

Name/Address Change Form
A copy of your SSN card or valid
Driver License is required to change
name

Type of change(s) requested:

Name Address

Print or type in black ink.
Please read the instructions on Page 2 before completing this form.

Membership type:

(check all that apply):

Retirement:

Active/
Inactive Retiree/
Payee

Insurance:

Active COBRA
 Retired Survivor

PEBA Insurance
Benefits Group No.: _____

Group name: _____

Effective date of change: _____

Section I PERSONAL INFORMATION

Name: _____
First MI Last Suffix

Social Security #: _____ Benefits Identification #: _____

Section II NAME CHANGE

Reason for change: Marriage Divorce Other _____

Previous name _____
First MI Last Suffix

Section III ADDRESS CHANGE

USE THIS ADDRESS FOR: INSURANCE RETIREMENT BOTH INSURANCE AND RETIREMENT

Previous address:

Street Apt. City State Zip Code County Code

New address:

Street Apt. City State Zip Code County Code

Primary phone _____ Work phone _____

Email _____

Alternate address: Enter only if you would like to use two different addresses for insurance and retirement.

USE THIS ADDRESS FOR: INSURANCE RETIREMENT

Street Apt. City State Zip Code County Code

Section IV SIGNATURE

Signature _____

Date _____

Complete and return to the Benefits Office, Division of Human Resources, 1600 Hampton St., Columbia, SC 29208 USC HR will distribute to:

Payroll

PEBA Insurance Benefits

PEBA Retirement Benefits

P.O. Box 11661 Columbia, SC 29211

P.O. Box 11960 Columbia, SC 29211-1960