

# 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

• Deferred Compensation

200 Arbor Lake Drive, Suite 125  
Columbia, SC 29223

• Payroll

• Employee Insurance Program

P.O. Box 11661  
Columbia, SC 29211

• State Retirement Systems

P.O. Box 11960  
Columbia, SC 29211-1960