



BERKELEY COUNTY
Elections and Voter
Registration
Laura Thomas

BECOME A PART OF THE ELECTION PROCESS ON ELECTION DAY!

The Berkeley County Board of Elections and Voter Registration is always looking for new Poll Managers to staff precincts throughout Berkeley County. Poll Managers have a unique opportunity to serve the community, meet their neighbors and become involved in the democratic process. They are also compensated \$160 for each election they work, \$60 for training and \$100 for working Election Day. You must work Election Day for us to pay you for training. It will take approximately **30 business days** after the election to process pay checks.

Election duties include: processing of voters, ballot distribution, activation of the voting system, compliance with election law and procedures, and general assistance to voters.

In order to apply, YOU MUST:

- Be a registered voter in Berkeley County, or an adjoining county; (Dorchester, Charleston, Georgetown, Williamsburg, Orangeburg, and Clarendon County), or aged 16 or 17.
- Be willing to attend a Poll Manager training session (1-2 hours) and pass a certification test before **EACH** election you choose to work.
- Be prepared to work the ENTIRE Election Day; from 6:00 am until approximately 7:30 pm, maybe longer
- Be non-partisan and neutral when working an election (cannot be an elected official or immediate family of an elected official/candidate).
- **Physical requirements:** standing, bending, stooping, lifting approximately 40 lbs., normal vision and manual/physical dexterity.
- **Technical Requirements:** can use a lap top and mouse to process the voters on Election Day.

You will be required to provide a copy of your drivers license and social security card. Our office will make copies to attach to your poll manager application packet along with other forms you must complete. **If you do not provide this information, you will not be allowed to work the polls.**

If you are interested in this opportunity, please complete the attached application. You can mail, fax, or email it back to us at the contact information listed below.

When your application is approved, you will be added to our mailing list. We will keep you informed of upcoming Poll Manager Training Sessions and Elections. Please note there is no guarantee that you will be chosen to work every election held in Berkeley County and you may be required to work in a precinct outside your home voting precinct.

For further information about working the polls, contact Laura Thomas; the Precinct Coordinator at laura.thomas@berkeleycountysc.gov or (843) 719-4663



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Poll Worker Guidelines
Berkeley County Government

Purpose

To comply with the Section 218 Agreement between the State of South Carolina and the Social Security Administration regarding Poll Workers.

Definition

Poll Workers are individuals who volunteer and are employed to perform services for a state or local government at elections booths in conjunction with national, state, or local elections. Poll Workers are exempt from Fair Labor Standard Act.

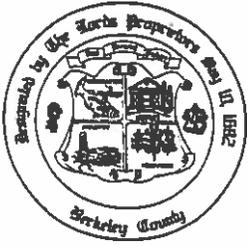
Requirements

- All applicants must complete an application, Form I-9 and Form W-4. Please bring the correct forms of identification to your training.
- Persons currently participating in the Retirements Systems must present a copy of their social security card and complete Enrollment Form 1100 and Beneficiary Form 1102.
- If you are currently receiving a check from the retirement system, you can not opt out of the retirement system. Retirement must be deducted from your earnings. A copy of your social security card and signed Form 1114 must be on file for this purpose.
- Applicants currently not participating in the Retirement System must complete
- An Election of Non-Membership Form 1104.
- Applicants will not be required to undergo a background check, drug test or physical.
- Poll Workers will be subject to the normal withholding thresholds for Social Security and Medicare.
- Poll Worker pay generally will not be subject to income tax withholding.

Current Employees of Berkeley County

County employees may apply for poll work. County employees who want to work must receive approval from their supervisor.

- Registration and Election Employees are not eligible to volunteer.



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- An application must be submitted to the Department of Registration and Elections.
- Employees will receive the same stipend given to other Poll Workers doing similar work. Employees must complete their work as Poll Workers on Election Day to receive the stipend.
- The Registration and Elections Department will verify the names of County employees who have applied and been accepted as Poll Workers to the finance department.
- Any training that the employee must attend as part of the obligation of a poll worker must be done on the employee's own time and the employee will be eligible for any stipend due to be paid for attending the training.
- Poll worker per diem is issued in separate check. However, you will receive only one W-2.

Compensation and Hour Requirements

Managers and clerks of general elections shall receive a per diem as is provided in the annual State general appropriations act.

- Poll Workers will be paid \$60 for attending the required training session; must work Election Day to receive this pay.
- Poll Managers in Berkeley County are also paid \$75 per day by the State and \$25 by the County for working an election. Clerks receive an additional day's pay of \$60.

Pay

- To be paid, you must verify your service time on the Poll Worker Time Sheet provided to you.
- You must work an election event to be paid for training. You will not receive the \$60 for training if you do not work an election.
- Print all information clearly. Voter registration will confirm the accuracy of the entries and sign the time sheets to validate it. Poll workers whose time sheets are incomplete or inaccurate may not receive their checks on time.
- Finance has 30 business days to process the pay checks after each election.
- As of 06/01/2018, if you earn \$1000 or more in a calendar year you will receive a W-2 reporting this income even though the income is exempt from federal and state taxes. This amount is subject to change.
- If you earn more than \$1800 in a calendar year all wages will be subject to social security and Medicare taxes. You will not be paid if Board of Elections does not have you Social Security number.



