ARCHDIOCESE OF CHICAGO

HEALTH INSURANCE CONTINUATION UNDER SEVERANCE FORM INSTRUCTIONS

Instructions: This form must be completed for each employee eligible for a three month medical continuation due to a reduction in force, parish/school closings, or an involuntary status change to part-time benefits ineligible. Please follow the instructions below.

NOTE: The employee must notify Human Resources if they are hired by another Archdiocesan school or parish in a benefits eligible position BEFORE the three month medical benefit continuation period expires.

Section 1 The employee completes Section 1 of the form indicating whether or not they are electing to continue the medical benefit plan coverage.

a. If the employee elects to continue coverage, enter the date of the last day of the third month following the date coverage would have normally ended. (*For example, if employment ends on June 15, the benefits would normally terminate on June 30. The date to enter would be September 30).*
b. Indicate the medical benefit plan in which the employee is enrolled (for example PPO, HMO IL or Blue Advantage HMO), along with the coverage category (*for example Single or Family*).
c. Business Manager indicates the monthly rate for that coverage and multiplies the rate by three to get the total amount due for the three month continuation.
d. The employee will have the total amount of premium due deducted from the final paycheck. ***(If there is an issue with deducting the total premium from the final check, contact HR.)*** If the employee loses coverage due to an involuntary employment status change, and continues to receive a paycheck, the total premium amount for the three months will be deducted from their regular scheduled pays.
e. If the employee elects not to continue coverage the date to enter is the last day of the month during which termination of employment or change in employment status took place (*For example, if employment ends June 15, the coverage will end June 30)*.

Section 2 The employee completes the employee name, signature and date, along with the first statement. The first statement in Section 2 should reflect the same date used in the first paragraph in Section 1.

The bottom section of the form must be completed with the requested information.

After completing the form, the Business Manager sends the completed form to the Human Resources Department via fax (312)534-5345 or email hr@archchicago.org, with the transmittal form. Please contact Human Resources at 312-534-5360 for assistance on the form or process.

ARCHDIOCESE OF CHICAGO

Health Insurance Continuation under Severance Form

Section 1
Please indicate below whether you choose to have your health insurance continue as provided under the severance policy:

— I elect to continue my participation in the Health Insurance benefit through the period of severance. I understand that my current health insurance enrollment will continue through _____ (date), and my employee cost share of the premium will be deducted from my final paycheck. The plan and level of coverage is indicated below.

If I choose to drop my coverage at any time, I may do so by contacting Human Resources prior to the first of the month in which I want to end my coverage.

Coverage (indicate plan and coverage level):

HMO IL _____Blue Adv. HMO _____ PPO _____
Single _____ Family _____

Monthly Rate _____ x 3 months = _____

---------- *OR* ----------

— I DO NOT WISH to continue my participation in the Health Insurance benefit through the period of severance. I understand that my current health insurance enrollment will end effective _____ (date).

Section 2
I understand that if I am hired at an Archdiocesan school or parish in a benefits eligible position prior to (date)_____, I must immediately notify Human Resources.

_____
Employee Name

_____ _____
Employee Signature Date

_____ _____
Business Manager Signature Date

_____ _____
Parish/School Name Parish/School ID# Payroll AC#

Please send completed form to Human Resources via fax (312-534-5345) or email (hr@archchicago.org; form to be retained with the document transmittal form.