Universal Name/Address Change Form

Retirement systems require a certified true copy of marriage license or court order for name change.

PRINT OR TYPE -- USE **BLACK** INK

_____ _____
Department Name Effective Date

TYPE OF CHANGE:
____ Name ____ Address ____ Both

1. SOCIAL SECURTIY # ___-___-____

2. NAME _____ _____ _____
First Middle Initial Last

3. STREET _____ APARTMENT # _____

4. CITY _____ STATE_____ ZIP CODE _____

5. HOME PHONE (___) ___-____ WORK PHONE (___) ___-____ COUNTY CODE ____
(OIS, if applicable)

6. PREVIOUS NAME (if applicable)

_____ _____ _____
First Middle Initial Last

7. PREVIOUS ADDRESS (if applicable)

_____ _____
Street Apartment #

_____ _____ _____
City State Zip Code

_____ _____
ENROLLEE'S SIGNATURE DATE

_____ _____
BENEFITS ADMINISTRATOR'S SIGNATURE (if applicable) DATE

Distribution:

- Human Resource Office
- Payroll
- Office of Insurance Services
  P.O. Box 11661
  Columbia, SC 29211
- Deferred Compensation
  3700 Forest Drive, Suite 200
  Columbia, SC 29204-9990
- State Retirement Systems
  P.O. Box 11960
  Columbia, SC 29211-1960