Form 1239 Page 1 Revised 5/14/2018 Print or type in black ink.

Name/Address Change Form S.C. Public Employee Benefit Authority 202 Arbor Lake Drive

Membership type:

Type of change(s) requested:

Address

Columbia, SC 29223

(check all that apply):

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

Retirement: Active/ Potiroo/

Name

	rage 2 before completing this form					4	Active/	Retiree/
ection I PERSONAL INFORMATION						Insurance:	Inactive	Payee
							Active Retired	COBRA Survivor
Name:						_ PERA	Insurance	Jai vivoi
First	MI Last				Suffix	Benefits G	Froup No.:	
Social Security #:	Benefits Ider	ntification #:						
					-	Effective date of	of change:	
Section II	NAME CHAN	IGE						
(Please refer to the instructions	s to determine what documentation	is required.)						
Reason for change:	Marriage Divorce	Other						
								_
Previous name			MI					Suffix
First			MI	Last				Sumx
Section III	ADDRESS CHA	ANGE						
Address changes can also be	entered online through MyBen	efits and Me	mber Acc	ess at www.p	eba.sc.gov.			
USE THIS ADDRESS FOR:	INSURANCE	RETIREMEN	IT	BOTH INS	SURANCE AN	D RETIREMENT		
Previous address:								
rievious audiess.								
Street		Apt.	City		Sta	ite Zip Code		County Code
		·	•			·		
New address:								
recer address.								
Street		Apt.	City		Sta	ite Zip Code		County Code
Primary phone	Work phone _							
Email						-		
Alternate address: Enter	only if you would like to use	two differe	nt addre	sses for insu	ırance and ı	retirement.		
USE THIS ADDRESS FOR:	INSURANCE	RETIREMEN						
Street		Ant	City		Sta	7in Codo		County Codo
Sireet		Apt.	City		314	ite Zip Code	,	County Code
Section IV	SIGNATURE							
Section IV	SIGNATURE							
Signature				– – Date				
- 3								

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: 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.

Mail the form and any documentation to: SC Public Employee Benefit Authority

202 Arbor Lake Drive Columbia, SC 29223