



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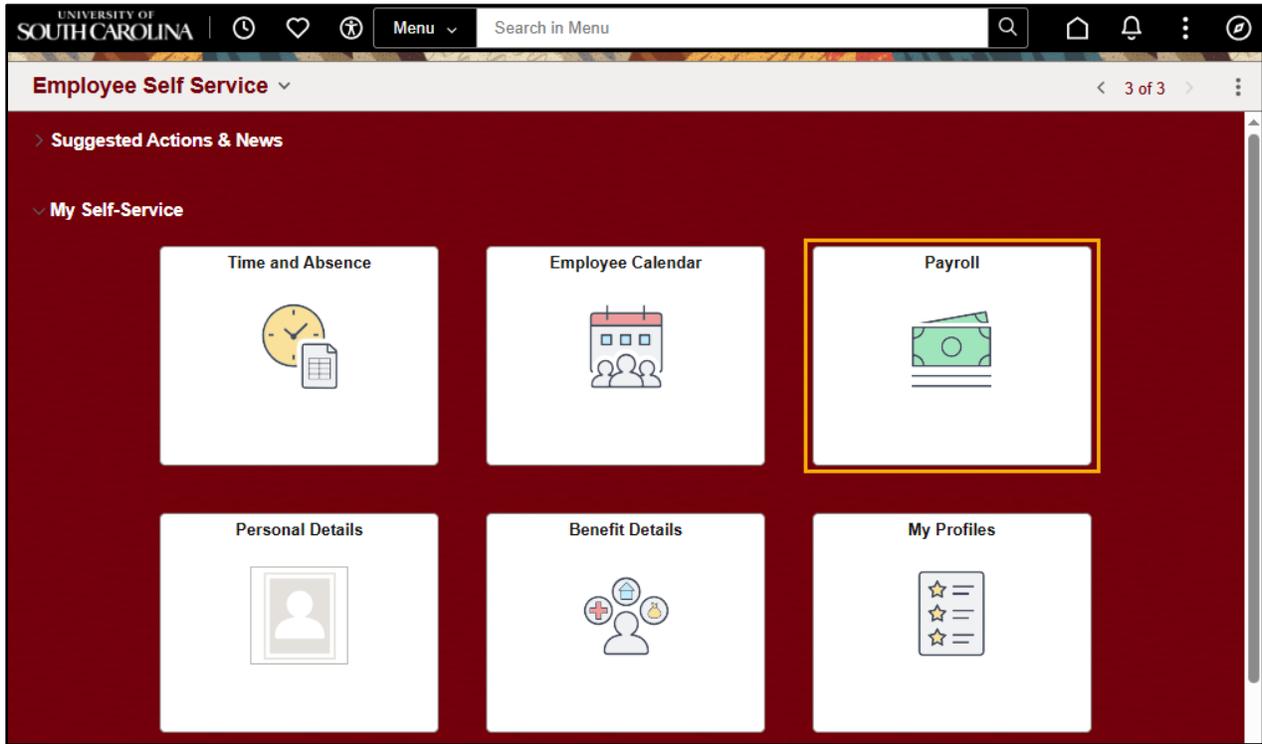
To access Employee Self Service in HCM PeopleSoft, navigate to <https://hcm.ps.sc.edu>.

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.

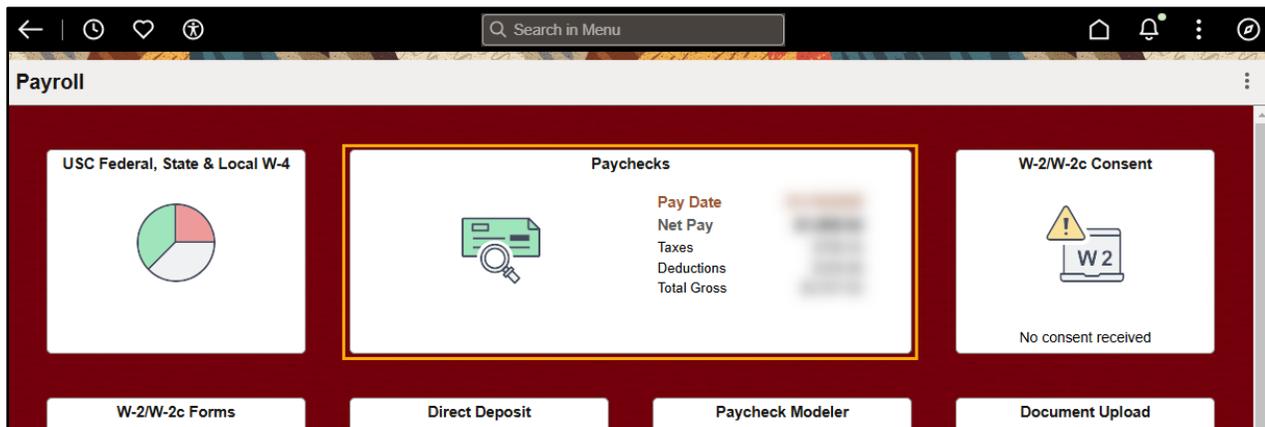
Managing Payroll Information

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.



(Continued on next page)

- 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.

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		

Filter

From:

To:

- 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 [Sample Paycheck Stub](#) can be found on the Payroll Department website with additional details.

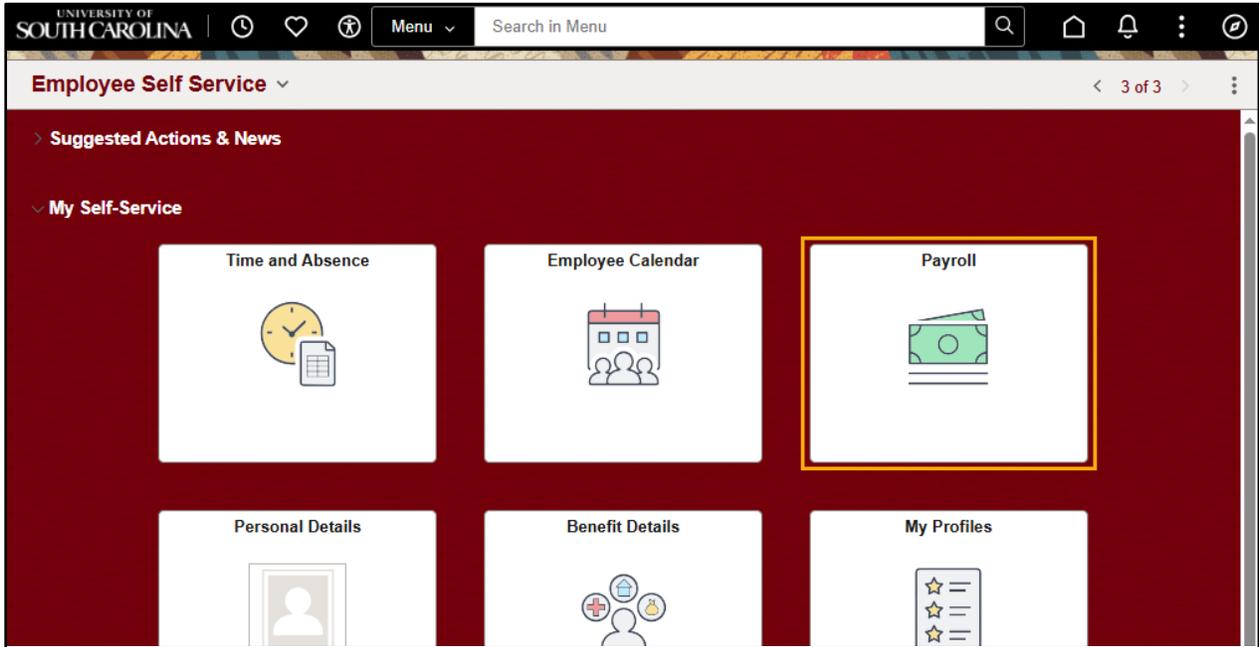
<p>UNIVERSITY OF SOUTH CAROLINA University of South Carolina UNIV. OF S. CAROLINA, 1600 HAMPTON ST. COLUMBIA, SC 29208</p>	Pay Group: P12-12 Mth Sal Exmpt/NonExmpt Lag Pay Begin Date: 12/16/2024 Pay End Date: 12/31/2024	Business Unit: Advice #: Advice Date:
	TAX DATA: Federal SC State	

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'.

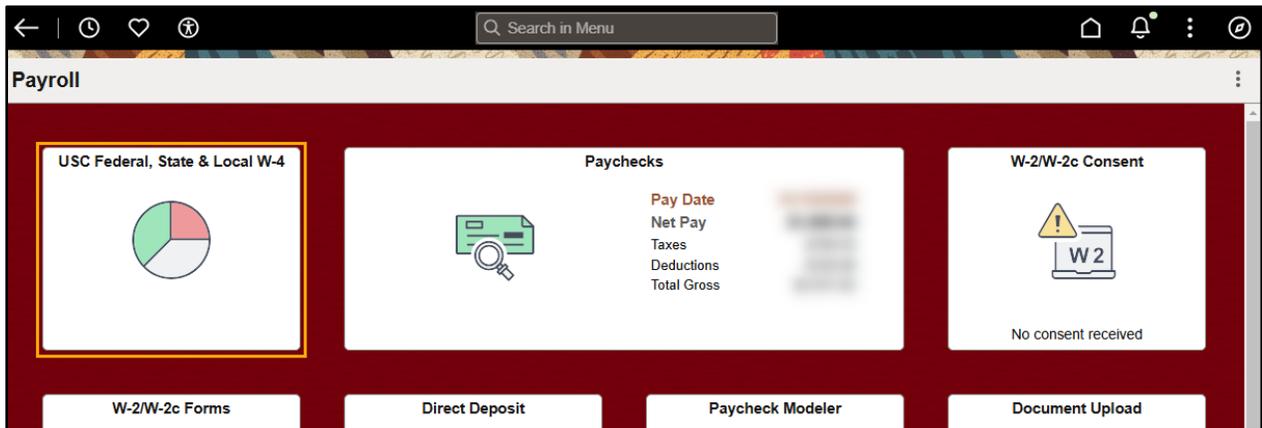
Updating W-4 Tax Information

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.

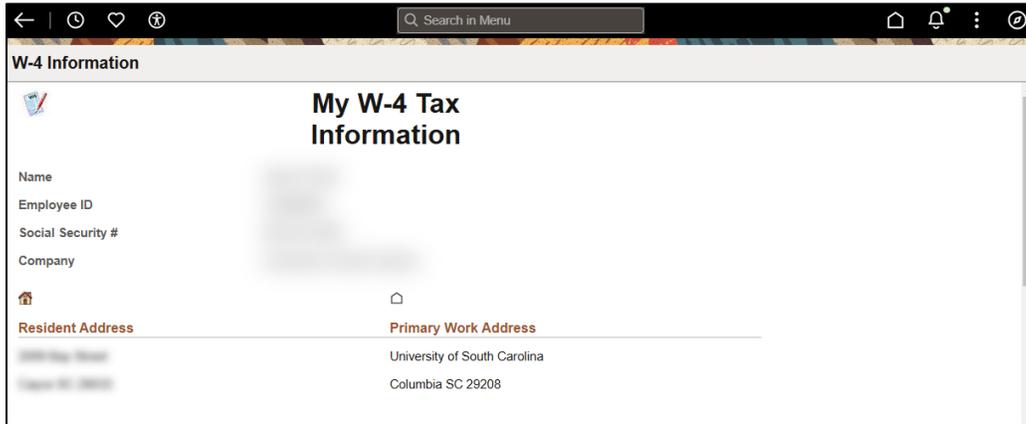


2) Next, select the **USC Federal, State & Local W-4** Tile.

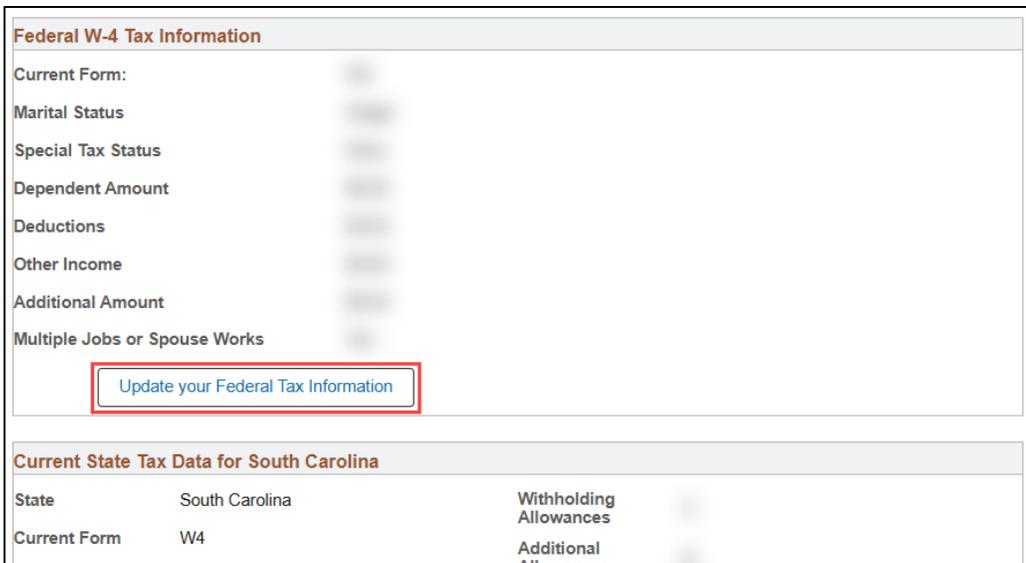


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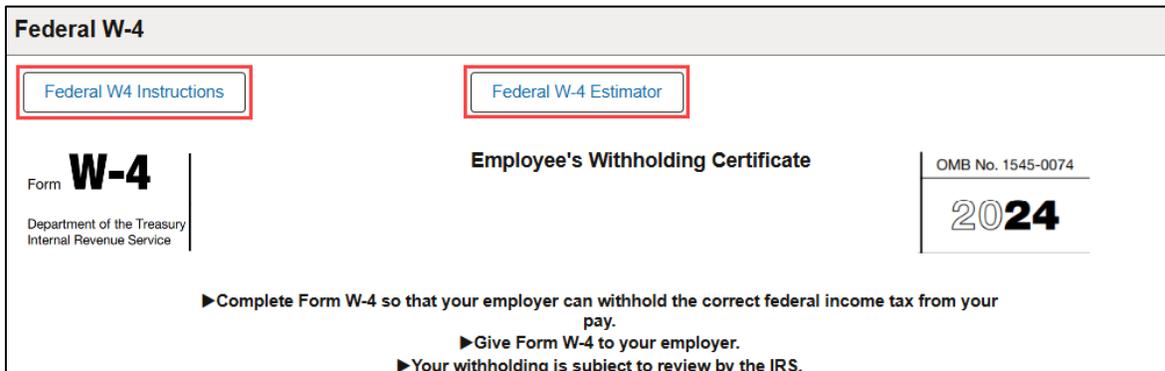
NOTE: Your address must be correct in order to present you with the correct tax forms. If your Home Address is incorrect, please update it in the **Addresses** section of the **Personal Details** tile before updating your W-4 Tax Information.



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]**.



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.



