

Name/Address Change Procedures:

Due to IRS Regulations governing W-2 and 1095-C forms Cherokee County Schools will only accept Name changes if an employee provides a copy of their new Social Security Card showing their name has legally changed. We also will accept the printout that Social Security provides if you go to handle this process in person.

To Change your Address ONLY:

1. Complete the attached Name/Address change form provided by PEBA and return it to Chad Palmer in Human Resources.

To Change your Name:

2. Complete the attached Name/Address change form provided by PEBA and return it to Chad Palmer in Human Resources with a copy of your new Social Security Card.

To Change your E-Mail Address:

1. You must complete the name change process first.
2. Complete the attached E-Mail Request form and send it to helpdesk@cherokee1.org

Once the name has been changed in Human Resources we will notify Technology and Mr. Parker so that he can create a new ID for you.

Name/Address Change Form
S.C. Public Employee Benefit Authority
202 Arbor Lake Drive
Columbia, SC 29223

Type of change(s) requested:

Name Address

Print or type in black ink.
Please read the instructions on Page 2 before completing this form.

Membership type:

(check all that apply):

Retirement:
 Active/
 Inactive Retiree/
Payee
Insurance:
 Active COBRA
 Retired Survivor

PEBA Insurance
Benefits Group No.: 5110100

Group name: Cherokee Sch

Effective date of change: _____

Section I PERSONAL INFORMATION

New Name: _____
 First MI Last Suffix
Social Security #: _____ Benefits Identification #: _____

Section II NAME CHANGE

(Please refer to the instructions to determine what documentation is required.)

Reason for change: Marriage Divorce Other _____

Previous name _____
 First MI Last Suffix

Section III ADDRESS CHANGE

Address changes can also be entered online through *MyBenefits* and *Member Access* at www.peba.sc.gov.

USE THIS ADDRESS FOR: INSURANCE RETIREMENT BOTH INSURANCE AND RETIREMENT

Previous address:

Street Apt. City State Zip Code County Code

New address:

Street Apt. City State Zip Code County Code

Primary phone _____ Work phone _____

Email _____

Alternate address: Enter only if you would like to use two different addresses for insurance and retirement.

USE THIS ADDRESS FOR: INSURANCE RETIREMENT

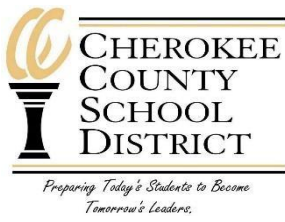
Street Apt. City State Zip Code County Code

Section IV SIGNATURE

Signature

Date

Please Return this form to Human Resources. We will change your information in our system and send it to PEBA for processing.



Cherokee County School District Office of Information Technology

Post Office Box 460
Gaffney, South Carolina 29342
Telephone: (864) 206-2257

Email Account Application

This form is for new email account requests or for name changes to email accounts only (email account changes can only occur for legal name change - documentation must be provided)! The form must be completed in entirety and signed by employee. **Signature from your Principal/Director is also required if a name change is requested.**

Please Check One: _____ New Employee _____ Name Change _____ Rehire of Previous Employee

Completed form should be sent to: **Helpdesk@Cherokee1.org**

(Please Print All Information - Application Must be Legible)

- 1. Last Name: _____
- 2. First Name: _____
- 3. Middle Name: _____
- 4. Preferred Name: _____
- 4. School Location: _____
- 5. Position: _____

(Please be specific - for example: Teacher - Grade Two)

6. Requested Email Name: _____@cherokee1.org_____

Email addresses are in the format **firstname.lastname@cherokee1.org** - please only list your legal name or a name you are commonly referred to - example "Debbie, Danny, Bobby, etc"

By signing this application, I certify that I have read this Agreement and accept the following terms and conditions:

The purpose of the district's educational network is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. All use of the Internet and network must be in support of education and research and be consistent with the educational goals of the district. Use of other networks or computing resources must comply with the rules governing those networks. Transmission of any material in violation of federal or state laws or regulations is prohibited.

Name (Please Print)

Signature

Date

Principal/Director Signature (Required for Name Changes)

(Space below is for Information Technology use ONLY)

E-Mail Assigned: _____

Approved: _____ Date: _____