

Employee Benefits Services authorizing agent designation

I hereby designate _____ as the authorizing agent of
(Authorizing agent name)

(Participating Entity Name)

BIN: _____ Last four digits of SSN: _____

The above-named authorizing agent will control access of this organization's employees and its third-party enrollers to the South Carolina Public Employee Benefit Authority's Employee Benefits Services (EBS) web-based application. The above-named authorizing agent is authorized to execute Designated Employee Confidentiality Agreements on behalf of this organization.

Participating entity name _____

Employer group ID# _____

Signature of director or CEO _____

Printed name _____

Date _____