Form 1239
Page 1
Revised 5/14/2018

Name/Address Change Form

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

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

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: _____

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)