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COMPLETION OF THE FOLLOWING STEPS WILL ENSURE TIMELY AND ACCURATE PAYMENT

All items must be completed and signed in blue or black ink.
Absolutely no strike outs or changes are allowed on the W-4 or I-9.

- 1) Poll worker employment application
- 2) Completed and signed I-9 form
- 3) Two forms of identification. Acceptable forms of ID are listed
- 4) Applicant data record
- 5) W-4
- 6) Please complete the SC retirement form that applies to your current situation

Missing forms, inaccurate or incomplete information will result in you not being paid in a timely manner. If you need assistance, please call, email, or visit the Elections and Voter Registration office.

POLL WORKER APPLICATION
BERKELEY COUNTY GOVERNMENT
ELECTIONS AND VOTER REGISTRATION

Post Office Box 6122, 6 Belt Drive
Moncks Corner, SC 29461-6122

BERKELEY COUNTY GOVERNMENT'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.

PLEASE TYPE OR PRINT ALL ANSWERS IN BLUE INK

PERSONAL DATA

NAME: _____ S.S. # _____
(Last) (First) (Middle)

List any other name by which you have been known: _____

ADDRESS: _____
(Street)

(City/Town) (County) (State) (Zip Code)

PHONE NUMBERS: Home: (____) _____ Email address _____

Cell: (____) _____ Pager: (____) _____ Marital Status: _____

Are you currently employed by Berkeley County Government? Yes _____ No _____
Have you ever been a Berkeley County Government Employee? Yes _____ No _____
Are you currently contributing funds to the South Carolina Retirement Systems or Police Officer Retirement Systems? Yes ___ No ___ If yes, please give the name of your current employer: _____
Are you a retiree and currently receiving a monthly check from the South Carolina Retirement Systems? Yes _____ No _____ If yes, which system? _____ SCRS _____ PORS.

Are you a registered voter? Yes _____ No _____

County registered in: _____ Precinct registered in: _____

Voter registration number: _____

Have you ever attended a poll worker training? Yes _____ No _____

Where: _____ When: _____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

Signature

Date

APPLICANT DATA RECORD FOR POLL WORKERS

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.

Name *(Print Name as it appears on Social Security Card)*:

<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
Address: _____			
Street	City	State	Zip Code
Date of Birth: _____		Age: _____	
Position Applying For: _____			PS#: _____
Phone: (____) _____		Date: _____	

IN ACCORDANCE WITH EQUAL EMPLOYMENT LAWS, WE ARE REQUIRED TO MAINTAIN STATISTICAL DATA ON ALL APPLICANTS. WE ASK FOR YOUR COOPERATION IN COMPLETING AND RETURNING THIS VOLUNTARY FORM. THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION AND NOT USED IN THE INTERVIEWING OR SCREENING PROCESS. WE APPRECIATE YOUR COOPERATION.

<p>CHECK ONE: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>How did you hear about this job?</p>
<p>CHECK ONE: <input type="checkbox"/> White <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Black <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> American Indian/Alaska Native <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Two or More Races <i>(Not Hispanic or Latino)</i> <input type="checkbox"/> Native Hawaiian or Pacific Islander <i>(Not Hispanic or Latino)</i></p>	<p>CHECK ONE: <input type="checkbox"/> County Employee <input type="checkbox"/> Job Line <input type="checkbox"/> Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Office Visit <input type="checkbox"/> Job Service</p>



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2: Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as provided in the table of Acceptable Documents.)

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))			
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)	_____ Date	

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. 1 \$
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

ELECTION OF NON-MEMBERSHIP
SC Public Employee Benefit Authority
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

Print or type in black ink and sign in blue ink. Please read the instructions on Page 2 before completing this form.

SECTION I EMPLOYEE INFORMATION

If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date of Employment	11. Position Title		12. Present Monthly Salary

SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: _____ Date: _____

SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership.

CATEGORY (SEE DESCRIPTIONS ON PAGE 2)	SCRS	PORS	GARS
Non-Permanent Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Membership - Exemptions Authorized by the Retirement Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected Official Earning \$9,000 or less per Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Earning Less than \$2,000 and working fewer than 1,600 hours in a Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 30 years service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired Justice/Judge returning to work for public institution of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: _____ Employer Code: _____

Employer Signature: _____ Date: _____

Title: _____ Work Telephone: _____

NOTIFICATION OF EMPLOYED RETIREE

SC Public Employee Benefit Authority
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

Print or type in black ink and sign in blue ink. Please read the instructions on page 2 before completing this form.

