



**SOUTH CAROLINA  
DEPARTMENT OF EMPLOYMENT  
AND WORKFORCE**

P.O. Box 995 Columbia, SC 29202  
866-831-1724 | [www.dew.sc.gov](http://www.dew.sc.gov)

UCE-154 (Rev. 5/30/19)

**Tired of paperwork? We can help! Make Changes to your Unemployment Insurance tax account online. It's fast, easy, accurate, and secure!**  
Visit SUITS, DEW's online tax system at <https://uitax.dew.sc.gov>. For instructions on how to use SUITS, please visit <https://dew.sc.gov/suits>.

## **ELECTION TO BECOME AN "EMPLOYER" OR CONTRIBUTOR**

S.C. Code Ann, § 41-37-20 provides that an employing unit not otherwise subject to Chapters 27 through 41 of Title 41, may file with the South Carolina Department of Employment and Workforce (DEW) its written election to become an employer subject to these chapters for not less than two calendar years, with the written approval of the election by DEW. Upon approval, the employing unit must become an employer subject to the same extent as all other employers as of the date stated in the approval and must cease to be subject to these chapters as of January first of a calendar year subsequent to the two calendar years if by the thirtieth day of April of that year it has filed with the department a written notice to that effect.

*The employing group named below elects to become an "employer" under the provisions of S.C. Code Ann. § 41-37-20, and agrees to be subject to its provisions for a period of not less than two calendar years.*

<b>EMPLOYER INFORMATION</b>			
Name of Employing Unit			
Mailing Address:	City:	State:	Zip Code:
Effective Date	Telephone #:	Fax #:	
<b>CERTIFICATION</b>			
<b>I CERTIFY THAT THE INFORMATION ENTERED ON THIS FORM IS TRUE AND ACCURATE, AND THAT I AM AUTHORIZED BY THE NAMED EMPLOYING UNIT TO COMPLETE THIS REPORT. (In order for this form to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer.)</b>			
Name ( <i>Print</i> ) _____ Title _____			
Signature _____ Date _____ Phone No. _____			
<b>Please mail the completed form to:</b>			
SCDEW Document Control PO Box 995 Columbia, SC 29202			