PEBA
SC Retirement Systems and State Health Plan

South Carolina Public Employee Benefit Authority
Serving those who serve South Carolina

24-011

Addendum to Employer Resolution for Participation in the State Insurance Benefits Program regarding County/Municipality Councilmember Coverage

Complete the form below and submit via mail or email to:

S.C. PEBA
Attn: Insurance Employer Audit
202 Arbor Lake Drive
Columbia, SC 29223

EmployerAudits@peba.sc.gov

As an addendum to the resolution entered into by the City of Mullins (County/Municipality Name) (Employer) for Participation in the State Insurance Benefits Program, the Mullins (County/Town/City) Council of Mullins (County/Municipality Name) (Council) hereby makes the following election regarding the eligibility of elected members of the Council to participate as active employees in the State Insurance Benefits Program (Program) offered by the South Carolina Public Employee Benefit Authority (PEBA) pursuant to Section 1-11-703 et seq. of the 1976 Code of Laws:

Select one only.

☑ Members of the Council will be considered Active Employees of the Employer for the purposes of participation in the State Insurance Benefits Program *(only available if Councilmembers are paid and are eligible for participation in the South Carolina Retirement Systems)*; or

☐ Members of the Council will **not** be considered Active Employees of the Employer for the purposes of participation in the State Insurance Benefits Program.

In making this election, the Council hereby understands, acknowledges and agrees that:

1. The election made above is a material requirement for participation in the Program established by the PEBA Board of Directors and is irrevocable during the Employer's period of participation in the Program;
2. The election made above applies only to Councilmembers' participation in the Program, and does not affect Councilmembers' participation in the South Carolina Retirement Systems;
3. If the Council has elected to decline coverage, Councilmembers will not be considered Employees of the Employer, as that term is defined in the State Health Plan, for purposes of eligibility and participation in the Program, and will not be eligible for any benefit offered under the Program as an Active Employee by virtue of membership on the Council; service on the Council will not be taken into consideration for eligibility for retiree insurance coverage under

the Program; and the Council and Employer irrevocably waive and disclaim any rights the Employer or its Councilmembers may have regarding Councilmembers' benefits from the Program as a result of their service on the Council after the date of this election; and

4. The election made above will not be effective until it is received in good order and approved by PEBA, and nothing in this election alters any other obligations Employer has to properly and timely administer insurance benefits under the Program for other Employees of the Employer in accordance with the requirements established by PEBA.

IN WITNESS WHEREOF, we have hereunto set our hands and authority at the meeting of the Mullins Council of the City of Mullins
(County/Town/City) (County/Municipality Name)
County of Marion, South Carolina, held at 151 E Front St
(County) (Location)
this 9th day of July, 20 24.
(Day) (Month)

Signatures of Council Members

A majority must sign.

Larry Debra Dawe
Carolyn F. Wilson
Eddie Kittle
Mayor C Rhyne

Certification

I Holly Jackson, Administrator of the aforesaid Employer, hereby certify
(Name) (Title)
that the aforesaid Council consists of 7 duly elected members, and that as stated above,
(Number)
7 members voted in favor of the above Addendum.
(Number)

IN WITNESS WHEREOF, I have hereunto set my hand and the authority of the aforesaid Employer.

Holly C Jackson — Signature
07 09 2024 — Date
7330300 — Employer Group Number