



**APPLICATION TO APPEND COVERAGE FOR  
INCIDENTAL DEATH BENEFIT; ACCIDENTAL DEATH  
PROGRAM AND/OR FIREFIGHTERS COVERAGE  
SC Public Employee Benefit Authority  
Police Officers Retirement System  
202 Arbor Lake Drive, Columbia, SC 29223  
EmployerServices@peba.sc.gov**

APPENDIX to Application and Resolution entered into between the Governing Body of

County of Darlington and the South Carolina Retirement Systems.  
Legal Name of Entity

It is hereby agreed that the members in service of this employer shall be covered under (check all that apply):

The **INCIDENTAL DEATH BENEFIT** of the Police Officers Retirement System under the terms and conditions of §9-11-120 of the 1976 Code of Laws of South Carolina.

This coverage is to become effective July 1, \_\_\_\_\_  
Year

The **ACCIDENTAL DEATH PROGRAM** of the Police Officers Retirement System under the terms and conditions of §9-11-140 of the 1976 Code of Laws of South Carolina.

This coverage is to become effective July 1, \_\_\_\_\_  
Year

**FIREFIGHTERS COVERAGE UNDER THE POLICE OFFICERS RETIREMENT SYSTEM** wherein firefighters in service of this employer shall be covered under the terms and conditions of §9-1-660 of the 1976 Code of Laws of South Carolina.

This coverage is to become effective July 1, 1990  
Year

It is further agreed to comply with the requirements of the South Carolina Retirement Act and its Rules and Regulations of the Board as amended from time to time.

IN WITNESS WHEREOF, we have hereunto set our hands and authority this 6<sup>th</sup> day of Oct. 2025  
Day Month Year

**Signatures of Governing Body** (a majority must sign):

Bobby Bush  
[Signature]  
[Signature]  
[Signature]  
Angela Goodale

**Certification**

I, J. Janet Bishop Clerk to Council of the aforesaid  
Name Title

entity, do hereby certify that the aforesaid body consists of 8 duly elected/appointed members and that, as stated  
Number

above, 6 members voted in favor of the above APPENDIX.  
Number

IN WITNESS WHEREOF, I have hereunto set my hand and the authority of the aforesaid entity.

[Signature] 10/06/2025  
Signature Date (MM-DD-YYYY)

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

## Reporting Information

Please complete the reporting information below. The Reporting Official is the individual designated to receive all reports and correspondence from the South Carolina Retirement Systems. This is usually an administrative staff member, such as a personnel officer or benefits administrator. Only one Reporting Official may be listed.

Employer Information			
Name of Entity: <i>County of Darlington</i>	Federal ID No.: <i>57-6000340</i>	No. of Employees: <i>849 (FT/PT)</i>	
Mailing Address: <i>1 Public Square Room 210</i>	City: <i>Darlington</i>	State: <b>SC</b>	Zip + 4: <i>29532</i>
Street Address (if different):	City (if different):	State: <b>SC</b>	Zip + 4 (if different): <i>29532</i>
Reporting Official			
Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	First Name: <i>Ginger</i>	Mid. Initial: <i>S</i>	Last Name: <i>Winburn</i>
Title: <i>Human Resource Director</i>	Telephone: <i>843-944-8267</i>	Email Address: <i>gwinburn@darcosc.net</i>	

### Instructions for Completing the Resolution and Application

Please read carefully before completing any information on the reverse side.

#### Resolution

**Governing body** - This is the body that provides authority, funding and/or control of the entity.

**Entity** - This is the employer that will be covered under the South Carolina Retirement Systems.

Example: Town Council of Mainstreet or Town of Mainstreet  
 Governing Body Legal Name of Entity

#### Application

Authority is given to a member of the entity's leadership, such as a county administrator, mayor, county clerk, etc. This may be the same person to sign the certification section.

#### Effective Date

The effective date should be discussed with Retirement Systems' staff in order to ensure compliance with the S.C. Code. In most cases, the effective date should coincide with the beginning of a new reporting quarter (July 1, October 1, January 1, or April 1).

#### Signatures of Governing Body

A majority of members of the governing body must sign here to approve the resolution.

#### Certification

The certification is usually completed by a member of the entity's leadership. The number of members of the governing body should be included as well as the number who have approved.