

# 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 30 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 County SWCD, 1621 Vandalia Rd, 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:** F 217/744-3420

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

**Regional Representative:**

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

Joe Bybee, Region 2 - F 815/787-5488

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

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

Gary Albers, Region 5—gary.albers@illinois.gov