

## **INSTRUCTIONS FOR TERMINATION PAPERWORK FOR THE DIOCESE OF CALIFORNIA'S BENEFITS & PAYROLL**

- 1) **Termination Notice:** Completed by employer and returned to the Payroll & Benefits Office prior to final pay date.
- 2) **Extension of Benefits Information Page:** Religious non-profit employers **do not have COBRA** obligation under federal laws and regulations. However, The Episcopal Church Medical Trust provides an Extension of Benefits for medical and/or dental to your employees and their eligible dependents. Page 3 of this packet outlines the basic provisions of this policy.
  - a. **Employee** must respond to Extension of Benefits offer directly with Episcopal Church Medical Trust.
  - b. **Canonically Resident Clergy should contact Diocesan Benefits Office.**
- 3) **Salary Continuation Paperwork:** Unemployment is provided to employees that were on record as working at least 20hr/week (to verify that your terminating employee received Salary Continuation benefits review your most recent benefit invoice from DioCal)
  - a. **Employer** provides Salary Continuation information and enrollment form to employee
  - b. Inform employee that there is no unemployment benefit available through the State of California.
  - c. **Employee** has 30 days from termination date to apply for benefits
  - d. The Salary Continuation plan manager will contact employer to verify application details, please respond in a timely manner.
  - e. If former employee was paid through the Diocese of California's payroll service we will handle the payment of benefits. Otherwise we will contact you to arrange for payment to former employee and reimbursement from DioCal.

## TERMINATION NOTICE TO DIOCESE OF CALIFORNIA

Today's Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Employing Entity: \_\_\_\_\_ Parish Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Employee's Current Mailing Address: \_\_\_\_\_

An employee who is discharged must be paid all of his or her wages, including accrued vacation, immediately at the time of termination. [Labor Code Sections 201 and 227.3](#)) If the final day of work falls on payday you may process final check with regular payroll see option 2 below

**Remove Employee from Benefits** (employees working 20+ hrs./wk have benefits)

**Effective Date for cancellation of employer provided benefits:** \_\_\_\_\_  
(coverage continues to the final day of the month indicated. For example Jan 1 or Jan 16 = Jan 31<sup>st</sup> cancellation of coverage)

**We verify that Extension of Benefits & Salary Continuation** information was provided to terminating employee on the **date of:** \_\_\_\_\_

**The former employee has 30 days from termination date to apply for Salary Continuation**

**Remove Employee From Diocesan Payroll**

**1) To issue a manual check on day of termination** contact the payroll office with the total gross pay owed which includes the value of any accrued vacation benefit. We will provide you with the appropriate tax deductions and net pay of the final check you are to issue to employee. Return a copy of the final check you issued with this notice to the Diocesan Payroll Office by fax: 415-673-4863 or email: sarahc@diocal.org

**OR if final day of work falls on pay date you may process final check with regular payroll**

**2) Process final paycheck with regular payroll on this date:** \_\_\_\_\_ **15<sup>th</sup>** or \_\_\_\_\_ **30<sup>th</sup>/31<sup>st</sup>**

Use the timesheet to indicate any amount of pay to be added (+) or deducted (-) from the final paycheck (ie: salary adjustment, accrued vacation)

**OR**

**3) If the final paycheck has already been issued please specify the last pay date:** \_\_\_\_\_

**Signature of Employer:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

Termination Notice should be returned by fax to 415-673-4863 or email to sarahc@diocal.org  
Extension of Benefits & Salary Continuation forms to be given to terminating employee

office use only: MLPS \_\_\_\_\_ EBDB \_\_\_\_\_ PR \_\_\_\_\_

## Extension of Benefits Information (Medical and Dental)

**(NOT TO BE USED BY CANONICALLY RESIDENT CLERGY  
PLEASE CALL THE BENEFITS OFFICE FOR CLERGY FORMS & INFORMATION)**

Religious non-profit employers **do not have COBRA** obligation under federal laws and regulations. However, The Episcopal Church Medical Trust does provide an Extension of Benefit option for our employees and their eligible dependents. The following outlines the basic provisions of this policy.

1. Extension of Benefits may not apply to canonically resident clergy. Cleric should contact DioCal Benefits Office for information & forms to purchase medical, dental, life & EAP coverage.
2. Extension of Benefits will be provided through The Episcopal Church Medical Trust. ECMT will send information & instructions directly to you. If you have questions on extension of benefits please call ECMT client services:

**1-800-480-9967**

3. Extension of Benefits may be continued for a maximum of 36 months. Coverage must be in place at the time of the termination of your employment. Only those dependents covered at the time of termination may be remain on the plan as long as primary member continues coverage.
4. **The terminated employee pays the cost of the coverage** effective the first of the month following date of termination. For example: if your employment ends on April 12 your employer will continue your coverage until April 30, then you will assume responsibility for coverage effective May 1.

## **Salary Continuation Benefits Program (for lay & clergy)** **Unemployment Benefits are not available through State of California**

### **PURPOSE:**

To provide full-time (20 hours or more a week) lay and clergy employees a Salary Continuation Benefits Program intended to benefit those individuals whose employment within the Diocese of California is discontinued for reasons beyond their control.

### **ELIGIBILITY:**

**Salary Continuation Benefits are payable to lay and clergy employees working 20 hours or more a week, and continuously employed for a minimum of 90 days, who qualify for benefits for the reasons described below.**

### **BENEFITS:**

The amount of Salary Continuation Benefits for eligible employees will be determined by length of service and average weekly salary. Eligible employees will earn one week of Salary Continuation Benefits for every calendar month employed (starting with their date of employment to a maximum of 26 weeks. Eligible employees will be entitled to a weekly benefit amount equal to 40% of their average weekly salary for the actual period of employment up to 26 weeks immediately preceding separation of employment, to a maximum weekly benefit of \$555.00.

