

DIOCESE OF WINONA-ROCHESTER

Dow-R to complete: Pension No Pension

SCANNED

NOTICE OF

⇒ BENEFIT ELIGIBLE YES NO

- NEW EMPLOYEE HIRE OR INCREASE IN HOURS** **EMPLOYEE TERMINATION OR REDUCTION IN HOURS** **NAME CHANGE**

(COMPLETE THROUGH CITY/STATE/ZIP)

Date: _____ Parish/School Name: _____

Employee Information

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City, State, Zip: _____ Home Phone # _____

Date of Birth: _____ Social Security #: _____

Start date or date hours increased: _____ Transfer from: _____

Job Title: _____ If teaching, license #: _____

Will the new employee work with children or young adults: Yes No

Has the new employee worked at a Catholic school/church/institution within the Diocese of Winona-Rochester in the last 5 years: Yes No

Qualifying Event Information (check one)

New hire or increase in hours:

New Hire or Increase in hours
(from less than 20 to 20 or more per week)

⇒ Exempt employee Yes No
If yes above, attach job description

⇒ Number of hours per week employee will work: _____

⇒ Number of months per fiscal year _____

⇒ Annual salary _____

⇒ Date employee will receive first paycheck: _____

Termination or decrease in hours

⇒ Effective date _____

Termination of employment – involuntary and/or reduction of hours to less than 1000 hours per year (attach termination letter)

Voluntary separation of employment, resignation or quit (attach resignation letter)

Retirement

Reduction in hours (to less than 1040 hours per year)

⇒ Date of employee's final paycheck: _____

⇒ Date parish/school ends contribution to insurance: _____

Diocesan Benefit Plan(s) Employee is Enrolled in:

(Check all that apply for term)

- Health/Dental Insurance Waived
Coverage: Single Family
Plan/Deductible: \$1,000 \$5,000
- Life Insurance 403(b) Pension Plan
- Flex Supplemental Life Insurance
 Waived Waived
 Employee Spouse Child(ren)

DOW-R Use:

Term:

COBRA NA E D

BC DD FLX

Life Supp Life E S D

Subsidized Ltr

BCBS

DD

Vested _____% F

Life # Units _____ Per mo \$ _____

Flex bal _____ # Mo _____ Mo \$ _____

Supp Life: Emp Spouse Child(ren)

New Hire:

H - Needs N Y

COBRA: E S

L - Needs N Y NA

P - Needs N Y NA

F - Needs Waived Y NA

S - Needs Waived Y NA

Sent to Safe Environment

Parish/school representative **X** _____ Signature _____ Date _____

Place form in your Dropbox within 5 days of hire/termination – Do Not Email

or mail/fax to: Diocese of Winona-Rochester, Employee Benefits Coordinator, PO Box 588, Winona, MN 55987

Fax 507.454.8106 Questions? - Email: benefits@dowr.org or call 507-858-1268 **Uploaded to Dropbox**