UNIVERSITY OF South Carolina

Employee Self Service Guidebook

This document contains Job Aids for various actions in Employee Self Service. You may click on the sections below to jump to their location in the document.

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To access Employee Self Service in HCM PeopleSoft, navigate to https://hcm.ps.sc.edu.

NOTE: PeopleSoft HCM utilizes multiple layers of security to properly limit access to data. As part of this security structure, limits are placed on content within the system. These limits are directly tied to your role at USC. Throughout these job aids, you may see menus and pages that you will not be able to access in the database. Your content will be tailored to reflect your role at USC. If your role changes in the future, your access to pages and people will be updated in accordance with the change.

Managing Payroll Information

Viewing a Paycheck

1) Begin at the Employee Self Service landing page. Click the **Payroll** tile.



2) Next, click the **Paychecks** tile. Before you click, please note the helpful information on this tile regarding your most recent paycheck, including the date of pay, net pay, the amount of taxes and deductions that were made, and the total gross amount.



3) Within the **Paychecks** tile, you will see your most recent paychecks as specified by the prepopulated filter. This filter is automatically set to show you the last seven paychecks. To change this filter, click the filter icon at the top left of the tile. Then, adjust your parameters to see all checks within a specified date range.

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P	aychecks	5							
[- 0							¢↓	
	Check Date	Company	,	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number			
	01/15/2025	University	of South Carolina	12/16/2024 12/31/2024				>	
	12/20/2024	University	of South Carolina	12/01/2024 12/15/2024				>	
	12/13/2024	University	of South Carolina	11/16/2024 11/30/2024				>	

Cancel	Filter	Done
	From [10/15/2024	
	To 01/15/2025	

4) Once you have located the check you would like to view, click anywhere within the check row.

5) Congratulations! You have successfully learned how to view a paycheck through Employee Self Service. A <u>Sample Paycheck Stub</u> can be found on the Payroll Department website with additional details.

	Pay Group:	P12-12 Mth Sal Exmpt/NonExmpt Lag	Business Unit:		
UNIVERSITY OF	Pay Begin Date:	12/16/2024	Advice #:		
HIIII SOUTH CAROLINA	Pay End Date:	12/31/2024	Advice Date:		
See State					
University of South Carolina					
UNIV. OF. S. CAROLINA, 1600 HAMPTON ST.					
COLUMBIA, SC 29208					
			TAX DATA:	Federal	SC State

NOTE: USC has a mandatory Direct Deposit requirement for employees. You can chose to have your paycheck split between more than one Direct Deposit account (up to a maximum of 5 accounts is permitted by USC). The amount allocated to each account is displayed in the Net Pay Distribution section of the document. Each Direct Deposit payment is displayed as an 'Advice'. In certain circumstances, you may receive a 'live' check. In that case, the row shown in Net Pay Distribution section will be displayed as a 'Check'.

Updating W-4 Tax Information

Federal Tax Withholding. Complete the Form W-4 so that your employer can withhold the correct federal and state (when applicable) income tax from your pay.

1) Begin at the Employee Self Service landing page. Click the **Payroll** tile.

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Employee S	elf Service ~				<	3 of 3	>	:
> Suggested A	ctions & News							Î
∨ My Self-Servi	ice							
	Time and Absence		Employee Calendar	Payroll				
	Democral Datella		Dever fit Detelle	Ma Des filos				
	Fersonal Details		Denem Details	my Promes				
	2							

2) Next, select the USC Federal, State & Local W-4 Tile.

$\leftarrow \odot \odot \odot $	Q. Search in Me	nu	∩ ₽°: ⊘
Payroll			
USC Federal, State & Local W	-4 Pi	aychecks	W-2/W-2c Consent
		Pay Date Net Pay Taxes Deductions Total Gross	
			No consent received
W-2/W-2c Forms	Direct Deposit	Paycheck Modeler	Document Upload

NOTE: Your address must be correct in order to present you with the correct tax forms. If your Home Address is incorrect, please update it in the **Addresses** section of the **Personal Details** tile before updating your W-4 Tax Information.

$\leftarrow \mid \odot \bigtriangledown \textcircled{\texttt{S}}$	Q Search in Menu	△ ♀ [•] : ∅
W-4 Information		
V.	My W-4 Tax Information	<u>۸</u>
Name		
Employee ID		
Social Security #		
Company		
1		
Resident Address	Primary Work Address	
2000 Nag. Total.	University of South Carolina	
Caper 10, 2003	Columbia SC 29208	

3) Your personal information required for determining your W-4 documentation is available for review at the top of this tile. Following, there are sections for your Federal W-4 Tax Information, and any applicable State W-4 Tax Information. To edit these forms, navigate to the applicable W-4 section, and select either **Update your Federal Tax Information** or **Update your tax information for [Your State]**.

Federal W-4 Ta	x Information							
Current Form:								
Marital Status	Narital Status							
Special Tax State	us							
Dependent Amo	unt							
Deductions								
Other Income								
Additional Amou	int							
Multiple Jobs or	Spouse Works							
Upo	Update your Federal Tax Information							
Current State Tax Data for South Carolina								
State	South Carolina	Withholding Allowances						
Current Form	W4	Additional						

4) Inside of the Form W-4, you will be able to make any edits to your W-4 information. Additionally, there are relevant instructions, and a relevant salary tax estimator available.

Federal W-4						
Federal W4 Instructions	Federal W-4 Estimator					
Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Certificate	OMB No. 1545-0074				
 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. 						

- **5)** Congratulations! You have successfully learned how to view and update your W-4 tax withholding for federal and state in Employee Self Service.
- **NOTE:** You may consent to receive your W-2 or W-2c in electronic format. Please note that this option is only available after you have received your first paycheck. If you consent to receive these in an electronic format, please ensure you have an up-to-date address in ESS. If consent is not selected, a paperW-2/W-2c will be available at the Payroll Office.

Maintaining Direct Deposit Information

Direct Deposits. USC requires direct deposit for all employees. Direct deposit is set up during First-Day onboarding tasks. After the initial set up of your direct deposit, you can change and/or add up to five accounts using Employee Self Service.

SOUTH CAROLINA O S Menu ~	Search in Menu	Q	∩ ÷ : ∅
Employee Self Service ~		A 10 4 10 4 10 4 10 4 10 4 10 4 10 4 10	< 3 of 3 >
> Suggested Actions & News			
∨ My Self-Service			
Time and Absence	Employee Calendar	Payroll	
Personal Details	Benefit Details	My Profiles	

1) Begin at the Employee Self Service landing page. Click the **Payroll** tile.

2) Next, select the Direct Deposit tile.

\leftarrow	© 🗢 🟵	Q Search in Menu		∩ ¢ : Ø
Payr	oll			
			Net Pay Taxes Deductions Total Gross	W2
				No consent received
	W-2/W-2c Forms	Direct Deposit	Paycheck Modeler	Document Upload
	W 2	1 Account		
	2024 W-2 Form available	Updated		

3) The direct deposit account(s) you added during onboarding will appear here. You can update account details or remove an account (excluding the primary account) by clicking anywhere in the account row (organized by order). You can filter these accounts using the filter icon in the top left.

÷	- O	\heartsuit (s)		Q Search in Menu			Ū Õ.	: 0
Di	rect Dep	osit						
	Accounts	•						
	Order	Nickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Percent	
	1	Ball Decking	Direct Deposit			Checking	Full Balance	>

4) To add a new account, click the 'plus' icon in the top left.

Cancel	Add Account	Save
		* Indicates required field
When this second account is saved, the Remaining Balance and the account or	e deposit type of the first account will be der will be updated to last in the list.	updated from Full Balance to
Nickname		
Payment Method	Direct Deposit	
Bank		
Routing Number		0
Account Number		
Retype Account Number		
Pay Distribution		
*Account Type	~	
*Deposit Type	```	
Amount or Percent		

- 5) You will need to create a nickname for your account, and enter banking details for the account. After entering your account details, you will set parameters for pay distribution.
 - You can select a checking or savings account as the account type.
 - You can select the deposit type as either an amount or a percent. Depending on your selection, you will then enter the amount or percentage in the final field.
 - If you have multiple accounts, the primary account will not have an amount or percentage; it will say 'Remaining Balance'. The other accounts that have been added can be a combination of percentages or flat amounts.
- 6) Once you have completed your account details, click the Save button in the top right.
- 7) Congratulations! You have successfully learned how to maintain direct deposit information through Employee Self Service.
- **NOTE:** You may have your pay deposited directly into up to five bank and/or credit union accounts. If you set up multiple accounts, you will indicate the amounts/percentages to be deposited into each, with one account required to be "Remaining Balance." **Edits to this information can be made once per day**. When changing your direct deposit elections, do so by 5 p.m. at least 7 days prior to the pay date when you want the new direct-deposit information to take effect. Note that all changes are subject to validation by your financial institution. For in depth Direct Deposit instructions, please review the Payroll Department's job aid.

Paycheck Modeler

"What if" Checks. Employee Self Service allows USA employees to perform their own "what if" netpay analysis to see the implications of receiving a pay increase and/or bonus, changing your benefits elections, changing your W-4 withholding details, etc.

1) Begin at the Employee Self Service landing page. Click the **Payroll** tile.

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Employee S	elf Service ~			< 3 of 3 >
> Suggested A	Actions & News			Î
∨ My Self-Serv	rice			
	Time and Absence	Employee Calendar	Payroll	
	Personal Details	Benefit Details	My Profiles	

2) Click the Paycheck Modeler tile.

$\leftarrow \bot$	⊙ ♡ ⊛	Q Search in Menu		Ο Ϙ	Ø
Payrol	I				:
			Net Pay Taxes Deductions Total Gross		
				No consent received	
	W-2/W-2c Forms	Direct Deposit	Paycheck Modeler	Document Upload	
	W 2	1 Account	H		
	2024 W-2 Form available	Updated			

3) Review the Usage Terms and Conditions. Click the checkbox affirming that, 'Yes I have reviewed and agree to the terms and conditions'. Next, click the Let's Get Started button in the top or bottom right.

	Start	Earnings	Deductions	Taxes	Calculate	Results
Start	- Step 1 of 6				Exit	Let's Get Started >
	Welcome					
	The Paycheck Modeler ca and taxes that normally ap	n be used to calculate a hypothe opear on your paycheck.	tical check by changing your earnin	gs, and/or deductions, and/or tax v	withholding status. It will start with the s	standard earnings, deductions
	To start, you must acknow	ledge and agree that you unders	tand the Paycheck Modeler usage t	erms and conditions.		
	Agree to the Usage Te	rms and Conditions				
	The Paycheck Mo	odeler contains confidential inform	nation that is intended for	only. If you are not	exit the application immediately and n	otify the Payroll Department.
	Usage of the Mod	deler is intended to provide gener	al guidance and estimates.			
	The check genera	ated by the Modeler is not a genu	ine paycheck. There is no guarante	ee that you will receive the modeled	d results.	
	You should not m	ake financial or benefit related de	cisions based on the modeled che	ck results.		
	U Yes, I have review	ed and agree to the terms	and conditions.			
					Exit	Let's Get Started ≽

4) You will begin on the Earnings page. You will see your standard earnings (per pay check) which are based on your standard hours in the Job Data record. If non-regular earnings appeared on your most recent pay check (like holiday pay), it will also appear here by default. You will see pencil icons to edit those default rows and a green arrow icon which, when clicked, will set the Amount of the specified earning to 0. A Clear All Amounts button at the bottom left will set all Amounts to 0.

Start	Earnings	Deductions	Taxes	Calculate		Results
r nings - Step 2 of	6				E	xit Next
Job Title:	surray Turnaliset I					
This step provides a list of	the proposed earnings for your mod	deled check. You can modify or clear the	amounts in the list, as well as	add additional earnings.		
This step provides a list of My Earnings	the proposed earnings for your mod	deled check. You can modify or clear the	amounts in the list, as well as a	add additional earnings.		
This step provides a list of a list	the proposed earnings for your moc	deled check. You can modify or clear the	amounts in the list, as well as a	add additional earnings.		
This step provides a list of My Earnings Earnings Type	the proposed earnings for your moc	deled check. You can modify or clear the Hours	amounts in the list, as well as a	add additional earnings. Amount	Edit	Clear Amount
This step provides a list of Image: My Earnings Earnings Type Regular Pay	the proposed earnings for your moc S	deled check. You can modify or clear the	amounts in the list, as well as a	add additional earnings. Amount	Edit	Clear Amount
This step provides a list of My Earnings Earnings Type Regular Pay Holiday Pay	the proposed earnings for your moc S	deled check. You can modify or clear the Hours 8.00	amounts in the list, as well as a	Add additional earnings.	Edit	Clear Amount

5) To edit an Earnings Type, click the pencil icon in the Edit column of the earning that you wish to edit. You can then edit the amount of hours, the total amount, and the Override rate of the earnings. For the Regular pay earnings type, you will only be able to edit the total amount. Once you have made your adjustments, click OK.

E	dit Earnings	×
*Earnings Type	Regular Pay	
Hours		
Amount	5000	
Override Rate		
* Required Field		
OK Cancel		

6) If you wish to model an additional earnings type for your "What if" Check, click the **Add Earnings** button on the Earnings page. Next, select the earnings type using the magnifying glass icon to find the type you wish to simulate. Depending on your selection, you will be able to adjust the hours, amount or override rate. Once you have finished your Additional Earnings, click **OK**.

