School/Location:

Form 1239
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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.: 51802

Group name: Dorchester 2

Effective date of change: _____

Section I PERSONAL INFORMATION

Name: _____ (First) _____ (MI) _____ (Last) _____ (Suffix)

Social Security #: _____ Benefits Identification #: _____

Section II NAME CHANGE A copy of a Social Security card is required for a 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 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 (Digital Signatures are not allowed) _____ Date

_____ Benefits Administrator signature (if required) _____ 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.

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: Complete this section only if you are changing your name in PEBA's records. In order to change your name, you must provide a certified copy of your marriage license, divorce decree or a court order verifying your name change, or a photocopy of your Social Security card.

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

Signatures: If you are requesting a change that only applies to your **retirement benefits**, only your signature is required.

If the change applies to your insurance benefits or to both retirement and insurance benefits, you also need the signature of your benefits administrator. Your benefits administrator works in the employer's personnel office. If you are a retiree, a survivor or a COBRA subscriber of a state agency, a public school district or a higher education institution, you do not need your benefits administrator's signature. PEBA is your benefits administrator. If you are a retiree, a survivor or a COBRA subscriber of a local subdivision, you will need to have the form signed by your former employer's benefits administrator.

Be sure the signatures are dated.

Mail the form and any documentation to the S.C. Public Employee Benefit Authority at 202 Arbor Lake Drive, Columbia, SC 29223.