

UNIVERSAL NAME/ADDRESS CHANGE FORM

A copy of a Social Security card is required for a name change

HORRY-GEORGETOWN TECHNICAL COLLEGE

Effective Date

TYPE OF CHANGE:

____ Name ____ Marriage ____ Divorce ____ Address

1. SOCIAL SECURITY # : _____ - _____ - _____

2. NAME : _____
First Middle Initial Last

3. STREET : _____ APARTMENT # : _____

4. CITY : STATE : ZIP CODE :

5. HOME PHONE : () WORK PHONE : ()

6. PREVIOUS NAME (if applicable) :

First	Middle Initial	Last
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7. PREVIOUS ADDRESS (if applicable) :

Street	Apartment #
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City _____ State _____ Zip Code _____

ENROLLEE'S SIGNATURE

DATE _____

BENEFITS ADMINISTRATOR'S SIGNATURE (if applicable)

DATE _____

Distribution:

- ☐ Human Resources
 - ☐ Payroll
 - ☐ PEBA Retirement Benefits (311.26)
 - PO Box 11960
 - Columbia, SC 29211-1960
 - ☐ PEBA Insurance Benefits (H590805)
 - PO Box 11661
 - Columbia, SC 29211
 - ☐ SC Deferred Compensation – Electronic Entry
 - Employer Code 1215 c/o Great-West