

CORPORATE POLICY

SUBJECT: Change of Name, Address, Marital or Family Status	CATEGORY: Human Resources ORIGINAL DATE: May 1, 1996 REVIEWED DATE: April 22, 2026 REVISION DATE: April 22, 2026
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- I. POLICY:**
- A. All Lake County Health Department and Community Health Center (LCHD/CHC) employees shall self-report changes in name, address, phone number, marital or family status in the Human Resource Management system within 30 days of the event.
 - B. Changes affecting Federal or State income taxes:
 - 1. Federal income tax withholding: An employee must complete a new W-4 and submit to HealthPayroll@lakecountyil.gov.
 - 2. State income tax withholding: An employee must complete a new form for the state in which they reside, [IL-W-4](#) or [WI-W-4](#), and email the completed form to HealthPayroll@lakecountyil.gov. If the employee is a Wisconsin resident, they must also complete a [IL-W-5-NR Employee's Statement of Nonresidence in Illinois](#) and email it to HealthPayroll@lakecountyil.gov.
 - C. All employees who have a name change need to contact their assigned Senior Human Resources Business Partner to complete a new I-9. The employee must present a Social Security card and a second form of identification, both with the new name. Employees can locate a list of acceptable forms of identification for completing the I-9 [here](#).
 - D. Once an employee's name has been updated with Human Resources, the new name will be sent to the applicable benefits vendors (health, prescriptions, dental, vision) with the next regularly schedule file transmission. Employee email addresses will be updated by County IT.
 - E. To update information related to Illinois Municipal Retirement Fund (IMRF), the employee must contact IMRF directly at www.imrf.org or 800-275-4673.
 - F. To update information related to a Mission Square account, the employee must contact Mission Square directly at www.missionsq.org or 800-669-7400.
 - G. Denied changes may be resubmitted by the employee during the next benefits open enrollment period.
- II. SCOPE:**
All LCHD/CHC employees.
- III. PROCEDURE:**
None
- IV. REFERENCES:**
None
- V. AUTHORS/REVIEWERS:**
Designated Review Team, Deputy Executive Director, Executive Director, and the Lake County Board of Health Personnel Committee.



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VI. APPROVALS:
Lake County Board of Health President

Signature: _____ Date: _____