

AGENCY NAME:	State Treasurer's Office		
AGENCY CODE:	E160	SECTION:	98



## Fiscal Year 2016-17 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages (Form B): 6582, 6649, 6727, 7103, 8169	
For FY 2016-17, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &  
NON-RECURRING  
FUNDS  
(FORM C  
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages (Form C): 6662	
For FY 2016-17, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

**PROVISOS**

For FY 2016-17, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input checked="" type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Paul J. Ham	(803) 734-9871	Paul.Ham@sto.sc.gov
<b>SECONDARY CONTACT:</b>	Jessica Franklin	(803) 734-9811	Jessica.Franklin@sto.sc.gov

I have reviewed and approved the enclosed FY 2016-17 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>SIGN/DATE:</b>	<u>Agency Director</u>	<u>Board or Commission Chair</u>
	Curtis M. Loftis, Jr.	

*This form must be signed by the department head – not a delegate.*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6582</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Unclaimed Property Program-Escheatment of U.S. Savings Bonds – Earmarked Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$59,475</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>As required by SC Code of Laws, Title 27, Chapter 18, the Unclaimed Property Program provides a statewide service to the citizens of South Carolina by returning various forms of property or money to the rightful owners. Section 27-18-75 to address procedures for abandoned and unclaimed U.S. savings bonds registered to a person with a last known address in South Carolina to become property of the State. The abandoned and unclaimed bonds become property of the State five years after the maturity date, and the bonds no longer collect interest. The State Treasurer's Office may be reimbursed for expenditures required by this section. Additionally, the bill adds Section 27-18-76 to provide procedures related to a person making a claim for a U.S. savings bond that has previously escheated to the State.</p>
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark "X" for all that apply:</b></p> <table border="0"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative.	<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.
<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.																				
<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.																				
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<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative.																				
<input type="checkbox"/>	Loss of federal or other external financial support for existing program.																				
<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.																				

<b>RECIPIENTS OF FUNDS</b>	<p>The \$59,475 is needed for the administration of the new legislation in Section 27-18-75 related to U.S. savings bonds to include the salary and fringe of one full-time employee.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees,*

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*individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	The State Treasurer's Office will utilize all Earmarked (other) fund sources.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	State Treasurer's Office is requesting additional authorization for funds that would be used for salary and fringe for one full-time employee to administer claims and to obtain custody of U.S. savings bonds in possession of the US Treasury. This allows the Unclaimed Property Program (UPP) to administer procedures for abandoned and unclaimed U.S. savings bonds registered to a person with the last known address in South Carolina.	
Information Technology /Security	Y/N	Information Technology/Security: N
Consulted DTO during development	Y/N	Consulted DTO during development: N

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the*

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*agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	Salary/Fringe FTE    \$51,475 Operating Costs <u>\$8,000</u> \$59,475
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	No maintenance-of-effort or any other obligations would be incurred by adopting this decision package.  Approving budget authorization for funds is critical to obtain custody of savings bonds and to administering savings bond claims.  The source of the funds has been identified as noted under "Enabling Authority."
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	The budget request is for an increase in Earmarked (Other) funds authorization and is considered critical to carry out the statutorily mandated functions of the State Treasurer's Office.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

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<b>INTENDED IMPACT</b>	<p>The authorization of funds would allow the Unclaimed Property Program to continue to serve the citizens of South Carolina by establishing a mechanism to return abandoned and unclaimed U.S. Savings bond proceeds registered to a person with a last known address in South Carolina.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Performance measures and results will be developed and reported in the annual Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6649</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>ABLE Savings Program – General Fund</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$599,537</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>Proviso 117.122- which creates the South Carolina ABLE Savings Program, to allow individuals with a disability and their families to save private funds to support the individual with a disability, to provide guidelines to the State Treasurer for the maintenance of these accounts, and to establish the savings program trust fund and saving expense trust fund.</p>
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	<p>State Treasurer's Office is requesting the allocation of general funds to develop and administer the ABLE Savings Program by employing two new FTE's, (Program Manager and Program Coordinator), and associated program operating costs per Proviso 117.122.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	Yes, Form C -ABLE savings Program (Non-Recurring Request).
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	There is potential for the program to generate a limited funding source from fees charged to the customer. However, the program would not be sustainable without charging substantial and seemingly unreasonable fees to the customer that would likely make the program unattractive to potential customers.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>The State Treasurer's Office is requesting allocated general funds to establish the ABLE savings program in South Carolina. The State Treasurer's Office contacted other states to review how similar programs are being funded. Many states receive direct general fund appropriations which the SC proviso does not provide for. The funds are being requested to provide funding to enact Proviso 117.122 enabling the program within the State Treasurer's Office. The funds would be used to employ two new FTE's, (Program Manager and Program Coordinator), and associated program operating costs.</p> <table border="0"> <tr> <td>Personal Services</td> <td>\$85,000</td> </tr> <tr> <td>Employer Contributions</td> <td>\$27,434</td> </tr> <tr> <td>Other Operating</td> <td><u>\$487,103</u></td> </tr> <tr> <td>TOTAL</td> <td>\$599,537</td> </tr> </table>		Personal Services	\$85,000	Employer Contributions	\$27,434	Other Operating	<u>\$487,103</u>	TOTAL	\$599,537
	Personal Services	\$85,000								
Employer Contributions	\$27,434									
Other Operating	<u>\$487,103</u>									
TOTAL	\$599,537									
Information Technology /Security	Y/N	Information Technology/Security: N								
Consulted DTO during development	Y/N	Consulted DTO during development: N								

