

# 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.

**Name Change requires a new W4 and Social Security Card with new name (or printout from Social Security Office).**

PRINT OR TYPE - USE BLACK INK.

\_\_\_\_\_ Permanent Employee  
\_\_\_\_\_ Temporary Employee

Type of subscriber (check one):

Active       COBRA  
 Retired       Survivor

EIP Group No. H590814      SCRS: 311.07

Technical College of the Lowcountry  
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      H590814  
P.O. Box 11661  
Columbia, SC 29211

• Deferred Compensation      1357  
200 Arbor Lake Drive, Suite 125  
Columbia, SC 29223

• State Retirement Systems      311.07  
P.O. Box 11960  
Columbia, SC 29211-1960