



MEMBER SERVICES DEPARTMENT  
POST OFFICE BOX 669  
LEXINGTON, SC 29071-0669  
(803)749-6400 • 1-888-813-8000  
FAX: (803)749-6495

## ACCOUNT INFORMATION UPDATE

CIN# \_\_\_\_\_

Date: \_\_\_\_\_

The information on your account will be updated when this form is properly completed and returned to MCEC. If you have any questions regarding the completion of this form, please call Member Services at 749-6400 or toll-free in state at 1-888-813-8000.

Account Name: \_\_\_\_\_

Requested Name Change: \_\_\_\_\_

Address: \_\_\_\_\_

Account Level

Address: (if needed) \_\_\_\_\_

**Reason for Change (check which applies): [Legal document supporting name change must be attached. Ex: marriage license, death certificate, divorce decree]**

☐ **MARRIAGE**/Addition of Spouse (must provide Marriage License)

Spouse's full name: \_\_\_\_\_

Spouse's SS number: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's driver's license: \_\_\_\_\_ State: \_\_\_\_\_

☐ **DEATH** of Spouse (must provide Death Certificate)

☐ **DIVORCE** (must provide legal documentation of name change)

☐ **OTHER** (explanation) \_\_\_\_\_

Member Social Security #: \_\_\_\_\_

Member Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

Member Services Representative: \_\_\_\_\_