

May 20_____

First Name/Last Name
#123 State Street
Cincinnati, OH 45200

Dear Mr./Ms. Last Name,

The purpose of this letter is to accept your resignation/retirement and to inform you of the status of your benefits. Due to your resignation/retirement letter dated May 1, 20_____ your employment at NAME OF SCHOOL/PARISH ends on May 31, 20_____.

As a result of your resignation/retirement, your benefits will be affected as follows:

Health Insurance – If you carry health insurance, it will be continued through May 31, 2019. In the case of a voluntary resignation/retirement, there is no option for Continuation of Coverage.

Dental Care Insurance – If you carry dental insurance, it will continue through May 31, 20_____.

Vision Insurance – If you carry vision insurance, it will continue through May 31, 20_____.

Life Insurance – Your life insurance will be continued through the last day of the month. Basic life insurance benefits may be converted and extended through a process that requires arrangements and payments made directly by you to The Standard. Voluntary Life Insurance may be continued with payments made by you directly to The Standard. Please see attached.

Flexible Spending Account – If you have a flexible spending account, it will end on the date of your termination and your “Benny” card will be deactivated. You may elect to file claims for charges incurred during your employment. The date of service must be prior to and up to June 30, 20_____ or your last day worked. The funds must be claimed prior to June 30, 20_____.

Defined Benefit Pension – If you are vested in the Defined Benefit Plan, you should maintain contact with the third party administrator, UMR and Ms. Jennifer Fights at (888) 640-1700. Address changes should be reported to UMR and questions concerning benefit statements, as well as pension applications, directed to Ms. Fights.

401(k) Plan – You are vested in our 401K Plan. If you have any questions concerning your account, please contact a Client Service Representative by calling the toll-free Participant Services Line at 1-866-467-7756. Client Service Representatives are available 8:30 a.m. to 7:00 p.m. (ET) each open market day to answer account questions and handle any other changes.

Parish/School Property – You must return all property and equipment assigned to you on or before the last day of work i.e., Laptop, I.D. badge, parking pass, keys.

Vacation Days – You have XX earned unused vacation days which will be paid to you on your final paycheck.

Sick/Emergency days – Unused sick/emergency days are not compensable at the time of termination.

Thank you for your ministry at NAME OF SCHOOL/PARISH.

Sincerely,

**TRUE PORTABILITY TRUST AND CONVERSION
AT-A-GLANCE**

PRODUCT	TRUE PORTABILITY TRUST	CONVERSION
Type of Policy	Term Life Policy	Whole Life Policy
	You may purchase life portability insurance (including AD&D) on the date your employment terminates. Disabled members are not eligible.	You may purchase life conversion insurance (not including AD&D) on the date you have a loss in coverage .
Length of Group Coverage	Does require continuous coverage for 12 consecutive months.	Does not require continuous coverage for 12 consecutive months. You do not have to have coverage in force for at least 1 day.
	Member must be under age 65 on date employment terminates.	No age limit.
Dependent Continuation	Yes, if insured under employer's group plan and member continues Life coverage on self.	Yes, if insured under employer's group plan.
	Yes, if member continues Life coverage. AD&D terminates at age 65.	No AD&D available.
Eligible Maximum and Minimum	Maximum: Member: \$ 300,000.00 Spouse: \$ 100,000.00 Child: \$ 5,000.00 Minimum: Member: \$ 10,000.00 Spouse: \$ 5,000.00 Child: \$ 1,000.00 You may request less, but not more coverage than you had in force on the date your employment terminates.	Maximum: All: Amount in force on the date coverage terminates. You may request less, but not more coverage than you had in force on the date your coverage terminates.
	No medical history statements are required.	No medical history statements are required.
Premium Payment	Initial premium is required at the time of application.	Initial premium is required at the time of application.
	31-day grace period for premium payments, after initial premium payment.	31-day grace period for premium payments, after initial premium payment.
Rate Increases	Rates increase in 5 year increments.	No rate increases.
	Rates are determined by tobacco status.	Rates are not determined by tobacco status.
Conversion Period	You must apply for portability coverage within 31 days of employment termination. (Conversion Periods may vary)	You must apply for conversion coverage within 31 days after loss of group coverage. (Conversion Periods may vary)
	Please contact The Standard at 800-378-4668 ext. 6785 within 31 days of employment termination for a Portability or Conversion Application and for a full description on the amounts you may be entitled to port or convert. The application materials and initial premium must be submitted for processing to: <p style="text-align: center;">The Standard Attn: Continued Benefits 920 SW 6th Ave., Portland, OR 97204</p>	