

Universal Name/Address Change Form

A copy of a Social Security card is required for a name change.

PRINT OR TYPE - USE BLACK INK.

Type of subscriber (check one):

- Active COBRA
 Retired Survivor

PEBA Insurance Benefits Group No. _____

Group Name _____

Effective Date _____

TYPE OF CHANGE (check all that apply):

Name Marriage Divorce Address

1. SOCIAL SECURITY # _____ - _____ - _____ OR Benefits Identification # _____

2. NAME _____
First _____ MI _____ Last _____

3. STREET _____ Apt. # _____

4. CITY _____ STATE _____ ZIP CODE _____

5. HOME PHONE () _____ - _____ WORK PHONE () _____ - _____ COUNTY CODE _____

6. EMAIL ADDRESS _____

7. PREVIOUS NAME (if applicable)

_____ First _____ MI _____ Last _____

8. PREVIOUS ADDRESS (if applicable)

STREET _____ Apt. # _____ CITY _____ STATE _____ ZIP CODE _____

SUBSCRIBER SIGNATURE

DATE

BENEFITS ADMINISTRATOR SIGNATURE (if applicable)

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
P.O. Box 11661
Columbia, SC 29211
- PEBA Retirement Benefits
P.O. Box 11960
Columbia, SC 29211-1960