

# 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

• PEBA Insurance Benefits

• PEBA Retirement Benefits

• Payroll

P.O. Box 11661  
Columbia, SC 29211

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