	A	dd Earnings	×
	*Earnings Type	Bonus	Q
	Hours		
	Amount		
	Override Rate		
* Requ	ired Field		
O	K Cancel		

7) Once you have decided on the total earnings that you would like to model in your "What if" Check, click **Next**.

Start	Earnings	Deductions	Taxes	Calculate		Results
r nings - Step 2 of 6					E	ixit Next →
Job Title:						
This stars are sides a list of the sec						
This step provides a list of the pro-	posed earnings for your modeled chee	ck. You can modify or clear the	amounts in the list, as well as a	idd additional earnings.		
My Earnings						
Earnings Type		Hours	Rate	Amount	Edit	Clear Amount
Regular Pay					0	3
Regular Pay Holiday Pay		8.00			0 0	3
Regular Pay Holiday Pay Bonus		8.00		\$2000.00	1 1 1	3 3 3
Regular Pay Holiday Pay Bonus Add Earnings	Clear All Amount	8.00		\$2000.00	1) 1) 1)	5 5 5
Regular Pay Holiday Pay Bonus Add Earnings	Ciear All Amount	8.00 S		\$2000.00	1 1 1	১ ১
Regular Pay Holiday Pay Bonus Add Earnings	Clear All Amount	8.00		\$2000.00	0 0 0	3

8) The next page is for Deductions. This page lists your standard deductions that are scheduled to be taken in the next paycheck. You can add or modify the flat amount of these deductions, or adjust them as a percentage of the gross pay. You will see pencil icons to edit those default deductions and a green arrow icon which, when clicked, will set the Amount of the specified deduction to 0. A **Clear All Amounts** button at the bottom left will set all Amounts to 0.

Start	Earnings	Deductions	Taxes	Calculate		Results
luctions - Step 3	of 6			Exit	< Previou	IS Next
Job Title:						
This step provides a list of t	he proposed deductions for your m	odeled check. You can modify or clear	the amounts in the list, as v	vell as add additional deductions.	Deductions (using a
percentage will be based or	the total gross earnings from the r	nodeled check and will automatically b	be calculated in a subsequer	nt step.		
a My Deductio	ns					
Deduction		Туре	Amount	Percentage of Gross	Edit	Clear Amount
Dental Plus		After-Tax			0	3
Health		After-Tax			1	3
Parking Surface Pre Ta	ix	Before-Tax			1	3
SCRS		Before-Tax			1	3
SCRS Vision		Before-Tax After-Tax			0	১
SCRS Vision Add Deduction	s Clear All	Before-Tax After-Tax			1	3
SCRS Vision Add Deduction	s Clear All ,	Before-Tax After-Tax			1	3
SCRS Vision Add Deduction	s Clear All /	Before-Tax After-Tax Amounts				3

9) To edit a Deduction, click the pencil icon in the Edit column of the Deduction that you wish to edit. You can then set the Deduction amount as a Flat Amount, or a percentage of your gross pay. The deduction type (before or after tax) is automatically set based on the type of deduction. Once you have made your adjustments, click **OK**.

	Edit Dec	luctions		×
	*Deduction	Dental Plus		
	*Туре	After-Tax	~	
	*Flat Amount or Percent	Amount	~	
	Amount	\$14.40		
	Percent			
* Required Fig	eld			
ок	Cancel			

10) If you wish to model an additional Deduction for your "What if" Check, click the Add Deductions button on the Deductions page. Next, select the type of Deduction you wish to simulate using the magnifying glass. You may then model your deduction by a Flat Amount, or a percentage of your gross pay. Once you have finished your Additional Deduction, click OK.

Add De	ductions	×
*Deduction	SC 401(k) Plan	۹
*Туре	Before-Tax V	
*Flat Amount or Percent	Percentage of Gross 🖌	
Amount	\$0.00	
Percent	5.000	
* Required Field		
OK		

11) Once you have decided on the total deductions that you would like to model in your "What if" Check, click **Next**

Start	Earnings	Deductions	Taxes	Calculate		Results
uctions - Step 3 of 6	}			Exit	 Previous 	Next
Job Title:						
This step provides a list of the pro	oposed deductions for your mo	odeled check. You can modify or clear	the amounts in the list, as v	vell as add additional deductions. E	Deductions usi	ing a
percentage will be based on the t	total gross earnings from the n	nodeled check and will automatically h	be calculated in a subsequer	nt step.		-
Mv Deductions						
Wy Deductions						
Deduction		Туре	Amount	Percentage of Gross	Edit	Clear Amount
Dontal Plus						
Dental Flus		After-Tax			0	3
Health		After-Tax After-Tax			0	<u>৩</u>
Health Parking Surface Pre Tax		After-Tax After-Tax Before-Tax			1 1 1	৩ ৩ ৩
Health Parking Surface Pre Tax SCRS		After-Tax After-Tax Before-Tax Before-Tax			0 0 0	হ হ হ হ
Health Parking Surface Pre Tax SCRS Vision		After-Tax After-Tax Before-Tax Before-Tax After-Tax			0 0 0 0	3 3 3 3 3
Health Parking Surface Pre Tax SCRS Vision Add Deductions	Clear All A	After-Tax After-Tax Before-Tax Before-Tax After-Tax After-Tax			0 0 0	3 3 3 3
Health Parking Surface Pre Tax SCRS Vision Add Deductions	Clear All A	After-Tax After-Tax Before-Tax Before-Tax After-Tax After-Tax			0 0 0	3 3 3 3

12) The next page is for Taxes. This page models withholding information based on your W-4 forms on file. You can edit the amount of withholdings for the Federal W-4 Form (for your "What if" check) and for any applicable states using the pencil icons. You will *not* be able to model withholding for a state that is different from the one listed on your current State Tax Withholding form.

Start	Earnings	Deductions	Taxes	Calculate	Results
Taxes - Step 4 of 6				Exit Prev	rious Next >
Job Title:					
You can modify tax with	holding information for the modeled	d check.			
The tax jurisdiction(s) a allow withholding chang	are based on your current tax inform ges using a tax withholding form are ithholding Informatio	nation. Only the jurisdictions that e displayed. N			
Tax Jurisdiction		Edit			
Federal		0			
South Carolina		Ø			
				Exit Prev	rious Next →

13) To edit the withholdings for the Federal Tax Form, click the pencil icon in the 'Edit' column for the Federal row. You can adjust for dependents, other income, other deductions, and any additional withholding. Once you are satisfied with your modifications, click **Submit**.

Federal Tax Withholding	×
The following information is based on your Federal Tax Withholding Form.	
Special Tax Status None	
*Tax Status Single	~
Multiple Jobs or Spouse Works	
Claim Dependents	
Children Under Age 17 \$0.00	
Multiply the number of qualifying children under age 17 by \$2,000	
Other Dependents \$0.00	
Multiply the number of other dependents by \$500	
Total Amount \$0.00	
Other Income \$0.00	
Deductions \$0.00	
Extra Withholding \$0.00	
Submit Cancel	

14) To edit the withholdings for your State Tax Form (if applicable), click the pencil icon in the 'Edit' column for the applicable row. You can adjust your tax status, the number of withholding allowances, and any additional withholding amounts. Once you are satisfied with your modifications, click OK.

State Tax With	holding	×
The following information is based on your State Tax Withholding form		
Special Tax Status None Tax Jurisdiction South Carc Tax Status 序 Q S Withholding Allowances	Dina Resident ingle (or Married but withhold at higher Sin	
Additional Withholding Amount	\$0.00	

15) Once you have decided on the total deductions that you would like to model in your "What if" Check, click Next

Start	Earnings	Deductions	Taxes	Calculate	Results
Taxes - Step 4 of 6				Exit	ous Next >
Job Title:					
You can modify tax withh	olding information for the modeled	d check.			
The tax jurisdiction(s) are allow withholding change	based on your current tax inform s using a tax withholding form are hholding Informatio	ation. Only the jurisdictions that e displayed. N			
Tax Jurisdiction		Edit			
Federal		0			
South Carolina		0			
				Exit Previ	ous Next >

16) Next is the Calculate page. If you have modified earnings, deductions, or withholdings for your "What if" paycheck, you will click Calculate My Modeled Check and then click Next. If you did not make any changes, you will only need to click Next. This page generates the model paycheck included on the Results page.

Start	Earnings	Deductions	Taxes	Calculate	Results
Calculate - Step 5 of	6			Exit Pre	evious Next >
Job Title:					
You are ready to calcula	ate your modeled check. Press the	button to calculate.			
If no changes were mad	le, proceed to the next step to revi	ew the results.			
Calculate My Mo	odeled Check				
				Exit Pre	evious Next >

17) On the Results page, you will see your modeled paycheck. In the Modeled Check Results section, you will see total gross earnings, employee taxes, deductions, and net pay for you "What if" check. Click the **Details** link next to each line item for additional information. You can click **Print My Modeled Check** to print the "What If" paycheck you have modeled. You can also click **Print My Changes** for line-by-line differences between your actual paycheck and your "What If" paycheck in a convenient format. The Modeled Check Ratio section breaks out the modeled paycheck into segments: Taxes, Before-Tax Deductions, After-Tax Deductions, and Net Pay. Finally, there are Links to Related Payroll and Benefits actions.

Start	Earnings	Deductions	Taxes	Calculate	Results
Results - Step 6 of 6				E	xit Previous
Job Title:					
Modeled Check Results			Modeled Check Ratio		
Total Gross	Earnings	🖓 Details			
Total Employ	yee Taxes	Setails			
Total De	eductions	📑 Details	26%	6 Taxes	
	Net Pay		63% Net Pay		
Print My Modeled Check	Print My Chang	ges		9% Before Tax 2% After	
				270 Allel	

18) Congratulations! You have successfully learned how to model a "What if" paycheck through Employee Self Service.

Time/Labor & Absence Management

Time/Labor & Absence Management. Entering your time worked and managing your absences is also handled through Employee Self Service.

 To enter your time or manage your absences (i.e. requesting sick or annual leave), begin at the Employee Self Service landing page. Click the **Time and Absence** Tile. From here, you will choose the sub-tile based on your specific need/request.

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Employee S	Self Service ~			< 3 of 3 >
> Suggested A	Actions & News			Î
∨ My Self-Serv	vice			
	Time and Absence	Employee Calendar	Payroll	
	Personal Details	Benefit Details	My Profiles	

• To learn how to enter/adjust your time, please view this job aid.

• To learn how to request a full day absence, view <u>this job aid</u>. To learn how to request a partialday absence, view <u>this job aid</u>.

• For a full selection of Job Aids related to Time/Labor and Absence Management, please visit the Payroll Toolbox section for Time/Labor and Absence Management: https://sc.edu/about/offices_and_divisions/payroll/payroll_toolbox/time_labor_and_absence_management/index.php

Maintaining Personal Information

Maintaining Home and Mailing Addresses

Addresses. Employee Self Service allows you to view and update your home and mailing addresses as needed.

1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.



2) Next, click the Addresses tile.

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Personal Deta	ails				:
					-
	Addresses	Contact Details	Emergency Contacts		
		$\mathcal{C}^{@}$	C		
	Updated 01/27/2023		1 Contact		
	Ethnic Groups	Disability	Veteran Status		
	22		÷		
				<u>ب</u>	2

3) In the **Addresses** tile, you will see the Home and/or Mailing Addresses that you listed during Onboarding. From this tile, you can update the address(es) that are already on file or add a missing address, such as a mailing address.

$\leftarrow \odot \odot \odot $	Q Search in Menu	∩ :
Addresses		
Sir Big Spur Living Mascot II		
Home Address		
123 Sample Street		
West Columbia, SC 29169	Current	>
Lexington		
Mailing Address		
No Mailing Address exists.		
Add Mailing Address		

4) To update an existing address, click anywhere within the Home Address, or Mailing Address row. A pop up will appear and allow you to edit any aspect of the address. Once you have completed your changes, click the **Save** button in the top right corner.

Cancel	Home Address Save
Instructions	
To save United States addresses at least one of the following	ng fields must get populated: Address 1, Address 2, Address 3
Change As Of	02/11/2025
Address Type	Home
*Country	United States Q
Address 1	123 Sample Street
Address 2	
Address 3	
*City	West Columbia
*State	South Carolina Q
*Postal	29169
County	Lexington

5) If you do not have a mailing address and would like to add one, click the **Add Mailing Address** button.

Cancel	Mailing Address	Save
Instructions		
To save United States addresses at least one of the follow	ing fields must get populated: Address 1, Address 2, Address 3	
Change As Of		
Address Type	Mailing	
*Country	United States Q	
Address 1		
Address 2		
Address 3		
*City		
*State	Q	
*Postal		
County		

6) Congratulations! You have successfully learned how mange your addresses through Employee Self Service

Maintaining Contact Details

Contact Details: Add or update phone numbers on file and view email addresses. Note

1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.



2) Next, click the Contact Details tile.

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Personal Detai	ls	h dh' think a the				:
						^
	Addresses	Contact Details	Emergency Contacts			
		<i>C</i> a				
	Updated 01/27/2023		1 Contact			
	Ethnic Groups	Disability	Veteran Status			
	222	Ċ				
	2 Ethnic Groups	Updated 02/06/2023	Updated 02/06/2023		(C•

3) In the **Contact Details** tile, you will see all phone numbers, email addresses, and instant messaging services that you have on file.