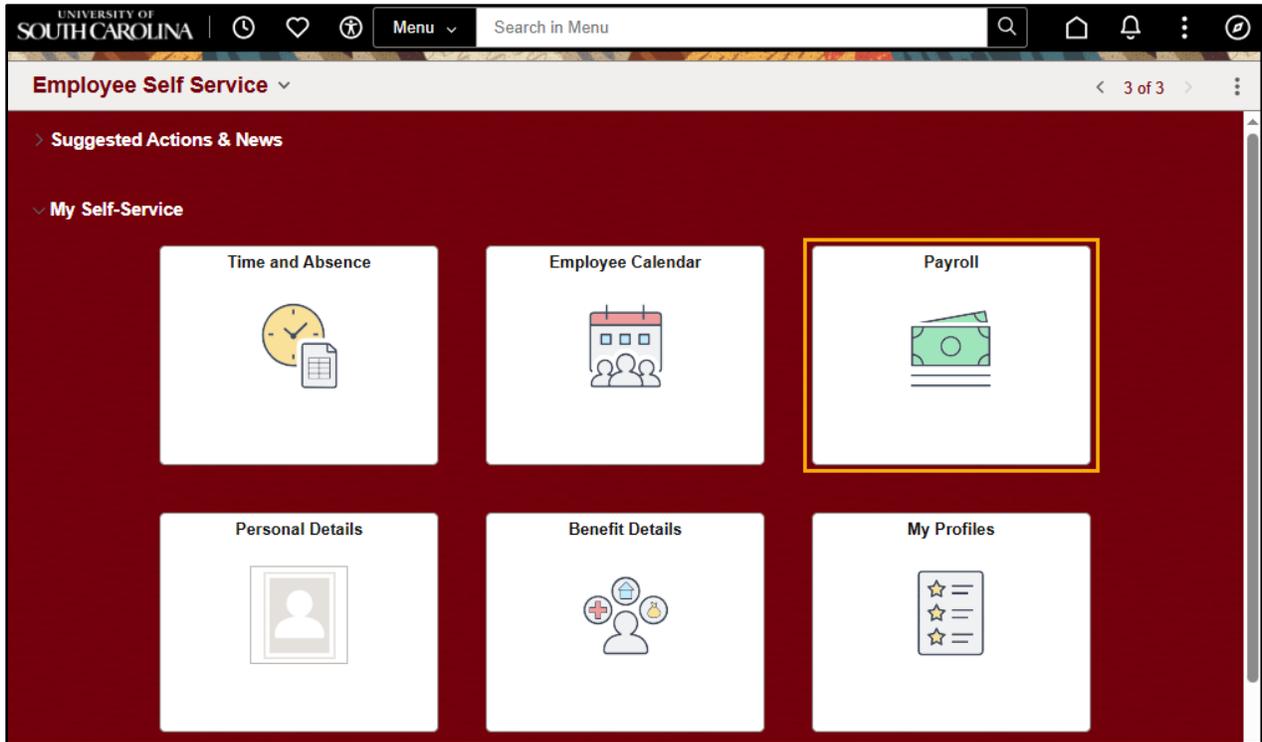
5) Congratulations! You have successfully learned how to view and update your W-4 tax withholding for federal and state in Employee Self Service.

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 paper W-2/W-2c will be available at the Payroll Office.

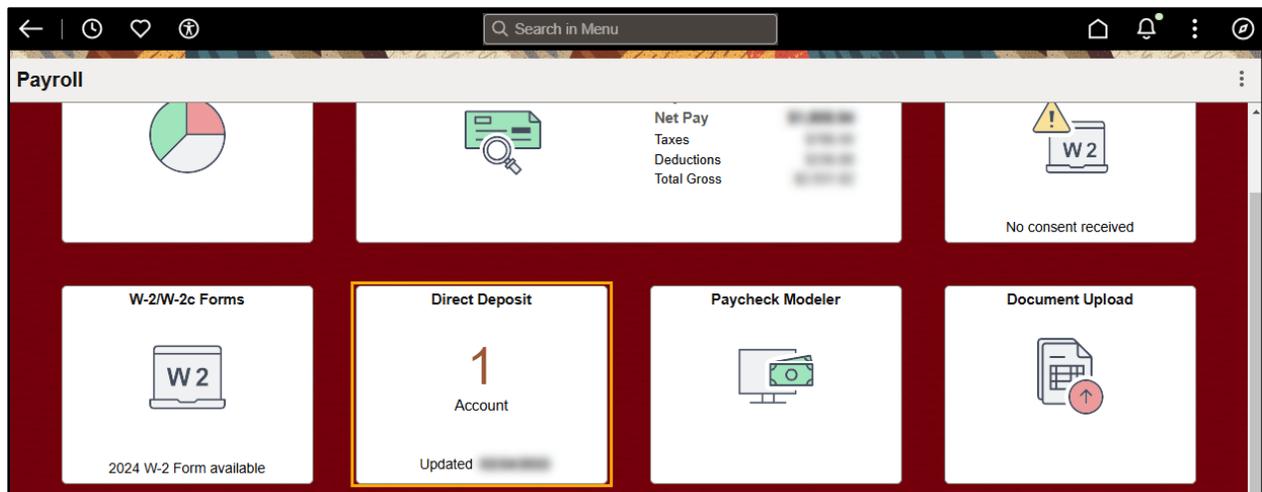
Maintaining Direct Deposit Information

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.

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



2) Next, select the **Direct Deposit** tile.



- 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.

Order	Nickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Percent
1		Direct Deposit			Checking	Full Balance >

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

Add Account Save

* Indicates required field

When this second account is saved, the deposit type of the first account will be updated from Full Balance to Remaining Balance and the account order will be updated to last in the list.

Nickname

Payment Method Direct Deposit

Bank

Routing Number ⓘ

Account Number

Retype Account Number

Pay Distribution

*Account Type

*Deposit Type

Amount or Percent

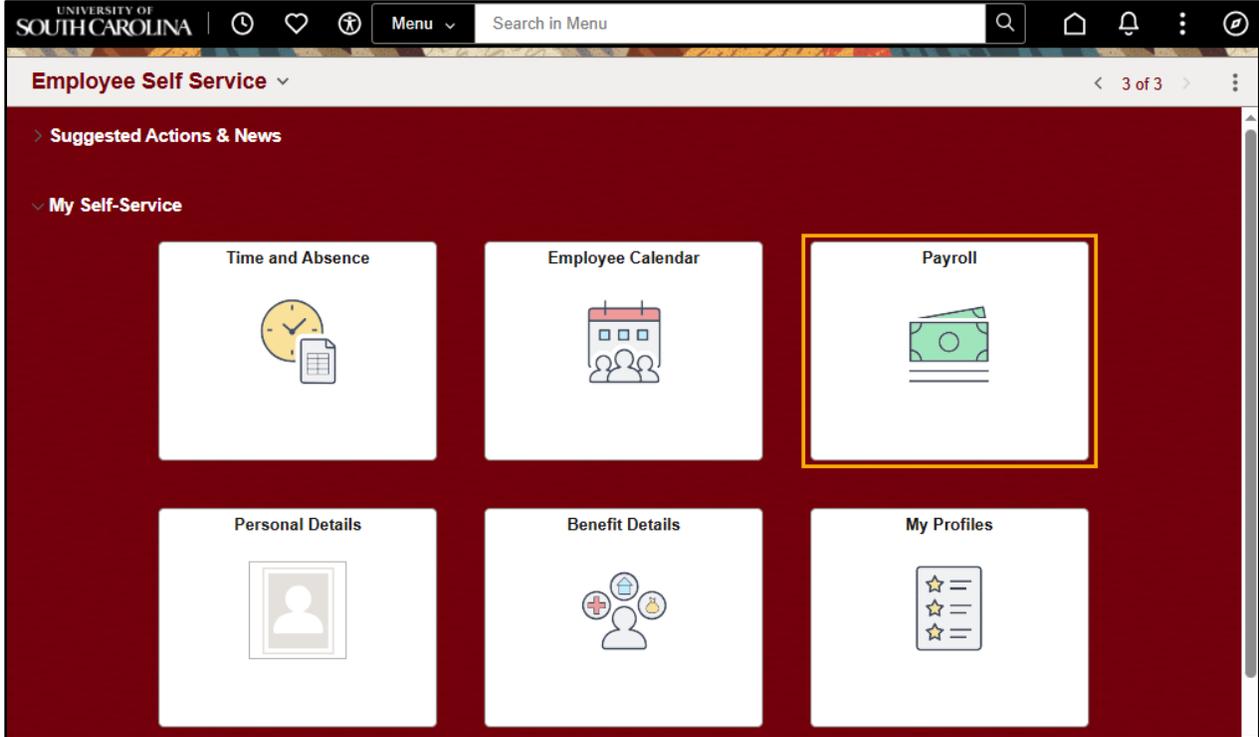
- 5) You will need to create a nickname for your account, and enter banking details for the account. After entering your account details, you will set parameters for pay distribution.
- You can select a checking or savings account as the account type.
 - You can select the deposit type as either an amount 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](#).

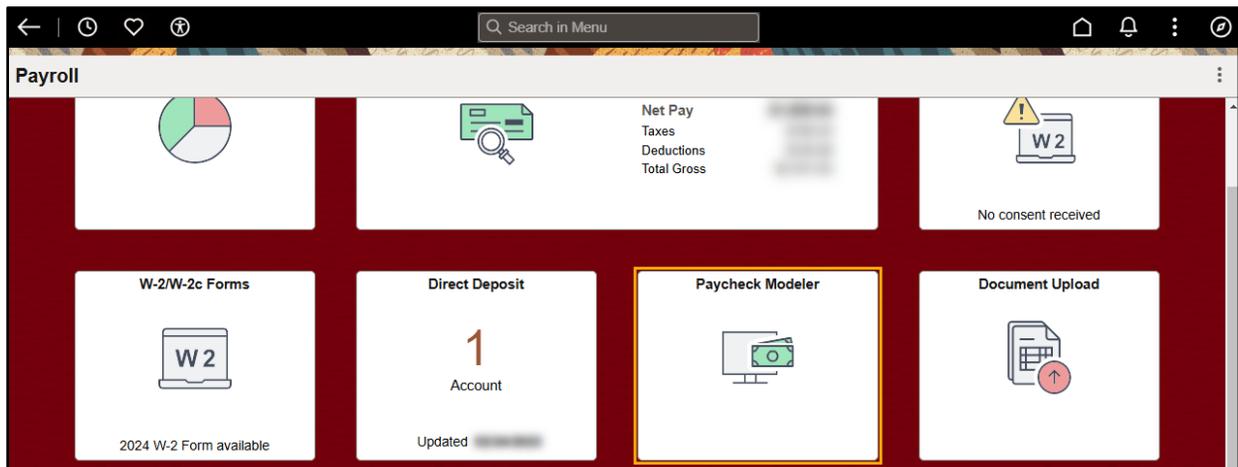
Paycheck Modeler

“What if” Checks. Employee Self Service allows USA employees to perform their own “what if” net-pay 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.



2) Click the **Paycheck Modeler** tile.



- 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.

- 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.

Earnings Type	Hours	Rate	Amount	Edit	Clear Amount
Regular Pay					
Holiday Pay	8.00				

- 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**.

- 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**.

Add Earnings [X]

*Earnings Type [Q]

Hours

Amount

Override Rate

* Required Field

- 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

Exit

Earnings - Step 2 of 6

Job Title: [blurred]

This step provides a list of the proposed earnings for your modeled check. You can modify or clear the amounts in the list, as well as add additional earnings.

My Earnings

Earnings Type	Hours	Rate	Amount	Edit	Clear Amount
Regular Pay					
Holiday Pay	8.00				
Bonus			\$2000.00		

Exit

(Continued on next page)

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.

Deductions - Step 3 of 6

Job Title: [Redacted]

This step provides a list of the proposed deductions for your modeled check. You can modify or clear the amounts in the list, as well as add additional deductions. Deductions using a percentage will be based on the total gross earnings from the modeled check and will automatically be calculated in a subsequent step.

My Deductions

Deduction	Type	Amount	Percentage of Gross	Edit	Clear Amount
Dental Plus	After-Tax	...			
Health	After-Tax	...			
Parking Surface Pre Tax	Before-Tax	...			
SCRS	Before-Tax	...			
Vision	After-Tax	...			

Buttons: Add Deductions, Clear All Amounts

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 Deductions

*Deduction: Dental Plus

*Type: After-Tax

*Flat Amount or Percent: Amount

Amount: \$14.40

Percent: [Empty]

* Required Field

Buttons: OK, 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 Deductions

*Deduction: SC 401(k) Plan

*Type: Before-Tax

*Flat Amount or Percent: Percentage of Gross

Amount: \$0.00

Percent: 5.000

* Required Field

Buttons: OK, Cancel

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

Deductions - Step 3 of 6

Job Title: [Redacted]

This step provides a list of the proposed deductions for your modeled check. You can modify or clear the amounts in the list, as well as add additional deductions. Deductions using a percentage will be based on the total gross earnings from the modeled check and will automatically be calculated in a subsequent step.

My Deductions

Deduction	Type	Amount	Percentage of Gross	Edit	Clear Amount
Dental Plus	After-Tax	[Redacted]	[Redacted]		
Health	After-Tax	[Redacted]	[Redacted]		
Parking Surface Pre Tax	Before-Tax	[Redacted]	[Redacted]		
SCRS	Before-Tax	[Redacted]	[Redacted]		
Vision	After-Tax	[Redacted]	[Redacted]		

[Add Deductions](#) [Clear All Amounts](#)

Exit Previous **Next**

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.

Taxes - Step 4 of 6

Job Title: [Redacted]

You can modify tax withholding information for the modeled check.

The tax jurisdiction(s) are based on your current tax information. Only the jurisdictions that allow withholding changes using a tax withholding form are displayed.

My Tax Withholding Information

Tax Jurisdiction	Edit
Federal	
South Carolina	

Exit Previous **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 Withholding

The following information is based on your State Tax Withholding form.

Special Tax Status: None
 Tax Jurisdiction: South Carolina
 Tax Status: Single (or Married but withhold at higher Sin)
 Resident

Withholding Allowances: 0
 Additional Withholding Amount: \$0.00

OK Cancel

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

Taxes - Step 4 of 6

Job Title: [Redacted]

You can modify tax withholding information for the modeled check.

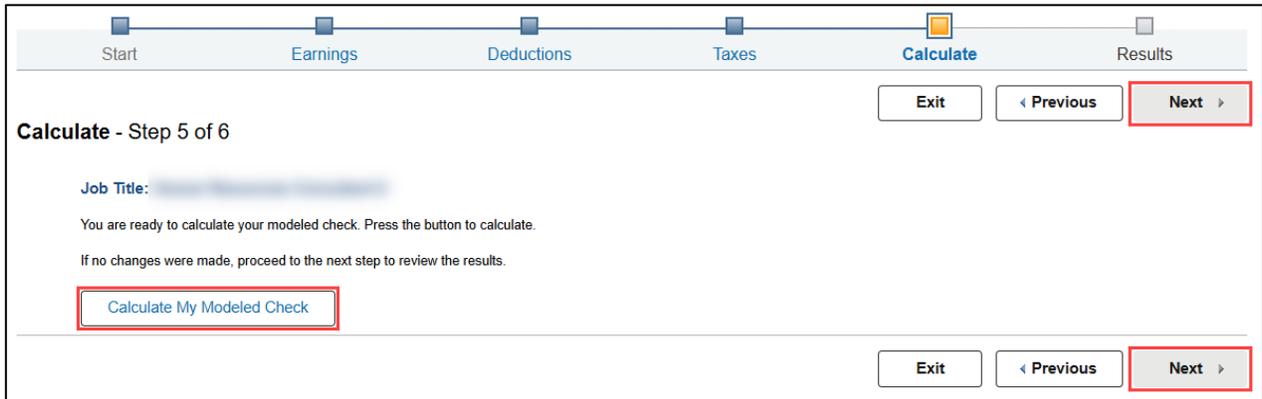
The tax jurisdiction(s) are based on your current tax information. Only the jurisdictions that allow withholding changes using a tax withholding form are displayed.

My Tax Withholding Information

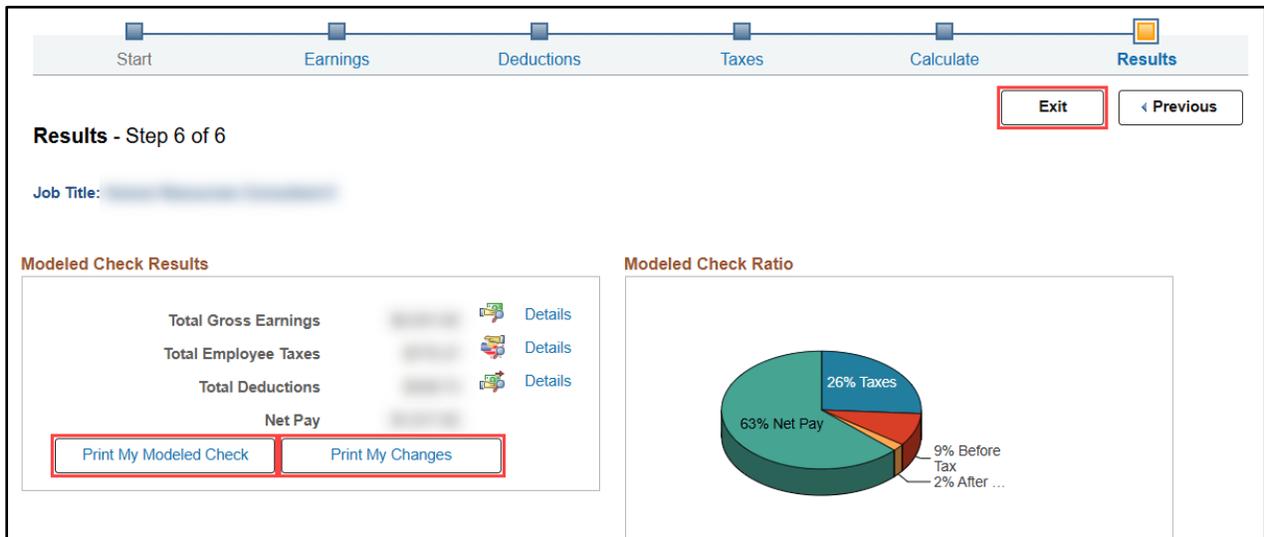
Tax Jurisdiction	Edit
Federal	
South Carolina	

Exit Previous 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.



