency care	
Prescription drugs	<p>Participating pharmacies and mail order</p> <p>You pay the State Health Plan's allowed amount until your annual deductible is met. Afterward, the Plan will reimburse 80 percent of the allowed amount; you pay 20 percent in coinsurance.</p> <p>Drug costs are applied to your coinsurance maximum. When your coinsurance maximum is reached, the Plan will reimburse 100 percent of the allowed amount.</p>	

Find out more about the Savings Plan at www.peba.sc.gov/shpsavingsplan.html.



The Standard Plan and Savings Plan both offer value-based benefits at no cost to members, including preventive screenings, flu vaccines, tobacco cessation, diabetes education and more.

Learn more at www.PEBAPerks.com.

This overview is not meant to serve as a comprehensive description of the benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The Savings Plan Summary of Benefits and Coverage is available at www.peba.sc.gov/assets/2016savingsplan.pdf.

Certification regarding tobacco use

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

Subscriber name: _____ Subscriber BIN/SSN: _____

Non-tobacco user premium

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

Tobacco user premium

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

Subscriber signature: _____ Date: _____

Benefits administrator signature: _____ Date: _____

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.

ACTIVE MEMBER BENEFICIARY FORM

BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201

SC Public Employee Benefit Authority
South Carolina Retirement Systems
P.O. Box 11960, Columbia, SC 29211-1960

Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.

CHECK ONE:

- New Enrollee
 Change of Beneficiary

Retirement System (check one)

- SCRS PORS
 GARS JSRS

Print or type in black ink

Please read the instructions on the reverse (Page 2) before completing this form.

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

Section IV CERTIFICATION AND CONDITIONS

IMPORTANT: 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 _____ (Do not print) WITNESS _____ (Required only when signed by mark)

STATE OF _____ COUNTY OF _____

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 RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS 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 SC RETIREMENT SYSTEMS. 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 SC Retirement Systems 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 the SC Retirement Systems 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. **REVOCAION:** All previous beneficiary designations to receive retirement benefits are hereby revoked.
3. **AUTHORIZATION:** I hereby authorize the SC Retirement Systems 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 the SC Retirement Systems, 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 the Retirement Systems 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, the SC Retirement Systems 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 the SC Retirement Systems in accordance with its rules and regulations.
4. **PAYMENT:** The SC Retirement Systems 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, the SC Retirement Systems 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.

Please contact Customer Services with any questions: (803)737-6800, (800)868-9002 (within SC only) or www.retirement.sc.gov.