

**Diocese of St. Petersburg
EMPLOYEE SEPARATION FORM**

Diocesan Entity Name		Entity #		Entity City		Entity Phone #	
Employee Name		Address, City, Zip			Phone #		
Soc Sec # xxx-xx-____		Birth Date		Employee Personal Email			
Job Title		Date Hired	Last Work Day	Does the employee have a teacher/administrator's agreement? Yes/No		Agreement End Date	Benefit Term Date
Separation Info:		Voluntary <input type="checkbox"/>	Involuntary <input type="checkbox"/>	Transferring <input type="checkbox"/>	Retiring <input type="checkbox"/>	Receive Pension 1st of the month following last day?	

1. Health Insurance Terminates: Terminates for teachers/administrators on the last day of their agreement. For employees (not bound by an agreement) and for teachers/administrators who do not fulfill their agreements, health insurance terminates on the last day of the month following the last day worked. If the last day worked falls on the last day of the month, coverage terminates that day. Coverage may be extended up to 2 months beyond the date of termination. Employee will be responsible for the full premium for medical coverage, if they chose to extend coverage. **If you are Medicare eligible, please call the DOSP Benefits office at 727-344-1611.**

2. Health Insurance Premium: Refer to the table below to determine premium amounts. The total to be withheld from the final paycheck is shown below. If there are insufficient funds in the final pay, the employee must pay the difference in advance. See your local payroll administrator. *(Employee Must Initial) _____

Premiums as of January 1, 2023

Indicate number of months next to plan and coverage level	POS Plan Employer	POS Plan Employee	Total	# Months	OR	High Deductible Employer	High Deductible Employee	Total	# Months	Total Cost	Extended Coverage will start on:	
Employee	\$ 1,020	\$ 111	\$ 1,131			\$ 1,020		\$ 1,020		\$ -	Extended Coverage will term on:	
Employee + Spouse	\$ 1,020	\$ 744	\$ 1,764			\$ 1,020	\$ 521	\$ 1,541		\$ -	Employee Initials:	
Employee + Child(ren)	\$ 1,020	\$ 526	\$ 1,546			\$ 1,020	\$ 376	\$ 1,396		\$ -		
Family	\$ 1,020	\$ 947	\$ 1,967			\$ 1,020	\$ 681	\$ 1,701		\$ -		

3. FSA or FSAD (Flexible Spending Plan for health or dependent care) Is the employee currently participating? Yes NO

If so, the employee should contact the Diocesan Benefits Office for more information. _____ * (Employee Must Initial)

4. Dental & Vision: Terminates for teachers/administrators at their last pay date. For employees (not bound by an agreement) and for teachers/administrators who do not fulfill their agreements, dental and vision insurance terminates on the last day of the month following the last day worked. If the last day worked falls on the last day of the month, coverage terminates that day. Employees may contact Guardian directly to get info on individual coverage. Please call Guardian at 866-569-9900

5. Voluntary/Optional benefits terminate as of the last day worked:

Allstate products - Accident Plan & Hospital Indemnity Plan – Employees will be contacted by Allstate to continue the coverage. **Critical Illness Plan and Whole Life Insurance** – Please contact Allstate @ 800-521-3535 to continue the coverage.

Hartford Life Insurance: All Employees may apply to the Hartford for conversion of life policies and should contact The Hartford at 877-320-0484 for more information.

6. Pension: Both the Employee (Pg 1) and Employer (Pg 2) of the Diocesan Pension Application must be completed for **All** vested employees to ensure timely processing.

7. Retirement Health Benefit Enrollment: Employees who are choosing to retire before age 65, may be eligible for continuation of their DOSP group coverage for medical, dental and vision. Please contact the retirement services office for more information at vcb@dosp.org or 727-374-0222.

Employee Signature

Date

Employer Signature

Date

This COMPLETED form must be printed, and SIGNED upon the separation/status change of benefits eligible employees.

Return to: prudis@dosp.org or vcb@dosp.org