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 your “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.

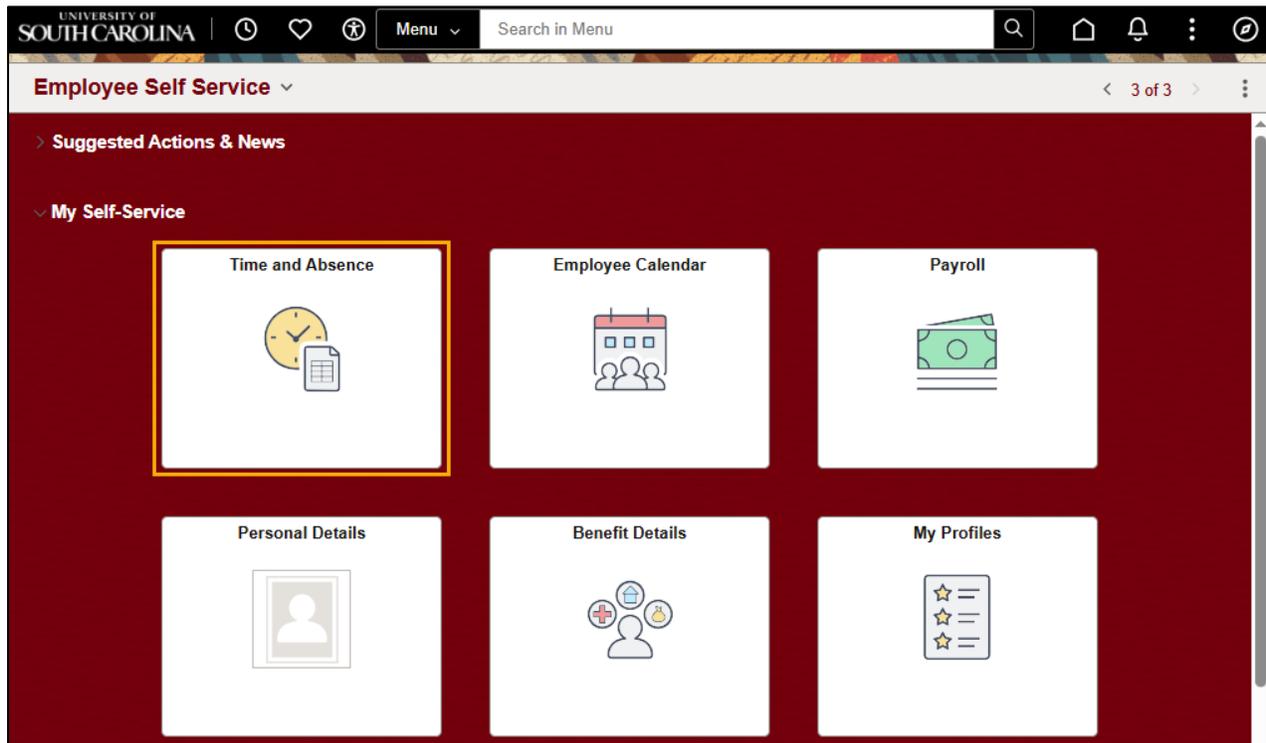


18) Congratulations! You have successfully learned how to model a “What if” paycheck through Employee Self Service.

Time/Labor & Absence Management

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

- 1) 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.



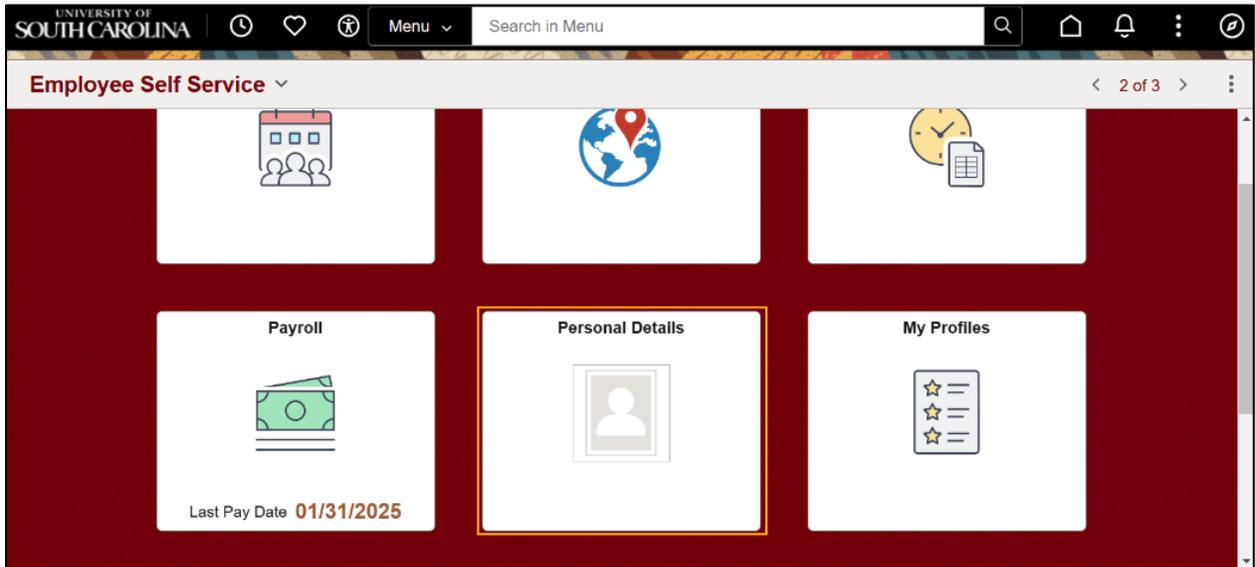
- To learn how to enter/adjust your time, please view [this job aid](#).
- To learn how to request a full day absence, view [this job aid](#). To learn how to request a partial-day absence, view [this job aid](#).
- For a full selection of Job Aids related to Time/Labor and Absence Management, please 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

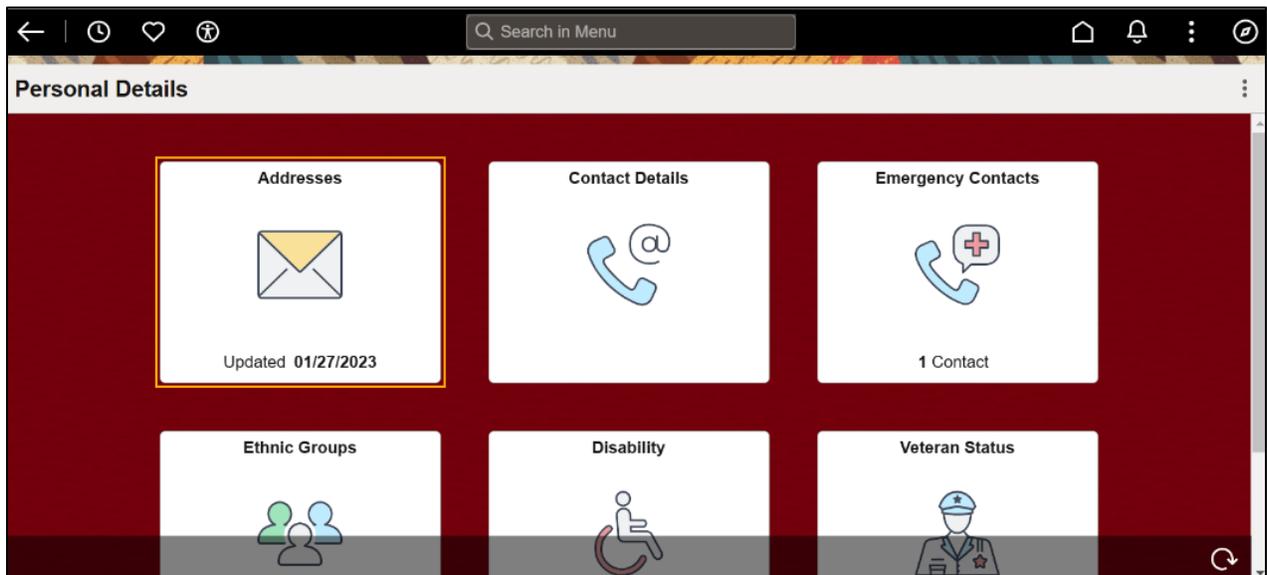
Maintaining Home and Mailing Addresses

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.

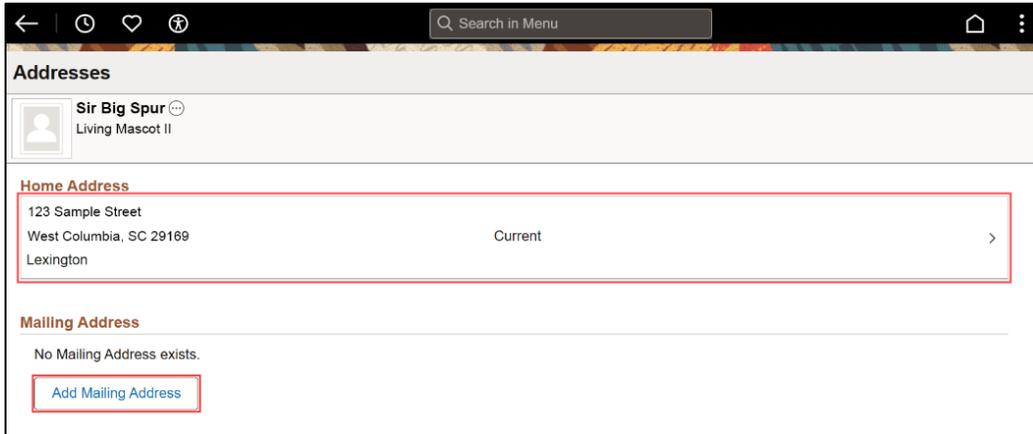


2) Next, click the **Addresses** tile.

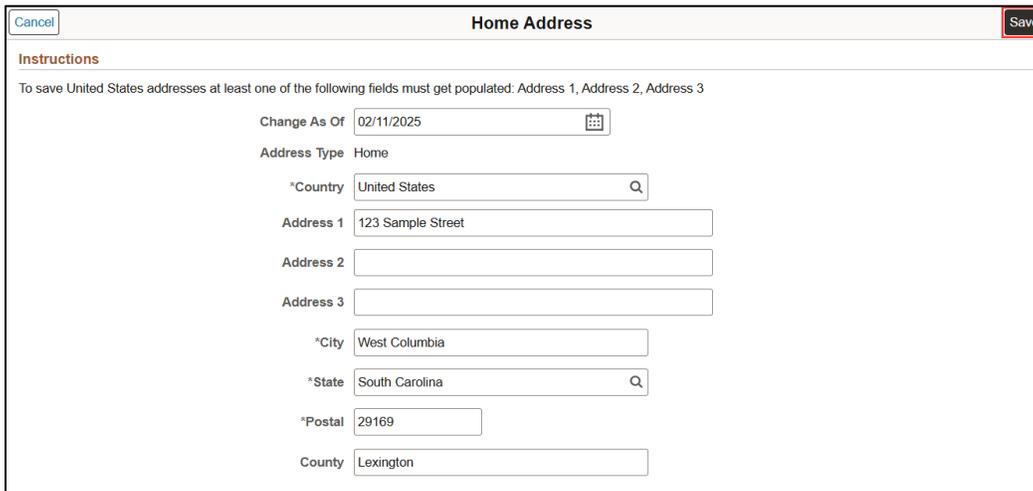


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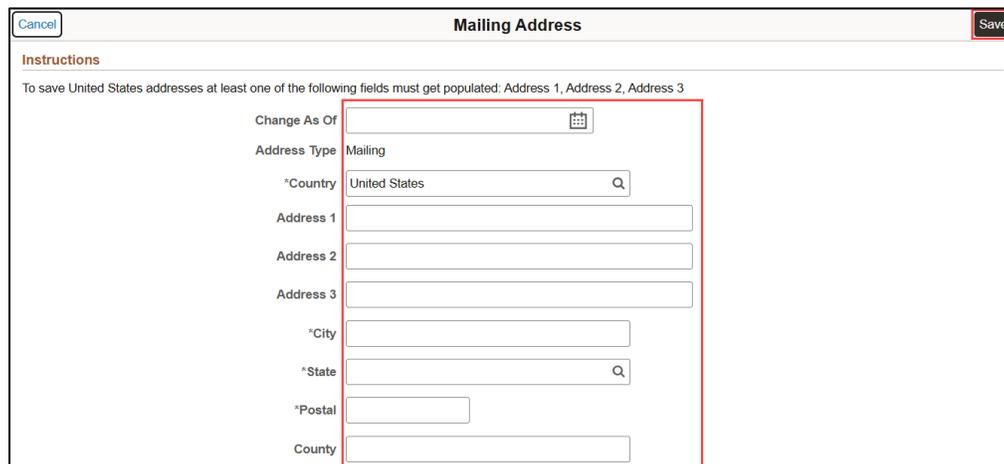
3) In the **Addresses** tile, you will see the Home and/or Mailing Addresses that you listed during Onboarding. From this tile, you can update the address(es) that are already on file or add a missing address, such as a mailing address.



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.



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

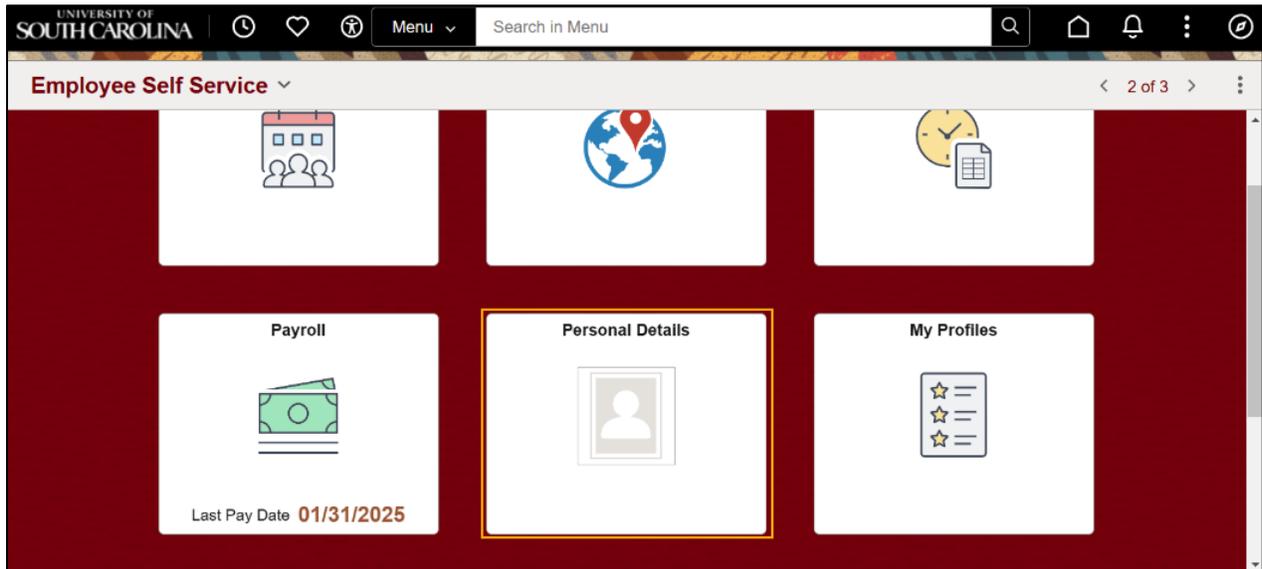


6) Congratulations! You have successfully learned how manage your addresses through Employee Self Service

