

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 _____

Distribution:

• Human Resource Office

• Payroll

• PEBA Insurance Benefits
P.O. Box 11661
Columbia, SC 29211

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