

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"/>	<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: \_\_\_\_\_

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