



Separation Report

Today's Date _____

COWORKER INFORMATION

Name _____	Personal Email _____
SSN (Last 4 digits) XXX-XX-_____	Home Address _____
Date of Birth _____	Mobile Number _____

ENTITY & POSITION INFORMATION

Employing Entity Name _____	Entity Company ID # _____	
Position Title _____	Hire Date _____	Last Day _____
Employment Status ☐ Full Time ☐ Part Time ☐ Temp/Seas	Medical Benefit Participant Y N	
Reason for Separation ☐ Voluntary ☐ Involuntary ☐ Transfer ☐ Retiring ☐ Pension Vested		
For Retirees Only Pension Application Completed Y ☐ N ☐ Month/Year to Start Pension _____		
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.		
Employment Contract / Agreement Y ☐ N ☐	Contract/Agreement End Date _____	Benefit Term Date _____

CONTINUATION OF BENEFITS INFORMATION

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, 2026

Indicate number of months next to plan and coverage level	POS Plan Employer	POS Plan Employee	Total
Employee e	\$ 1,071	\$ 111	\$ 1,182
Employee e + Spouse	\$ 1,071	\$ 744	\$ 1,815
Employee e + Child(re n)	\$ 1,071	\$ 526	\$ 1,597
Fa mily	\$ 1,071	\$ 947	\$ 2,018

OR

High Deductible Employer	High Deductible Employee	T otal
\$ 1,071		\$ 1,071
\$ 1,071	\$ 521	\$ 1,592
\$ 1,071	\$ 376	\$ 1,447
\$ 1,071	\$ 681	\$ 1,752

Total Amount \$ _____ x # Months _____ = \$ _____

- ✓ Access to **FSA** or **FSAD** funds ends upon termination. If you have questions regarding an FSA or FSAD benefit, please contact benefits@dosp.org prior to separation.
- ✓ **Dental & Vision:** There is no continuation of Dental & Vision benefits. These benefits terminate 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
- ✓ **Voluntary/Optional benefits** terminate as of the last day worked. You should contact Guardian to discuss continuation of coverage and/or conversion of life policies. You may call Guardian at 866-569-9900.

Supervisor _____
Pastor/Principal/ _____
Business Manager _____
DOSPHR Representative _____

Date _____
Date _____
Date _____