

SUBJECT: Change of Name, Address, Marital or Family Status

CATEGORY: HR

ORIGINAL DATE: May 1, 1996

REVIEWED DATE: March 29, 2017

REVISION DATE: March 29, 2017

I. POLICY:

A. Employees shall self-report ~~all~~ changes in name, address, telephone number and marital or family status within the BOSS Employee SSHR system within 30 days of the event.

B. When any changes affect State and Federal income tax withholding, employees can update those forms through BOSS Employee SSHR. The employee must notify Human Resources and they will be provided the appropriate forms to complete for changes to the Illinois Municipal Retirement Fund (IMRF) retirement fund information, changes in insurance coverage, or Social Security information, the employee must notify Human Resources and they will be provided the appropriate forms to complete. It is the employee's responsibility ~~of the employee~~ to return the appropriate forms to Human Resources and IMRF within 30 days of the event for processing. Forms received after 30 days will be denied.

C. Denied changes may be resubmitted by the employee during the next benefit open enrollment period.

II. SCOPE:

All Lake County Health Department and Community Health Center employees

III. PROCEDURE: NONE

IV. REFERENCES: NONE

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

VI. APPROVALS:

Lake County Board of Health President

Signature: _____

Date: _____