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the*

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*agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The amount of the request was calculated by reviewing all potential costs for the ongoing operation of the program and estimating their amounts based on existing limited information provided in federal legislation and draft U.S. Treasury guidelines. Factors that could cause deviations include the number of participants that use the program, the manner in which participants use ABLE accounts (transactional versus long-term savings plan) and contribution amounts.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>While draft U.S. Treasury guidelines have been issued and made available for comment, many states, including South Carolina, have requested further clarification within the final guidelines in an effort to contain program costs. The issuance of final federal regulations could have a further impact on program administration and costs.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>Without funding the agency would not be able to proceed with launching this program and would result in the inability to provide this program for disabled individuals to set aside tax advantaged funds.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*



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<b>INTENDED IMPACT</b>	The ABLÉ saving program decision package will allow the State Treasurer's Office to develop, launch, and sustain the ABLÉ program in South Carolina.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Performance measures and results will be developed and reported in the annual Accountability Report.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6727</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Health Insurance Cost Increase – Earmarked Fund</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$13,800</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The duties of the Agency are defined in Title 11 Chapter 5 of the Code of Laws of South Carolina. This decision package was not prompted by the establishment of or revision to that authority.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Agency's Earmarked (Other) Funded employees related health insurance rate increase.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	The State Treasurer's Office is utilizing all Earmarked (Other) fund sources authorized.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>The State Treasurer's Office is requesting additional authorization to cover the health insurance rate increases.</p> <p>Employer Contributions \$13,800</p>	
Information Technology /Security	Y/N	Information Technology/Security: N
Consulted DTO during development	Y/N	Consulted DTO during development: N

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

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<b>METHOD OF CALCULATION</b>	<p>The State Treasurer's Office computed the additional employer contribution costs based on the employer contribution rate table provided by the Executive Budget Office.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No maintenance-of-effort or any other obligations would be incurred by adopting this decision package.</p> <p>Approving budget authorization for the additional employer contribution costs is critical in order to maintain the State Treasurer's Office programs and services at the current operating levels.</p> <p>The source of funds has been identified as noted under "Enabling Authority."</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>The budget request is for an increase in Earmarked (Other) funds authorization and is considered critical to carry out the statutorily mandated functions of the State Treasurer's Office.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

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<b>INTENDED IMPACT</b>	<p>The State Treasurer's Office provides statewide banking, investment, and debt services, as well as manages the state's unclaimed property program and college savings plans. Therefore, all state government agencies, college and universities, local governments, and the citizens of South Carolina are served by this program.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Performance measures and results may be found in the State Treasurer's Office FY15 Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7103</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Unclaimed Property Program Management System Application – Earmarked Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$185,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	As required by SC Code of Laws, Title 27, Chapter 18, the Unclaimed Property Program provides a statewide service to the citizens of South Carolina by returning various forms of property or money to the rightful owners.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	The \$185,000 annual cost is necessary to replace the legacy UPS2000 system that the Unclaimed Property Program is currently utilizing to administer the program. The Unclaimed Property Program consists of more than \$464 million of unclaimed assets.
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*What individuals or entities would receive these funds (contractors, vendors, grantees,*

