



Office of the County Board Jackson County, Illinois

Updated January 2026

Employee Payroll Deduction Change Form

I, _____ am requesting the following changes in my payroll deductions:

Cancel Coverage/Deduction

- Health Insurance
- Dental/Vision
- HSA Central
- Flex Deduction
- Liberty National/Globe Life
- Nationwide
- NCEPRS (IMRF Life)
- American Funds
- Bright Directions
- Genworth Financial
- Colonial Life

Change these Deductions to Post Tax

- Health Insurance
- Dental/Vision

Effective Date : _____

Employee Information Change

Change my address to : _____

Change phone number to: _____

Change Emergency Contact to: _____

Change Emergency Contact Phone Number to: _____

Other Change: _____

Signature _____ Date _____