

**STATE OPTIONAL RETIREMENT PROGRAM (STATE ORP)
NOTICE OF TERMINATION OR CHANGE**

**SC Public Employee Benefit Authority
Attention: Enrollment
202 Arbor Lake Drive
Columbia, SC 29223**

**Print or type in
black ink**

SECTION I

EMPLOYEE INFORMATION

1. Last Name & Suffix	2. First/Middle Name	3. Social Security Number	
4. Address			
5. City	6. State	7. Zip + 4	8. Email Address
9. Current Vendor Name MetLife Resources			

SECTION II

REASON FOR CHANGE

☐ CHANGE IN EMPLOYEE INFORMATION

☐ TERMINATION

Effective Date: _____

☒ VENDOR CHANGE

New Vendor: _____

Effective Date: 12/01/2020

SECTION III

TO BE COMPLETED BY EMPLOYEE AND EMPLOYER

Employee's Signature: _____ Effective Date: _____

Employer Name: _____ Employer Code: _____

Authorized Employer Signature: _____ Date: _____

Telephone: _____