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
[ ] Active  [ ] Retired  [ ] COBRA  [ ] Survivor

Benefits Identification #: ____________________________

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.

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 ____________________________

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

Form 1239
Page 1
Revised 5/14/2018

S.C. Public Employee Benefit Authority
202 Arbor Lake Drive
Columbia, SC 29223

Please read the instructions on Page 2 before completing this form.
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:

<table>
<thead>
<tr>
<th>01 Beaufort</th>
<th>07 Caan</th>
<th>13 Chesterfield</th>
<th>19 Edgefield</th>
<th>25 Hampton</th>
<th>31 Lee</th>
<th>37 Oconee</th>
<th>43 Sumter</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 Berkeley</td>
<td>08 Colleton</td>
<td>20 Fairfield</td>
<td>26 Horr</td>
<td>32 Lexington</td>
<td>39 Pickens</td>
<td>45 Williamsburg</td>
<td></td>
</tr>
<tr>
<td>03 Allendale</td>
<td>09 Calhoun</td>
<td>15 Colleton</td>
<td>21 Florence</td>
<td>27 Jasper</td>
<td>33 McCormick</td>
<td>46 York</td>
<td></td>
</tr>
<tr>
<td>04 Anderson</td>
<td>10 Charleston</td>
<td>16 Darlington</td>
<td>22 Georgetown</td>
<td>28 King</td>
<td>34 Marion</td>
<td>40 Pickens</td>
<td></td>
</tr>
<tr>
<td>05 Bamberg</td>
<td>11 Cherokee</td>
<td>17 Dillon</td>
<td>23 Greenville</td>
<td>29 Lancaster</td>
<td>35 Marlboro</td>
<td>41 Saluda</td>
<td></td>
</tr>
<tr>
<td>06 Barnwell</td>
<td>12 Chester</td>
<td>18 Dorchester</td>
<td>24 Greenwood</td>
<td>30 Laurens</td>
<td>36 Newberry</td>
<td>42 Spartanburg</td>
<td></td>
</tr>
</tbody>
</table>

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