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Contact Details			
Sir Big Spur 💬 Living Mascot II			
Phone			
+			
Number	Extension	Туре	Preferred
803/777-7777		Home	✓ >
L			
Email			
+			
Email Address		Туре	Preferred
SIRSPUR123@mailbox.sc.edu		Business	✓ >
sirspursonal@aol.com		Other	>
No instant message exists.			
Add IM			

4) To add a phone number, click the 'plus' icon in the top left, under the Phone heading. You will need to identify the type (you are limited to 1 home, 1 business, and 1 mobile phone number), the number, and any extension. Once you have entered all relevant information, click the **Save** button.

Cancel	Phone Number Save				
*Туре	<u> </u>				
Preferred					
Number					
Extension					

5) To edit a phone click anywhere in the phone number row. A pop up will appear, and you will be able to edit the number and any relevant extension. To change the type, you will need to delete the entry and create a new entry. Keep in mind that only 1 type is allowed at any given moment.

Cancel	Phone Number Save
Туре	Home
Preferred	
Number	803/777-7777
Extension	
	Delete

- 6) Congratulations! You have successfully learned how to manage your contact details through Employee Self Service.
- **NOTE:** Though you may view the email(s) that you have on file in Employee Self Service, you will not be able to edit or add an email address. To edit your Personal Email Address on file, you will need to log into <u>my.sc.edu</u> and select 'Email Preferences.' Your University Email cannot be changed and you cannot change the preferred indicator from 'business' email.

Maintaining Emergency Contacts

Enter emergency contact information, and keep it up to date. If you have two or more emergency contacts, the system will prompt you to indicate your "preferred" contact.

1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.



2) Next, click the Emergency Contacts tile.



3) In the **Emergency Contacts** tile, you will see any emergency contacts that you have previously entered. From here, you can add a new emergency contact, or edit a current one.

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Emergency Contacts			
Sir Big Spur Living Mascot II			
Emergency Contact Details			
Contact Name	Relationship	Preferred	
D: 0:0		Contact	
Bigger Sir Sr.	Parent	✓ >	

4) To add a new emergency contact, click the 'plus' button in the top left corner. You will need to specify the emergency contact name, the relationship, and add a phone number at the very least. You can also add an address if desired. Once you have entered all required information, click the Save button.

Cancel	Emergency Contact	Save
*Contact Name *Relationship Preferred Contact		
Address No data exists. Add Address		
Phone Numbers No data exists. At least one phor Add Phone Number	ne number is required.	

5) To edit an emergency contact, click anywhere within the contact row that you wish to update. You can then adjust the name, relationship, address, or phone number. If you have more than one emergency contact, you can set a contact as the preferred emergency contact. If you only have one emergency contact listed, it will default to your preferred emergency contact.

	Emergency Co	ontact	Sa
*Contact Nam	e Bigger Sir Sr.		
*Relationshi	ip Parent 🗸		
Preferred Contac	ot 🖾		
Address			
No data exists.			
Add Address			
Phone Numbers			
Phone Numbers + Phone	Extension	Туре	
Phone Numbers + Phone 803/237-8457	Extension	Type Mobile	
Phone Numbers	Extension	Type Mobile	>
Phone Numbers	Extension	Type Mobile	>
Phone Numbers + Phone 803/237-8457	Extension	Type Mobile	>

6) Congratulations! You have successfully learned how to manage your emergency contacts through Employee Self Service.

Entering Ethnicity

Voluntary Self-Identification. Indicate ethnicity, race. Click the "explain" links for explanation and guidance. Click the edit button to add/update information. The employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of the information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.

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Employee Self Service ~				< 2 of 3 >
Pa Last Pay Date	o 01/31/2025	Personal Details	My Profiles ☆	

2) Next, click the Ethnic Groups tile.



3) In the Ethnic Groups tile, you will see the voluntary self-identification that you provided during your initial onboarding. You will have the option to update your answers to the self-identification questions. If you need additional information regarding a specific question, you can click the Explain buttons to the right of the questions. Once you have made your desired updates, click the **Save** button.

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Ethnic	: Gro	ups			n Ch		
2	Sir B Living	ig Spι Mascot	ur⊙ til				
1) A	re you	Hispa	anic or Latino?				-
	O Ye	s					. 1
	No	•					
2) W	hat is	your r	race? Select one or more.				
	🗆 An	nerica	n Indian or Alaska Native				. 1
	🗆 As	sian					- 1
	🗹 Bl	ack or	African American				- 1
	🗆 Na	ative H	lawaiian or Pacific Islander				- 1
	🗹 WI	hite					
		16 1 - 1					
volunt	ary se	IT-Ider	ntification				- 1
The emp these lar you to a and regu identify a	oloyer is ws, the e ny adver ulations, any spec	subject employe rse trea includir cific indir	t to certain governmental recordkeeping and reporting requirements for the administration of civil rights la er invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluatement. The information obtained will be kept confidential and may only be used in accordance with the prog those that require the information to be summarized and reported to the federal government for civil righ vidal.	ws and regulations. In order to comply with tary and refusal to provide it will not subject visions of applicable laws, executive orders, ts enforcement. When reported, data will not			
Sa	we						

4) Congratulations! You have successfully learned how to manage your ethnic groups through Employee Self Service.

Entering Disability

Voluntary Self-Identification: Update as needed.

The university is required to submit a report to the United States Department of Labor each year identifying the number of employees belonging to each specified "protected veteran" category. Submission of the information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended

1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.

SOUTH CAROLINA O S	Menu 🗸 Search in Menu	
Employee Self Service ~		< 2 of 3 >
Payroll	Personal Details	My Profiles
Last Pay Date 01/31/20	025	

2) Next, click the Disability tile.



- 3) In the **Disability** tile there is helpful information regarding why you are completing the form, and how to know if you have a disability. Use this information to complete the form by selecting on of the following options:
 - Yes, I have a disability, or have had one in the past
 - No, I do not have a disability and have not had one in the past
 - I do not want to answer

\leftarrow \odot	Q Search in Menu	:	Ø
Disability			
Sir E Living	3ig Spur ⊡ Mascot II		
Voluntary	Self-Identification of Disability		*
Form CC-305 Page 1 of 1	OMB Control Number 1250-0005 Expires 04/30/2026		
Name: Sir Big	Spur Date: 02/12/2025		
Employee ID:	C0000000 ((f applicable)		
Why are you	u being asked to complete this form?		
We are a feder workers as peo had one. Peop	al contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our ople with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever le can become disabled, so we need to ask this question at least every live years.		
Completing this and your answ (OFCCP) webs	6 form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form et will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs the at www.dd.gov/bfccp.		

4) Once you have made your selection, click the **Submit** button.

How do you know if you have a disabit A disability is a condition that substantially limits one include, but are not limited to:	ity?				
Alcohol or other substance use disorder (not currently using drugs illegally) Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS Blind or low vision Cancer (past or present) Cardiovascular or heart disease Celiac disease Cerebral palsy Deaf or serious difficulty hearing Diabetes	 Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders. Epilepsy or other seizure disorder Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome Intellectual or developmental disability Mental health conditions, for example, depression, bipolar disorder, schizophrenia, PTSD Mosing limbs or partially missing limbs Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other 				
Please check one of the boxes below:					
☐ Yes, I have a disability, or have had one i	the past				
□ No, I do not have a disability and have n	t had one in the past				
I do not want to answer					
PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.					

- 5) Congratulations! You have successfully learned how to enter disability in Employee Self Service.
- **NOTE:** You are required to complete this form when you first apply to a position at USC. You may use this form to update your selection at any time.

Entering Veteran Status

Voluntary Self-Identification: Update as needed.

The university is required to submit a report to the United States Department of Labor each year identifying the number of employees belonging to each specified "protected veteran" category. Submission of the information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, which requires Government contractors to take affirmative action to employ and advance in employment.

1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.

UNIVERSITY OF	INA 🕓 🌣 🛞 Menu 🗸	Search in Menu	<u>م</u>	⊕ ; ⊚
Employee S	elf Service ~			< 2 of 3 >
	Payroll	Personal Details	My Profiles	
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	Last Pay Date 01/31/2025			

- 2) In the Veteran Status tile there is helpful information regarding why you are completing the form, and how to know if you are a Veteran protected by VEVRAA. Use this information to complete the form by selecting on of the following options:
 - I identify as one or more of the classifications or protected veterans listed below
 - I am not a protected veteran
 - I do not wish to answer

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	Sir E Living	B ig Spu Mascot	ur ⊡ ∥									
∼ Vo	olunta	ry Self-	Identifica	tion of "Protected	l" Veteran Status							^
W	hy Are 1	'ou Bein	g Asked to	Complete This Form?	?							
This 421 effe but	This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Amy answer you give will be kept christer and will not be used against you in an way.											
For (OF	more inf FCCP) w	formation ebsite at v	about this form www.dol.gov/o	n or the equal employmer (ccp.	nt obligations of Federal con	tractors, visit the U.S. Department of Labor's	Office of Federal Contract Compliance Pr	ograms				
How	v Do Ye	ou Kno	w if You A	re a Veteran Prot	ected by VEVRAA?							
t	Contrary the Persi	to the nan an Gulf W	ne, VEVRAA (ar which is de	loes not just cover Vietna ined as occurring from A	am Era veterans. It covers se ugust 2, 1990 to the present	everal categories of veterans from World War	II, the Korean conflict, the Vietnam era, a	nd				
l e	f you bel explained	ieve you b I further in	elong to any o an "Am I a Pi	of the categories of protection of the categories of protected veteran?" infogra	cted veterans please indicate aphic provided by OFCCP.	e by checking the appropriate box below. The	categories are defined on the next page	and				
0	I IDEN	TIFY AS	ONE OR MC	RE OF THE CLASSIF	ICATIONS OF PROTECT	ED VETERAN LISTED BELOW						
0	I AM N	OT A PR	OTECTED V	ETERAN								
۲	I DO N	OT WISH	I TO ANSWE	R								
Sir	r Big Spi	ur				02/25/2025						
Yo	ur Nam	e		-		Today's Date						

3) Once you have made your selection, click the **Submit** button.

What Categories of Veterans Are "Protected" by VEVRAA? "Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medial veterans. These categories are defined below.
 A "disabled veteran" is one of the following: a veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
2. A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
Submit

- 4) Congratulations! You have successfully learned how to enter your Veteran Status in Employee Self Service.
- **NOTE:** You are required to complete this form when you first apply to a position at USC. You may use this form to update your selection at any time.

Maintaining Educational Details

Voluntary Self-Identification: Update as needed.

The university is required to submit a report to the United States Department of Labor each year identifying the number of employees belonging to each specified "protected veteran" category. Submission of the information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

1) Begin at the Employee Self Service landing page. Click the **My Profiles** tile.



2) Next, click the Talent Profile tile.



3) On the Talent Profile tile, you will see all degrees that you listed in your initial application to USC, as well as any degrees that you have added since. In the top right corner (three vertical dots) you have an option to print your Talent profile in PDF format.

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Talent Profile			A Start A Start			:
Sir Big Spur Living Mascot II						
Profile Type Person						?
Education	Degrees					
	+					
	Degree	Ма	ajor Code	Edit/View		
	Bachelor of Arts	Ма	ascotology	 >		

4) To add a degree, select the 'plus' icon in the top left. You will have the option to enter all relevant details regarding the degree, including whether you graduated with that degree or not. Once you have completed all required fields, click the Save button in the top right.

Cancel	Degrees	Save
		* Indicates required field
*Date Acqu	ired 12/16/2024	
*De	Iree Master of Arts Q	
	Details	
Major C	ode Farm/Farm and RanchManageme Q	
*St	Active ~	
Cou	United States Q	
\$	tate South Carolina Q	
School C	ode 344800 Q	
School Descrip	Univ S Carolina-Cola	
Major Descrip	Farm/Farm and RanchManagement	
Minor C	ode 1.0103 Q	
Minor Descrip	Agricultural Economics	
Gradu	ited 🗹	

NOTE: If your major/minor code or school code does not appear in the list of search results, reach out to <u>PeopleAd@mailbox.sc.edu</u> with the missing school/degree.

5) To edit a degree, click the '>' button under the **Edit/View** column of the degree that you wish to modify. Once you have made your desired changes, click the **Save** button in the top right.

Cancel	Degrees	Save
		* Indicates required field
Date Acquired	05/14/2018 Add New Version	
Degree	Bachelor of Arts	
	Details	
Major Code	Anthropology	
*Status	Active	
Country	United States Q]
State	New York Q]
School Code	397900 Q	.]
School Description	Columbia U Columbia Coll	
Major Description	Anthropology	
Minor Code	٩]
Minor Description		
Graduated		
	Delete	

6) Congratulations! You have successfully learned how to maintain your Educational Details in Employee Self Service!

Enrolling in Benefits and Reviewing Benefit Information

Initial Enrollment in USC Benefits

Initial Enrollment: This is only for new hires and rehires. New and rehired employees will use the Benefits Enrollment eForm for initial enrollment in state insurance benefits. Rehired employees who experienced a break in service also complete this eForm.

1) Begin at the Employee Self Service landing page. Click the **Employee Self Service** drop down menu. Next, click **My Homepage**.

