



# Carolina Rewards Orientation Worksheet (CROW)

**Enrollment Type**  
 Newly Hired/Newly Eligible  
 Special Eligibility Situation  
 Open Enrollment

**IMPORTANT - Health Insurance Worksheet:**

You must complete all sections of the CROW and submit it along with supporting documentation, if applicable, and all other enrollment forms, e.g., MoneyPlus Enrollment Form, if electing a spending account.

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<b>1. Employee Information</b>			
SSN:		Name (Last, First, M.I.):	
Mailing Address:			
City:		State:	Zip: County:
Date of Birth:	Gender:		Marital Status:
Home Phone:	Work Phone:		Primary Email:
Covered By Medicare: (If yes, attach a copy of Medicare card(s).)			Yes No
Premiums:	Pre-Tax Deductions	Post-Tax Deductions	
Date of Hire:			
Is your date of hire the 1 <sup>st</sup> working day of the month e.g., October 3, 2016?			Yes No
If YES, do you want your benefits to start the 1 <sup>st</sup> of the month you start working, e.g., October 1, 2016, <u>or</u> the 1 <sup>st</sup> of the next month, e.g., November 1, 2016?			
1 <sup>st</sup> Day of the Month I Start Working		1 <sup>st</sup> Day of Next Month	
Be mindful of your decision, as it may impact the amount of arrears USC collects for insurance premiums.			
<b>2. Tobacco Certification</b>			
a.	Choose <b>one</b> regarding Tobacco use:		
	<b>Non-tobacco User:</b> I certify that I am eligible for the Non-Tobacco-User Premium by checking this box. By checking this box, I certify that all persons covered on my health insurance through PEBA 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.		
	<b>Tobacco User Premium:</b> I acknowledge that I will pay the Tobacco-User premium by checking this box. One or more persons covered on my health insurance through PEBA uses tobacco products in some form or I choose not to disclose my status as it relates to tobacco user.		
<b>3. Health Plan Election</b>			
a.	Choose <b>one</b> Health Plan Option:		
b.	If enrolling, choose Level of Coverage:		



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<b>4. Dental Plan Election</b>										
a.	Choose a Dental Plan Option:		Enroll	Refuse						
b.	If enrolling, choose Level of Coverage:									
c.	Dental Plus Plan:		Yes	No						
<b>5. Vision Plan Election</b>										
a.	Choose a Vision Plan Option:		Enroll	Refuse						
b.	If enrolling, choose Level of Coverage									
<b>6. Optional Life Insurance</b>										
(\$10K - \$500K, in \$10K increments, not to exceed maximum guaranteed issue amount of three times salary rounded down. Coverage exceeding three times salary, up to \$500K, requires evidence of insurability.)										
I elect		Amount:			No Coverage					
<b>7. Dependent Life Spouse Insurance</b>										
a.	Choose a Dependent Life Spouse Option:		\$10,000	\$20,000	No Coverage					
<b>8. Dependent Life Child(ren) Insurance</b>										
b.	Choose a Dependent Life Child Option:		\$15,000	No Coverage						
<b>9. Supplemental Long Term Disability (SLTD) Insurance</b>										
a.	Choose a SLTD Plan Option:		90 Day	180 Day	No Coverage					
b.	If enrolling, choose your Level of Coverage:									
<b>10. Dependent Coverage Information</b>										
DEPENDENT SSN	RELATIONSHIP	NAME (LAST, FIRST, M.I.)	GENDER (M/F)	DOB	HEALTH PLAN	DENTAL PLAN	VISION PLAN	FT STUDENT	INCAPACITATED CHILD	EMPLOYED BY STATE OF SC



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<b>11. Beneficiary Information</b>					
BASIC LIFE (BL) OPTIONAL LIFE (OL) (SELECT ONE OR BOTH)	BENEFICIARY SSN	NAME (LAST, FIRST, M.I.)	Date of Birth	RELATIONSHIP	PRIMARY/ CONTINGENT (P/C)
If beneficiary is an estate or trust, complete the following:					
Estate/Trust			Address		
If Trust, Date Signed					
<p><b><i>This is not your enrollment form!</i></b></p> <p>Upon receipt, your benefits counselor will enter your information on the CROW into SC PEBA's Insurance electronic enrollment system, MyBenefits. You will receive an email notification from SC PEBA regarding a pending transaction. Login to MyBenefits to review and certify the enrollment. If you have any corrections or changes, RETURN it electronically in MyBenefits and indicate the changes in the dialogue box. Your counselor will retrieve your returned transaction, make the changes and submit it back to you for final review and certification.</p>					