

# NAME/ADDRESS CHANGE INSTRUCTIONS:

## PART 1 - PAYROLL SYSTEM

DARLINGTON COUNTY SCHOOL DISTRICT WEBSITE ([WWW.DARLINGTON.K12.SC.US](http://WWW.DARLINGTON.K12.SC.US))

- FOR STAFF
- EMPLOYEE PORTAL
- EMPLOYEE SELF SERVE (PAYROLL)
- LOGIN (OR REGISTER IF NOT ALREADY)
- PERSONAL ACTIONS
- DEMOGRAPHICS
- CHANGE INFORMATION AS NEEDED
- NOTE: If your CITY(State) is changing, change the ZIP Code, then the City/State will be correct
- SAVE (BE SURE TO USE THE SAVE BUTTON OR CHANGES WILL BE LOST)

\*\*\*IF YOU ARE CHANGING YOUR **NAME**, A COPY OF YOUR NEW SOCIAL SECURITY CARD **MUST** BE MAILED, EMAILED, SENT VIA INTER-OFFICE MAIL, FAXED, OR DELIVERED TO THE BENEFITS OFFICE.

## PART 2 – INSURANCE and RETIREMENT

- COMPLETE UNIVERSAL NAME/ADDRESS FORM (AVAILABLE UNDER DOCUMENTS TAB IN EMPLOYEE SELF SERVE)
- RETURN TO BENEFITS OFFICE (ALONG WITH SOCIAL SECURITY CARD NEEDED FOR NAME CHANGE)

### OR: FOR PART 2 USE THE FOLLOWING WEBSITES:

PEBA INSURANCE:

- “MY BENEFITS” – (INSTRUCTIONS ATTACHED)

PEBA RETIREMENT:

- “MEMBER ACCESS” – (INSTRUCTIONS ATTACHED)

**\*\*\*\*\* ALL PARTS MUST BE COMPLETED \*\*\*\*\***

QUESTIONS:

BENEFITS OFFICE

[KIMBERLY.HUBBARD@DARLINGTON.K12.SC.US](mailto:KIMBERLY.HUBBARD@DARLINGTON.K12.SC.US) 843-398-2309

[CHRISTINA.SANDIFER@DARLINGTON.K12.SC.US](mailto:CHRISTINA.SANDIFER@DARLINGTON.K12.SC.US) 843-398-2308

FAX – 843-398-5006

**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.: 51601

Group name: DCSD

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.

Mall the form and any documentation to: **Darlington County School District  
Benefits Office  
120 East Smith Avenue  
Darlington, SC 29532**