SECTION I EMPLOYEE INFORMATION

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number		
4. Address			5. City		6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date Returned To Work	11. Position Title		12. Present Monthly Salary	
13. Date of Retirement			14. System Retired Under <input type="checkbox"/> SCRS <input type="checkbox"/> PORS			

SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I am a retiree of one of the systems covered by the South Carolina Retirement Systems. As a retired member returned to covered employment, I understand that I am required to pay contributions at the same rate as active members. I also understand that I will not accrue any additional service credit. However, the contributions will be credited to my account and upon my death, any remaining contributions that have not been exhausted through benefit payments will be paid to my beneficiary.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment.

I also certify that the information provided in items 1-14 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: _____ Date: _____

SECTION III TO BE COMPLETED BY THE EMPLOYER

The individual must be retired from the South Carolina Retirement Systems (includes SCRS TERI participants) or the Police Officers Retirement System. A retired SCRS or PORS member that returns to covered employment must make the same member contributions as an active employee. The employer must also make the same employer contributions for a retiree that is currently employed as they make for an active employee. The contribution rate should be based on the system in which a member is retired under. For example, a PORS retiree that returns to work under a position that would normally qualify as an SCRS position will contribute at the PORS rate. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute.

Please indicate which system the member will be contributing: SCRS PORS

I hereby certify that the employee listed in items 1-2 of Section I of this form is a retiree returning to covered employment.

Employer Name: BERKELEY COUNTY GOVERNMENT Employer Code: 708-01

Employer Signature: _____ Date: _____

Title: HR GENERALIST II Work Telephone: 843-719-4790

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

RETIREMENT PLAN ENROLLMENT
S.C. Public Employee Benefit Authority
Retirement Benefits
Attention: Enrollment
202 Arbor Lake Drive
Columbia, SC 29223

ACTION REQUESTED (Check One):

- NEW ENROLLEE (First-time membership)
- OPEN ENROLLMENT (Irrevocable election from State ORP)
- CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
- CHANGE OF INFORMATION
 - Name (Prior Name): _____
ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE
 - Address
 - SSN (Old Number): _____
 - Date of Birth

Print or type in black ink
Please read the instructions on Page 2 before completing this form.

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix		2. First/ Middle Name		3. Social Security Number <small>(attach copy of Social Security card only if changing SSN)</small>	
4. Address		5. City		6. State	7. ZIP+4
8. Gender M - Male F - Female	9. Date of Birth	10. Telephone Number	11. Email Address		
12. Have you ever been a member of PEBA's retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes					
13. If item 12 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes					
14. Do you currently have a pending refund request? <input type="checkbox"/> No <input type="checkbox"/> Yes					
15. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process					

16. Retirement Plan Election (CHOOSE ONE) <input type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 17.) <input type="checkbox"/> JSRS (Judge, Solicitor, Circuit Public Defender, or Administrative Law Court)		17. Select State ORP Vendor <input type="checkbox"/> MassMutual <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> VALIC	
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18. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 16 above.

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Employee's Signature _____ Date _____ Witness _____
(Required only when signed by mark)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

19. Employer Code 108-01	20. Employer Name Berkeley County Gov.	21. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer			
22. Original Date of Hire with Employer listed in Items 19-20	23. Date of Membership	24. Employee's Position Title	25. Employee's Annual Salary		

26. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.

Employer Signature _____ Date _____
Work Telephone **843-719-4790**

ACTIVE MEMBER BENEFICIARY FORM

**BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR
ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201**
SC Public Employee Benefit Authority
202 Arbor Lake Drive
Columbia, SC 29223

Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.

CHECK ONE:

- New Enrollee
 Change of Beneficiary

Retirement System (check one)

- SCRS PORS
 GARS JSRS

Print or type in black ink

Please read the instructions on the reverse (Page 2) before completing this form.

Section I PERSONAL INFORMATION

1. Last Name & Suffix		2. First/Middle Name		3. Social Security Number	
4. Date of Birth	5. Address				
6. City			7. State	8. ZIP+4	

ALL SECTIONS MUST BE COMPLETED

Section II-A* BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section II-B* Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section III* BENEFICIARY(IES) FOR INCIDENTAL DEATH BENEFIT (You may not designate contingent beneficiaries for the Incidental Death Benefit). I designate the following beneficiary(ies) to receive my Retirement Systems Incidental Death Benefit:

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

*** YOUR BENEFICIARY DESIGNATIONS WILL NOT BE REVOKED UNDER SECTION 62-2-507 OF THE SOUTH CAROLINA CODE OF LAWS BY DIVORCE, ANNULMENT, OR ORDER TERMINATING MARITAL PROPERTY RIGHTS.**

Section IV CERTIFICATION AND CONDITIONS

IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (Page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (Page 2), including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE _____ (Do not print) WITNESS _____ (Required only when signed by mark)

STATE OF South Carolina COUNTY OF Berkeley

Acknowledged before me this date _____ NOTARY NAME _____

My Commission Expires _____ NOTARY SIGNATURE _____

(Out of state, requires Seal)

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