



Addendum to Employer Resolution for Participation in the State Insurance Benefits Program regarding County/Municipality Councilmember Coverage

Complete the form below and submit via mail or email to:

S.C. PEBA
Attn: Insurance Employer Audit
202 Arbor Lake Drive
Columbia, SC 29223

EmployerAudits@peba.sc.gov

As an addendum to the resolution entered into by the _____ (Employer) for
County/Municipality Name

Participation in the State Insurance Benefits Program, the _____ Council of
County/Town/City

_____ (Council) hereby makes the following election regarding the eligibility of
County/Municipality Name

elected members of the Council to participate as active employees in the State Insurance Benefits Program (Program) offered by the South Carolina Public Employee Benefit Authority (PEBA) pursuant to Section 1-11-703 et seq. of the 1976 Code of Laws:

Select one only.

- ☐ Members of the Council will be considered Active Employees of the Employer for the purposes of participation in the State Insurance Benefits Program *(only available if Councilmembers are paid and are eligible for participation in the South Carolina Retirement Systems)*; or
- ☐ Members of the Council will **not** be considered Active Employees of the Employer for the purposes of participation in the State Insurance Benefits Program.

In making this election, the Council hereby understands, acknowledges and agrees that:

1. The election made above is a material requirement for participation in the Program established by the PEBA Board of Directors and is irrevocable during the Employer's period of participation in the Program;
2. The election made above applies only to Councilmembers' participation in the Program, and does not affect Councilmembers' participation in the South Carolina Retirement Systems;
3. If the Council has elected to decline coverage, Councilmembers will not be considered Employees of the Employer, as that term is defined in the State Health Plan, for purposes of eligibility and participation in the Program, and will not be eligible for any benefit offered under the Program as an Active Employee by virtue of membership on the Council; service on the Council will not be taken into consideration for eligibility for retiree insurance coverage under

the Program; and the Council and Employer irrevocably waive and disclaim any rights the Employer or its Councilmembers may have regarding Councilmembers' benefits from the Program as a result of their service on the Council after the date of this election; and

4. The election made above will not be effective until it is received in good order and approved by PEBA, and nothing in this election alters any other obligations Employer has to properly and timely administer insurance benefits under the Program for other Employees of the Employer in accordance with the requirements established by PEBA.

IN WITNESS WHEREOF, we have hereunto set our hands and authority at the meeting of the

_____ Council of the _____
County/Town/City County/Municipality Name
County of _____, South Carolina, held at _____
County Location
this _____ day of _____, 20 _____.
Day Month

Signatures of Council Members

A majority must sign.

_____	_____
_____	_____
_____	_____
_____	_____

Certification

I _____, _____ of the aforesaid Employer, hereby certify
Name Title
that the aforesaid Council consists of _____ duly elected members, and that as stated above,
Number
_____ members voted in favor of the above Addendum.
Number

IN WITNESS WHEREOF, I have hereunto set my hand and the authority of the aforesaid Employer.

_____	_____	_____
Signature	Date	Employer Group Number