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*individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	The State Treasurer's Office is utilizing all Earmarked (Other) fund sources authorized.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>SUMMARY</b>	<p>By replacing the existing UPS2000 system the Unclaimed Property Program will achieve the following:</p> <ul style="list-style-type: none"> <li>• Streamline work processes</li> <li>• Automate and expedite claims payment by providing a paperless claims process</li> <li>• Eliminate human error and interpretation risk associated with manual claims processing</li> <li>• Integrate instant validation of claimant identities to insure proper payment</li> <li>• Provide ad-hoc reporting capabilities</li> <li>• Offer enhanced security features including audit trail of data changes, data encryption and Social Security number masking</li> <li>• Provide enhanced search capabilities for both staff and customers</li> <li>• Automatically reconcile receipts of funds and securities to holder reports</li> </ul>		
	Information Technology /Security	Y/N	Information Technology/Security: Y
	Offer enhanced security features including audit trail of data changes, data encryption and Social Security number masking		
Consulted DTO during development	Y/N	Consulted DTO during development: Y	

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The State Treasurer's Office computed the cost of a new system based on external data from another unclaimed property management system vendor, less offsets from eliminated system.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*



<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>FUTURE IMPACT</b>	<p>No maintenance-of-effort or any other obligations would be incurred by adopting this decision package.</p> <p>Approving budget authorization for the additional employer contribution costs is critical in order to maintain the State Treasurer's Office programs and services at the current operating levels.</p> <p>The source of funds has been identified as noted under "Enabling Authority."</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>The budget request is for an increase in Earmarked (Other) funds authorization and is considered critical to more efficiently carry out the statutorily mandated functions of the State Treasurer's Office.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>INTENDED IMPACT</b>	<p>The State Treasurer's Office provides statewide banking, investment, and debt services, as well as manages the state's unclaimed property program and college savings plans. Therefore, all state government agencies, college and universities, local governments, and the citizens of South Carolina are served by this program.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Performance measures and results may be found in the State Treasurer's Office Accountability Report.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	SC State Treasurer's Office		
<b>AGENCY CODE:</b>	E160	<b>SECTION:</b>	98

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	8169
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Health Insurance Cost Increase – General Funds
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$10,272
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The duties of the Agency are defined in Title 11 Chapter 5 of the Code of Laws of South Carolina. This decision package was not prompted by the establishment of or revision to that authority.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Agency's General Fund employees related health insurance rate increase.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>RELATED REQUEST(S)</b>	N/A
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<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	The State Treasurer's Office is utilizing all fund sources authorized.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>The State Treasurer's Office is requesting additional allocated general funds to cover the health insurance rate increases.</p> <p>Employer Contributions \$10,272</p>	
Information Technology /Security	Y/N	Information Technology/Security: N
Consulted DTO during development	Y/N	Consulted DTO during development: N

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>METHOD OF CALCULATION</b>	<p>The State Treasurer's Office computed the additional employer contribution costs based on the employer contribution rate table provided by the Executive Budget Office.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No maintenance-of-effort or any other obligations would be incurred by adopting this decision package.</p> <p>Approving general funds for the additional employer contribution costs is critical in order to maintain the State Treasurer's Office programs and services at the current operating levels.</p> <p>The source of funds has been identified as noted under "Enabling Authority."</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>The budget request is for an increase in general funds and is considered critical to carry out the statutorily mandated functions of the State Treasurer's Office.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>INTENDED IMPACT</b>	<p>The State Treasurer's Office provides statewide banking, investment, and debt services, as well as manages the state's unclaimed property program and college savings plans. Therefore, all state government agencies, college and universities, local governments, and the citizens of South Carolina are served by this program.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Performance measures and results may be found in the State Treasurer's Office FY15 Accountability Report.</p>
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<b>AGENCY NAME:</b>	SC State Treasurer's Office		
<b>AGENCY CODE:</b>	E160	<b>SECTION:</b>	98

## FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

<b>DECISION PACKAGE</b>	6662
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	SC ABLE Savings Program – General Fund
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$540,000
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*How much is requested for this project in FY 2016-17?*

<b>BUDGET PROGRAM</b>	II. Program and Services
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>The funds requested would be used to establish the ABLE Savings Program as specified in Proviso 117.122 to cover legal analysis, contract negotiations, creation of marketing materials and disclosure, and creation of a website.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of non-recurring expenditures to develop the ABLE Savings program as outlined in Proviso 117.122 which creates the South Carolina ABLE Savings Program, to allow individuals with a disability and their families to save private funds to support the individual with a disability, to provide guidelines to the State Treasurer for the maintenance of these accounts, and to establish the savings program trust fund and saving expense trust fund.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>RELATED REQUEST(S)</b>	ABLE Saving Program – Decision Package 6649
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>No funds have been invested in this project.</p> <p>Recurring annual General Funds of \$599,537 requested in Decision Package 6649 and will be required in subsequent years.</p>
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	N/A
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*