SOUTH CAROLINA CO	♡ 🕅 Menu	Search in Menu	Q
Employee Self Service ~			< 2 of 2 >
My Homepage			
Employee Self Service	Announcements	OnBoarding	
		Î	
	No Announcements available		
∨ My Self-Service			

2) Next, click the Benefits Enrollment Homepage tile.

SOL	UNIVERSITY OF JHCAROLINA O	Menu 🗸 Search in Menu		Q	Û	:	Ø
M	y Homepage		ann ann an annsan ann amainn a's sann		1 of 2	2 >	:
\sim	My Work						
	Benefits Enrollment Homepage	HERD Forms	Grant Time & Effort				
		ORACLE PEOPLESOFT					

3) In the **Benefits Enrollment Homepage** tile, the landing page has general information about the tile. To submit your initial benefits enrollment, click **Submit Initial Benefits eForm**.



4) Your Benefits Enrollment form should open automatically. If you do not see a form, or have any difficulty completing the form, contact your Campus Benefits administrator for assistance. The first portion of the form contains your personal information. These read only fields should be verified prior to enrolling in USC Benefits. Before you can enter your elections, there are a series of questions you must answer in the Special Circumstances section (if applicable).

NOTE: You can save your data entry at any point using the Save button at the bottom of each page of the form.

Benefits Enrollment			
Benefits Enrollment : Employee a	nd Dependent Information		Form ID 828824
Employee Information			
Empl ID		Name	
Benefit Program LG1		US Citizen Y	
Annual Rate 51000.0000	00		
Empl Record 0			
Department 925020		Department Name ATHLETICS	
Preparer Information			
Preparer Emplid		Preparer Name	
Special Circumstances			
Please indicate whether any of the following special	circumstances apply to you.		
1. Are you or your dependents currently enrolled b	y Medicare?		
2. Are you transferring from another SC PEBA par	ticipating employer?		
3. Are you returning to employment after having a South Carolina?	ready retired from State of		
4. Have you changed your name since originally a retirement?	pplying for State of SC		

5) Each question is tied to a slider bar. The default position on each is 'No'. Clicking the slider bar will toggle between the 'Yes' and 'No' responses. 'Yes' responses display as an orange slider with a check mark inside. Your response to each question will dynamically change the display on the page, providing you with additional instructions as applicable. In some cases, your response will require you to provide additional documentation as part of your enrollment. Please be sure you have the required documentation before moving on to the next page.

6) If you or your dependents are enrolled in Medicare, click the slider to toggle to the Yes response. The Employee Medicare Declaration section is now visible directly below the Special Circumstances questions. Follow the instructions in this section and be prepared to attach the applicable documentation to the last page of the form.

Special Circumstances	
Please indicate whether any of the following special circumstances apply to you.	
1. Are you or your dependents currently enrolled by Medicare?	
2. Are you transferring from another SC PEBA participating employer?	
Are you returning to employment after having already retired from State of South Carolina?	
4. Have you changed your name since originally applying for State of SC retirement?	
Employee Medicare Declaration	
Are you or your dependents currently enrolled by Medicare?" Instructions: If you or your dependent is covered by Me	edicare, attach a copy of the Medicare card(s) at the end of this form.

7) If you are transferring to USC from another SC PEBA participating employer, click the slider to toggle to the 'Yes' response. The Inter-Agency Transfer Info section is now visible directly below the Special Circumstances questions. Follow the instructions in this section, and clink the linked form to open a new window tab. Save the completed form on your computer, as you will be required to upload it later in the form.

Special Circumstances				
Please indicate whether any of the following special circumstances apply to you.				
1. Are you or your dependents currently enrolled by Medicare?				
2. Are you transferring from another SC PEBA participating employer?				
3. Are you returning to employment after having already retired from State of South Carolina?				
4. Have you changed your name since originally applying for State of SC retirement?				
Inter-Agency Transfer Info				
If you are transferring from another SC PEBA-participating employer, e.g., state agency, higher education institution or public-school district: 1. Confirm former state-agency employee has transfer terminated your coverage with SC PEBA. 2. Then, complete the Employee Transfer Form.				

8) If you are retired from the State of SC and returning to employment, click the slider to toggle to the 'Yes' response. The State of SC Retiree section is now visible directly below the Special Circumstances questions. You will receive an email notification with important information for working retirees.

Special Circumstances				
Please indicate whether any of the following special circumstances apply to you.				
1. Are you or your dependents currently enrolled by Medicare?				
2. Are you transferring from another SC PEBA participating employer?				
3. Are you returning to employment after having already retired from State of South Carolina?				
4. Have you changed your name since originally applying for State of SC retirement?				
State of SC Retiree				
Retiree earnings limitation may apply to you. Look for an informative email about retiree earnings limitations to learn more.				

9) If you are returning to state employment after a long break in service and have subsequently changed your legal name since leaving employment, click the slider to toggle to the 'Yes' response. The PEBA Name Change section is now visible directly below the Special Circumstances questions. Follow the instructions in this section. SC PEBA requires that your name at USC match the records; therefore, this form will update their system.

Special Circumstances						
Please indicate whether any of the following special circumstances apply to you.						
1. Are you or your dependents currently enrolled by Medicare?						
2. Are you transferring from another SC PEBA participating employer?						
3. Are you returning to employment after having already retired from State of South Carolina?						
4. Have you changed your name since originally applying for State of SC retirement?						
 select Yes Above only if you have not already submitted a name change to PEBA. 						
PEBA Name Change						
If you have not notified SC PEBA and your name in their records is different than your name at hire with U of SC, you will need to update your name with SC PEBA as follows: Complete a Name Change Form and mail to SC PEBA with one of the following documents: • A copy of your Social Security card with the correct name; • A certified copy of your divorce devree showing a legal name change • A copy of the court order or the name change (includes annulment and adoption); or, • A copy of your marriage license. Mail the signed form and documentation to: S.C. Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223						

10) After indicating any special circumstances that apply, scroll down to the Dependent/Beneficiaries section. If you are NOT refusing all coverage, you must change the List Dependents/Beneficiaries slider bar to the 'Yes' response, and name at least one person as your dependent and/or beneficiary, in order to continue with the enrollment. At least one beneficiary is required for USC-provided life insurance benefits. If your marital status is Married, you are required to add a Lawful Spouse in the dependent/beneficiary list.

NOTE: Dependents who are foreign nationals cannot be enrolled using this online form. Contact your HR Contact to obtain the paper form used to enroll these dependents.

Deduction Start Date		
Coverage Elect Date	02/25/2025	Hire/Rehire Date 02/17/2025
Deduction Begin Date	02/17/2025	
Coverage Begin Date	03/01/2025	
Dependents/Beneficiaries		
Will you be covering dependent(s) and/ A spouse or child of an eligible foreign in Number (S.S.N) at this time? Please m	I/or designating a beneficiary (note: you must list a beneficiary if you elect health insuranc national employee may be added to health, dental, vision and dependent life coverage w make a selection below.	ce and/or optional life insurance)? Please make a selection below. /ithin 30 days of arrival in the U.S. Will you be covering a foreign national dependent without a Social Security
List Dependents/Beneficiaries?		
Search Next Save		

If you do not list any dependents/beneficiaries, you will receive the following warning:

Must list at least one beneficiary					
If you plan to elect any benefits, at least one beneficiary must be indicated. If you are refusing all coverage, click OK. Please adjust dependent/beneficiary list to include at least one beneficiar					
ОК					
ОК					

If your marital status is Married and you attempt to proceed without adding a Lawful Spouse in the dependent/beneficiary list, you will receive the following warning:

Lawful Spouse Dependent Required				
If your marital status is Married, you are required to add a Lawful Spouse in the dependent/beneficiary list. Add a lawful spouse and indicate whether a dependent spouse is receiving South Carolina bene				
ОК				

If you indicate that your dependents/beneficiaries include non-U.S. citizens, you will receive the following warning:

STOP! Separate documentation is required.		
To complete your enrollment please contact the Benefits Office at 803-777-6650 Employees on other USC campuses should contact their campus administrator. (24847,41)		
ОК		

- 11) To list any dependents/beneficiaries, toggle the related slider to the 'Yes' response. Review the instructions before entering your dependents and/or beneficiaries. Add new rows within the section as applicable using the 'Plus' icon on the far right. Use the 'Minus' icon on the far right to remove any rows that are not needed.
- **NOTE:** A first and last name and social security number are required for each listed beneficiary, dependent, or person designated as both. This designation is entered in the Dependent/ Beneficiary Type field on this page.

NOTE: Social security numbers must be entered without any hyphens.

Benefits Enrollment							
Coverage Begin Date 03/01/2025							
Dependents/Beneficiaries							
Will you be covering dependent(s) and/or designating a benefi A spouse or child of an eligible foreign national employee may Number (S.S.N) at this time? Please make a selection below.	ciary (note: you must list a bene be added to health, dental, visi	eficiary if you elect health insur on and dependent life coverag	ance and/or optional life insura e within 30 days of arrival in th	ance)? Please make a se le U.S. Will you be cover	election below. ring a foreign na	ational dependent without a So	ocial Security
List Dependents/Beneficiaries?							
Includes Non-U.S. Citizens?							
Dependents/Beneficiaries List							
List all children to be covered in health, dental, vision and/or do to the Enrollment Documentation Worksheet for acceptable do	ependent life insurance, and/or cumentation.	to be listed as a beneficiary. A	ways list spouse, if married.	You will be required to at	tach dependent	documentation at the end of t	his form. Refer
Be sure to select the appropriate value for Dependent Benefici- Both – an individual who is dependent and a beneficiary, e.g., Dependent – an individual who is an eligible dependent to be	ary Type. Options include: a spouse covered in benefits only – will n	ot also be designated as a prir	nary or contingent beneficiary	for life insurance benefits	5		
Beneficiary – only a beneficiary; will not also be covered in be Special Instruction: If beneficiary is an estate or trust, the name of the Estate/Trust	mefits, e.g., a spouse employed	d by a PEBA-participating empl	oyer who is not eligible to be I Illows:	isted as a dependent			
First Name: Estate or Trust of Last Name: Name of Estate or Trust			ilovis.				
*First Name ↑↓ Middle Name ↑↓	*Last Name ↑↓	Suffix ↑↓	*Social Security # 1	*Date of Birth ↑↓	Agett	*Gender ↑↓	*Dependent Ben Type
1 John	Doe	٩	11111111	04/01/1990	35	Undeclared 🗸	Beneficiary
2 Jasmine	Doe	Q	33333333	01/01/2020	5	Undeclared ~	Dependent
Search Next Save							

(screenshot continued below)

				2 rows
*Dependent Beneficiary Type	*Relationship 1↓	Disabled? 1↓	Insert A Row	Delete A Row
Beneficiary 🗸	Lawful Spouse	•	+	-
Dependent 🗸	Natural Child	•	+	-

- 12) The next series of pages in the forms are for the enrollments. There is a separate page for each Plan Type available to you. For each Plan Type, you must indicate if you wish to elect or refuse enrollment. When you list dependents/beneficiaries on the first page of the form, you may choose to cover all, some or none of those individuals for each type of benefit. The only exception is for the USC-provided life insurance benefits, which require at least one named beneficiary. In some cases, the benefit is offered on either a post-tax or pre-tax basis. This is referred to as the Premium Option.
- **13)** The first enrollment is for the **Medical Plan**. First, select your **Premium Option** whether you will receive the benefit on a post-tax or pre-tax basis.

Benefits Enrollment	
Benefits Enrollment : Me	edical Plan
Premium Options	
The Pretax Group Insurance Premium f Select an option below.	ieature program allows you to pay for insurance premiums before taxes come out of your paycheck (pre-tax) for health; vision; dental; and up to \$50,000 of Optional Life Coverage.
*Select a Premium Option	
Medical Plan	Post-Tax
*Coverage Election	Pre-Tax
Search Previous Next	Save

14) Use the Coverage Election drop down menu to elect or refuse the benefit. If you choose to elect the benefit, the page will change dynamically with new options related to the election.

Medical Plan			
*Cove	rage Election		
Search Previou	s Next	Elect	
		Refuse	

15) If you choose to elect Medical Plan coverage, you will be able to use the magnifying glass icon in the Benefit Plan box to choose your plan selection. Benefit Plan Names use a consistent naming convention. The first character(s) indicate the number of months for which the employee is paid during the year (e.g., 9 or 12), and consequently the number of pay periods (e.g., 24 or 18).

If the benefit is provided on a pre-tax basis, the next character will be a 'P', followed by an underscore. If it is provided on a post-tax basis, there is no character, just an underscore. The last portion of the name may represent the vendor name, the benefit coverage level or another abbreviation chosen by USC.

For example, 12P_BB is a medical plan option for an employee paid over 12 months who elects to participate in the pre-tax benefit plan. 12_BB represents the same benefit plan elected on a post-tax basis.