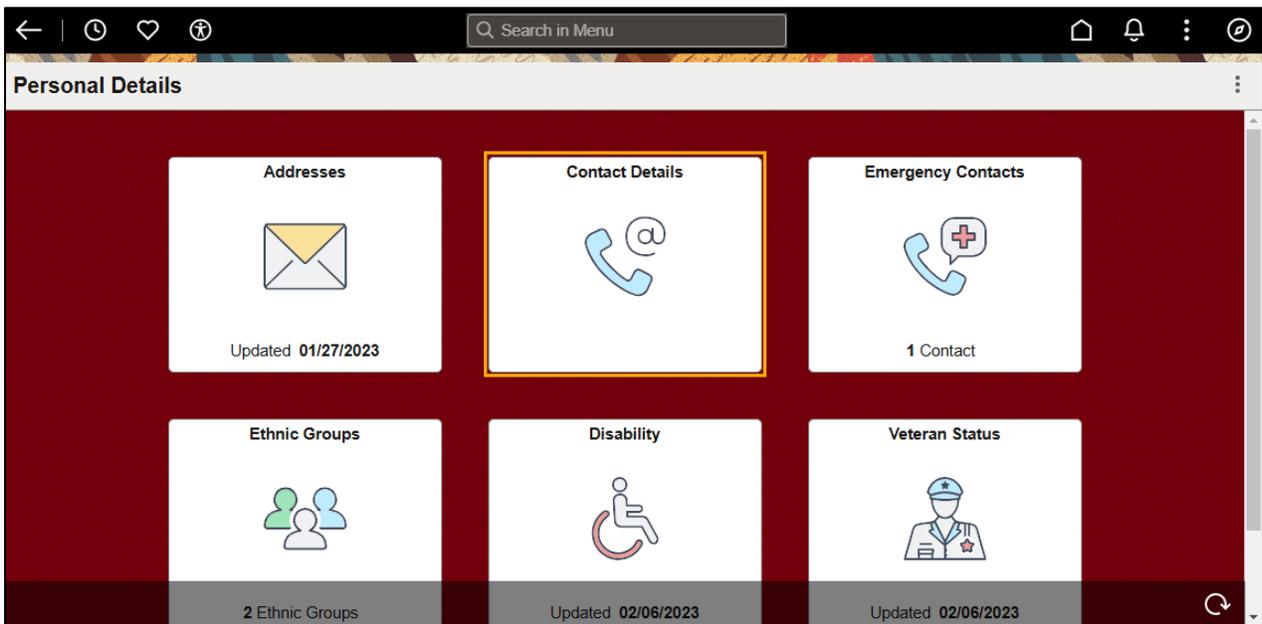
Maintaining Contact Details

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.

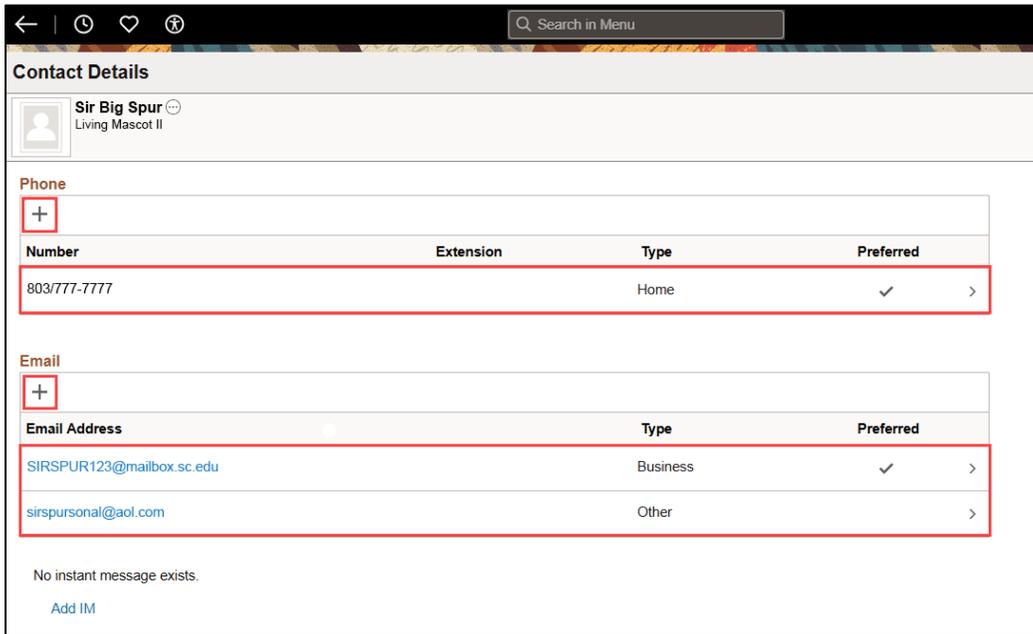


2) Next, click the **Contact Details** tile.



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



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

*Type

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

Type Home

Preferred

Number

Extension

Delete

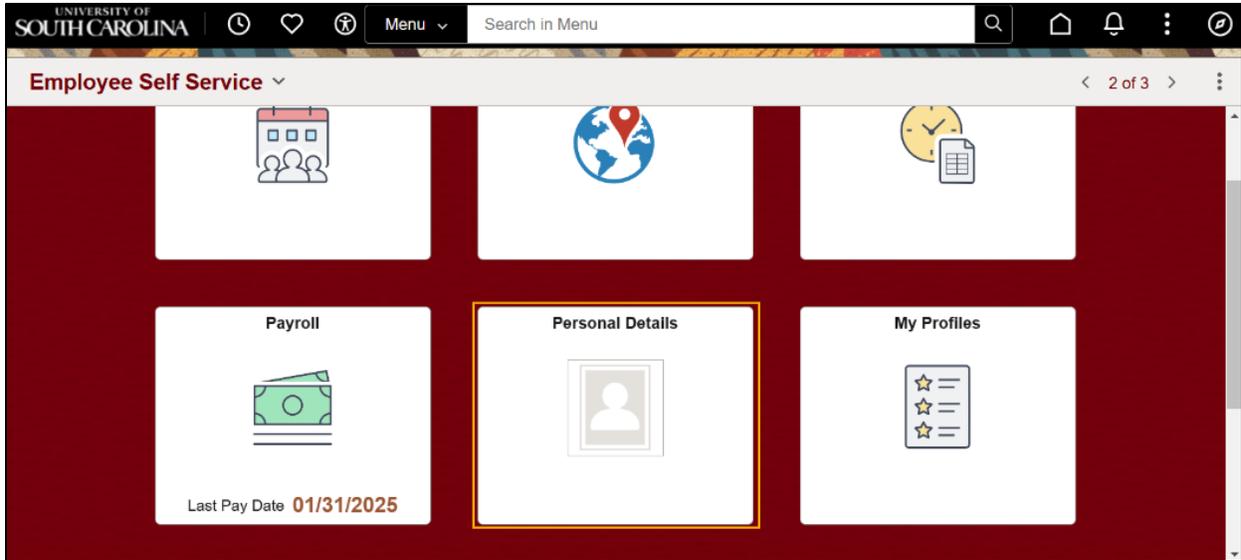
6) Congratulations! You have successfully learned how to manage your contact details through Employee Self Service.

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 my.sc.edu and select 'Email Preferences.' Your University Email cannot be changed and you cannot change the preferred indicator from 'business' email.

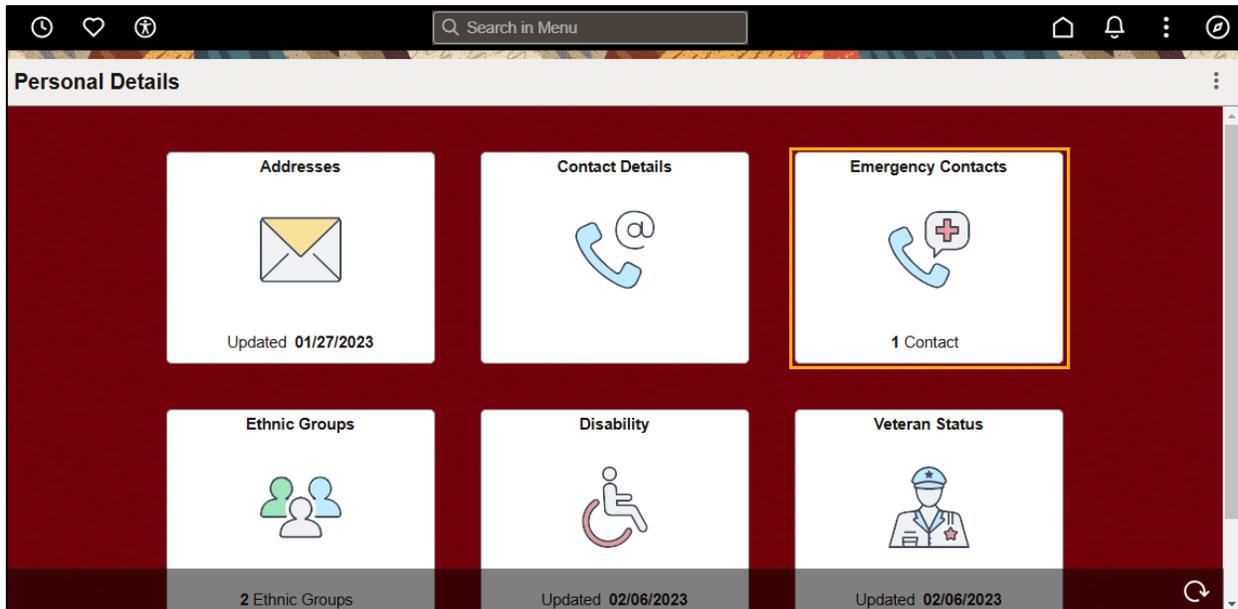
Maintaining Emergency Contacts

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.

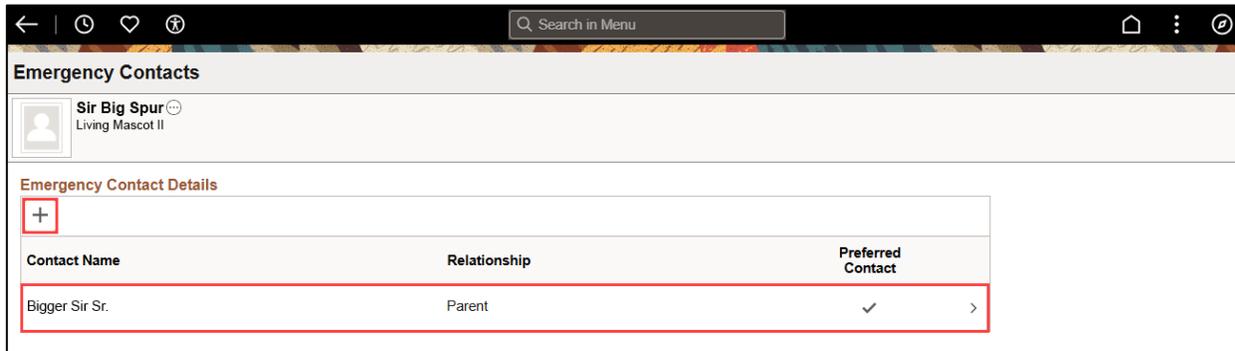
1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.



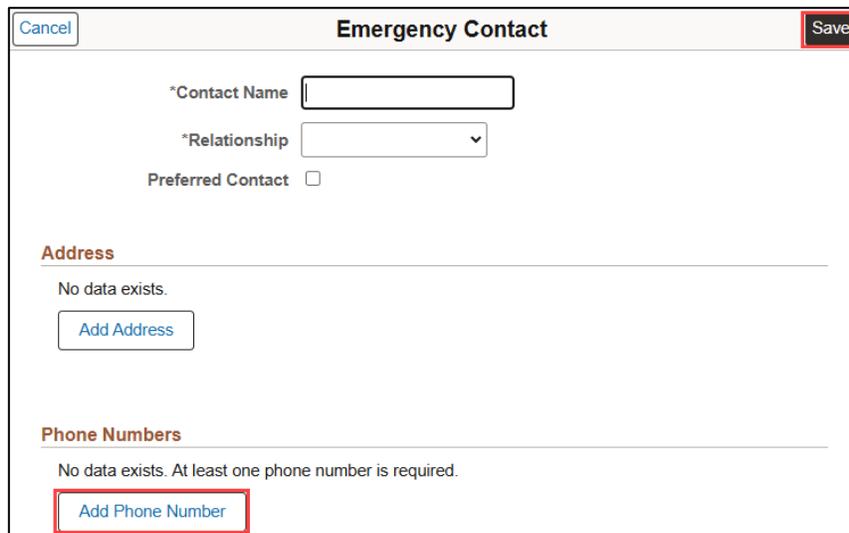
2) Next, click the **Emergency Contacts** tile.



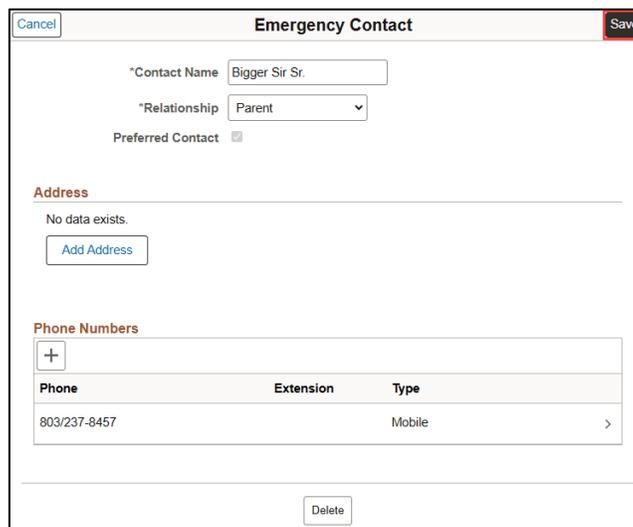
3) In the **Emergency Contacts** tile, you will see any emergency contacts that you have previously entered. From here, you can add a new emergency contact, or edit a current one.



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.



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.

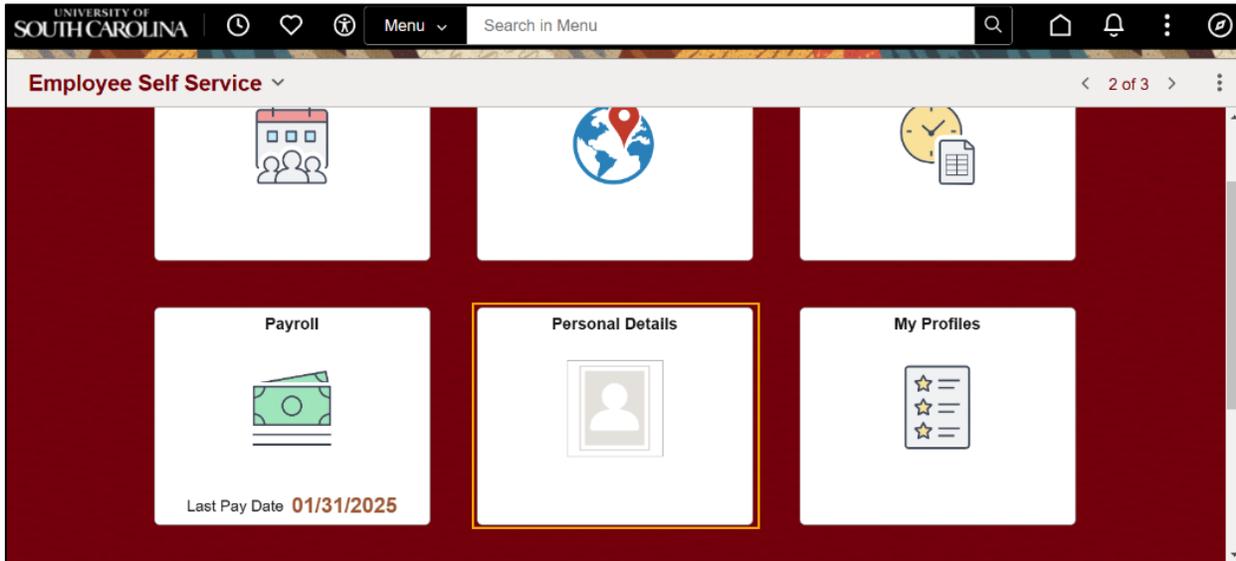


- 6) Congratulations! You have successfully learned how to manage your emergency contacts through Employee Self Service.

