



ELECTION TO BECOME REIMBURSABLE EMPLOYER

The employing group named below, being an “employer” under the provisions of S.C. Code Ann. § 41-37-20, elects to make payments to the South Carolina Department of Employment and Workforce (DEW) as indicated below:

CHECK ONE:

Payment of any bill rendered at the end of each calendar quarter for the amount of regular benefits paid, and one-half of the extended benefits paid that is attributable to service in the employ of this employing group.

Payment of two percent of the quarterly payroll with an adjustment payment, as required, at the end of the calendar year in regard to regular benefits paid, and one-half of the extended benefits that are attributable to service in the employ of this employing group.

As provided in South Carolina Law, Unemployment Insurance benefits are based on wages paid in covered employment in a one-year period called a “base period.”

In the event an individual is no longer employed by the employing unit, goes to work for another employer(s), becomes unemployed and files a claim for benefits, any wages within the base period, which are attributable to service in the employ of the reimbursing employer, would be used to establish the claim. The charges for the reimbursable employer are pro-rated in the same ratio as the total base period wages paid to the claimant by all base period employers.

The employing unit is required to reimburse the amount of benefits paid as a result of an initial determination of eligibility. In the event the benefits are subsequently determined to be overpaid for any reason, the reimbursable account **WILL NOT** be credited until the claimant reimburses DEW for the overpayment. If approved, this election will remain in effect for a period of not less than two calendar years, and will remain in effect each calendar year thereafter until the election is terminated by the employing unit in accordance with the provisions of South Carolina Law.

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 FORM. (In order for this form to be processed, the signatory must be a principal officer, if a corporation, or the chief administrative official, if an instrumentality of the State of South Carolina).

Name of Employing Unit _____

By (Print Name) _____ Title _____

Signature _____ Date _____ Phone No. _____

Please mail the completed form to:

SCDEW
Document Control
PO Box 995
Columbia, SC 29202

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>.