(Screenshot on next page)

Benefits Enrollment		
Benefits Enrollment : Medical P	lan	
Premium Options		
The Pretax Group Insurance Premium feature pro Select an option below.	ogram allows you to pay for insurance premiums befor	e taxes come out of your paycheck (pre-tax) for health; vision; dental; and up to \$50,000 of Optional Life Coverage
*Select a Premium Option Pre-Tax	د ب	
Medical Plan		
*Coverage Election Elect	~	*Benefit Plan
Coverage Code 1		
Medical Plan Dependents		
Will you be covering dependent(s) and/or designate	ating a beneficiary (note: you must list a beneficiary if y	you elect health insurance and/or optional life insurance)?
If a dependent is not showing below, please retur	In this benefit. In to the first page by clicking "Previous" and review the	e Dependents/Beneficiaries List. Make necessary edits and return to this section.
	Select Dependent ↑↓	Display Name 1↓
1		1. Jasmine Doe
Search Previous Next Save	3	

16) The Coverage Code for each type of health benefit (e.g., medical, dental, dental plus, vision) is automatically determined by PeopleSoft, based on the dependent/beneficiary information entered in the Medical Plan Dependents section of the prior page. You may elect to cover any dependent you entered on the first page of the form by changing the slider bar to the 'Yes' position for each person to be covered. Once you have made your Medical Plan election or refusal, click Next.

Medical Plan				
*Coverage Election Coverage Code	Elect V	*Benefit Plan	12P_BB Q	MoneyPlus Standard Plan
Medical Plan Dependents				
Will you be covering dependent(s) and/ Please select the dependent(s) that you If a dependent is not showing below, ple	or designating a beneficiary (note: you must list a ber will cover in this benefit. aase return to the first page by clicking "Previous" and	neficiary if you elect health insurance and/or optional life insurance)? It review the Dependents/Beneficiaries List. Make necessary edits an	d return to this section.	
	Select Dependent ↑↓	Display Name ↑↓		
1		1. Jasmine Doe		
Search Previous Next	Save			

17) If you choose to enroll in the Medical Plan, you will be prompted to make a Tobacco Use disclosure. If you refuse to enroll in the Medical Plan, you will go straight to Dental Plan enrollment. Read all instructions carefully and make your selection using the Tobacco User Premium drop down menu. Once you have completed this step, select Next.

Benefits Enrollment	
Benefits Enrollment : Tobacco	Form ID 828824
Tobacco Use	
Chose one of the following regarding Tobacco Use: Non-Tobacco User: I certify that I am eligible for the Non-Tobacco User premium. By selecting Non-Tobacco User below, I certify that all persons covered on my health insurance through PEBA are not currently using, tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months. Tobacco User Premium: I acknowledge that I will pay the tobacco user premium by selecting Tobacco User below. One or more persons covered on my health insurance through PEBA uses tobacco products in some disclose my status as it relates to tobacco use.	and have not used, any form or I choose not to
*Tobacco User Premium Non-Tobacco User	
Search Previous Next Save	

18) The next enrollment option is for the Dental Plan. Elect or refuse enrollment in the Dental Plan by making your selection from the Coverage Election drop down menu. If you choose to enroll in the Dental Plan, your Benefit Plan will default to the sole option: the MoneyPlus Dental Plan. If you choose to enroll in the MoneyPlus Dental Plan, you will be able to elect additional coverage via the Dental Plus plan. If you wish to cover any dependents with this benefit, change the corresponding slider bar to the 'Yes' response. Once you have made your selections, click Next.

Benefits Enronment			
Benefits Enrollment : Dental			
Dental Plan			
*Coverage Election Elect	~	*Benefit Plan 12P_DD Q Money	Plus Dental Plan
Coverage Code 3			
Please select the dependent(s) that you will cover in this If a dependent is not showing below, please return to the	benefit. first page by clicking "Previous" and review the Depen	dents/Beneficiaries List. Make necessary edits and return to this section.	
	Select Dependent 1	Display Name ↑↓	
1		Jasmine Doe	
Dental Plus			
*Coverage Election			
Search Previous Next Elect Refuse			

NOTE: If you chose to enroll in the Dental Plus Plan Type, you must cover the same people listed as your dependents under your Dental Plan Type election. This is a PEBA requirement.

Dental Plus				
	*Coverage	Election	Elect	~
	Covera	ge Code	3	
Search	Previous	Next	Save	

19) The next enrollment option is for the Vision Plan. Elect or refuse enrollment in the Vision Plan by making your selection from the Coverage Election drop down menu. If you choose to enroll in the Vision Plan, your Benefit Plan will default to the sole option: the MoneyPlus Vision Care Plan. If you wish to cover any dependents with this benefit, change the corresponding slider bar to the 'Yes' response. Once you have made your selections, click Next.

enefits Enrollment			
Benefits Enrollment : Vision			
Vision Coverage Election			
*Coverage Election Elect	~	*Benefit Plan 12P_VC	Q MoneyPlus Vision Care Plan
Coverage Code 3			
Vision Dependent Coverage			
Please select the dependent(s) that you will cover in this ber If a dependent is not showing below, please return to the first	efit. page by clicking "Previous" and review the	Dependents/Beneficiaries List. Make necessary edits and return to this section.	
	Select Dependent 11	Display Name 🛝	
1		Jasmine Doe	
Search Previous Next Save			

20) The next enrollment is Optional Life Insurance. USC Optional Life Insurance benefit coverage is offered in increments of \$10,000, up to 3 times your salary or a maximum amount of \$500,000 – whichever is less. Elect or refuse enrollment in Optional Life Insurance by making your selection from the Coverage Election drop down menu. If you choose to elect Optional Life Insurance, you will be able to use the magnifying glass icon in the Benefit Plan box to choose your plan selection. If you know the coverage amount you wish to elect, you can use the Search Criteria section to navigate directly to that plan. You can also navigate to the plan using the vertical scrollbar in this window. For life insurance benefits, you must indicate the percentage that each beneficiary is eligible to receive. You can also designate any contingent beneficiaries.

Benefits Enrollment				
Benefits Enrollment : Optional Life Insurance				Form ID 828824
Optional Life Insurance				
You can apply for a higher benefit level, up to a maximum of \$500,000 with medical enrolled in the guaranteed issue amount pending determination of your application for	evidence of insurability. If you choose to or additional coverage.	o apply for coverage in excess of the gua	aranteed issue amount (in excess of three tin	nes your salary), you will be
*Coverage Election Elect		Guarantee Amount 15	50000	
*Benefit Plan 12P100 Q MoneyPlus Op	ptional Life 100K	Election Amount 10	00000	
Beneficiary Information				
Will you be covering dependent(s) and/or designating a beneficiary (note: you must le Please make a selection below. These are the beneficiary(ies) that you identified in the Dependent/Beneficiary List o if a beneficiary is not showing below, please return to the first page by clicking 'Prev Make necessary edits to the Dependent/Beneficiary List and return to this section. Note: A primary beneficiary is an individual or organization who is first in line to rec not to exceed 100%. A contingent beneficiary receives proceeds if the primary beneficiary is deceased to designate a primary beneficiary, the contingent field should be marked as "N". To designate a contingent beneficiary, the contingent field should be marked as "Y".	list a beneficiary if you elect health insu on the first page. Nous" and review the Dependents/Benel selve benefits upon the account holder's d, unable to be located or refuses the int res".	ance and/or optional life insurance)? iciaries List. To appear below, a person death. You can name multiple primary t ieritance at the time the proceeds are to	must be identified as "both" or "beneficiary" f peneficiaries but be sure to specifying perce be paid.	for Dependent/Beneficiary Type. ent of benefits for each beneficiary,
	Percent of Benefits ↑↓	Contingent 1↓	Display Name ↑↓	TIOW
1	100		John Doe	
Search Previous Next Save				

- **NOTE:** In order to use the Search Criteria, you must know the Plan Name or exact description. There is no option to search for partial values that are not the 'begins with' text. For example, if you are looking for a plan that provides \$250,000 of coverage, you will not see any results when '250' is entered. That is because none of the Plan Names or Descriptions begin with '250'.
- **NOTE:** If you select a coverage amount that is greater than what is permitted by USC without evidence of insurability, you will see an error message and will not be able to continue with your enrollment. You must go back and select a permissible coverage amount. Follow the online instructions to request the additional coverage.

Cancel	Lookup	
Search for: Benefit Plan		Hide Operators
✓ Search Results	Value begins with Description begins with Clear	
		51 rows
Value ↑↓	Description 1	
12P080	MoneyPlus Optional Life 80K	
12P090	MoneyPlus Optional Life 90K	
12P100	MoneyPlus Optional Life 100K	
12P110	MoneyPlus Optional Life 110K	
12P120	MoneyPlus Optional Life 120K	
12P130	MoneyPlus Optional Life 130K	

- 21) Once you have made your selections, click Next.
- 22) If you have listed a dependent, then the next enrollment(s) will be Dependent Life Insurance either Dependent Child Life or Dependent Spouse Life, or both, depending on your listed dependents. For Dependent Life insurance elections, you will need to elect or refuse enrollment and select a benefit plan.
- **NOTE:** The Dependent Child Life coverage is \$15,000 per child and is guaranteed. You can elect Dependent Spouse Life coverage in \$10,000 increments up to a maximum of \$100,00 or 50% of your Optional Life amount, whichever is less.

Benefits Enrollment	
Benefits Enrollment : Child Life Insurance	
Dependent Child Life Election	
Choose a Dependent Child Life Option (Coverage = \$15,000)	
*Coverage Election Elect ~	*Benefit Plan 12_DLC Q Dependent Life Child
Search Previous Next Save	

23) If you enroll in a USC-provided medical plan, you are automatically enrolled in the Basic Life Insurance Plan Type. Though the election defaults to the Basic Life Insurance plan, you will still need to designate the percent of benefits to each beneficiary and designate any contingent beneficiaries.

Benefits Enrollment				
Benefits Enrollment : Basic Life Insurance				Form ID 828824
Basic Life Insurance				
These are the beneficiary(ies) that you identified in the Dependent/Beneficiary List on the I If a beneficiary is not showing below, please return to the first page by clicking "Previous" Make necessary edits to the Dependent/Beneficiary List and return to this section. Note: A primary beneficiary is an individual or organization who is first in line to receive b not to axceed 100%. A contingent beneficiary receives proceeds if the primary beneficiary is deceased, und To designate a primary beneficiary, the contingent field should be marked as "No". To designate a contingent beneficiary, the contingent field should be marked as "Yes".	first page. and review the Dependents/Benefi enefits upon the account holder's ale to be located or refuses the inh	iciaries List. To appear below, a person death. You can name multiple primary t neritance at the time the proceeds are to	must be identified as "both" or "beneficiary" for Dep seneficiaries but be sure to specifying percent of t be paid.	vendent/Beneficiary Type.
Basic Life Coverage Enrolled				
*Basic Life Benefit Plan 12_BL Q Basic Life Insurance	3			
Basic Life Beneficiaries				
				1 row
	Percent of Benefits 11	Contingent ↑↓	Display Name ↑↓	
1	100		John Doe	
Search Previous Next Save				

24) The next enrollment is Supplemental Long Term Disability. Elect or refuse enrollment in Supplemental Long Term Disability by making your selection from the Coverage Election drop down menu. If you choose to elect Supplemental Long Term Disability, you will be able to use the magnifying glass icon in the Benefit Plan box to choose your plan selection. Once you have made your selections, click Next.

Benefits Enrollment						
Benefits Enrollment : Supplemental Long Term Disability						
Suppl Long-Term Disability						
*Coverage Election Elect	*Benefit Plan SLTDP1 Q Supplemental LTD 90 Day Plan					
Search Previous Next Save						

25) The next enrollment is for Basic Long Term Disability. All benefit-eligible USC employees are automatically enrolled in the Basic Long Term Disability Plan. When you are ready to proceed, click Next.

Benefits Enrollment					
Benefits Enrollment : Basic Long Term Disability					
Basic Long Term Disability					
Basic Disability Coverage Elect					
Search Previous Next Save					

26) The next enrollment is for USC Voluntary Benefits. Enrollment in these benefits are not completed through Employee Self Service. Use the Supplemental Insurance link on this page to learn more and enroll in these benefits. When you are ready to proceed, click Next.

Benefits Enrollment
Benefits Enrollment : USC Voluntary Benefits
USC Voluntary Benefits
To learn more about USC Voluntary Benefits, including how to enroll, visit the Supplemental Insurance Insurance web page. Enrollment in this voluntary insurance is not necessary to complete this Benefits Enrollment form.
University Life/Long-Term Care Insurance
Short-Term Disability Insurance
Critical Illness/Cancer Insurance
Accident Insurance
Auto and Home Insurance
Search Previous Next Save

27) The next enrollment is for Spending Accounts. Elect or refuse enrollment in the Medical Spending Account by making your selection from the Coverage Election drop down menu. You will need to set the amount that you contribute to this account each year. The maximum annual contribution is listed below the Benefit Plan. If you have a dependent listed (child or elder) you will be able to enroll in a Dependent Care Spending Account. If you choose to elect this benefit, you will need to provide information about your tax filing, and set the amount that you contribute to this account each year. The maximum contribution is listed below the Benefit Plan. If you choose to elect the provide to the provide information about your tax filing, and set the amount that you contribute to this account each year. The maximum contribution is listed below the Benefit Plan. Once you have made your selections, click Next.

