

TERMINATION – BENEFIT AND RETIREMENT PROCEDURES

- **Benefits**
 - **Assurant** – employee stays on dental/vision insurance for the remainder of the termination month. COBRA coverage is sent to the employee by the insurance carrier.
 - **New West** – employee termination date is coverage end date. COBRA coverage is sent to the employee by the insurance carrier.
 - **UNUM** – Life insurance is portable, but only in the amount of outgoing salary. Must use portability form for this benefit. Ancillary products are also portable. Please contact HR for more information if the employee is interested.
 - **403(b)** – Have employee talk directly to the Sullivan Agency about their retirement account options. They are the most knowledgeable. Sullivan Agency #443-6300.
- **Retirement**
 - **Medical** -In the Diocese of Helena, any employee over 65 years of age who wishes to receive their retirement benefit of one-half (or pro-rated) of their monthly health insurance premium, must first join a Medicare plan and a supplemental plan of their choosing.

The diocese will only pay as a benefit, up to or equal to, one-half of a Medicare plan premium and a New West Supplemental plan premium to qualified employees. If the employee chooses a Medicare or supplemental plan with a higher premium than that of Medicare B and the New West supplemental plan, the difference will be paid by the employee.

Medicare and the supplemental insurance carrier will bill the Parish for the monthly premium and the parish will then bill the employee their portion of the monthly premium.
 - **Dental and Vision Insurance** - In the Diocese of Helena, any employee over 65 years of age and 20 years of service, who retires as a benefit eligible employee is eligible to receive the retirement benefit of one-half (or pro-rated) of their Dental and Vision coverage through Allegiance. Allegiance insurance will bill the Parish for the monthly premium and the Parish will bill the employee for the employee portion.

Listed below is an example of eligible benefits for a retiring half-time (.5 FTE) employee.

	Monthly Premium	Eligible Benefit	Parish Pro-rate	Employee Cost 3/4
Medicare - B	96.40	48.20	24.10	72.30

New West Supplemental	85.30	42.65	21.33	63.97
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Assurant Dental/Vision	48.00	24.00	12.00	36.00
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