



New Employee Transfer of Benefits Form

If you have worked for another South Carolina state agency, or for a South Carolina school district, please have your previous employer complete this form as thoroughly as possible. The information will be used to assist us in transferring eligible benefits. This can be submitted at benefits@mailbox.sc.edu.

To Be Completed by Previous Employer

1. Employee Name (First, MI, Last):		
2. Name of Previous Employer:		
3. Type of Previous Employer: SC State Agency <input type="checkbox"/> SC School District <input type="checkbox"/> SC Higher Education <input type="checkbox"/> SC Legislature/Court <input type="checkbox"/> Other <input type="checkbox"/>		
4. Hire Date:		5. Separation Date:
6. Is the employee enrolled in SC PEBA Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		7. SC PEBA BIN:
8. Has SC PEBA been notified of the employee's transfer to USC (Group # H27)? Yes <input type="checkbox"/> No <input type="checkbox"/>	9. SC PEBA Group #:	10. Effective Date of Insurance Termination with Previous Employer:
11. Type of Position: Full-Time Equivalent		
12. What is the payroll deduction frequency for benefits?		Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/>
13. Is the employee enrolled in MoneyPlus accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Health Savings Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:
15. Limited-Use Spending Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:
16. Medical Spending Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:
17. Dependent Care Spending Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:
18. Does the employee have a deferred compensation account?		Yes <input type="checkbox"/> No <input type="checkbox"/> * <i>If yes, please advise the employee that they must contact</i>

19. Previous Employer's Contact Name:		20. Job Title:
21. Email Address:		
22. Phone Number:		23. Date:
Please email this form to benefits@mailbox.sc.edu, or fax to 803.777.1584		

To Be Completed by USC Benefits

To Be Reviewed by Benefits Counselor	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Name of Approver:	Date:
To Be Completed by USC Payroll Office	
Completed by:	Date: