

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

## ELECTION OF NON-MEMBERSHIP

State Budget and Control Board  
South Carolina Retirement Systems  
Attention: Enrollment  
Box 11960, Columbia, SC 29211-1960

### 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). An employee who elects non-membership may not later opt into State ORP if the 30-day window of election has expired; however, if an employee experiences a break in service and is rehired, he would again be eligible to make an election within 30 calendar days from the subsequent 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"/>		
Optional Membership - Exemptions Authorized by the Retirement Act	<input type="checkbox"/>	<input type="checkbox"/>	
Elected Official Earning \$9,000 or less per Year	<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"/>	
Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 30 years service			<input type="checkbox"/>
Retired Justice/Judge returning to work for public institution of education	<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: \_\_\_\_\_

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

## INSTRUCTIONS

### SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.

Complete items 1-12 by providing the requested information.

### SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.

Read carefully the statements in this section, then sign and date the form in the spaces provided.

### SECTION III - THE EMPLOYER COMPLETES THIS SECTION.

If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on page 1 and described in further detail below.

#### EMPLOYMENT CATEGORY

**Non-Permanent Position:** The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

**Optional Membership - Exemptions Authorized by the Retirement Act:** Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of \$100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

**Elected Official Earning \$9,000 or less per Year:** This individual must not be a full-time employee and must have been elected to office.

**Earning less than \$2,000 and Working fewer than 1,600 Hours in a Year:** To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn \$2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

**Active General Assembly Member:** A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

**Retired Justice or Judge:** A retired member of JSRS that returns to work for a public institution of education may elect non-membership in SCRS.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact Customer Services at (800) 868-9002 (available within SC only), (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov). The Retirement Systems Employer Manual includes more information as well and is available at the Retirement Systems website at [www.retirement.sc.gov](http://www.retirement.sc.gov) or by contacting Customer Services.