Benefits Enrollment	Benefits Enrollment					
Benefits Enrollment : Spending Accounts If you participate in Spending Accounts, monthly administrative fees are deducted from your paycheck. For more information, please refer to the PEBA MoneyPlus information webpage.						
Medical Spending Account						
Coverage Election	Elect 🗸	Benefit Plan MSA Medical Spending Account				
*Plan Year Total Amount	3300.00	Max Annual Contribution 3300				
Deduction End Date	12/15/2025					
Dependent Care						
A dependent care spending account car A qualifying individual includes the empl Is a U.S. citizen, national or resident Is physically and/or mentally incapab Is not someone else's qualifying child Lives in the employee's household fo Spends at least eight hours per day i Receives more than half of his suppo	n be used to pay for eligible de loyee's qualifying relative if the of the U.S., Mexico or Canada le of self-care; d; or more than half of the tax yea or the employee's home; and ort from the employee during th	ependent care expenses incurred by your dependents (child or elder) while you and your spouse (if married) are working outside of the home. relative: r; ur; ne tax year.				
Coverage Election	Elect 🗸	Benefit Plan DCSA Dependent Care Spending Acct				
Tax Filing Status	Married, Filing Jointly 🗸	Max Annual Contribution 5000				
*Plan Year Total Amount	3000.00	Note: The DCSA is capped at \$1,600 for highly compensated employees as defined by the IRS.				
Deduction End Date	12/15/2025					
Search Previous Next	Save					

28) The final page of the Benefits Enrollment form displays a summary of all benefits you elected on the prior pages.

Benefits Enrollment			
Benefits Enrollment : Er	rollment Summary		
Employee Information			
Empl ID	100.0010	Name	Tax, Taxagener
Benefit Program	LG1	US Citizen	Y
Annual Rate	51000.000000		
Empl Record	0		
Department	925020	Department Name	ATHLETICS
Medical Plan			
Coverage Election	Elect	Benefit Plan	12P_BB MoneyPlus Standard Plan
Coverage Code	3		
Dental Plan			
Coverage Election	Elect	Benefit Plan	12P_DD MoneyPlus Dental Plan
Coverage Code	3		

29) To finish your Initial Benefits Enrollment, you will be required to upload attachments for any dependents listed in your benefits elections. Use the Add button to attach your documents. Update the Description field that corresponds to the document uploaded. Finally, you will need to acknowledge that you aware of any supporting documentation needed to complete enrollment. When you are ready to submit your Initial Benefits Enrollment, click Submit.

enefits Enrollment				
Dependent Care				
Coverage Election Elect			Benefit Plan DCSA Dependent Care Spending Acct	
Tax Filing Status Married, Filing Join	itly			
Plan Year Total Amount 3000.00				
File Attachments				
If you listed dependents, you are required to attach dependents	dent documentation below, i	n addition to any other required documents. R	efer to the Enrollment Documentation Worksheet for acceptable docur	nentation. 2 row
Attachment Uploaded	Action	Description ↑↓	File Name ↑↓	Delete
1 🕑	View	Marriage License V	Marriage_License.pdf	Delete
2	View	Long Form Birth Certific V	Birth_Certificate.pdf	Delete
Add				
Form Action Items				
				1 n
Acknowledgement				
1 I understand that supporting doc acknowledge that I will be requir manner, all elected plans will be	ument(s) are required for th ed to submit supporting doc void, and I will have to wait	is transaction and it will not be processed until uments promptly through MyBenefits, PEBAs until PEBA's Open Enrollment period or a spec	all documentation has been received by SC PEBA. If I did not upload nline enrollment system. Furthermore, if all required supporting docur ial eligibility situation to enroll into insurance benefits.	the documents above, I mentation is not submitted in a timely
> Comments				
Search Previous Save Submit				

- **NOTE:** Enrollment in the 403(b) Program is no longer completed through Employee Self Service. To enroll in 403(b) benefits, you will need to log into the <u>Retirement@Work</u> portal with your USC username and password. For additional information and instructions, please visit the <u>Retirement Benefits</u> page and review the **USC Supplemental Retirement Benefits** section.
- **30)** Congratulations! You have successfully learned how to submit your Initial Benefits Enrollment in Employee Self Service.

Enroll in Benefits When Working Under a J1 Visa

Initial Enrollment: This is only for new hires and rehires. New and rehired employees will use the Benefits Enrollment eForm for initial enrollment in state insurance benefits. Rehired employees who experienced a break in service also complete this eForm.

1) Begin at the Employee Self Service landing page. Click the **Employee Self Service** drop down menu. Next, click **My Homepage**.

SOUTH CAROLINA O	Menu	✓ Search in Menu	Q
Employee Self Service ~	←		< 2 of 2 >
My Homepage			
Employee Self Service	Announcements	OnBoarding	
		Î	
N	o Announcements available		
✓ My Self-Service			

2) Next, click the Benefits Enrollment Homepage tile.

SOL	UNIVERSITY OF TH CAROLINA 0 ♥	3	Menu 🗸 Search in Menu		Q	$\mathbf{\hat{\Box}}$	Û	:	Ø
M	/ Homepage ╰	DIA		an a		<	1 of 2	>	:
~	Ny Work	_							
	Benefits Enrollment Homepage		HERD Forms	Grant Time & Effort					
			ORACLE PEOPLESOFT						

3) In the **Benefits Enrollment Homepage** tile, the landing page has general information about the tile. To submit your initial benefits enrollment, click **Submit Initial Benefits eForm**.

\leftarrow \odot	Q. Search in Menu
Benefits Enrollment	
E Benefits Enrollment	Welcome to the University of South Carolina's Employee Benefits Center. This is where a Benefits Administrator can:
Submit Initial Benefits eForm	Submit a Benefits Enrollment eForm on behalf of an employee. Evaluate a Benefits Enrollment eForm – enrollments pending approval.
View Benefits eForms	View a Benefit Enrollment erorm – search existing forms. This is where an employee can:
	Submit Initial Benefits eForm for initial enrollment in state insurance benefits.
	<u>Note</u> : Subsequent changes to state insurance benefits during open enrollment and certain special eligibility situations must be submitted through MyBenefits, SC PEBAs online enrollment system. • View Benefits eForms shows you existing forms.
	The University of South Carolina offers employees the option to enroll in a 403(b) by utilizing the Retirement@Work platform. You can view more information concerning the 403(b) plans here Retirement Benefits - Human Resources. Employees can access Retirement@Work to:
	 Enroll in your University of South Carolina 403(b) Plan Change your voluntary contribution amount at any time Choose your preferred retirement plan provider(s) View retirement plan balances across plans and investment providers Access tools and resources for planning

- 4) Your Benefits Enrollment form should open automatically. If you do not see a form, or have any difficulty completing the form, contact your Campus Benefits administrator for assistance. The first portion of the form contains your personal information. These read only fields should be verified prior to enrolling in USC Benefits. Before you can enter your elections, there are a series of questions you must answer in the Special Circumstances section (if applicable).
- **NOTE:** You can save your data entry at any point using the Save button at the bottom of each page of the form.

Benefits Enrollment	
Benefits Enrollment : Employee and Dependent Information	Form ID 845
Employee Information	
Empl ID	Name
Benefit Program LG1	US Citizen N
Annual Rate 151200.000000	
Visa/Permit Type J1	
Empl Record 0	
Department 160000	Department Name MDG SCHOOL OF MEDICINE GREENVI
Preparer Information	
Preparer Emplid	Preparer Name
Special Circumstances	
Please indicate whether any of the following special circumstances apply to you.	
1. Are you or your dependents currently enrolled by Medicare?	
2. Are you transferring from another SC PEBA participating employer?	
3. Are you returning to employment after having already retired from State of South Carolina?	
4. Have you changed your name since originally applying for State of SC retirement?	

- 5) Each question is tied to a slider bar. The default position on each is 'No'. Clicking the slider bar will toggle between the 'Yes' and 'No' responses. 'Yes' responses display as an orange slider with a check mark inside. Your response to each question will dynamically change the display on the page, providing you with additional instructions as applicable. In some cases, your response will require you to provide additional documentation as part of your enrollment. Please be sure you have the required documentation before moving on to the next page.
- 6) If you or your dependents are enrolled in Medicare, click the slider to toggle to the Yes response. The Employee Medicare Declaration section is now visible directly below the Special Circumstances questions. Follow the instructions in this section and be prepared to attach the applicable documentation to the last page of the form.

Special Circumstances	
Please indicate whether any of the following special circumstances apply to you.	
1. Are you or your dependents currently enrolled by Medicare?	
2. Are you transferring from another SC PEBA participating employer?	
Are you returning to employment after having already retired from State of South Carolina?	
4. Have you changed your name since originally applying for State of SC retirement?	
Employee Medicare Declaration	
Are you or your dependents currently enrolled by Medicare?" Instructions: If you or your dependent is covered by Me	dicare, attach a copy of the Medicare card(s) at the end of this form.

7) If you are transferring to USC from another SC PEBA participating employer, click the slider to toggle to the 'Yes' response. The Inter-Agency Transfer Info section is now visible directly below the Special Circumstances questions. Follow the instructions in this section, and clink the linked form to open a new window tab. Save the completed form on your computer, as you will be required to upload it later in the form.

Special Circumstances	
Please indicate whether any of the following special circumstances apply to you.	
1. Are you or your dependents currently enrolled by Medicare?	
2. Are you transferring from another SC PEBA participating employer?	
3. Are you returning to employment after having already retired from State of South Carolina?	
4. Have you changed your name since originally applying for State of SC retirement?	
Inter-Agency Transfer Info	
If you are transferring from another SC PEBA-participating employer, e.g., state agency, higher education institution of 1. Confirm former state-agency employee has transfer terminated your coverage with SC PEBA. 2. Then, complete the Employee Transfer Form.	r public-school district:

8) If you are retired from the State of SC and returning to employment, click the slider to toggle to the 'Yes' response. The State of SC Retiree section is now visible directly below the Special Circumstances questions. You will receive an email notification with important information for working retirees.

Special Circumstances	
Please indicate whether any of the following special circumstances apply to you.	
1. Are you or your dependents currently enrolled by Medicare?	
2. Are you transferring from another SC PEBA participating employer?	
3. Are you returning to employment after having already retired from State of South Carolina?	 Image: A start of the start of
4. Have you changed your name since originally applying for State of SC retirement?	
State of SC Retiree	
Retiree earnings limitation may apply to you. Look for an informative email about retiree earnings limitations to learn n	nore.

9) If you are returning to state employment after a long break in service and have subsequently changed your legal name since leaving employment, click the slider to toggle to the 'Yes' response. The PEBA Name Change section is now visible directly below the Special Circumstances questions. Follow the instructions in this section. SC PEBA requires that your name at USC match the records; therefore, this form will update their system.

Special Circumstances	
Please indicate whether any of the following special circumstances apply to you.	
1. Are you or your dependents currently enrolled by Medicare?	
2. Are you transferring from another SC PEBA participating employer?	
3. Are you returning to employment after having already retired from State of South Carolina?	
4. Have you changed your name since originally applying for State of SC retirement?	
 select Yes Above only if you have not already submitted a name change to PEBA. 	
PEBA Name Change	
If you have not notified SC PEBA and your name in their records is different than your name at hire with U of SC, you the Complete a Name Change Form and mail to SC PEBA with one of the following documents: • A copy of your Social Security card with the correct name; • A certified copy of your divorce devree showing a legal name change • A copy of the court order or the name change (includes annulment and adoption); or, • A copy of your mariage license. Mail the signed form and documentation to: S.C. Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223	will need to update your name with SC PEBA as follows:

10) After indicating any special circumstances that apply, scroll down to the **Dependent/Beneficiaries** section. If you are NOT refusing all coverage, you must change the **List Dependents/Beneficiaries** slider bar to the 'Yes' response, and name at least one person as your dependent and/or beneficiary, in order to continue with the enrollment. At least one beneficiary is required for USC-provided life insurance benefits. If your marital status is Married, you are required to add a Lawful Spouse in the dependent/beneficiary list.

NOTE: Dependents who are foreign nationals cannot be enrolled using this online form. Contact your HR Contact to obtain the paper form used to enroll these dependents.

Deduction Start Date	
Coverage Elect Date 02/25/2025 Deduction Begin Date 02/17/2025 Coverage Begin Date 03/01/2025	Hire/Rehire Date 02/17/2025
Dependents/Beneficiaries Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary (note: you must list a beneficiary (note: or child of an eligible foreign national employee may be added to health, dental, visi Number (S.S.N) at this time? Please make a selection below.	eficiary if you elect health insurance and/or optional life insurance)? Please make a selection below. on and dependent life coverage within 30 days of arrival in the U.S. Will you be covering a foreign national dependent without a Social Security
List Dependents/Beneficiaries?	

If you do not list any dependents/beneficiaries, you will receive the following warning:

Must list at least one beneficiary
If you plan to elect any benefits, at least one beneficiary must be indicated. If you are refusing all coverage, click OK. Please adjust dependent/beneficiary list to include at least one beneficiary.
ОК

If your marital status is Married and you attempt to proceed without adding a Lawful Spouse in the dependent/beneficiary list, you will receive the following warning:

Lawful Spouse Dependent Required
If your marital status is Married, you are required to add a Lawful Spouse in the dependent/beneficiary list. Add a lawful spouse and indicate whether a dependent spouse is receiving South Carolina benefits.
ОК

If you indicate that your dependents/beneficiaries include non-U.S. citizens, you will receive the following warning:

STOP! Separate documentation is required.
To complete your enrollment please contact the Benefits Office at 803-777-6650 Employees on other USC campuses should contact their campus administrator. (24847,41)
OK
Ŭĸ

- 11) To list any dependents/beneficiaries, toggle the related slider to the 'Yes' response. Review the instructions before entering your dependents and/or beneficiaries. Add new rows within the section as applicable using the 'Plus' icon on the far right. Use the 'Minus' icon on the far right to remove any rows that are not needed.
- **NOTE:** A first and last name and social security number are required for each listed beneficiary, dependent, or person designated as both. This designation is entered in the Dependent/ Beneficiary Type field on this page.

