

**S.C. Public Employee Benefit Authority
Insurance Benefits
Designated Employee Confidentiality Agreement**

In receiving a computer User ID and password from South Carolina Public Employee Benefit Authority (PEBA) Insurance Benefits to obtain online access to Confidential Subscriber Information, I agree to maintain the confidentiality of all information that I obtain through online access to PEBA Insurance Benefits' Employee Benefits Services web-based application (EBS) and acknowledge my responsibility to:

1. Take appropriate measures to safeguard and protect the Confidential Subscriber Information which is made available to me;
2. Use the Confidential Subscriber Information for billing and enrollment purposes only;
3. Not disclose Confidential Subscriber Information to any person other than the subscriber or his agent, an authorized Third-Party Enroller representing my entity, or another employee at my entity who has a PEBA Insurance Benefits User ID and password, and is authorized to have access to EBS;
4. Not knowingly permit any other person(s) to use my PEBA Insurance Benefits User ID and password, and to take steps to prevent another person from using my PEBA Insurance Benefits User ID and password should I leave my terminal unattended;
5. Maintain the password associated with my PEBA Insurance Benefits User ID in the strictest of confidence; and
6. Immediately report any suspected misuse of my PEBA Insurance Benefits User ID and password to my supervisor and PEBA Insurance Benefits.

I have read the above provisions. I understand that violation of any of these provisions may result in termination of my access to EBS and/or termination of my Employer's access to EBS. I understand that this authorization expires on June 30 of the year following the date this form is signed.

The Lieutenant Governor's Office
Participating Entity
E04
Group ID# or Carrier Name

Authorizing Agent Name (printed)

Authorizing Agent Signature

Date

Cora Campbell
Designated Employee Name (printed)

BIN # and last four of SSN
ccampb@io.sc.gov
Designated Employee E-mail Address
(803) 737-0610
Designated Employee Phone No.
Cora Campbell
Designated Employee Signature
7/16/14
Date

This request will NOT be processed if PEBA Insurance Benefits does not have a Designation Form on file for the Authorizing Agent signing this form. If your Authorizing Agent has changed, your Director must appoint a new one using the Authorizing Agent Designation Form.

Authorization to the following systems:

Subscriber Inquiry	<input checked="" type="checkbox"/>	Automated Refunds (CG Groups only)	<input type="checkbox"/>
Billing and Reports	<input checked="" type="checkbox"/>	Accumulated Balances (CG Groups only)	<input type="checkbox"/>
Online Enrollment	<input checked="" type="checkbox"/>		

Revised November 2012

DO NOT USE THIS FORM FOR THIRD-PARTY ENROLLERS

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1. Take appropriate measures to safeguard and protect the Confidential Subscriber Information which is made available to me;
2. Use the Confidential Subscriber Information for billing and enrollment purposes only;
3. Not disclose Confidential Subscriber Information to any person other than the subscriber or his agent, an authorized Third-Party Enroller representing my entity, or another employee at my entity who has a PEBA Insurance Benefits User ID and password, and is authorized to have access to EBS;
4. Not knowingly permit any other person(s) to use my PEBA Insurance Benefits User ID and password, and to take steps to prevent another person from using my PEBA Insurance Benefits User ID and password should I leave my terminal unattended;
5. Maintain the password associated with my PEBA Insurance Benefits User ID in the strictest of confidence; and
6. Immediately report any suspected misuse of my PEBA Insurance Benefits User ID and password to my supervisor and PEBA Insurance Benefits.

I have read the above provisions. I understand that violation of any of these provisions may result in termination of my access to EBS and/or termination of my Employer's access to EBS. I understand that this authorization expires on June 30 of the year following the date this form is signed.

The Lieutenant Governor's Office
Participating Entity

E04
Group ID# or Carrier Name

Authorizing Agent Name (printed)

Authorizing Agent Signature

Date

Jordan Murphy
Designated Employee Name (printed)

BIN # and last four of SSN

jmurphy@id.sc.gov
Designated Employee E-mail Address

(803) 737-1979
Designated Employee Phone No.

Jordan Murphy
Designated Employee Signature

7/16/14
Date

This request will NOT be processed if PEBA Insurance Benefits does not have a Designation Form on file for the Authorizing Agent signing this form. If your Authorizing Agent has changed, your Director must appoint a new one using the Authorizing Agent Designation Form.

Authorization to the following systems:

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Billing and Reports	<input checked="" type="checkbox"/>	Accumulated Balances (CG Groups only)	<input type="checkbox"/>
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Revised November 2012

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Form 6505
Revised 2/20/2013

EES DESIGNATED AGENT CONFIDENTIALITY AGREEMENT

SC Public Employee Benefit Authority
South Carolina Retirement Systems

Please see Electronic
Employer Services (EES)
Access Request Instructions

ATTENTION: Financial Employer Services
Post Office Box 11960, Columbia, SC 29211-1960

Upon receipt of a user identification (USERID) and a personal identification number (PIN) from the South Carolina Retirement Systems (Retirement Systems) for access to certain Retirement Systems' records through the Electronic Employer Services (EES) program, I agree to maintain the confidentiality of all information that I obtain through EES access to certain Retirement Systems' records and acknowledge my responsibility to:

1. Take appropriate measures to safeguard and protect the confidential Retirement Systems' member information being made available to me;
2. Use the confidential Retirement Systems member information for authorized business purposes only;
3. Not disclose any confidential Retirement Systems' information to any person without authorization;
4. Not knowingly permit any other person(s) to use my Retirement Systems USERID and PIN, and to take steps to prevent another person from using my Retirement Systems USERID and PIN;
5. Maintain the PIN associated with my Retirement Systems USERID in the strictest of confidence;
6. Immediately report any suspected misuse of my Retirement Systems USERID and PIN to my supervisor and the Retirement Systems; and
7. Ensure the truth, validity, and accuracy of all information transmitted to the Retirement Systems.

I have read the provisions set forth above and I understand that violation of any of these provisions may result in termination of my EES access, or termination of my employer's EES access.

Lieutenant Governor's Office
Employer

107.00
Employer Code

Tim Baskin
Designated Agent Name (please print)

[REDACTED]
Social Security Number

baskin@io.sc.gov
Designated Agent Email Address

(803) 737-0508
Telephone Number

Tim Baskin
Designated Agent Signature

7-16-14
Date

Authorizing Contact Signature

Date

Authorization for access to the following systems is requested for this Designated Agent:

(Authorizing employee in each area gives them access to all functions, unless otherwise requested.)

Member Inquiry:

- Member Profile
- READI (Benefit Estimates)

Employer Reporting:

- Name and Address
- Employer Reporting Screen
 - Deposits
 - Quarterly Upload
- Transaction Errors
- Final Payroll Certification
- Claims Financial Transactions
- Claims HR Transactions

Downloads:

- Download of Confidential Member Data

Please return to: SC Retirement Systems
Attention: Financial Employer Services
PO Box 11960, Columbia, SC 29211-1960

If you have any questions or need additional information, please contact Customer Services at 803-737-8800, 800-868-9002 (within S.C. only), or through our website www.retirement.sc.gov

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.