



The Roman Catholic Archdiocese of Washington

Archdiocesan Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782-3447

Mailing Address: Post Office Box 29260, Washington, DC 20017-0260

(301) 853-4500 | adw.org

BENEFIT CONTINUATION FORM

Employee Name: _____

Location: _____

You are receiving this notice because your coverage under The Roman Catholic Archdiocese of Washington Plan will end on _____ due to your **Separation of Employment** or **Reduction of Hours**.

CURRENT HEALTH BENEFIT COVERAGES

Waived Participation

Not Eligible

Health

High Option

Standard Option

EPO Option

Employee Only

Employee + Child

Employee + Children

Employee+ Spouse

Employee + Family

EE + ER \$ _____

Dental

Employee Only

Employee + Child

Employee + Children

Employee+ Spouse

Employee + Family

EE + ER \$ _____

Vision

Employee Only

Employee + Child

Employee + Children

Employee+ Spouse

Employee + Family

EE + ER \$ _____

TOTAL \$ _____

*Total Cost includes both Employee and Employer contribution.

A. _____ I elect to extend benefits under my existing level of health/dental/vision insurance coverage in The Roman Catholic Archdiocese of Washington Plan. For the following **1, 2 or 3** months (please circle requested months of coverage). I understand that I am responsible for the full premium and that I must make payment prior to the 1st day of the month. Checks are payable to _____.

B. _____ I elect to extend benefits but would like to change my current level of health/dental/vision insurance coverage in The Roman Catholic Archdiocese of Washington Benefit Plan. for the following **1, 2 or 3** months (please circle requested months and coverage) Please specify change:

Medical: High, Standard or EPO **Coverage Level:** EE ONLY, EE + SP, EE + CHILD, EE + CHILDREN, EE + FAMILY

Dental **Coverage Level:** EE ONLY, EE + SP, EE + CHILD, EE + CHILDREN, EE + FAMILY

Vision **Coverage Level:** EE ONLY, EE + SP, EE + CHILD, EE + CHILDREN, EE + FAMILY

C. _____ I DECLINE EXTENSION OF MY CURRENT HEALTH/DENTAL/VISION. I understand that all claims must be received by CFA within 90 days of my coverage termination to be processed. Any claims surrendered outside of the 90-day claim period will be my sole responsibility.

You are currently enrolled in the selected additional Benefit Plans.

Basic Life Insurance (Equal to 1x annual salary to a maximum of \$50,000)

Voluntary Life Insurance \$_____

Long Term Care

Frozen Pension	Vested	Not Vested	Not Applicable
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Archdiocese of Washington Retirement Savings Plan (403(b))

Group Term Life Insurance & Voluntary Supplemental Life Insurance

Continuation of Basic Life Insurance and Voluntary Life Insurance may be available on a direct billed basis within 30 days of separation of employment. If you did not receive a portability form from your HR Representative. You can also find it in CHRIS.ADW.ORG under Electric Forms. For information, please contact Reliance Matrix 1-800-351-7500 or www.rsli.com.

Long-Term Care

Continuation of Long-Term Care Insurance may be available within 60 days of separation of employment if you were enrolled during your employment. If you did not receive a portability form from your HR Representative. You can also find it in CHRIS.ADW.ORG under Electric Forms. For information, please contact Unum 1-800-227-4165.

FSA- Flexible Spending Accounts

When your benefit eligibility status changes, your health care FSA, transportation FSA, and/or dependent care FSA are impacted. FSA is an employer-sponsored benefit. Your benefit end date is your last working day. You can submit for reimbursement of funds in your FSA account until February 28th. Any request for reimbursement incurred after your benefit end date will be denied. If you need additional assistance, you can contact Flores 800-532-3327.

VOYA- Supplemental Medical Coverage Plans

Continuation of Supplemental Medical Plans may be available on a direct billed basis within 30 days of separation of employment. For information, please contact Voya 800-697-7315 or www.voya.com.

Pet Insurance

If you are currently enrolled in Pet Insurance with a payroll deduction. Please contact Nationwide to make arrangements to continue your coverage. You can contact Nationwide 877-738-7874.

Pension Plan

The Archdiocese of Washington Pension Plan froze on December 31, 2012. For information, please contact USICG, the Archdiocesan Third-Party Service provider 866-305-8846 Plan Code: 254, Option 2.

Retirement Savings 403(b) Plan & Distributions

If your employment is terminated for any reason and you will not be working for another Archdiocesan employer, you may be eligible to withdraw or roll over your plan balance to another qualified plan. However, if you terminate and have an outstanding loan balance, that loan balance becomes immediately due and must be paid in full before the specified deadline in your loan agreement. Any amount that is not paid by the deadline will become a taxable distribution and you will be liable for any taxes and penalties on the outstanding amount. Please refer to loan agreement for specific terms pertaining to the loan. For information, please contact USICG, the Archdiocesan Third-Party Service provider 866-305-8846 Plan Code: 254, Option 1.

Signature

Date

Witness Signature

Date

_____(Initial here) I understand I have 30 days from date of termination of employment to return this document to my HR Representative for benefits to be active. Failure to return this document in a timely fashion will result in a denial of coverage.