



Benefits Checklist

Please complete this form and bring to Human Resources along with the **social security numbers** and **birth dates** of your beneficiaries and dependents. This form is due within **31 days of your hire date**.

Retirement Choices (check **one** plan):

- ☐ South Carolina Retirement Systems
- ☐ State Optional Retirement Plan (select **one** vendor)
 - ☐ TIAA/CREF
 - ☐ VALIC Retirement
 - ☐ MetLife
 - ☐ MassMutual

Insurance Choices (select any/all insurance plans you wish to subscribe to)

Health Insurance

- ☐ State Health Plan – Savings
- ☐ State Health Plan – Standard

Vision Insurance

- ☐ EyeMed Vision Care

Dental Insurance

- ☐ State Dental Plan
- ☐ Dental Plus

Life Insurance Choices

- ☐ Optional Life – Benefit is equal to three times your salary without a Personal Health Statement (PHS). More coverage requires a PHS which must be completed and sent to Minnesota Life for approval within 31 days of hire date. Insurance rate is based on age.
- ☐ State Farm – Benefit is equal to two times salary. Insurance rate is based on salary.
- ☐ Dependent Life Spouse - \$10,000 or \$20,000 without Personal Health Statement. Rate based on age and salary.
- ☐ Dependent Life Child - \$15,000 – Rate 1.10

Supplemental Long Term Disability – Rate based on age and salary.

- ☐ 90 day waiting period
- ☐ 180 day waiting period

MoneyPlus

- ☐ Premium Pretax Feature
- ☐ Health Savings Account-if enrolling in the State Health Savings Plan
- ☐ Dependent Care Spending Account
- ☐ Medical Spending Account – if eligible

Please refer to all insurance materials and visit the SC PEBA Insurance Benefits website at eip.sc.gov before making your insurance decisions.