



Transfer Document

Employees Transferring from Another PEBA-participating Employer

New Hire <i>Please complete this section and submit to your losing employer</i>	Employee Name:					
	SC PEBA Benefits Identification Number (BIN):					
	Will you change position types (FTE, research grant, time-limited, or temporary) when you transfer to USC?					
Losing Employer <i>Please complete and fax to USC Benefits Office at (803) 777-1584</i>	Is the employee enrolled in SC PEBA Insurance?					
	If yes, has PEBA been notified of the employee's transfer to USC, group H27?					
	If yes, what is the effective date of insurance termination?					
	What is/was the employee's position type?					
	If FTE, what is the employee's state service date?					
	If FTE, what is the employee's leave accrual date?					
	Annual Leave Balance:		Sick Leave Balance:		YTD FMLA Taken:	
	What is the payroll deduction frequency for benefits?					
	Is the employee enrolled in MoneyPlus accounts?					
	Health Savings Account		YTD Contributions:			
			Annual Goal Amount:			
	Limited-Use Spending Account		YTD Contributions:			
			Annual Goal Amount:			
Medical Spending Account		YTD Contributions:				
		Annual Goal Amount:				
Dependent Care Spending Account		YTD Contributions:				
		Annual Goal Amount:				
Losing Employer Signature:			Title:			
Email Address:			Date:			
USC Benefits Office <i>Complete and forward to the Office of Payroll</i>		Approved:	Denied:	Reason for Denial:		
		USC Position Type:		BA Initials:	Date:	