

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:

____ Name ____ Address ____ Marital Status ____ All

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. PREVIOUS NAME (if applicable)

First MI Last

7. 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 125
Columbia, SC 29223

• State Retirement Systems
P.O. Box 11960
Columbia, SC 29211-1960