Universal Name/Address Change Form

A copy of a driver's license, Social Security card or vital records certificate is required for a name change.

PRINT OR TYPE - USE BLACK INK.

Type of subscriber (check one):

☐ Active ☐ COBRA
☐ Retired ☐ Survivor

EIP Group No. _____

_____ _____
Group Name Effective Date

TYPE OF CHANGE (check all that apply):

_____ Name _____ Marriage _____ Divorce _____ Address

1. SOCIAL SECURITY # _____ - _____ - _____ OR Benefits Identification # _____

2. NAME _____ _____ _____
First MI Last

3. STREET _____ Apt. # _____

4. CITY _____ STATE _____ ZIP CODE _____

5. HOME PHONE ( ) _____ - _____ WORK PHONE ( ) _____ - _____ COUNTY CODE _____

6. E-MAIL ADDRESS _____

7. PREVIOUS NAME (if applicable)

_____ _____ _____
First MI Last

8. PREVIOUS ADDRESS (if applicable)

STREET _____ Apt. # _____ CITY _____ STATE _____ ZIP CODE _____

_____ _____
SUBSCRIBER SIGNATURE DATE

_____ _____
BENEFITS ADMINISTRATOR SIGNATURE (if applicable) DATE

Distribution:

- Human Resource Office
- Payroll
- Employee Insurance Program
  P.O. Box 11661
  Columbia, SC 29211
- Deferred Compensation
  200 Arbor Lake Drive, Suite 115
  Columbia, SC 29223
- State Retirement Systems
  P.O. Box 11960
  Columbia, SC 29211-1960