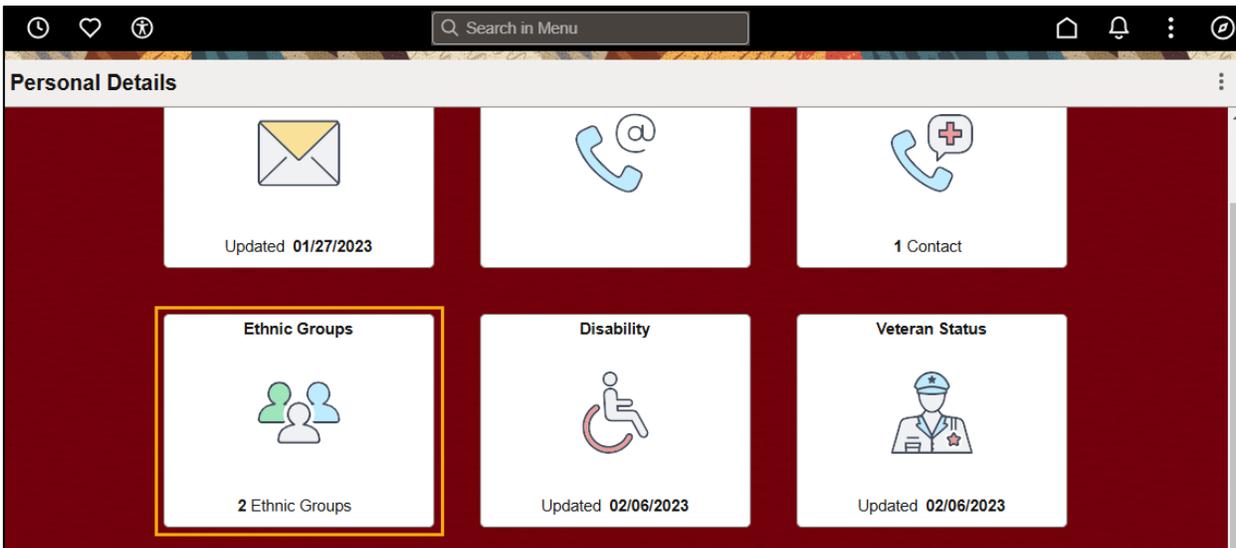
Entering Ethnicity

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.

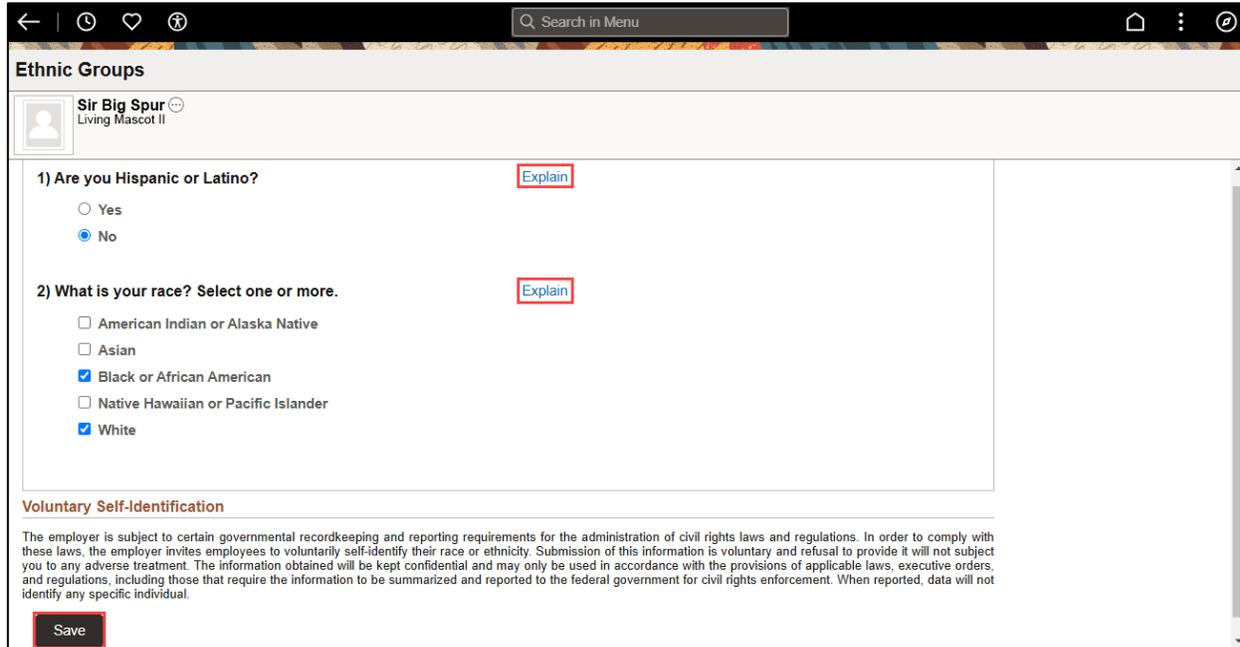
1) Begin at the Employee Self Service landing page. Click the **Personal Details** tile.



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.



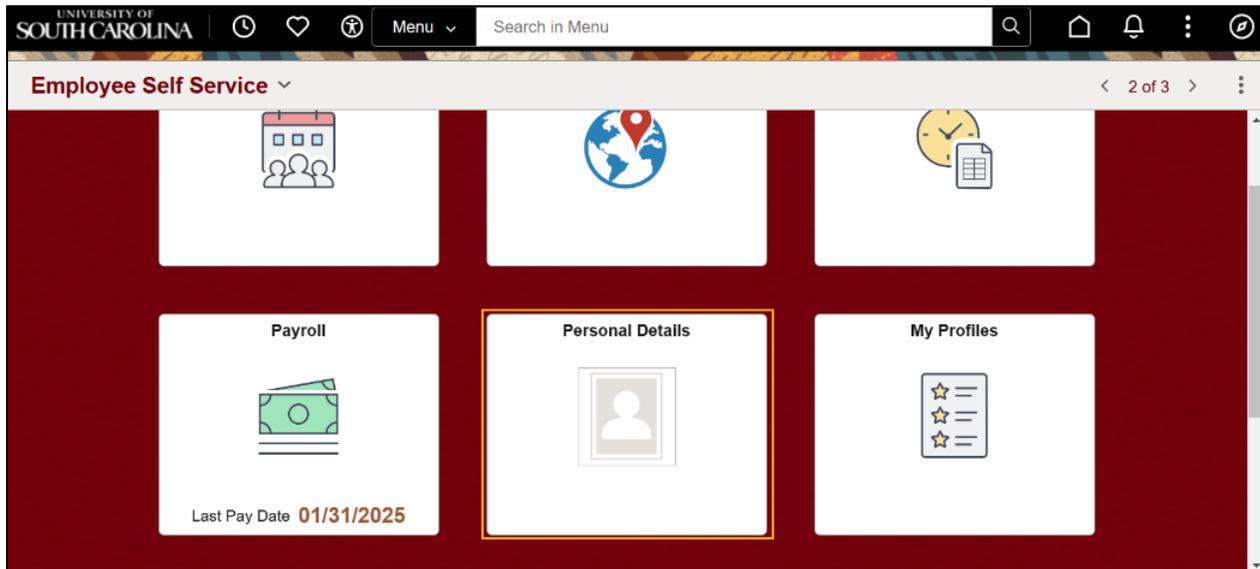
4) Congratulations! You have successfully learned how to manage your ethnic groups through Employee Self Service.

Entering Disability

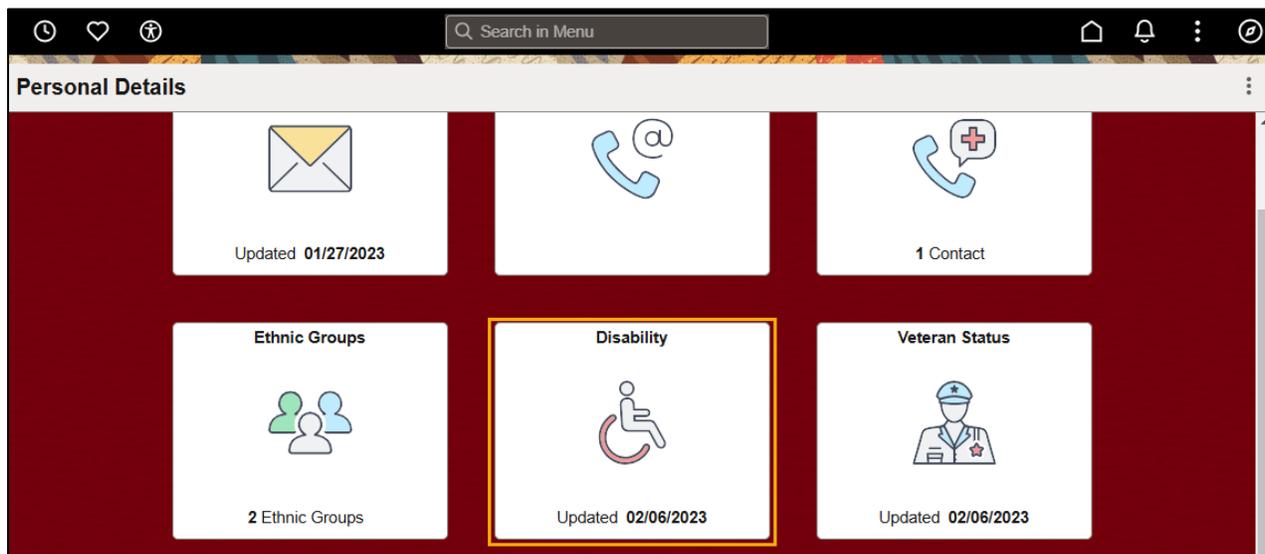
Voluntary Self-Identification: Update as needed.

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.



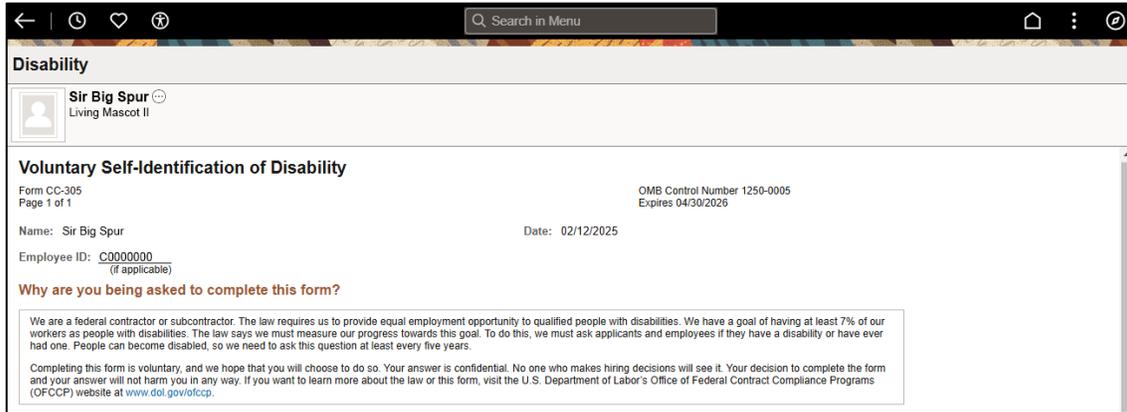
2) Next, click the **Disability** tile.



(Continued on next page)

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



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

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- 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, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

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

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.

Submit

5) Congratulations! You have successfully learned how to enter disability in Employee Self Service.

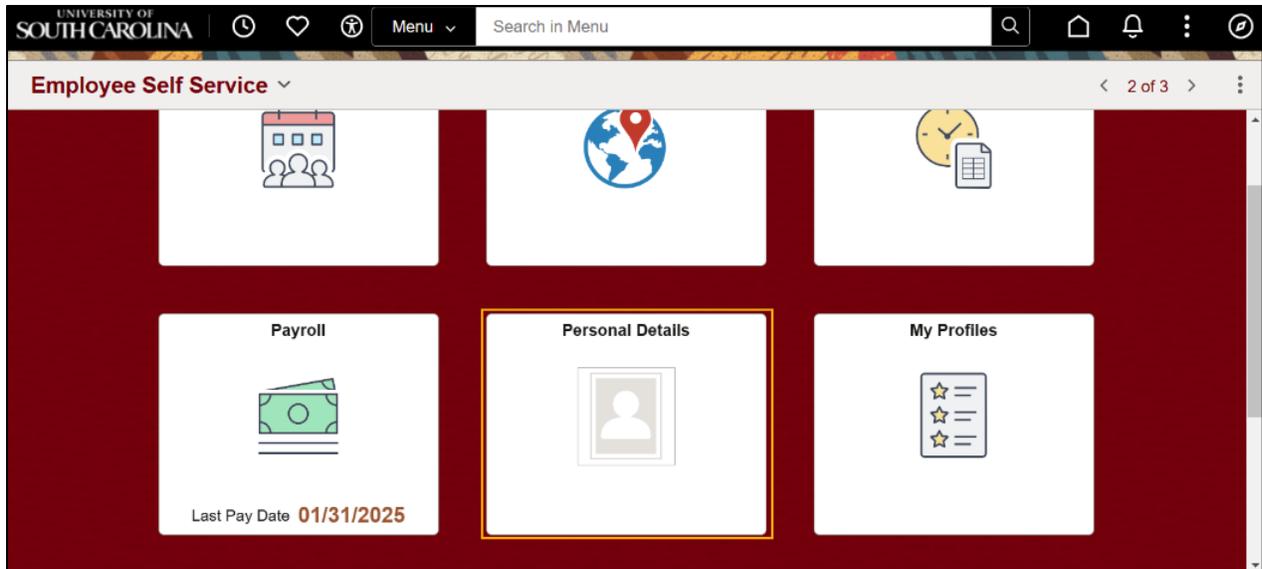
NOTE: You are required to complete this form when you first apply to a position at USC. You may use this form to update your selection at any time.

Entering Veteran Status

Voluntary Self-Identification: Update as needed.

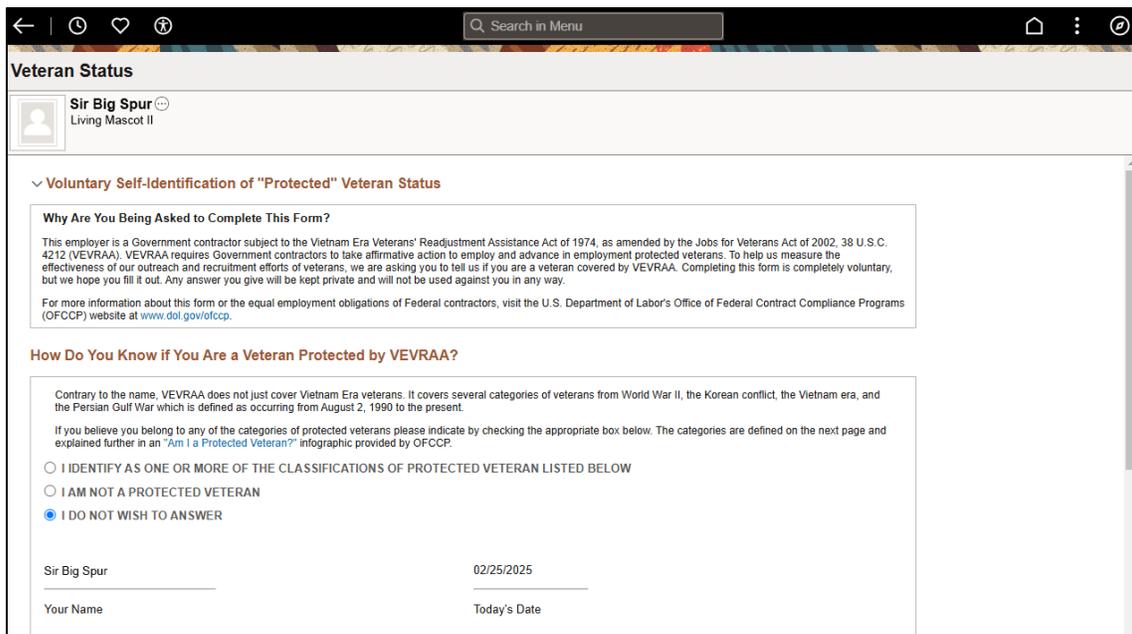
The university is required to submit a report to the United States Department of Labor each year identifying the number of employees belonging to each specified “protected veteran” category. Submission of the information is voluntary and refusal to provide it will not subject you to any adverse treatment. 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.



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



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 medal veterans. These categories are defined below.

1. 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.