<b>AGENCY NAME:</b>	SC State Treasurer's Office		
<b>AGENCY CODE:</b>	E160	<b>SECTION:</b>	98

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>IT Security – Earmarked Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$90,500</b>
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*How much is requested for this project in FY 2016-17?*

<b>BUDGET PROGRAM</b>	<b>II. Program and Services</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>The request is to acquire the annual services of a consulting firm to perform a comprehensive information technology (IT) security audit with concentration in the following areas:</p> <ul style="list-style-type: none"> <li>• Network security,</li> <li>• Compliance and operational security,</li> <li>• Threats and vulnerabilities,</li> <li>• Penetration testing,</li> <li>• Access control and identity management</li> <li>• Cryptography</li> </ul> <p>The audit is to ensure that the State Treasurer's Office information technology assets, systems, data and resources are secure, and that the agency is following industry best practices through the implementation and strict adherence to policies and procedures designed to identify, monitor and prevent vulnerabilities and to prevent unauthorized access to the agency's IT assets.</p> <p>It has been recommended by the Division of Technology Operations that the audit be performed.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>CLASSIFICATION OF FUNDS</b>	This request is for increased funds to further guarantee IT security measures at the State Treasurer's Office and to ensure the integrity, confidentiality and safekeeping of the State Treasurer's Office information technology infrastructure and data.
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>AGENCY NAME:</b>	<b>SC State Treasurer's Office</b>		
<b>AGENCY CODE:</b>	<b>E160</b>	<b>SECTION:</b>	<b>98</b>

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	No funds have been invested in this project.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	N/A
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Office of State Treasurer		
<b>AGENCY CODE:</b>	E16	<b>SECTION:</b>	98

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>Proviso 98.3</b> <i>Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").</i>
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<b>TITLE</b>	<b>Investments</b> <i>Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.</i>
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<b>BUDGET PROGRAM</b>	<b>Programs and Services</b> <i>Identify the associated budget program(s) by name and budget section.</i>
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<b>DECISION PACKAGE</b>	N/A <i>Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.</i>
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<b>REQUESTED ACTION</b>	<b>CODIFY</b> <i>Choose from: Add, Delete, Amend, or Codify.</i>
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<b>OTHER AGENCIES AFFECTED</b>	None <i>Which other agencies would be affected by the recommended action? How?</i>
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<b>SUMMARY</b>	This proviso allows the State Treasurer to pool funds from accounts for investment purposes and invest all monies in the same types of investments as set forth in Section 11-9-660.
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Office of State Treasurer</b>		
<b>AGENCY CODE:</b>	<b>E16</b>	<b>SECTION:</b>	<b>98</b>

<b>EXPLANATION</b>	<p>This proviso is critical to ensure the State earns the highest rate of return possible by taking advantage of economies of scale.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>N/A</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>Office of State Treasurer</b>		
<b>AGENCY CODE:</b>	<b>E16</b>	<b>SECTION:</b>	<b>98</b>

**98.3.** (TREAS: Investments) The State Treasurer may pool funds from accounts for investment purposes and may invest all monies in the same types of investments as set forth in Section 11-9-660.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	Office of State Treasurer		
<b>AGENCY CODE:</b>	E16	<b>SECTION:</b>	98

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	98.10
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*Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").*

<b>TITLE</b>	Signature Authorization
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*Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	Programs and Services
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	N/A
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*Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.*

<b>REQUESTED ACTION</b>	CODIFY
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>This proviso authorizes the State Treasurer to designate certain employees to sign payments for the current fiscal year in accordance with Section 11-5-140 of the 1976 Code to meet the ordinary expenses of the State in the event the State Treasurer is not available to sign.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Office of State Treasurer</b>		
<b>AGENCY CODE:</b>	<b>E16</b>	<b>SECTION:</b>	<b>98</b>

<b>EXPLANATION</b>	<p>This proviso is critical in case an emergency arises, and the State Treasurer is not available to sign payments to meet the ordinary expenses of the State.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>N/A</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>Office of State Treasurer</b>		
<b>AGENCY CODE:</b>	<b>E16</b>	<b>SECTION:</b>	<b>98</b>

**98.10.** (TREAS: Signature Authorization) The State Treasurer is hereby authorized to designate certain employees to sign payments for the current fiscal year in accordance with Section 11-5-140 of the 1976 Code to meet the ordinary expenses of the State. This provision shall in no way relieve the State Treasurer of responsibility.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*



