

SWCD PERSONNEL STATUS FORM

*** To be completed by ALL newly employed or departing employees ***

Name: _____

Position/Title: _____

County: _____

E-Mail Address: _____

BLWR Region: _____ **NRCS FOD:** _____

SWCD City Location: _____

Check One: New SWCD Employee

Date Started: _____

Departing Employee

Date Departed: _____

Transferred

New location: _____

Name Change

From: _____ **To:** _____

Hours Reduced

Hours worked: ____/week **OR** ____/year

SWCD OF ILLINOIS HEALTH INSURANCE QUALIFICATION

Check one of the following:

Qualifies – employee works 50% of more of the regular work week hours

Does not qualify – employee works less than 50% of the regular work week hours

Does not qualify – employee works in a temporary position

I, _____ have read and understand the qualifications for the SWCD of Illinois Health Insurance Plan and that as an Administrative Coordinator or Resource Conservationist working 37 hours or more per week, that this insurance is a condition of employment.

As a permanent full time employee I **Do** **Do Not** wish to participate in the Group Health Plan.

I understand that later application for insurance may limit my access to complete coverages.

My completed application **or** waiver was submitted today to _____ County SWCD.

Employee Signature

Date

SWCD Chair Signature

Date

QUALIFICATION FOR INSURANCE CONTINUATION

To be completed by all insured departing employees.

I, _____ have submitted my resignation effective _____

My current mailing address is: _____

VERIFICATION OF COMPLETION & SUBMITTAL OF FORMS

Form was completed on _____ by _____ Title: _____

This form was completed and sent with completed health and life insurance forms or a waiver of insurance form to the Administering County on _____.

Please distribute copies to:

Administering County: Montgomery Co. SWCD, 1621 Vandalia Road, Hillsboro, IL 62049

** Copy of status form, waiver for or new enrollment health & life forms*

IDOA/BLWR: State Fairgrounds, PO Box 19281 - Springfield, IL 62794-9281 - F 217/557-0993

AISWCD: Attn: Sherry Finn F 217/744-3420

NRCS: Attn: Dave Walling - F 217/353-6676

Regional Representative:

Joe Bybee, Region 2 - F 815/753-2305

Marty McManus, Region 1 – F 309/787-4946

Elliott Lagacy, Region 4 – F 217/557-0993

Randy Grove, Region 3 – F 309/456-3482

Gary Albers, Region 5 – F 618/476-7230