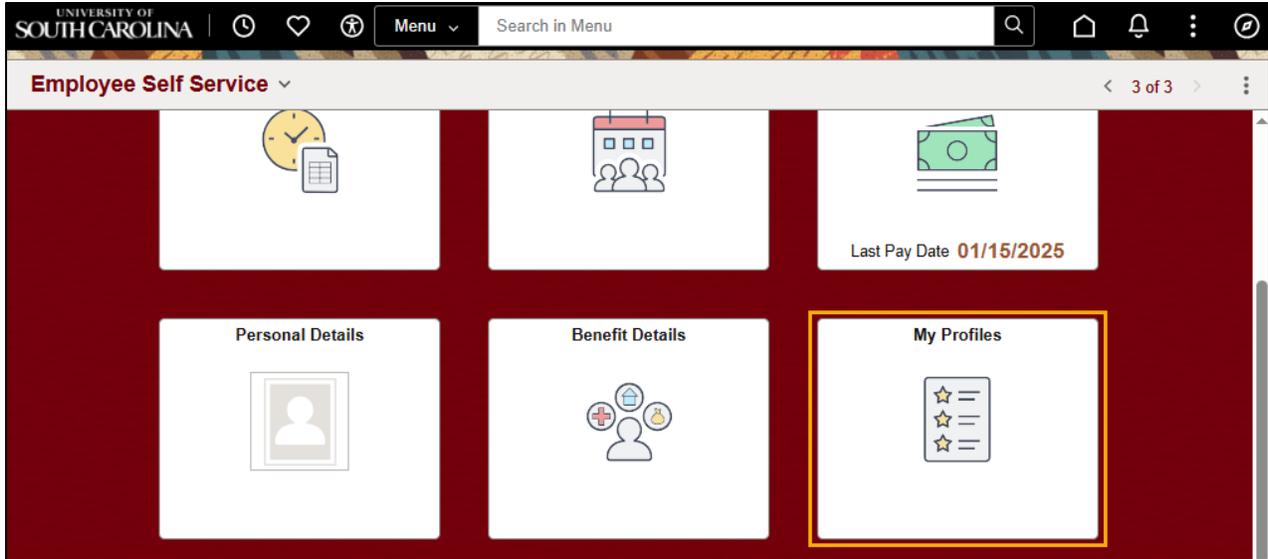
NOTE: You are required to complete this form when you first apply to a position at USC. You may use this form to update your selection at any time.

Maintaining Educational Details

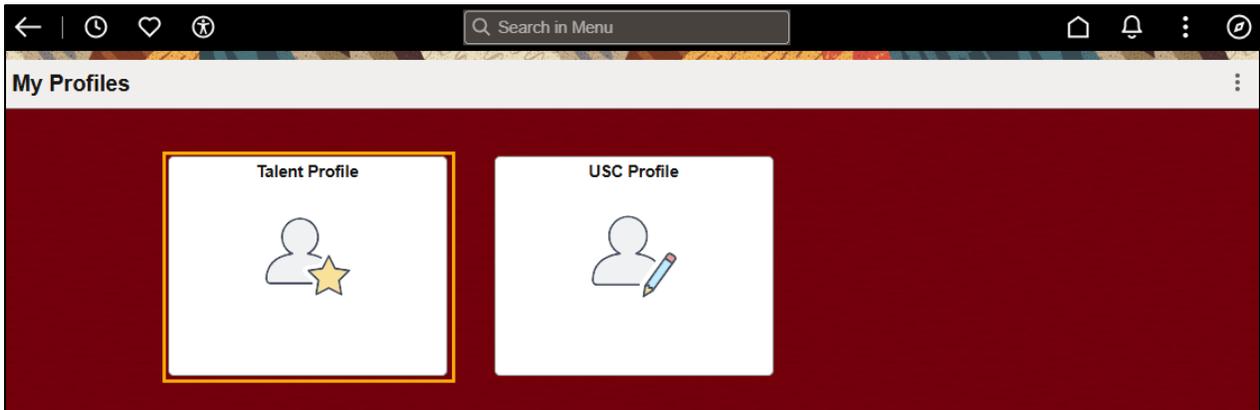
Voluntary Self-Identification: Update as needed.

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.

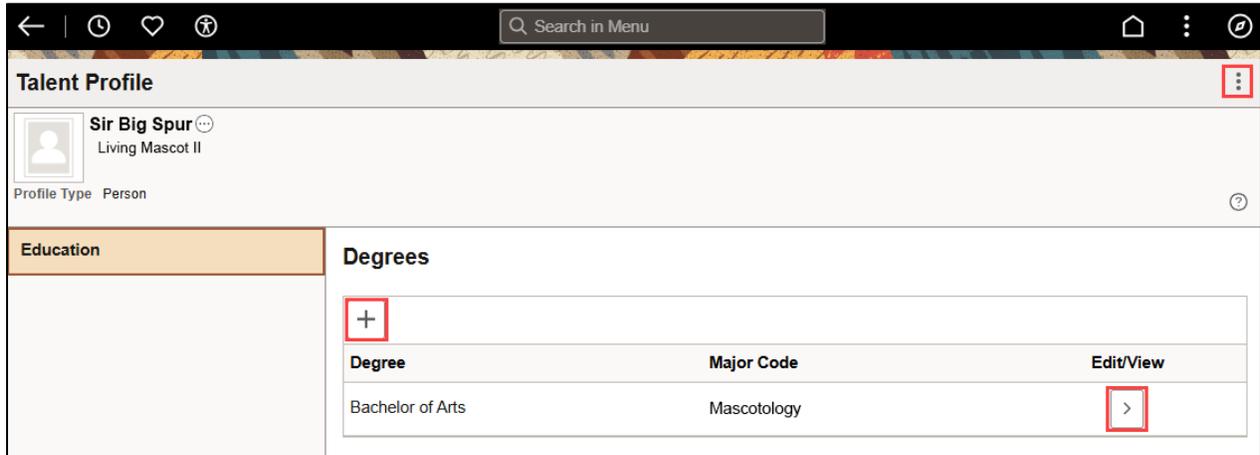


2) Next, click the **Talent Profile** tile.



(Continued on next page)

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.



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.

The 'Degrees' form contains the following fields:

- Date Acquired:** 12/16/2024
- *Degree:** Master of Arts
- Details:** (link)
- Major Code:** Farm/Farm and RanchManagement
- *Status:** Active
- Country:** United States
- State:** South Carolina
- School Code:** 344800
- School Description:** Univ S Carolina-Cola
- Major Description:** Farm/Farm and RanchManagement
- Minor Code:** 1.0103
- Minor Description:** Agricultural Economics
- Graduated:**

Buttons: Cancel (top left), Save (top right). Note: * Indicates required field.

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

(Continued on next page)

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.

The screenshot shows a web form titled "Degrees". At the top left is a "Cancel" button and at the top right is a "Save" button. A note in the top right corner states "* Indicates required field". The form fields are as follows:

- Date Acquired: 05/14/2018, with an "Add New Version" button.
- Degree: Bachelor of Arts, with a "Details" link below it.
- Major Code: Anthropology
- *Status: Active (dropdown menu)
- Country: United States (with search icon)
- State: New York (with search icon)
- School Code: 397900 (with search icon)
- School Description: Columbia U Columbia Coll
- Major Description: Anthropology
- Minor Code: (with search icon)
- Minor Description: (empty text box)
- Graduated:

A "Delete" button is located at the bottom center of the form.

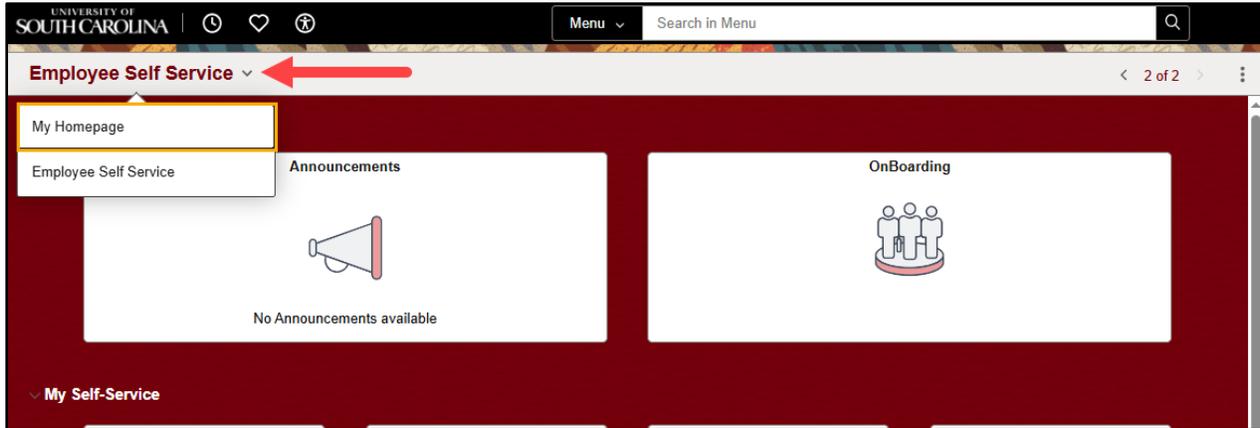
6) Congratulations! You have successfully learned how to maintain your Educational Details in Employee Self Service!

Enrolling in Benefits and Reviewing Benefit Information

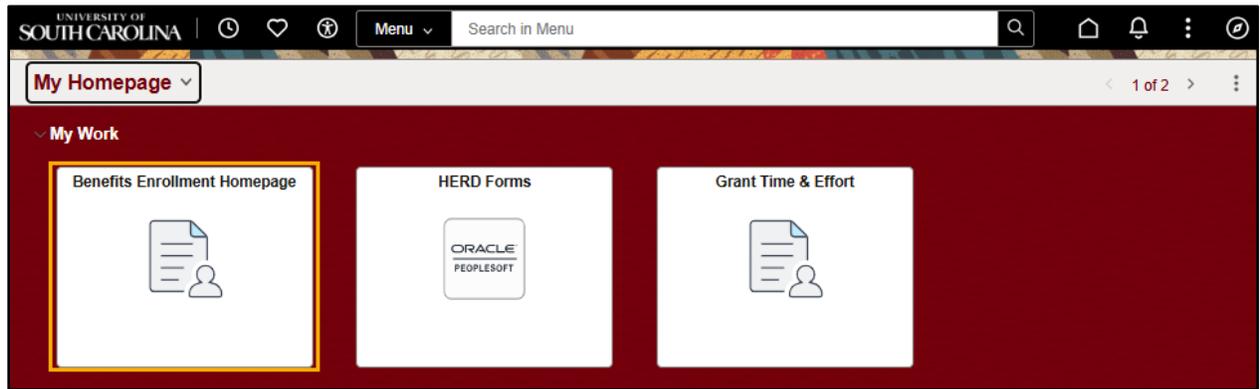
Initial Enrollment in USC Benefits

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.

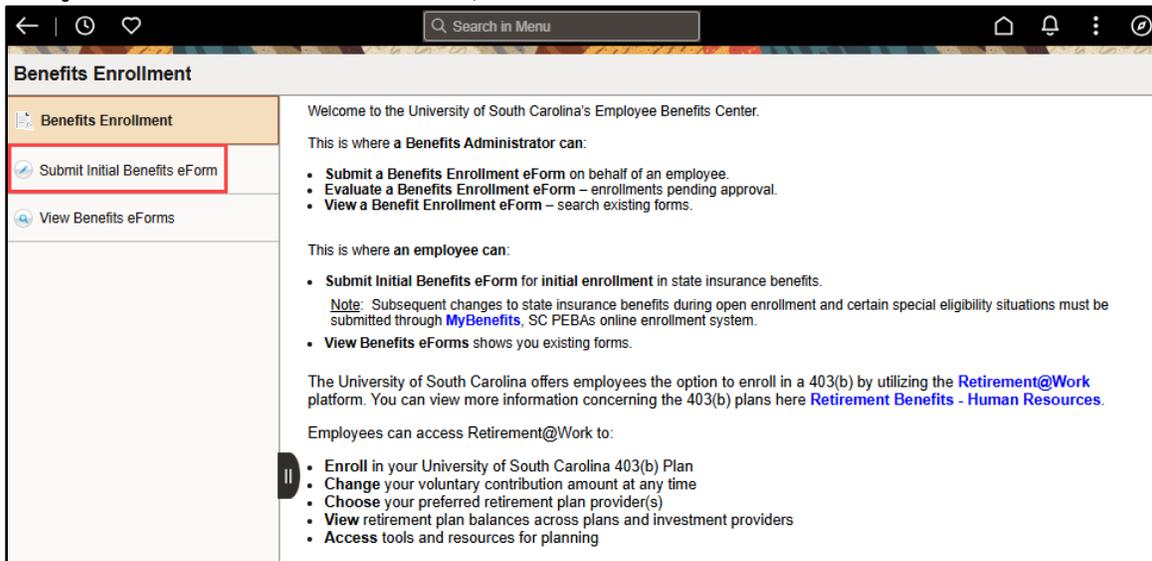
- 1) Begin at the Employee Self Service landing page. Click the **Employee Self Service** drop down menu. Next, click **My Homepage**.



- 2) Next, click the **Benefits Enrollment Homepage** tile.



- 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 and Dependent Information Form ID 828824

Employee Information

Empl ID [REDACTED]	Name [REDACTED]
Benefit Program LG1	US Citizen Y
Annual Rate 51000.000000	
Empl Record 0	
Department 925020	Department Name ATHLETICS

Preparer Information

Preparer Emplid [REDACTED]	Preparer Name [REDACTED]
----------------------------	--------------------------

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?
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?

Employee Medicare Declaration

Are you or your dependents currently enrolled by Medicare?" Instructions: If you or your dependent is covered by Medicare, 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 click 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?	<input type="checkbox"/>
2. Are you transferring from another SC PEBA participating employer?	<input checked="" type="checkbox"/>
3. Are you returning to employment after having already retired from State of South Carolina?	<input type="checkbox"/>
4. Have you changed your name since originally applying for State of SC retirement?	<input type="checkbox"/>

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?	<input type="checkbox"/>
2. Are you transferring from another SC PEBA participating employer?	<input type="checkbox"/>
3. Are you returning to employment after having already retired from State of South Carolina?	<input checked="" type="checkbox"/>
4. Have you changed your name since originally applying for State of SC retirement?	<input type="checkbox"/>

State of SC Retiree

Retiree earnings limitation may apply to you. Look for an informative email about retiree earnings limitations to learn more.

(Continued on next page)

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?
5. 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/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please make a selection below. A spouse or child of an eligible foreign national employee may be added to health, dental, vision 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 Number (S.S.N) at this time? Please make a selection below.

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.

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.

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)

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 beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please make a selection below.
A spouse or child of an eligible foreign national employee may be added to health, dental, vision 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 Number (S.S.N) at this time? Please make a selection below.

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 dependent and a beneficiary, e.g., a spouse
Dependent – 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, will not also be covered in benefits, e.g., a spouse employed by a PEBA-participating employer who is not eligible to be listed as a dependent
Special Instruction:
 If beneficiary is an estate or trust, the name of the Estate/Trust must be entered in the First Name and Last Name fields as follows:
First Name: Estate or Trust of
Last Name: Name of Estate or Trust

	*First Name <small>↑↓</small>	Middle Name <small>↑↓</small>	*Last Name <small>↑↓</small>	Suffix <small>↑↓</small>	*Social Security # <small>↑↓</small>	*Date of Birth <small>↑↓</small>	Age <small>↑↓</small>	*Gender <small>↑↓</small>	*Dependent Ben Type
1	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="text" value=""/>	<input type="text" value="11111111"/>	<input type="text" value="04/01/1990"/>	35	<input type="text" value="Undeclared"/>	<input type="text" value="Beneficiary"/>
2	<input type="text" value="Jasmine"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="text" value=""/>	<input type="text" value="33333333"/>	<input type="text" value="01/01/2020"/>	5	<input type="text" value="Undeclared"/>	<input type="text" value="Dependent"/>

(screenshot continued below)

2 rows

*Dependent Beneficiary Type <small>↑↓</small>	*Relationship <small>↑↓</small>	Disabled? <small>↑↓</small>	Insert A Row	Delete A Row
<input type="text" value="Beneficiary"/>	<input type="text" value="Lawful Spouse"/>	<input type="checkbox"/>	<input type="button" value="+"/>	<input type="button" value="-"/>
<input type="text" value="Dependent"/>	<input type="text" value="Natural Child"/>	<input type="checkbox"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

- 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.

