

# SWEET BRIAR COLLEGE

## NAME/ADDRESS CHANGE Complete and return to the Human Resources Department

Name (Please Print) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Effective date of Change \_\_\_\_\_  
Signature \_\_\_\_\_

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### NAME CHANGE

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Maiden \_\_\_\_\_

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### ADDRESS CHANGE

Do you want your home address and phone number printed in the SBC campus directory?  Yes  No

Street Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Current Phone # (\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Contact Phone # (\_\_\_\_\_) \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE

Benefits Coordinator \_\_\_\_\_  
Banner \_\_\_\_\_  
BenSol/Medical \_\_\_\_\_  
BenSol/Dental Group \_\_\_\_\_  
BenSol/Vision \_\_\_\_\_  
HSA/FSA Group # \_\_\_\_\_  
403b Plan Name & # \_\_\_\_\_