

Gray Collegiate Academy Charter School

Special Call Board Meeting

West Columbia, South Carolina

January 27, 2023 @ 9:00 am

~ AGENDA ~

1. Call to Order

2. Mission:

Gray Collegiate Academy will serve students in a safe, small, family-centered setting who seek the opportunity and challenge of rigorous curriculum, high academic standards, and outstanding athletics while earning up to two years of college credit while in high school.

3. Adoption of Agenda

4. Executive Session

a) Consideration of Administration's Recommendation to Approve Gray Collegiate Academy's participation in the SC PEBA Insurance Benefits Program.

5. Actions taken, if any, on items discussed in Executive Session

6. Adjournment

Public comments:

The official meeting of the board is by law a public meeting and the board values citizen input; however, in order to protect the integrity of the adopted agenda, public dialogue will be restricted to the 'public comments' section of the agenda or as directed by the board chairman.

Each speaker has two minutes.

Speakers may not ask questions of board members.

Board members may not engage speakers in discussion.

Disruptive behavior is not permitted.

Personal attacks aimed at students or staff are not permitted.

Scurrilous, obscene, or recklessly defamatory language aimed at any board member is not permitted.

Join Virtually: Meeting ID

meet.google.com/xjn-vfjo-yef

Join by Phone:

(US)+1 505-225-7377

PIN: 847 394 770#



Charter School Participation Resolution for Participation in the State Insurance Benefits Program

Complete the form below and submit via mail or email.

S.C. PEBA
Attn: Employer Services
202 Arbor Lake Drive
Columbia, SC 29223
EmployerServices@peba.sc.gov

At a meeting of the _____ (Board) of the
Board

_____ (Charter School), County of _____,
Legal name of entity County

South Carolina, held at _____, on _____, the following resolution was offered:
Location Date (MM/DD/YYYY)

IT IS HEREBY RESOLVED, by this Board, that the above-referenced Charter School is authorized to participate in the State Insurance Benefits Program offered by the South Carolina Public Employee Benefit Authority (PEBA) pursuant to Section 1-11-703 et seq. of the 1976 Code of Laws, and that this Charter School:

1. Agrees to comply with the terms and conditions established by PEBA for participation in the State Insurance Benefits Program, including the *Charter School Requirements for Participation*;
2. Has provided, and will continue to provide, to PEBA enrollment information that is true, accurate and complete to the best of its knowledge;
3. Agrees to report to PEBA any change affecting the enrollment or the status of its employees or other insurance-eligible individuals;
4. Agrees to contribute no less than the required employer premium amounts for each insurance-eligible individual who enrolls in the State Insurance Benefits Program based on the coverage level the individual selects;
5. Agrees to collect premiums from insurance-eligible individuals who enroll in the State Insurance Benefits Program through the Charter School, including making the required premium deductions from the gross salary of insurance-eligible employees who enroll in the Program;
6. Acknowledges that PEBA reserves the right to cancel coverage for noncompliance, including nonpayment, upon 30 days' notice to the Charter School;
7. Agrees that, if the Charter School becomes delinquent in remitting proper payment to PEBA, PEBA may seek to have the delinquent payment withheld by the Charter School's sponsoring entity from any state funds payable to the school; and

8. Agrees that, if the Charter School does not participate in the state retirement systems, it must participate in the State Insurance Benefits Program for a minimum of four years, and that, if the Charter School is, or becomes, a participating employer in the state retirement systems, its election to participate in the State Insurance Benefits Program is irrevocable.

IN WITNESS WHEREOF, we have hereunto set our hand and authority this ____ day of _____, 20 ____.

Signatures of Board

A majority must sign

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Certification

I, _____, _____ of the aforesaid Charter School, hereby
Name Title
certify that the aforesaid Board consists of _____ duly elected/appointed members, and that as stated
Number
above, _____ members voted in favor of the above RESOLUTION.
Number

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

Signature

Date