

Updating Contact Information and Beneficiary Information in the PEBA MyBenefits Portal

Updating Your Contact Information

1) Go to the <u>PEBA MyBenefits portal</u> and log in.

PEBA SC Retirement Systems and State Health Plan	Serving those who serve South Carolina	<u>Contact us</u> Insurance Benefits Browser Support
MyBenefits Insurance	benefits	
Simple, secure and convenient access MyBenefits is the fastest, most convenient their benefits. Log in or enroll below.	way for subscribers with insurance coverage through P	EBA to manage
First time user enroll now.	Already registered?	
Register Click here to register	Enter Benefits Identification Number:	
	Enter the last four digits of your SSN:	
6000	Enter your password:	
	Forgot/Reset password Get my BIN	?
	Sign In	
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2) Once logged in, select the "Make A Change" tab to update your Contact Information.

PEBA. SC Retirement Systems and State Health Plan	Serving those who serve South Carolina	<u>Contact us</u> Insurance Benefits Browser Support
Statement of Benefits as of 09-07	7-2020	<u>Sign Out</u>
► Enrollee		
► Coverage		
▶ Dependents		
▶ Beneficiaries		
	Make A Change	<u>Sian Out</u>
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3) A menu will pop up. Select the "Contact Information" option from the drop-down menu to be directed to the Contact Information page.

		Back I S
Please select change	e reason:	
Choose One	L	
Choose One		
OPEN ENROLLMENT		
CONTACT INFORMATION	£	
NEW BORN		
ADOPTION		
MARRIAGE		
DIVORCE		
BENEFICIARY		



4) From the Contact Information page you can update or edit your contact information. Select "Next" at the bottom of the screen to confirm any changes to your contact information.

PI SC Ret and Stat	Serving those who serve South Carolina te Health Plan		<u>Contact t</u> Insurance Benefi Browser Suppo	
✓ Contact In		2		<u>A Back</u> <u>Sign Out</u>
*Street 1: Street 2: *City: Home Phone: Work Phone:	(_)	*State: *County: *Zip: *Email:	SOUTH CAROLINA	~ ~
▼ Dependent	t Contact Information	n		
	© 2021 South Carolini Privacy Polic	ext Cancel a Public Employee Benefit Authority - tx Legal Disclaimer HIPAA ASIFle	All Rights Reserved x website	



5) Having selected, "Next" you will be directed to the Summary of Intent page to confirm any changes to your contact information. Select "Apply" at the bottom of the screen to confirm your changes and electronically sign the document.

SC Retirement and State Heal	Systems th Plan	ing those who ser	ve South Carolina	<u>insurance Ber</u> Browser Su
				Sign Or
	Summ	ary of Intent		
This document verifies your submitted until you select "A must be approved by your b receive confirmation when it	intent to change your infor pply" at the bottom of the p enefits office or by PEBA Ir has been approved.	mation or coverage as bage and electronicall surance Benefits. If v	s shown below. This tran y sign the document. Thi we have your email addr	saction will not be is transaction ess, you will
SUPPORTING DOCUMENTS				
No supporting document is r	equired.			
	DENTOUS VALUE			
CONTACT INFORMATION	PREVIOUS VALUE	,		
CONTACT INFORMATION Name	PREVIOUS VALUE	,		
COVERAGE INFORMATION	PREVIOUS VALUE	NEW VALUE	PREMIUM	1



Updating Your Beneficiary Information

1) Go back to your Summary of Benefits Page and select "Make A Change."

SC Retirement Systems and State Health Plan	Serving those who serve South Carolina	<u>Contact us</u> Insurance Benefits Browser Support
Statement of Benefits as of 09-	07-2020	<u>Sign Out</u>
► Enrollee		
► Coverage		
▶ Dependents		
Beneficiaries		
	Make A Change	Sian Out
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2) Once the menu pops up, select the "Beneficiary" option from the drop-down menu to be directed to the Beneficiary page.

		< Back I
Please select change rea	son:	
Choose One	N	
Choose One		
OPEN ENROLLMENT		
CONTACT INFORMATION		
NEW BORN		
ADOPTION		
MARRIAGE		
DIVORCE		
BENEFICIARY		



3) From the Beneficiary page, you can make updates or change your beneficiary information. Select "Next" at the bottom of the page to confirm your changes. You will then be directed to the Summary of Intent page.

					Back Sign O
Delete	this beneficiary				
*Payee Type:	PERSON	~	Coverage	Percentage Racic Life	Prim/Cont
Basic Info.			Optional Life	Dasic Life	~
SSN:					
*First Name:					
*Last Name:			Click ? to get he	elp.	
Middle Initial:	Suffix:		* Required field		
*Relation:		~			
*Date of Birth:	/ / (MM/DD/YYYY)			
Address					
Street 1:					
Street 2:					
City:					
State:	Choose One	~			



4) From the Summary of Intent page, you can confirm your beneficiary changes, which will be listed under the Beneficiary section. Select "Apply" at the bottom of the page to confirm your changes and electronically sign this document.

SC Retirement Sys and State Health P	stems Ian	ho serve South Carolina	Insurance Bene Browser Supp
			Sign Out
	Summary of Inter	nt	
This document verifies your inten submitted until you select "Apply" be approved by your benefits offic confirmation when it has been ap	t to change your information or covera at the bottom of the page and electric or by PEBA Insurance Benefits. If w proved.	age as shown below. This transactio onically sign the document. This tra re have your email address, you will	n will not be nsaction must I receive
SUPPORTING DOCUMENTS			
No supporting document is requir	ed.		
BENEFICIARY	PREVIOUS VALUE	NEW VALUE	
	Apply Edit	Cancel	