- 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.

- 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 Plan

Premium Options

The Pretax Group Insurance Premium feature 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 an option below.

*Select a Premium Option

Medical Plan

*Coverage Election *Benefit Plan 

Coverage Code 1

Medical Plan Dependents

Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please select the dependent(s) that you will cover in this benefit. If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section.

Select Dependent 	Display Name 
1 <input type="checkbox"/>	1. Jasmine Doe

- 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 *Benefit Plan MoneyPlus Standard Plan

Coverage Code 3

Medical Plan Dependents

Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please select the dependent(s) that you will cover in this benefit. If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section.

Select Dependent 	Display Name 
1 <input checked="" type="checkbox"/>	1. Jasmine Doe

- 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, and have not used, any 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 form or I choose not to disclose my status as it relates to tobacco use.

*Tobacco User Premium 

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

Dental Plan

*Coverage Election *Benefit Plan MoneyPlus Dental Plan
 Coverage Code 3

Dental Dependent Coverage

Please select the dependent(s) that you will cover in this benefit.
 If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section.

Select Dependent	Display Name
1 <input checked="" type="checkbox"/>	Jasmine Doe

Dental Plus

*Coverage Election 

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

Coverage Code 3

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

Vision Coverage Election

*Coverage Election *Benefit Plan MoneyPlus Vision Care Plan
 Coverage Code 3

Vision Dependent Coverage

Please select the dependent(s) that you will cover in this benefit.
 If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section.

Select Dependent	Display Name
1 <input checked="" type="checkbox"/>	Jasmine Doe

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 evidence of insurability. If you choose to apply for coverage in excess of the guaranteed issue amount (in excess of three times your salary), you will be enrolled in the guaranteed issue amount pending determination of your application for additional coverage.

*Coverage Election Elect Guarantee Amount 150000

*Benefit Plan 12P100 MoneyPlus Optional Life 100K Election Amount 100000

Beneficiary Information

Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)?
Please make a selection below.
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 deceased, 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".
To designate a **contingent beneficiary**, the contingent field should be marked as "Yes".

	Percent of Benefits	Contingent	Display Name
1	100	<input type="checkbox"/>	John Doe

1 row

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.

Lookup

Search for: Benefit Plan [Hide Operators](#)

Search Criteria

Value begins with

Description begins with

Search Results

51 rows

Value	Description
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 *Benefit Plan Dependent Life Child

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 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 deceased, 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".
 To designate a **contingent beneficiary**, the **contingent** field should be marked as "Yes".

Basic Life Coverage

*Basic Life Benefit Plan Basic Life Insurance

Basic Life Beneficiaries

	Percent of Benefits <small>↑↓</small>	Contingent <small>↑↓</small>	Display Name <small>↑↓</small>
1	<input type="text" value="100"/>	<input type="checkbox"/>	John Doe

1 row

(Continued on next page)

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

*Benefit Plan Supplemental LTD 90 Day Plan

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

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

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. Once you have made your selections, click **Next**.

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 can be used to pay for eligible dependent care expenses incurred by your dependents (child or elder) while you and your spouse (if married) are working outside of the home. A qualifying individual includes the employee's qualifying relative if the relative:

- Is a U.S. citizen, national or resident of the U.S., Mexico or Canada;
- Is physically and/or mentally incapable of self-care;
- Is not someone else's qualifying child;
- Lives in the employee's household for more than half of the tax year;
- Spends at least eight hours per day in the employee's home; and
- Receives more than half of his support from the employee during the 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		

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 : Enrollment Summary

Employee Information

Empl ID	Name
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 are aware of any supporting documentation needed to complete enrollment. When you are ready to submit your Initial Benefits Enrollment, click **Submit**.

Benefits Enrollment

Dependent Care

Coverage Election: Elect Benefit Plan: DCSA Dependent Care Spending Acct

Tax Filing Status: Married, Filing Jointly

Plan Year Total Amount: 3000.00

File Attachments

If you listed dependents, you are required to attach dependent documentation below, in addition to any other required documents. Refer to the [Enrollment Documentation Worksheet](#) for acceptable documentation. 2 rows

Attachment Uploaded	Action	Description <small>↑↓</small>	File Name <small>↑↓</small>	Delete
1 <input checked="" type="checkbox"/>	View	Marriage License <small>↓</small>	Marriage_License.pdf	Delete
2 <input checked="" type="checkbox"/>	View	Long Form Birth Certific <small>↓</small>	Birth_Certificate.pdf	Delete

[Add](#)

Form Action Items 1 row

Acknowledgement

1 I understand that supporting document(s) are required for this transaction and it will not be processed until all documentation has been received by SC PEBA. If I did not upload the documents above, I acknowledge that I will be required to submit supporting documents promptly through MyBenefits, PEBA's online enrollment system. Furthermore, if all required supporting documentation is not submitted in a timely manner, all elected plans will be void, and I will have to wait until PEBA's Open Enrollment period or a special eligibility situation to enroll into insurance benefits.

> **Comments**

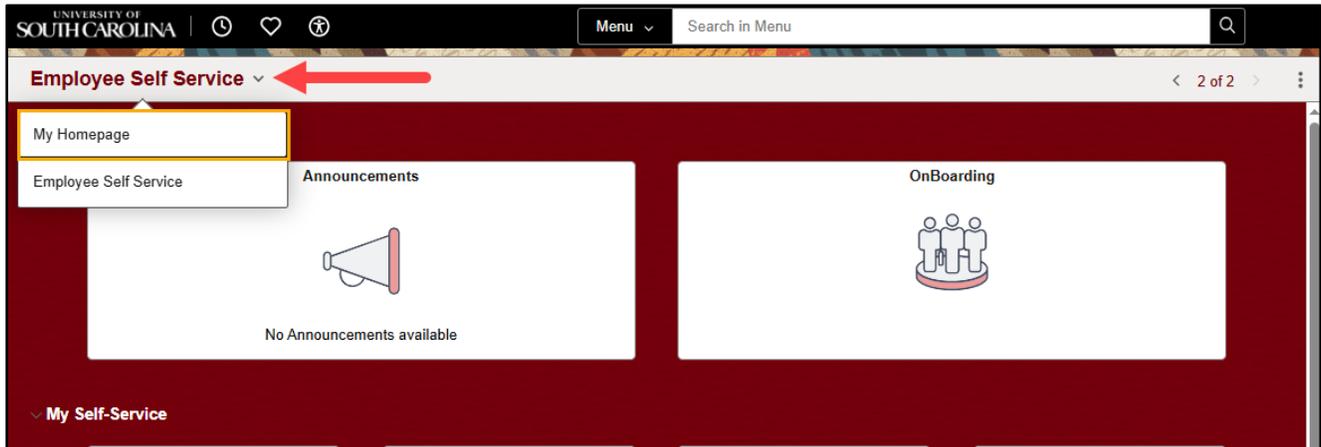
NOTE: Enrollment in the 403(b) Program is no longer completed through Employee Self Service. To enroll in 403(b) benefits, you will need to log into the [Retirement@Work](#) portal with your USC username and password. For additional information and instructions, please visit the [Retirement Benefits](#) 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.

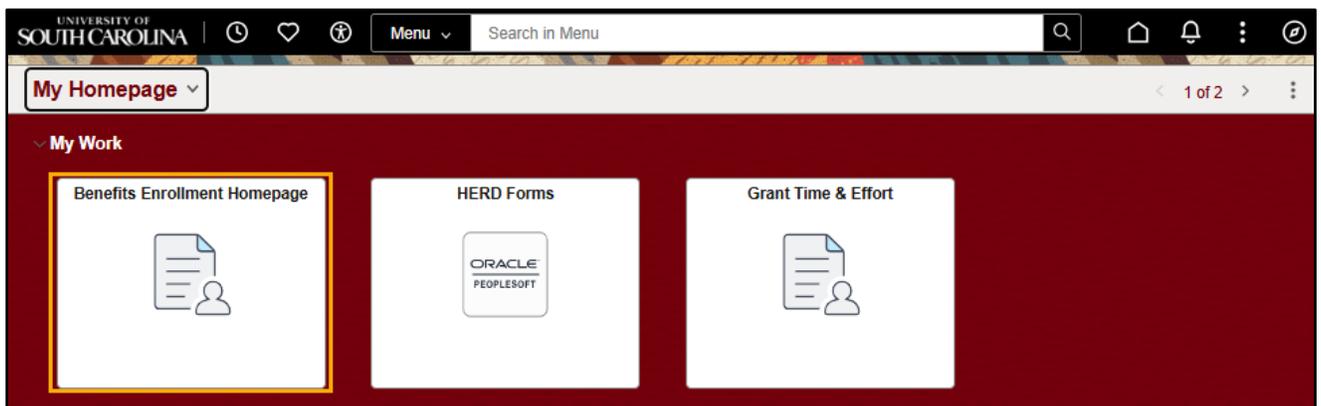
Enroll in Benefits When Working Under a J1 Visa

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.

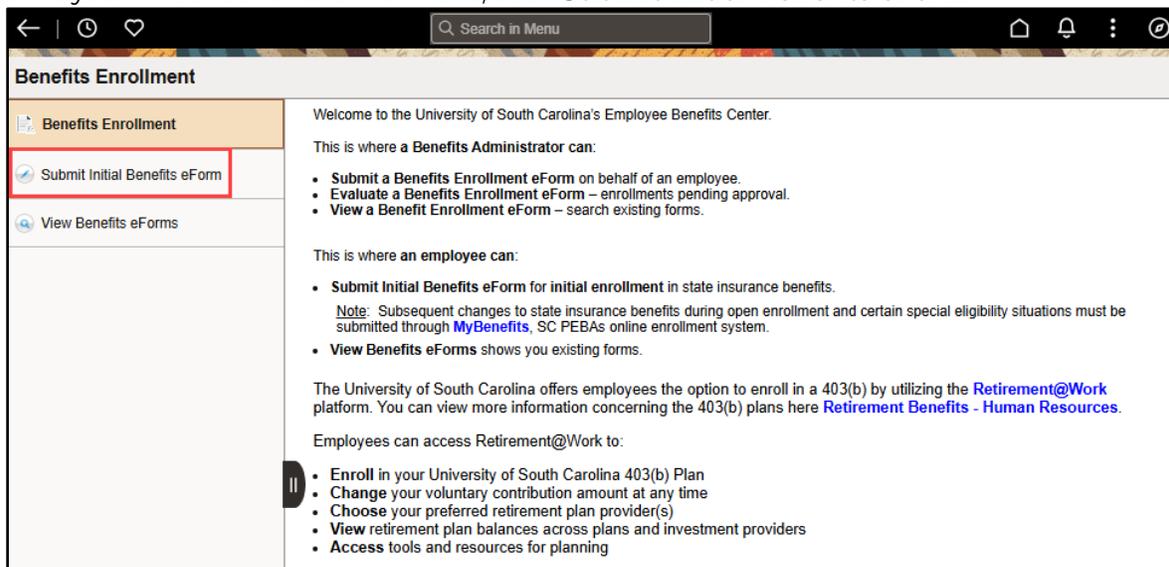
- 1) Begin at the Employee Self Service landing page. Click the **Employee Self Service** drop down menu. Next, click **My Homepage**.



- 2) Next, click the **Benefits Enrollment Homepage** tile.



- 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 and Dependent Information Form ID 845322

Employee Information

Empl ID [REDACTED]	Name [REDACTED]
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 [REDACTED]	Preparer Name [REDACTED]
----------------------------	--------------------------

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?
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?

Employee Medicare Declaration

Are you or your dependents currently enrolled by Medicare?" Instructions: If you or your dependent is covered by Medicare, 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 click 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?	<input type="checkbox"/>
2. Are you transferring from another SC PEBA participating employer?	<input checked="" type="checkbox"/>
3. Are you returning to employment after having already retired from State of South Carolina?	<input type="checkbox"/>
4. Have you changed your name since originally applying for State of SC retirement?	<input type="checkbox"/>

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?	<input type="checkbox"/>
2. Are you transferring from another SC PEBA participating employer?	<input type="checkbox"/>
3. Are you returning to employment after having already retired from State of South Carolina?	<input checked="" type="checkbox"/>
4. Have you changed your name since originally applying for State of SC retirement?	<input type="checkbox"/>

State of SC Retiree

Retiree earnings limitation may apply to you. Look for an informative email about retiree earnings limitations to learn more.

(Continued on next page)

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?
5. 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/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please make a selection below.
A spouse or child of an eligible foreign national employee may be added to health, dental, vision 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 Number (S.S.N) at this time? Please make a selection below.

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.

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.

OK

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

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 beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please make a selection below.
A spouse or child of an eligible foreign national employee may be added to health, dental, vision 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 Number (S.S.N) at this time? Please make a selection below.

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 dependent and a beneficiary, e.g., a spouse
Dependent – 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; will not also be covered in benefits, e.g., a spouse employed by a PEBA-participating employer who is not eligible to be listed as a dependent
Special Instruction:
If beneficiary is an estate or trust, the name of the Estate/Trust must be entered in the First Name and Last Name fields as follows:
First Name: Estate or Trust of
Last Name: Name of Estate or Trust

	*First Name ↑↓	Middle Name ↑↓	*Last Name ↑↓	Suffix ↑↓	Social Security # ↑↓	*Date of Birth ↑↓	Age ↑↓	*Gender ↑↓	*Dependent Be Type
1	Estate of		John Doe		1111111	04/01/1995	30	Undeclared	Beneficiary
2	Jane		Doe		000000000	04/01/1995	30	Undeclared	Both

(screenshot continued below)

2 rows

*Dependent Beneficiary Type	*Relationship ↑↓	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 : Medical Plan

Premium Options

The Pretax Group Insurance Premium feature 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 an option below.

*Select a Premium Option

- Post-Tax
- Pre-Tax

Medical Plan

*Coverage Election

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

- Elect
- Refuse

Search Previous Next

- 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 : Medical Plan Form ID 845322

Premium Options
 The Pretax Group Insurance Premium feature 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 an option below.
 *Select a Premium Option:

Medical Plan
 *Coverage Election:
 Coverage Code 2 Benefit Plan (J1) 12P_BB MoneyPlus Standard Plan

Medical Plan Dependents
 Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please select the dependent(s) that you will cover in this benefit. If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section. 1 row

Select Dependent	Display Name
1 <input type="checkbox"/>	1. Jane Doe

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 : Medical Plan Form ID 845322

Premium Options
 The Pretax Group Insurance Premium feature 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 an option below.
 *Select a Premium Option:

Medical Plan
 *Coverage Election:
 Coverage Code 2 Benefit Plan (J1) 12P_BB MoneyPlus Standard Plan

Medical Plan Dependents
 Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please select the dependent(s) that you will cover in this benefit. If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section. 1 row

Select Dependent	Display Name
1 <input type="checkbox"/>	1. Jane Doe

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, and have not used, any 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 form or I choose not to disclose my status as it relates to tobacco use.

*Tobacco User Premium:

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  *Benefit Plan

Coverage Code 2

Dental Dependent Coverage

Please select the dependent(s) that you will cover in this benefit.
If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section.

Select Dependent ^{↑↓}	Display Name ^{↑↓}
1 <input type="checkbox"/>	Jane Doe

1 row

Dental Plus

*Coverage Election 

Coverage Code 2

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

Coverage Code 3

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  *Benefit Plan

Coverage Code 2

Vision Dependent Coverage

Please select the dependent(s) that you will cover in this benefit.
If a dependent is not showing below, please return to the first page by clicking "Previous" and review the Dependents/Beneficiaries List. Make necessary edits and return to this section.

Select Dependent ^{↑↓}	Display Name ^{↑↓}
1 <input type="checkbox"/>	Jane Doe

1 row

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 medical evidence of insurability. If you choose to apply for coverage in excess of the guaranteed issue amount (in excess of three times your salary), you will be enrolled in the guaranteed issue amount pending determination of your application for additional coverage.

*Coverage Election Guarantee Amount 450000

*Benefit Plan MoneyPlus Optional Life 100K Election Amount 100000

Beneficiary Information

Will you be covering dependent(s) and/or designating a beneficiary (note: you must list a beneficiary if you elect health insurance and/or optional life insurance)? Please make a selection below.
 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 deceased, 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".
 To designate a **contingent beneficiary**, the **contingent** field should be marked as "Yes".

