

**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/Pa

**Insurance:**

☐ Active ☐ COBRA  
☐ Retired ☐ Survivor

PEBA Insurance  
Benefits Group No.: 53401

Group name: Marion Co.S

Effective date of change: \_\_\_\_\_

**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 address for insurance and retirement.**

USE THIS ADDRESS FOR: ☐ INSURANCE ☐ RETIREMENT

\_\_\_\_\_  
Street Apt. City State Zip Code County Code

**Section IV SIGNATURES**

(Please refer to the instructions to determine what signatures are required.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Benefits Administrator signature (if required) Date