

Retirement Program Guidelines for Temporary Employees

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Temporary employees are offered the right to opt out of participation in the retirement program through the University of South Carolina, by the State of South Carolina. These guidelines provide important information so that you may make a choice that best meets your circumstances. They are also a good reference for future requirements that should be considered if you participate in the South Carolina Public Employee Benefit Authority (PEBA) retirement programs.

Generally, new employees will receive an email from PEBA asking you to make your retirement election. As a temporary employee, you have the option to participate in one of the state retirement plans, or you may opt out of enrolling in a plan, thereby foregoing having retirement funds deducted from your pay.

However, in the following circumstances*, you are required to participate in a PEBA retirement program:

- 1) **You currently have funds on deposit in the SCRS account, administered by PEBA and you are in a position consistent with SCRS participation** – If you already have funds on deposit in the SCRS, please confirm your retirement election upon receipt of your email from PEBA, and submit the [Active Member Beneficiary Form \(Form 1102\)](#), if the original beneficiary information needs to be updated.
- 2) **You have not elected to opt out of participation within 30 days of the date of hire** – If you have the option to opt out of participation, but do not indicate this within 30 days of your date of hire, you will automatically default to the SCRS and will need to submit the [Active Member Beneficiary Form \(Form 1102\)](#).
- 3) **You are a PEBA system TERI participant or retiree returning to work** – If you are returning to work, please select the appropriate option on the Offer of Temporary Employment Form. As applicable, those rehired as a Post-TERI/retiree will be updated in the PEBA system upon receipt of the rehire for [Post-TERI/Retirement Hiring Document \(PBP-2\)](#). Please confirm your retirement status upon receipt of your email from PEBA and submit the [Active Member Beneficiary \(Form 1102\)](#), if the original beneficiary information needs to be updated.

Insurance Note: Please follow up with Medicare by advising them of your election to active group coverage and options for part B coverage during that time. If you are enrolled in retiree insurance (and are Medicare eligible) through PEBA, you will be required to refuse retiree's coverage upon qualifying for active group coverage.

***NOTE:** In the circumstances above, continued participation in the same retirement account is generally required and deductions will be made at the applicable active employee rate. **It is imperative that TERI/retiree participants accurately report your status to your hiring department to avoid adjustments to pay deductions in the future.** Additionally, for retirees returning to work, a \$10,000 earnings limitation will apply if your retirement date is January 2, 2013 or later **and** you were younger than age 62 (under SCRS) or age 57 (under PORS) at the date of retirement. The earnings limitation will not apply while in TERI status. Please refer to the guidelines provided on the [PEBA website](#) for further clarification.

If you have no funds currently on deposit, are not a TERI/retiree participant, and have made a determination within 30 days from the date of hire- as described above, you have three options:

- 1) **Choose to participate in SCRS (or PORS, if applicable)** – If you choose this option, submit the [Active Member Beneficiary \(Form 1102\)](#) and select this election upon receipt of the email that you receive from PEBA.
- 2) **Choose to participate in the State Optional Retirement Program (State ORP)** – If you choose this option, submit the [Active Incidental Death Benefit Beneficiary Designation \(Form 1106\)](#) and the enrollment form for your chosen vendor (please obtain this form directly from the vendor) and select this election upon receipt of the email that you receive from PEBA..
- 3) **Elect for non-membership** – If you wish to elect for non-membership, please select this option upon receipt of your email from PEBA. If you do not make this selection within 30 days of your date of hire, you will automatically default into the SCRS.



Offer of Temporary Employment

Name: _____

The University of South Carolina is pleased to offer you an appointment as a temporary employee as a/an _____ (Title) on the _____ Campus in the Department of _____. The rate of pay for this appointment is _____ per _____, and duties and responsibilities are:

If applicable, based on the primary duties, this position is a practicing physician, practicing attorney, or teacher.

Your supervisor will be _____.

This appointment begins _____ and ends _____; however, the University reserves the right to terminate this appointment at its sole discretion at any time with or without cause.

You are advised that as a temporary employee you are not entitled to annual or sick leave, paid holidays, grievance rights, or any other benefits normally associated with employment in a permanent FTE position under state guidelines. However, health insurance will be extended if you are deemed eligible based on the Affordable Care Act (ACA) and University guidelines. You will be separated from the University of South Carolina at the end of this appointment and without further notice. You will not be eligible for rehire in a temporary capacity for a time period of not less than 15 calendar days. Your supervisor will provide additional information pertaining to your appointment (i.e. hours of work).

Hiring Official's Signature	Hiring Official's Title	Date
Retirement Election		

Based on the information provided in the [Retirement Program Guidelines for Temporary Employees](#), please select one of the following options, as applicable:

I do not want to enroll in a retirement plan. I do not have funds on deposit in an SCRS account and I also am not a TERI participant or a retiree returning to work. An [Election of Non-Membership Form \(Form 1104\)](#) is attached within 30 days of my hire date.

I want to enroll in a retirement plan. I understand that a percentage of my gross pay will be deducted for retirement. I also understand that I may be required to continue to participate as long as I have funds on deposit and am employed with a covered employer. A [Retirement Plan Enrollment Form \(Form 1100\)](#) and the appropriate beneficiary form ([Active Member Beneficiary Form \(Form 1102\)](#) for SCRS/PORS or [State ORP Active Incidental Death Benefit Beneficiary Designation Form \(Form 1106\)](#)) is attached. If an ORP plan is elected, the vendor selected will also require an enrollment form, which must be obtained directly from the vendor.

If I am a Post-TERI participant or returning to work as a retiree from a PEBA retirement system I should notify the department representative responsible for this form so that the Post-TERI/Post-Retirement Offer Letter may be completed which explains the guidelines relevant to my situation. I will be required to contribute to my PEBA retirement account at the current employee contribution rate.

I have funds on deposit, but have entered a grant-funded position which does not support contributions to the PEBA account. An [Election of Non-Membership Form \(Form 1104\)](#) and the Research Grant Agreement reflecting the provisions are both attached.

All forms can be found on the [PEBA](#) website at <http://www.peba.sc.gov/rforms.html>. ORP enrollment forms are obtained directly from the vendor.

Insurance Note: If you or your eligible dependents are entitled to Medicare and are extended a right to active group coverage, Medicare will then become secondary- regardless of whether you opt for active group coverage or refuse coverage. Therefore, opting out of active group coverage may not be to your benefit because you will be primarily responsible for claims not covered by Medicare. Please follow up with Medicare by advising them of your election to active group coverage and options for part B coverage during that time. If you are enrolled in retiree insurance (and are Medicare eligible) through PEBA, you will be required to refuse retiree's coverage upon qualifying for active group coverage.

I certify that I have read the above terms of employment and that I understand and agree to them. My signature below indicates that I accept this position.

Signature of Temporary Employee

Date