

New Employee Transfer of Benefits Form

****To Be Completed by the Previous Employer***

Employee Name (First, MI, Last):			
Name of Previous Employer:			
Type of Previous Employer: SC State Agency <input type="checkbox"/> SC School District <input type="checkbox"/> SC Higher Education <input type="checkbox"/> SC Legislative/Court <input type="checkbox"/> SC County Government <input type="checkbox"/>			
Hire Date:		Separation Date:	
Is the employee enrolled in SC PEBA Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		SC PEBA BIN:	
Has SC PEBA been notified of the employee's transfer to UofSC (Group # H27)? Yes <input type="checkbox"/> No <input type="checkbox"/>		SC PEBA Group #:	
Effective Date of Insurance Termination with Previous Employer:			
Type of Position: Full-Time Equivalent <input type="checkbox"/> Research Grant Position <input type="checkbox"/> Time Limited Position <input type="checkbox"/> Temporary Position <input type="checkbox"/>			
State Service Date:		Annual Leave Accrual Date:	
Annual Leave Balance (hours):	Sick Leave Balance (hours):	YTD Family Sick Leave Hours Taken:	YTD FMLA Hours Taken:
Average Number of Hours Per Workday:		YTD Annual Leave Hours Taken:	Paid Military Leave Hours Taken (FFY):
Was annual leave paid out upon separation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do all leave balances reported include all future leave accruals the employee is entitled to receive prior to separation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the payroll deduction frequency for benefits?		Monthly <input type="checkbox"/> Semi- Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>	
Is the employee enrolled in MoneyPlus accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Health Savings Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:	
Limited-Use Spending Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:	
Medical Spending Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:	
Dependent Care Spending Account	YTD Contributions: Include final paycheck? Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Goal Amount:	
Does the employee have a deferred compensation account?		Yes <input type="checkbox"/> No <input type="checkbox"/> * If yes, please advise the employee that they must contact Empower.	
Previous Employer's Contact Name:		Job Title:	
Email Address:			
Phone Number:		Date:	
*Please fax or email this completed form to BENEFITS@mailbox.sc.edu or 803.777.1584			

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