

**Name/Address Change Form**  
S.C. Public Employee Benefit Authority  
202 Arbor Lake Drive  
Columbia, SC 29223

Type of change(s) requested:

Name  Address

**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: \_\_\_\_\_

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

**Section I PERSONAL INFORMATION**

Name: \_\_\_\_\_  
First MI Last Suffix

Social Security #: \_\_\_\_\_ Benefits Identification #: \_\_\_\_\_

**Section II NAME CHANGE**

(Please refer to the instructions to determine what documentation is required.)

Reason for change:  Marriage  Divorce  Other \_\_\_\_\_

Previous name \_\_\_\_\_  
First MI Last Suffix

**Section III ADDRESS CHANGE**

Address changes can also be entered online through *MyBenefits* and *Member Access* at [www.peba.sc.gov](http://www.peba.sc.gov).

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

# Instructions for completing the Name/Address Change form

This form will enable you to make changes to your name or address in the records of the S.C. Public Employee Benefit Authority (PEBA).

Please note: Retirement address changes can be made through Member Access. Insurance address changes can be made through MyBenefits. You will find links to both on PEBA's website, [www.peba.sc.gov](http://www.peba.sc.gov).

**Type of change(s) requested:** Check Name or Address or both.

**Membership type:** This box indicates where you want PEBA to make the name or address change. You may check Retirement or Insurance or both. Please check Active if you are currently employed by an employer that participates in the state insurance benefits program or employed by an employer covered under a retirement plan administered by PEBA. For Insurance, you will need the PEBA Insurance Benefits Group Number of your employer or the Group Name. To get the Group Number, call your benefits administrator or PEBA (803.737.6800 or toll-free at 888.260.9430). The Group Name is the employer's name. Please add the date you want the change made.

## SECTION I

**Personal Information:** If the change **only** applies to Retirement, please provide your Social Security number. If it **only** applies to Insurance, provide your Benefits Identification Number. If it applies to Retirement and Insurance, please give **both** numbers.

## SECTION II

**Name Change:** In order to change your name, you must provide one of the following documents verifying your name change: photocopy of your marriage license; photocopy of your divorce decree; photocopy of a filed court order; photocopy of your driver's license or state-issued identification card; photocopy of your social security card; or photocopy of your valid U.S. passport.

State Optional Retirement Plan participants will also need to contact their investment provider to have their name changed.

## SECTION III

**Address Change:** Please list your previous address and your new address. Here are the South Carolina county codes:

01 Abbeville	07 Beaufort	13 Chesterfield	19 Edgefield	25 Hampton	31 Lee	37 Oconee	43 Sumter
02 Aiken	08 Berkeley	14 Clarendon	20 Fairfield	26 Horry	32 Lexington	38 Orangeburg	44 Union
03 Allendale	09 Calhoun	15 Colleton	21 Florence	27 Jasper	33 McCormick	39 Pickens	45 Williamsburg
04 Anderson	10 Charleston	16 Darlington	22 Georgetown	28 Kershaw	34 Marion	40 Richland	46 York
05 Bamberg	11 Cherokee	17 Dillon	23 Greenville	29 Lancaster	35 Marlboro	41 Saluda	99 Out of S.C
06 Barnwell	12 Chester	18 Dorchester	24 Greenwood	30 Laurens	36 Newberry	42 Spartanburg	

List an Alternate address only if you would like to use a different address for insurance or retirement. Please check the appropriate box.

State Optional Retirement Plan participants will also need to contact their investment provider to have their address changed.

## SECTION IV

**Signature:** Please sign and date the form. Be sure the signature is dated.

Mail the form and any documentation to: **SC Public Employee Benefit Authority  
202 Arbor Lake Drive  
Columbia, SC 29223**