NOTE: Social security numbers must be entered without any hyphens.

Dependents/Beneficiaries							
Will you be covering dependent(s) and/or designating a benefic A spouse or child of an eligible foreign national employee may Number (S.S.N) at this time? Please make a selection below.	:iary (note: you must list a ber be added to health, dental, vis	reficiary if you elect health insur- sion and dependent life coverag	ance and/or optional life insura e within 30 days of arrival in th	ance)? Please make a sele ie U.S. Will you be coverin	ection below. ng a foreign na	itional dependent without a Sc	cial Security
List Dependents/Beneficiaries?							
Includes Non-U.S. Citizens?							
Dependents/Beneficiaries List							
List all children to be covered in health, dental, vision and/or dependent life insurance, and/or to be listed as a beneficiary. Always list spouse, if married. You will be required to attach dependent documentation at the end of this form. Refer to the Enrollment Documentation Worksheet for acceptable documentation. Be sure to select the appropriate value for Dependent Beneficiary Type. Options include: Both – an individual who is an eligible dependent to be covered in benefits only – will not also be designated as a primary or contingent beneficiary for life insurance benefits Beneficiary – only a beneficiary only a beneficiary. If the end of the Estate/Trust must be entered in the First Name and Last Name fields as follows: First Name: Estate or Trust di Last Name of Estate or Trust							
*First Name ↑↓ Middle Name ↑↓	*Last Name ↑↓	Suffix ↑↓	Social Security # ↑↓	*Date of Birth ↑↓	Age î↓	*Gender î↓	*Dependent Be Type
1 Estate of	John Doe]Q	1111111	04/01/1995	30	Undeclared V	Beneficiary
2 Jane	Doe	٩	00000000	04/01/1995	30	Undeclared ~	Both

(screenshot continued below)

					2 rows
*Dependent Beneficiary Type	¢↓	*Relationship î↓		Insert A Row	Delete A Row
Beneficiary	~	Self	~	+	-
Both	~	Lawful Spouse	•	+	-

- 12) The next series of pages in the forms are for the enrollments. There is a separate page for each Plan Type available to you. For each Plan Type, you must indicate if you wish to elect or refuse enrollment. When you list dependents/beneficiaries on the first page of the form, you may choose to cover all, some or none of those individuals for each type of benefit. The only exception is for the USC-provided life insurance benefits, which require at least one named beneficiary. In some cases, the benefit is offered on either a post-tax or pre-tax basis. This is referred to as the Premium Option.
- **13)** The first enrollment is for the **Medical Plan**. First, select your **Premium Option** whether you will receive the benefit on a post-tax or pre-tax basis.

Benefits Enrollment	
Benefits Enrollment : Me	edical Plan
Premium Options	
The Pretax Group Insurance Premium f Select an option below.	eature program allows you to pay for insurance premiums before taxes come out of your paycheck (pre-tax) for health; vision; dental; and up to \$50,000 of Optional Life Coverage.
*Select a Premium Option	
Medical Plan	Post-Tax
*Coverage Election	Pre-Tax
Search Previous Next	Save

14) Use the Coverage Election drop down menu to elect or refuse the benefit. If you choose to elect the benefit, the page will change dynamically with new options related to the election.

Medical Plan		
*Coverage	Election	
Search Previous	Next	Elect
		Refuse

15) There is only one USC Medical plan available to employees working under a J1 Visa. If you elect to enroll in Medical benefits, it will default to the benefit plan for employees working under a J1 visa.

(Screenshot on next page)

Benefits Enrollment			
Benefits Enrollment : Me	edical Plan		Form ID 845322
Premium Options			
The Pretax Group Insurance Premium for Select an option below.	eature program allows you to pay for insurance premiums before taxes com	e out of your paycheck (pre-tax) for health, vision; dental; and up to \$50,000 of Optional Life Coverage.	
*Select a Premium Option	Pre-Tax v		
Medical Plan			
*Coverage Election	Elect		
Coverage Code	2	Benefit Plan (J1) 12P_BB MoneyPlus Standard Plan	
Medical Plan Dependents			
Will you be covering dependent(s) and/o Please select the dependent(s) that you	or designating a beneficiary (note: you must list a beneficiary if you elect he will cover in this benefit	alth insurance and/or optional life insurance)?	
If a dependent is not showing below, ple	ase return to the first page by clicking "Previous" and review the Dependen	ts/Beneficiaries List. Make necessary edits and return to this section.	
	•••••	• • • •	1 row
	Select Dependent 1	Display Name 1↓	
1		1. Jane Doe	
Search Previous Next	Save		

16) The Coverage Code for each type of health benefit (e.g., medical, dental, dental plus, vision) is automatically determined by PeopleSoft, based on the dependent/beneficiary information entered in the Medical Plan Dependents section of the prior page. You may elect to cover any dependent you entered on the first page of the form by changing the slider bar to the 'Yes' position for each person to be covered. Once you have made your Medical Plan election or refusal, click Next.

Benefits Enrollment			
Benefits Enrollment : Me	edical Plan		Form ID 845322
Premium Options			
The Pretax Group Insurance Premium Select an option below.	feature program allows you to pay for insurance premiums before taxes com	e out of your paycheck (pre-tax) for health; vision; dental; and up to \$50,000 of Optional Life Coverage.	
*Select a Premium Option	Pre-Tax		
Medical Plan			
*Coverage Election	Elect		
Coverage Code	2	Benefit Plan (J1) 12P_BB MoneyPlus Standard Plan	
Medical Plan Dependents			
Will you be covering dependent(s) and/ Please select the dependent(s) that you	or designating a beneficiary (note: you must list a beneficiary if you elect he u will cover in this benefit.	alth insurance and/or optional life insurance)?	
If a dependent is not showing below, pl	ease return to the first page by clicking "Previous" and review the Dependen	ts/Beneficiaries List. Make necessary edits and return to this section.	1 row
	Select Dependent 11	Display Name 🔃	
1		1. Jane Doe	
Search Previous Next	Save		

17) If you choose to enroll in the Medical Plan, you will be prompted to make a Tobacco Use disclosure. If you refuse to enroll in the Medical Plan, you will go straight to Dental Plan enrollment. Read all instructions carefully and make your selection using the Tobacco User Premium drop down menu. Once you have completed this step, select Next.

Benefits Enrollment	
Benefits Enrollment : Tobacco Form ID	828824
Tobacco Use	
Chose one of the following regarding Tobacco Use: Non-Tobacco User 1 certify that I am eligible for the Non-Tobacco User premium. By selecting Non-Tobacco User below, I certify that all persons covered on my health insurance through PEBA are not currently using, and have not use tobacco products in any form (cigarettes, cigares, piep, certiford) has constrained by the selecting Tobacco User Premium. I acknowledge that I will pay the tobacco products, etc.) within the last six months. Tobacco User Premium: I acknowledge that I will pay the tobacco products in some form or I choose disclose my status as it relates to tobacco use. "Tobacco User Premium" Non-Tobacco User V	id, any not to
Search Previous Next Save	

18) The next enrollment option is for the Dental Plan. Elect or refuse enrollment in the Dental Plan by making your selection from the Coverage Election drop down menu. If you choose to enroll in the Dental Plan, your Benefit Plan will default to the sole option: the MoneyPlus Dental Plan. If you choose to enroll in the MoneyPlus Dental Plan, you will be able to elect additional coverage via the Dental Plus plan. If you wish to cover any dependents with this benefit, change the corresponding slider bar to the 'Yes' response. Once you have made your selections, click Next.

Benefits Enrollment		
Benefits Enrollment : Dental		Form ID 845322
Dental Plan		
*Coverage Election Elect	~	*Benefit Plan 2 MoneyPlus Dental Plan
Coverage Code 2		
Dental Dependent Coverage		
Please select the dependent(s) that you will cover in the factor of the select the dependent is not showing below, please return to	this benefit. the first page by clicking "Previous" and review the D	ependents/Beneficiaries List. Make necessary edits and return to this section.
		1 rov
	Select Dependent ᡝ	Display Name ↑↓
1		Jane Doe
Dental Plus		
*Coverage Election Elect		
Coverage Code 2		
Search Previous Next Save		

NOTE: If you chose to enroll in the Dental Plus Plan Type, you must cover the same people listed as your dependents under your Dental Plan Type election. This is a PEBA requirement.

Dental Plus		
*Coverage	e Election Elect	~
Cover	rage Code 3	
Search Previous	Next Save	

19) The next enrollment option is for the Vision Plan. Elect or refuse enrollment in the Vision Plan by making your selection from the Coverage Election drop down menu. If you choose to enroll in the Vision Plan, your Benefit Plan will default to the sole option: the MoneyPlus Vision Care Plan. If you wish to cover any dependents with this benefit, change the corresponding slider bar to the 'Yes' response. Once you have made your selections, click Next.

Benefits Enrollment			
Benefits Enrollment : Vision			Form ID 845322
Vision Coverage Election			
*Coverage Election Elect	~ 	"Benefit Plan 12P_VC	Q MoneyPlus Vision Care Plan
Coverage Code 2			
Vision Dependent Coverage			
Please select the dependent(s) that you will cover in this bene If a dependent is not showing below, please return to the first	fit. bage by clicking "Previous" and review	the Dependents/Beneficiaries List. Make necessary edits and return to this	section.
			1 row
	Select Dependent 1	Display Name ↑↓	
1		Jane Doe	
Search Previous Next Save			

20) The next enrollment is Optional Life Insurance. USC Optional Life Insurance benefit coverage is offered in increments of \$10,000, up to 3 times your salary or a maximum amount of \$500,000 – whichever is less. Elect or refuse enrollment in Optional Life Insurance by making your selection from the Coverage Election drop down menu. If you choose to elect Optional Life Insurance, you will be able to use the magnifying glass icon in the Benefit Plan box to choose your plan selection. If you know the coverage amount you wish to elect, you can use the Search Criteria section to navigate directly to that plan. You can also navigate to the plan using the vertical scrollbar in this window. For life insurance benefits, you must indicate the percentage that each beneficiary is eligible to receive. You can also designate any contingent beneficiaries.

Benefits Enrollment							
Benefits Enrollment : Optional Life Insurance				Form ID 845322			
Optional Life Insurance							
- You can apply for a higher benefit level, up to a maximum of \$500,000 with med enrolled in the guaranteed issue amount pending determination of your applicati	tical evidence of insurability. If you choose to ion for additional coverage.	o apply for coverage in excess of the	e guaranteed issue amount (in excess of three tim	es your salary), you will be			
*Coverage Election Elect	-	Guarantee Amount	450000				
*Benefit Plan 12P100 Q MoneyPlu	Is Optional Life 100K	Election Amount	100000				
Beneficiary Information							
Will you be covering dependent(s) and/or designating a beneficiary (note: you m Please make a selection below. These are the beneficiary(ies) that you identified in the Dependent/Beneficiary L If a beneficiary is not showing below, please return to the first page by clicking "I Make necessary edits to the Dependent/Beneficiary List and return to this section Note: A primary beneficiary is an individual or organization who is first in line to not to exceed 100%. A contingent beneficiary receives proceeds if the primary beneficiary is dece To designate a primary beneficiary, the contingent field should be marked as " To designate a contingent beneficiary, the contingent field should be marked as and the section of the section of the should be marked as a section of the	tust list a beneficiary if you elect health insur jist on the first page. Previous" and review the Dependents/Benef n. o receive benefits upon the account holder's ased, unable to be located or refuses the inh No".	ance and/or optional life insurance) iciaries List. To appear below, a per death. You can name multiple prim , iceritance at the time the proceeds ar	rson must be identified as "both" or "beneficiary" fr ary beneficiaries but be sure to specifying percent re to be paid.	or Dependent/Beneficiary Type. nt of benefits for each beneficiary, 2 rows			
	Percent of Benefits ↑↓	Contingent ↑↓	Display Name ↑↓				
1	1 Estate of John Doe						
2	50		Jane Doe				
Search Previous Next Save							

- **NOTE:** In order to use the Search Criteria, you must know the Plan Name or exact description. There is no option to search for partial values that are not the 'begins with' text. For example, if you are looking for a plan that provides \$250,000 of coverage, you will not see any results when '250' is entered. That is because none of the Plan Names or Descriptions begin with '250'.
- **NOTE:** If you select a coverage amount that is greater than what is permitted by USC without evidence of insurability, you will see an error message and will not be able to continue with your enrollment. You must go back and select a permissible coverage amount. Follow the online instructions to request the additional coverage.

Cancel	Lookup	
Search for: Benefit Plan V Search Criteria		Hide Operators
✓ Search Results	Value begins with	
		51 rov
Value ↑↓	Description 1	
12P080	MoneyPlus Optional Life 80K	
12P090	MoneyPlus Optional Life 90K	
12P100	MoneyPlus Optional Life 100K	
12P110	MoneyPlus Optional Life 110K	
12P120	MoneyPlus Optional Life 120K	
12P130	MoneyPlus Optional Life 130K	

21) Once you have made your selections, click Next.

