

**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 ☒

Automated Refunds (CG Groups only) ☐

Billing and Reports ☒

Accumulated Balances (CG Groups only) ☐

Online Enrollment ☒

Revised November 2012

**DO NOT USE THIS FORM FOR THIRD-PARTY ENROLLERS**

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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
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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@ib.sc.gov  
Designated Employee E-mail Address

(803) 737-1979  
Designated Employee Phone No.

Jordan Murphy  
Designated Employee Signature

7/16/14  
Date

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Online Enrollment ☒

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# EES DESIGNATED AGENT CONFIDENTIALITY AGREEMENT

**Please see Electronic  
Employer Services (EES)  
Access Request Instructions**

**SC Public Employee Benefit Authority  
South Carolina Retirement Systems  
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)

**Social Security Number**

baskin@io.sc.gov  
Designated Agent Email Address

(803) 737-0508  
Telephone Number

Ann B. Baker  
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

**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 803-737-6800, 800-868-9002 (within S.C. only), or through our website [www.retirement.sc.gov](http://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.**