SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. Box 995, Columbia, SC 29202
803-737-2400 | www.dew.sc.gov

ELECTION TO BECOME REIMBURSABLE EMPLOYER

The employing unit named below, being an "employer,", elects under the provisions of S.C. Code Ann. § 41-31-620 to make payments to the South Carolina Department of Employment and Workforce (DEW) as indicated below:

Name Of Employing Unit		DEW Account Number		
Mailing Address:	City:		State:	Zip Code:

Section I − Election as to Method of Reimbursement

Choose one of the following options:

☐ At the end of each calendar quarter, DEW will bill this employing unit for an amount equal to the full amount of regular benefits plus one-half of the amount of extended benefits paid during such quarter in accordance with the provisions of S.C. Code Ann. § 41-31-630(1)

☐ On or before the last day of the month following each calendar quarter, this employing unit will make payment for two percent (2%) of the quarterly taxable payroll of the employing unit to the DEW. DEW will apply such funds to the payment equal to the full amount of regular benefits plus one-half of the amount of extended benefits paid during such quarter in accordance with the provisions of S.C. Code Ann. § 41-31-630(1). At the end of each calendar year, DEW will determine whether the total of payments for such year made by this employing unit is less than, or in excess of, the total amount of regular benefits plus one-half of the amount of extended benefits paid to individuals during such calendar year. If the total [payments by this employing unit for such year are less than the amount owed, payment will be made of the remaining balance within 30 days from the date of notice of the outstanding amount.

Section II − Bonding Requirements for Certain Nonprofit Organizations.

This employing unit possesses title to real property and improvements within South Carolina valued in excess of two million dollars   ☐ Yes   ☐ No

If No, you must complete the following to determine the amount of collateral required and complete SECTION III:

a. Effective date of Election _____/_____/_____ OR ☐ Replacement of Existing Collateral

b. Taxable Wages (previous 4 fiscal quarters, if known) $_____

  If no wages were paid in the previous 4 fiscal quarters, enter the number of employees to be hired in the first 12 months _____ multiplied by $14,000.00 = $_____

c. Calculated Amount of Collateral (5.4% of Taxable Wages) $_____

d. Existing Collateral Balance $_____

e. Collateral to be Submitted (e=c-d) $ _____

Section III − Collateral Information

a. Collateral Type: ☐ Surety Bond   ☐ Electronic Payment   ☐ Check   ☐ Other

b. Amount of Deposit $_____

Section IV − Certification

We agree to pay, beginning with the effective date of this election, to the South Carolina Department of Employment and Workforce, in lieu of contribution payments, an amount equal to the amount of benefits paid to claimants and charged to our account, as provided in S.C. Code Ann. § 41-31-620, that is attributable to service in the employ of this nonprofit organization, to individuals for weeks of unemployment. **If applicable, a Collateral Deposit is submitted in accordance with the provisions of S.C. Code Ann. § 41-31-640 and S.C. Code Ann. Regs. 47-41**

_____
Signature of owner, partner, member or executive officer

_____
Title

_____
Print name of above signature

_____
Date

_____
Telephone number

_____
Email