- 22) If you have listed a dependent, then the next enrollment(s) will be Dependent Life Insurance either Dependent Child Life or Dependent Spouse Life, or both, depending on your listed dependents. For Dependent Life insurance elections, you will need to elect or refuse enrollment and select a benefit plan.
- **NOTE:** The Dependent Child Life coverage is \$15,000 per child and is guaranteed. You can elect Dependent Spouse Life coverage in \$10,000 increments up to a maximum of \$100,00 or 50% of your Optional Life amount, whichever is less.

Benefits Enrollment				
Benefits Enrollment : Spouse Life Insurance Form ID 84532				
Dependent Spouse Life Option				
You may only elect up to \$20,000 of coverage at this time. If you enroll in Optional Life Coverage, you may elect more than \$20,000 in Dependent Life Spouse Coverage with evidence of insurability, but no more than \$100,000 and not to exceed 50% of your level of Optional Life Coverage. This is subject to approval and requires a separate evidence of insurability (EOI) submission. Please contact your Benefits Administrator for assistance with the evidence of insurability process, if you wish to elect more than \$20,000.				
*Coverage Elect	EOI Limit 50000			
*Benefit Plan 12S10 Q Dependent Life Spouse 10K	Coverage Amount 10000			
Search Previous Next Save				

23) If you enroll in a USC-provided medical plan, you are automatically enrolled in the Basic Life Insurance Plan Type. Though the election defaults to the Basic Life Insurance plan, you will still need to designate the percent of benefits to each beneficiary and designate any contingent beneficiaries.

Benefits Enrollment					
Benefits Enrollment : Ba	sic Life Insurance				Form ID 845322
Basic Life Insurance					
These are the beneficiary(ies) that you If a beneficiary is not showing below, pl Make necessary edits to the Dependen Note: A primary beneficiary is an indiv not to exceed 100%. A contingent beneficiary receives pro To designate a primary beneficiary, the To designate a contingent beneficiary .	These are the beneficiary(ies) that you identified in the Dependent/Beneficiary List on the first page. If a beneficiary is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. To appear below, a person must be identified as "both" or "beneficiary" for Dependent/Beneficiary Type. Make necessary edits to the Dependent/Beneficiary List and return to this section. Note: A primary beneficiary is an individual or organization who is first in line to receive benefits upon the account holder's death. You can name multiple primary beneficiaries but be sure to specifying percent of benefits for each beneficiary, not to exceed 100%. A contingent beneficiary receives proceeds if the primary beneficiary is decased, unable to be located or refuses the inheritance at the time the proceeds are to be paid. To designate a primary beneficiary, the contingent field should be marked as "No".				
Basic Life Coverage	Enrolled				
*Basic Life Benefit Plan	12_BL Q Basic Life	Insurance			
Basic Life Beneficiaries					
					2 rows
		Percent of Benefits 1	Contingent 1	Display Name ↑↓	
1		50		Estate of John Doe	
2		50		Jane Doe	
Search Previous Next	Save				

24) The next enrollment is Supplemental Long Term Disability. Elect or refuse enrollment in Supplemental Long Term Disability by making your selection from the Coverage Election drop down menu. If you choose to elect Supplemental Long Term Disability, you will be able to use the magnifying glass icon in the Benefit Plan box to choose your plan selection. Once you have made your selections, click Next.

Benefits Enrollment	
Benefits Enrollment : Supplemental Long Term Disability	Form ID 845322
Suppl Long-Term Disability	
*Coverage Election Elect	*Benefit Plan SLTDP1 Q Supplemental LTD 90 Day Plan
Search Previous Next Save	

25) The next enrollment is for Basic Long Term Disability. All benefit-eligible USC employees are automatically enrolled in the Basic Long Term Disability Plan. When you are ready to proceed, click Next.

Benefits Enrollment		
Benefits Enrollment : Basic Long Term Disability		
Basic Long Term Disability		
Basic Disability Coverage Elect		
Search Previous Next Save		

26) The next enrollment is for USC Voluntary Benefits. Enrollment in these benefits are not completed through Employee Self Service. Use the Supplemental Insurance link on this page to learn more and enroll in these benefits. When you are ready to proceed, click Next.

Benefits Enrollment
Benefits Enrollment : USC Voluntary Benefits
USC Voluntary Benefits
To learn more about USC Voluntary Benefits, including how to enroll, visit the Supplemental Insurance Insurance web page. Enrollment in this voluntary insurance is not necessary to complete this Benefits Enrollment form.
University Life/Long-Term Care Insurance
Short-Term Disability Insurance
Critical Illness/Cancer Insurance
Accident Insurance
Auto and Home Insurance
Search Previous Next Save

27) The next enrollment is for Spending Accounts. Elect or refuse enrollment in the Medical Spending Account by making your selection from the Coverage Election drop down menu. You will need to set the amount that you contribute to this account each year. The maximum annual contribution is listed below the Benefit Plan. If you have a dependent listed (child or elder) you will be able to enroll in a Dependent Care Spending Account. If you choose to elect this benefit, you will need to provide information about your tax filing, and set the amount that you contribute to this account each year The maximum contribution is listed below the Benefit Plan. Is set the amount that you contribute to this account each year a count about your tax filing.

Benefits Enrollment			
Benefits Enrollment : Sp If you participate in Spending Accounts,	ending Accounts monthly administrative fees are deducted f	from your paycheck. For more information, please refer to the PEBA MoneyPlus information webpage.	Form ID 845322
Medical Spending Account			
Coverage Election	Elect	Benefit Plan MSA Medical Spending Account	
*Plan Year Total Amount	3300.00	Max Annual Contribution 3300	
Deduction End Date	12/15/2025		
Dependent Care			
A dependent care spending account car A qualifying individual includes the empl is a U.S. citzen, national or resident is physically and/or mentally incapab is not someone else's qualifying child Lives in the employee's household fo Spends at least eight hours per day if Receives more than half of his suppo	he used to pay for eligible dependent care loyee's qualifying relative if the relative: of the U.S., Mexico or Canada; le of self-care; d; r more than half of the tax year; n the employee's home; and t from the employee during the tax year.	e expenses incurred by your dependents (child or elder) while you and your spouse (if married) are working outside of the home.	
Coverage Election	Refuse -		
Note: The DCSA is capped at \$1,600 for highly	compensated employees as defined by the IRS.		
Search Previous Next	Save		

28) The final page of the Benefits Enrollment form displays a summary of all benefits you elected on the prior pages.

3enefits Enrollment		
Benefits Enrollment : En	nrollment Summary	
Employee Information		
Empl ID	Name	Test .
Benefit Program	LG1 US Citizen N	
Annual Rate	151200.000000	
Visa/Permit Type	LI	
Empl Record	0	
Department	160000 Department Name MDG S	SCHOOL OF MEDICINE GREENVI
Medical Plan		
Coverage Election	Elect Benefit Plan 12P_B	B MoneyPlus Standard Plan
Coverage Code	2	
Dental Plan		
Coverage Election	Elect Benefit Plan 12P_D	D MoneyPlus Dental Plan
Coverage Code	2	

29) To finish your Initial Benefits Enrollment, you will be required to upload attachments for any dependents listed in your benefits elections. Use the Add button to attach your documents. Update the Description field that corresponds to the document uploaded. Finally, you will need to acknowledge that you aware of any supporting documentation needed to complete enrollment. When you are ready to submit your Initial Benefits Enrollment, click Submit.

enefits Enrollment				
Dependent Care				
Coverage Election Elect			Benefit Plan DCSA Dependent Care Spending Acct	
Tax Filing Status Married, Filing Join	ntly			
Plan Year Total Amount 3000.00				
File Attachments				
If you listed dependents, you are required to attach depen	dent documentation below, i	n addition to any other required documents. R	efer to the Enrollment Documentation Worksheet for acceptable docu	umentation. 2 ro
Attachment Uploaded	Action	Description ↑↓	File Name †↓	Delete
1 📀	View	Marriage License	Marriage_License.pdf	Delete
2 📀	View	Long Form Birth Certific 🗸	Birth_Certificate.pdf	Delete
Add				
Form Action Items				
				1
I understand that supporting do acknowledge that I will be requir manner, all elected plans will be	cument(s) are required for thi red to submit supporting doc void, and I will have to wait	is transaction and it will not be processed until uments promptly through MyBenefits, PEBAs until PEBA's Open Enrollment period or a spec	all documentation has been received by SC PEBA. If I did not uploa nline enrollment system. Furthermore, if all required supporting doc ial eligibility situation to enroll into insurance benefits.	d the documents above, I umentation is not submitted in a time
> Comments				
Search Previous Save Submit				

- **NOTE:** Enrollment in the 403(b) Program is no longer completed through Employee Self Service. To enroll in 403(b) benefits, you will need to log into the <u>Retirement@Work</u> portal with your USC username and password. For additional information and instructions, please visit the <u>Retirement Benefits</u> page and review the **USC Supplemental Retirement Benefits** section.
- **30)** Congratulations! You have successfully learned how to submit your Initial Benefits Enrollment when working under a J1 Visa in Employee Self Service.

Enroll a Non-USA Citizen in USC Benefits

Contact your benefits administrator. Anyone who is not a U.S. citizen cannot be enrolled in PEBA's online enrollment system. This is because PEBA's system requires a valid social security number. Instead, the enrollment must be completed on a paper Notice of Election (NOE) which is *not* completed through Employee Self Service.

If a non-U.S. citizen attempts to complete Initial Benefits Enrollment via Employee Self Service, they will receive the following message:

STOP! Separate documentation is required.	
To complete your enrollment please contact the Benefits Office at 803-777-6650 Employees on other USC campuses should contact their campus administrator. (24847,41)	
ОК	

NOTE: To complete Benefits Enrollment for a non-U.S. citizen on the USC Columbia campus, please contact the Benefits Office at 803-777-6650 or email **benefits@mailbox.sc.edu**. Employees on other USC campuses should contact their campus benefits administrator.

Reviewing Benefits Summary

Benefits Summary. Review your benefits Enrollment via the Employee Self Service Homepage.

1) Begin at the Employee Self Service landing page. Click the **Benefits Detail** tile.



2) Next, click the **Benefits Summary** Tile.

\leftarrow	0 7 6	Q Search in Menu	
Ber	nefit Details		
	Benefits Summary	View Form 1095-C	Form 1095-C Consent
		Tax Year 2024	No consent received

3) The Benefits Summary page appears as the initial display. The main page displays a summary of all benefit plans in which you are enrolled, and in which plans you refused coverage. Use the My Benefits on field to view benefit details as of a specific date in the past. If you choose a different date, you must first click Refresh to view the updated results. You can toggle between tile and list view by using the options under 'Benefit Plans.'

$\leftarrow \mid \odot \heartsuit \circledast$	Q. Search in Menu		(
Benefits Summary			
	To view your benefits as of another date, enter the date and select Refresh My Benefits on 04/01/2025	iiii Refresh	
	Benefit Plans	LT	L
	Medical Plan Standard Health Plan Coverage Employee Only R 0 Dependents	Dental Plan Dental Plan Coverage Employee Only # 0 Dependents	
	Review	Review	

Click on each plan to view additional details, including the dependents and/or beneficiaries you have chosen to include. All state insurance enrollment changes during open enrollment must be submitted through PEBA's employee self-service, MyBenefits. Additionally, certain family status changes should be submitted through MyBenefits. These are birth of a child, adoption, marriage, and divorce. Employees are expected to utilize MyBenefits when available. Your designated benefits administrator will review the transaction and update PeopleSoft accordingly. Family status changes that cannot be submitted in MyBenefits will be facilitated by your designated benefits administrator, which you must request within 30 days of the life event.

4) Clicking on a specific plan will show you details regarding the coverage you elected. Details about your covered dependents or beneficiaries for that plan are shown at the bottom of the page. Click the 'X' to return to the **Benefits Summary** page.

	Medical	×
		Resources
My Benefits on	04/01/2025 This is History Enrollment	SC PEBA
All of our medical choices promote v dependents if you become sick or in	vellness as part of their benefits and are available to protect you and your jured.	
Enrolled Plan	Standard Health Plan	
Plan Provider	SC PUBLIC EMPLOYEE BENEFIT AUTH - PROVID	
Coverage	Employee Only	
Group Number	H27	
Covered Dependents		
You do not have dependent covered		

- 5) Do not rely on beneficiary information, if displayed in this tile. SC PEBA is the system of record for state insurance and state retirement beneficiary designations. Login to MyBenefits to review beneficiary(ies) on record with PEBA for basic life insurance and/or optional life insurance.
- **NOTE:** Login to Member Access on the PEBA website to review beneficiary(ies) on record with PEBA for state retirement benefits.

		Life		
				Resou
My Benefits on 04/0 This	01/2025 s is History Enrollment			SC PEBA
Life insurance plays an important role in e	ensuring that your family is fin	ancially secure if you were to pass away		
Enrolled Plan Bas	sic Life Insurance			
Plan Provider SC	PUBLIC EMPLOYEE BENEF	IT AUTH - PROVID		
Coverage \$30	000			
Group Number H27	7			
Your Beneficiary Designation			_	
Prima	ary Allocation Percent			
Seconda	ary Allocation Percent			
Beneficiary Relationship Curre	ent Primary Percentage	Current Secondary Percentage		
Jalen Fuller Self 100				
Total 100		0	-	

6) Congratulations! You have successfully learned how to review a Summary of your current benefit enrollments via Employee Self Service.