### **CLAIMS ADMINISTRATION:**

Determination of claimant's eligibility and approval of payment of benefits are the responsibility of a third party Claims Administrator, appointed by the Personnel Practices Commission which serves as Trustee for the Salary Continuation Benefits Program. The Claims Administrator is responsible for determining eligibility for benefits at the time a claim is first presented by the employee. Eligibility for benefits will cease when claimant gains employment.

Eligibility for continuing weekly benefits is determined by a bi-weekly audit conducted by the Claims Administrator.

Either the employee or employer may appeal eligibility determinations within 15 days of such determination being communicated in writing to both parties. Such appeals will be referred to an impartial Arbitrator experienced in unemployment benefits practices and procedures who will hear testimony by both parties in order to reach a final decision.

A details explanation of Claims Procedures follows.

- I. **QUALIFICATION** – Eligible employees may qualify for weekly Salary Continuation Benefits if they
  - A) Quit for a job related cause because of:
    - 1) Threat of safety in the workplace
    - 2) Reduction in working hours of 20% or more
    - 3) Work-related stress if substantiated by medical documentation
    - 4) Proven discrimination in the workplace based on that individual's race, color, sex, national origin, ancestry, or physical handicap
    - 5) Proven sexual harassment provided the individual has taken reasonable steps to preserve the working relationship
    - 6) Required resignation because of change of clergy leadership
    - 7) Completion of non-renewable fixed-term contract
  - B) Were improperly discharged, provided:
    - 1) Discharge is without sufficient documented warning (at least one verbal and one written warning, except for act of gross misconduct)
    - 2) Discharge is solely based on employee's unavoidable absence or tardiness. Unavoidable absence or tardiness includes: a) death in the immediate family, b) unlawful detainment, c)

hospitalization for treatment of an emergency or life threatening condition, d) due to a summons to serve jury duty or a court subpoena

- 3) The employee is not offered similar or same position at similar or same rate of pay upon returning from authorized leave of absence

C) Were discharged for lack of work resulting from

- 1) Reduction in force
- 2) Elimination of position

II. DISQUALIFICATION – Claimant will be denied weekly Salary Continuation Benefits should one or more of the following conditions occur:

- A) Discharge for gross misconduct, such as deliberate disregard for the well being of the employer and/or employees.
- B) Job abandonment defined as unreported absence of three (3) or more days
- C) Failure to Comply with employer's wishes that employee seek professional treatment for substance abuse
- D) Employee willfully made a false statement or representation, with actual knowledge of the falsity, or withheld a material fact in completing employment application or in filing a claim for Salary Continuation Benefits
- E) Voluntarily quit without work-related cause
- F) Voluntary retirement
- G) Failure to comply with the rules and policies of the employer as established by the employer's personnel policy.
- H) Temporary lack of work due to established vacation, holiday or recess periods, provided reasonable assurance of re-employment is given prior to said period
- I) Individual becomes unable to work due to a physical or mental illness or injury unrelated to his/her job

III. FILING A CLAIM

- A) Separated employee may file a claim for Salary Continuation Benefits by completing a Salary Continuation Benefits Claim form within 30 days of the official date of separation from the Diocese
  1. Claim Form can be obtained from the Administrator's Manual in the employer office or online at [www.diocal.org/admin/](http://www.diocal.org/admin/)
  2. Completed forms must be submitted to the Claims Administrator at the following address and post-marked within 30 days of Separation:

WageWorks - ATTN: Wendy Kipperman-Burns  
10375 Baldev Court, Mequon WI 53092  
Phone: 262.236.1014 Fax: 866.784.6032  
Email: [wendy.kipperman-burns@wageworks.com](mailto:wendy.kipperman-burns@wageworks.com)
  3. The Claims Administrator will render a benefits decision within 10 working days of receipt of the claim form

IV. FILING AN APPEAL

- A. Disputed benefits decisions may be appealed by either party within 15 days of the date indicated on the notice of decision.
  1. Such appeals must be submitted in writing by the appellant to the Claims Administrator at the above address
  2. Upon receipt of the appeal a Notice of Hearing will be issued to the claimant and the employer by an Arbitrator
    - a) Attendance at the hearing at the time and date indicated on the Notice of Hearing is mandatory
  3. The decision of the Arbitrator is final

## BENEFITS CLAIM FORM Salary Continuation (unemployment)

Claimant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title / Description: \_\_\_\_\_

Dates of Employment First day: \_\_\_\_\_ to Last day: \_\_\_\_\_

Employing Entity Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_  
(Supervisor will be contacted to verify Salary Continuation claim form)

Supervisor's Contact Information: Phone #: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you able to work, available for work and actively seeking work?  
(circle one) **YES NO**

Did you voluntarily quit your job?  
(circle one) **YES NO**

Were you discharged or fired for reasons other than lack of work?  
(circle one) **YES\* NO** if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed claim form to:**  
WageWorks - ATTN: Wendy Kipperman-Burns  
10375 Baldev Court, Mequon WI 53092  
Phone: 262.236.1014 Fax: 866.784.6032  
Email: [wendy.kipperman-burns@wageworks.com](mailto:wendy.kipperman-burns@wageworks.com)