



Diocese of St. Petersburg EMPLOYEE SEPARATION FORM

Diocesan Entity Name		Entity #		Entity City		Entity Phone #	
Employee Name	Address, City, Zip			Phone #			
Soc Sec # (last 4 digits only)	Birth Date		Employee Personal Email				
Job Title	Date Hired	Last Work Day		Does employee have a teacher / administrator agreement? Yes/No	Agreement End Date	Benefits 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? <input type="checkbox"/>		

1. Health Insurance: 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 6 months beyond the date of termination. Employee will be responsible for the full medical premium if they chose to extend coverage.

If you are Medicare eligible, please contact Mary Gicker at 727-421-8590 or mary.gicker@bankerslife.com

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, 2024

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	\$ 1,071	\$ 111	\$ 1,182			\$ 1,071		\$ 1,071		\$ -	Extended Coverage will start on:	
Employee + Spouse	\$ 1,071	\$ 744	\$ 1,815			\$ 1,071	\$ 521	\$ 1,592		\$ -	Extended Coverage will term on:	
Employee + Child(ren)	\$ 1,071	\$ 526	\$ 1,597			\$ 1,071	\$ 376	\$ 1,447		\$ -	Employee Initials:	
Family	\$ 1,071	\$ 947	\$ 2,018			\$ 1,071	\$ 681	\$ 1,752		\$ -		

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:

Guardian products - Life Insurance, Critical Illness, Accident Plan & Hospital Indemnity Plan – Employees will be contacted by Guardian to continue the coverage and/or conversion of life policies. You may call Guardian at 866-569-9900.

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 of benefits eligible employees.

Return to benefits@dosp.org