

**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