	Percent of Benefits <small>↑↓</small>	Contingent <small>↑↓</small>	Display Name <small>↑↓</small>
1	<input type="text" value="50"/>	<input checked="" type="checkbox"/>	Estate of John Doe
2	<input type="text" value="50"/>	<input checked="" type="checkbox"/>	Jane Doe

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.

Lookup

Search for: Benefit Plan

Search Criteria Hide Operators

Value

Description

Search Results 51 rows

Value <small>↑↓</small>	Description <small>↑↓</small>
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 Form ID 845322

Benefits Enrollment : Spouse Life Insurance

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 Dependent Life Spouse 10K Coverage Amount 10000

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 Form ID 845322

Benefits Enrollment : Basic Life Insurance

Basic Life Insurance

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 deceased, 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".
 To designate a **contingent beneficiary**, the **contingent** field should be marked as "Yes".

Basic Life Coverage

*Basic Life Benefit Plan Basic Life Insurance

Basic Life Beneficiaries 2 rows

	Percent of Benefits ↑↓	Contingent ↑↓	Display Name ↑↓
1	<input type="text" value="50"/>	<input type="checkbox"/>	Estate of John Doe
2	<input type="text" value="50"/>	<input type="checkbox"/>	Jane Doe

(Continued on next page)

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 *Benefit Plan

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

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

(Continued on next page)

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. Once you have made your selections, click **Next**.

Benefits Enrollment

Benefits Enrollment : Spending Accounts Form ID 845322

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 <input type="text" value="Elect"/>	Benefit Plan MSA Medical Spending Account
*Plan Year Total Amount <input type="text" value="3300.00"/>	Max Annual Contribution 3300
Deduction End Date 12/15/2025	

Dependent Care

A dependent care spending account can be used to pay for eligible dependent care expenses incurred by your dependents (child or elder) while you and your spouse (if married) are working outside of the home. A qualifying individual includes the employee's qualifying relative if the relative:

- Is a U.S. citizen, national or resident of the U.S., Mexico or Canada;
- Is physically and/or mentally incapable of self-care;
- Is not someone else's qualifying child;
- Lives in the employee's household for more than half of the tax year;
- Spends at least eight hours per day in the employee's home; and
- Receives more than half of his support from the employee during the tax year.

Coverage Election

Note: The DCSA is capped at \$1,600 for highly compensated employees as defined by the IRS.

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 : Enrollment Summary

Employee Information

Empl ID [REDACTED]	Name [REDACTED]
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

Medical Plan

Coverage Election Elect	Benefit Plan 12P_BB MoneyPlus Standard Plan
Coverage Code 2	

Dental Plan

Coverage Election Elect	Benefit Plan 12P_DD 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 are aware of any supporting documentation needed to complete enrollment. When you are ready to submit your Initial Benefits Enrollment, click **Submit**.

Benefits Enrollment

Dependent Care

Coverage Election: Elect Benefit Plan: DCSA Dependent Care Spending Acct

Tax Filing Status: Married, Filing Jointly

Plan Year Total Amount: 3000.00

File Attachments

If you listed dependents, you are required to attach dependent documentation below, in addition to any other required documents. Refer to the [Enrollment Documentation Worksheet](#) for acceptable documentation. 2 rows

Attachment Uploaded	Action	Description <small>↑↓</small>	File Name <small>↑↓</small>	Delete
1 <input checked="" type="checkbox"/>	View	Marriage License <small>↓</small>	Marriage_License.pdf	Delete
2 <input checked="" type="checkbox"/>	View	Long Form Birth Certific <small>↓</small>	Birth_Certificate.pdf	Delete

[Add](#)

Form Action Items

Acknowledgement 1 row

1	<input checked="" type="checkbox"/>	I understand that supporting document(s) are required for this transaction and it will not be processed until all documentation has been received by SC PEBA. If I did not upload the documents above, I acknowledge that I will be required to submit supporting documents promptly through MyBenefits, PEBA's online enrollment system. Furthermore, if all required supporting documentation is not submitted in a timely manner, all elected plans will be void, and I will have to wait until PEBA's Open Enrollment period or a special eligibility situation to enroll into insurance benefits.
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> **Comments**

[Search](#)
[Previous](#)
[Save](#)
[Submit](#)

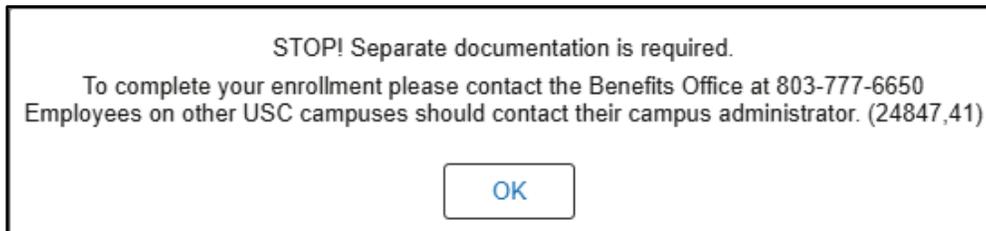
NOTE: Enrollment in the 403(b) Program is no longer completed through Employee Self Service. To enroll in 403(b) benefits, you will need to log into the [Retirement@Work](#) portal with your USC username and password. For additional information and instructions, please visit the [Retirement Benefits](#) 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:

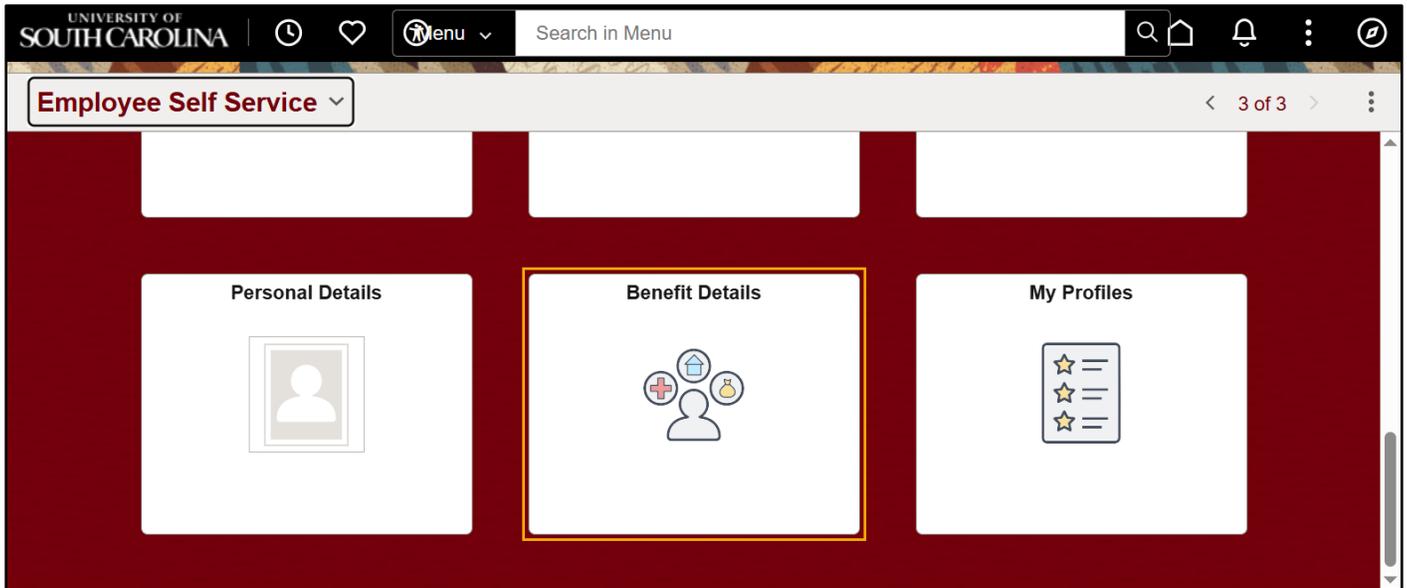


NOTE: To complete Benefits Enrollment for a non-U.S. citizen on the USC Columbia campus, please contact the Benefits Office at 803-777-6650 or email benefits@mailbox.sc.edu. Employees on other USC campuses should contact their campus benefits administrator.

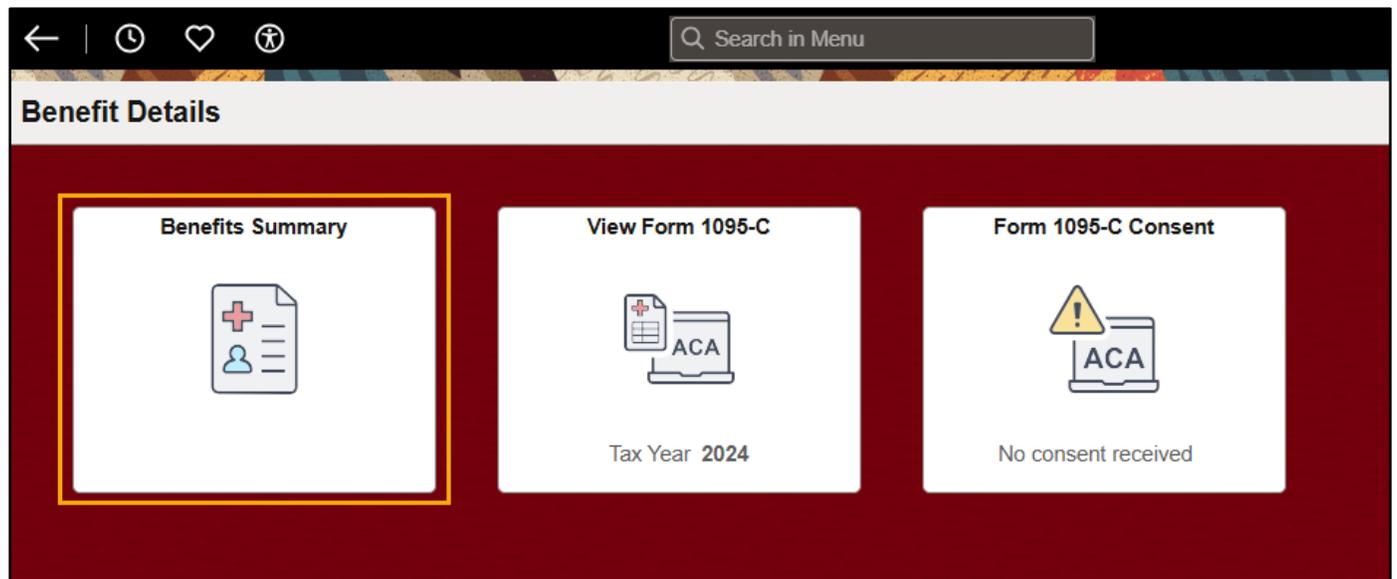
Reviewing Benefits Summary

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

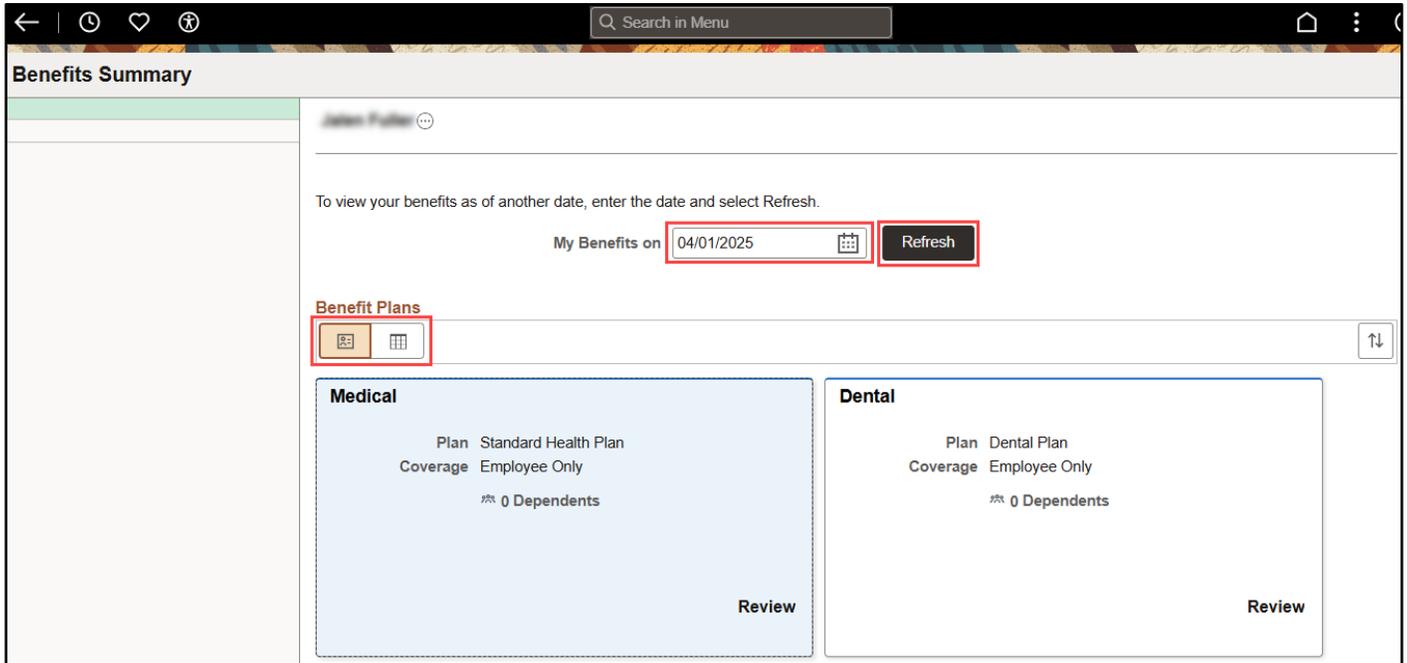
1) Begin at the Employee Self Service landing page. Click the **Benefits Detail** tile.



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

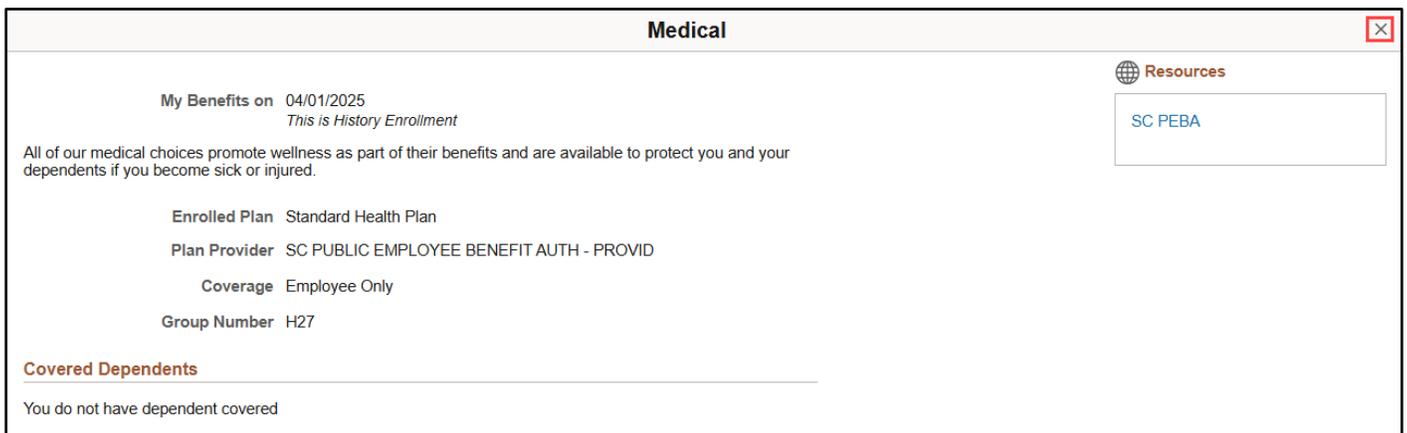


3) The **Benefits Summary** page appears as the initial display. The main page displays a summary of all benefit plans in which you are enrolled, and in which plans you refused coverage. Use the **My Benefits on** field to view benefit details as of a specific date in the past. If you choose a different 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.'



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.



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
×

My Benefits on 04/01/2025
This is History Enrollment

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away

Enrolled Plan Basic Life Insurance
Plan Provider SC PUBLIC EMPLOYEE BENEFIT AUTH - PROVID
Coverage \$3000
Group Number H27

Your Beneficiary Designation

	Primary Allocation	Percent		Secondary Allocation	Percent
Beneficiary	Relationship	Current Primary Percentage		Current Secondary Percentage	
Jalen Fuller	Self	100			
Total		100		0	

Resources

SC PEBA

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