<b>AGENCY NAME:</b>	Office of State Treasurer		
<b>AGENCY CODE:</b>	E16	<b>SECTION:</b>	98

### FORM D – PROVISO REVISION REQUEST

<b>NUMBER</b>	<b>98.12</b>
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*Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").*

<b>TITLE</b>	<b>Identity Theft Reimbursement Fund</b>
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*Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>Programs and Services</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	N/A
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*Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>DELETE</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>This proviso establishes the Department of Revenue Identity Theft Reimbursement Fund which must be maintained separately from the general fund of the State and all other funds. The proceeds of the fund must be utilized to reimburse eligible expenses incurred by an eligible person. The claimant must, to the best of their ability, prove that losses are a result of a compromised computer system maintained by the State.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>Office of State Treasurer</b>		
<b>AGENCY CODE:</b>	<b>E16</b>	<b>SECTION:</b>	<b>98</b>

<b>EXPLANATION</b>	<p>The Fund was appropriated \$200,000 in H. 3710 in FY 2012. There have been no reimbursements made from the Fund. The current balance of the fund is \$400,000. One claim was filed, however the claimant decided to rescind the claim.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>N/A</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

PROPOSED  
PROVISO TEXT

**98.12. — (TREAS: Identity Theft Reimbursement Fund) (A)** — There is established in the State Treasury the Department of Revenue Identity Theft Reimbursement Fund which must be maintained separately from the general fund of the State and all other funds. The proceeds of the fund must be utilized to reimburse eligible expenses incurred by an eligible person. The obligation to reimburse claims pursuant to this section does not arise until monies are credited to the fund, and only to the extent that monies are credited to the fund. Any monies remaining in the fund at the end of the fiscal year shall be retained, carried forward, and expended for the same purpose.

(B) A person seeking reimbursement from the fund must file with the Treasurer a claim on a form prescribed by him and verified by the claimant. The Treasurer shall consider each claim within ninety days after it is filed and give written notice to the claimant if the claim is denied in whole or in part. If a claim is allowed, the Treasurer shall reimburse the eligible person in an amount equal to his eligible expenses subject to availability of monies in the fund. The decision by the Treasurer regarding a claim is a final agency decision that may be appealed to the Administrative Law Court pursuant to the Administrative Procedures Act naming the Treasurer as the defendant. The action must be brought within ninety days after the Treasurer's decision or within one hundred eighty days after the filing of the claim if he has failed to act on it.

(C) The State Treasurer shall set forth policies and make the necessary determinations to implement the provisions of this section, including the disbursal of proceeds of the fund.

(D) For the purposes of this provision:

- (1) — 'Eligible person' shall mean a person whose personally identifiable information was obtained by a third party from a compromised computer system maintained by a state agency, board, committee, or commission.
- (2) — 'Eligible expenses' shall mean financial losses incurred by an eligible person directly related to the misappropriation of the eligible person's personally identifiable information that was obtained by a third party from a compromised computer system maintained by a state agency, board, committee, or commission. Expenses for services provided by private entities to assist eligible persons with financial losses are not eligible expenses to the extent such services are offered through the State or a state-supported program free of charge.
- (3) — 'Financial losses' shall mean actual losses, including, but not limited to, lost wages, costs incurred by an eligible person related to correcting his credit history or credit rating, or costs or judgments related to any criminal, civil, or administrative proceeding brought against the eligible person resulting from the misappropriation of the victim's personally identifiable information not recovered from any other source. Costs associated with the purchase of identity theft protection and identity theft resolution services are not financial losses.

AGENCY NAME:	Office of State Treasurer		
AGENCY CODE:	E16	SECTION:	98

~~▪ (4) — 'Identity theft protection' means identity fraud and protection products and services that attempt to proactively detect, notify, or prevent unauthorized access or misuse of a person's identifying information or financial information to fraudulently obtain resources, credit, government documents or benefits, phone or other utility services, bank or savings accounts, loans, or other benefits in the person's name.~~

~~▪ (5) — 'Identity theft resolution services' means products and services that attempt to mitigate the effects of identity fraud after personally identifiable information has been fraudulently obtained by a third party, including, but not limited to, identity theft insurance and other identity theft resolution services that are designed to resolve actual and potential identity theft and related matters.~~

~~▪ (6) — 'Person' shall mean an individual, corporation, firm, association, joint venture, partnership, limited liability corporation, or any other business entity.~~

~~(7) — 'Personally identifiable information' means information that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual, including, but not limited to, social security numbers, debit card numbers, and credit card numbers.~~

*Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*