**Diocese of Winona-Rochester**

**TERMINATING EMPLOYEE CHECKLIST\***

**EMPLOYEE’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIRE/TERM:**

* Upload completed form to Diocese of Winona-Rochester within five days of termination
  + Notice of Employee Termination of Employment Form 001 – contact [benefits@dowr.org](mailto:benefits@dowr.org) for online form link.
* If there is a separation agreement, upload separation agreement to Dropbox within five days of termination in order for COBRA to be completed correctly
  + Separation agreement

**IF THE EMPLOYEE HAS HAD ANY OR ALL OF THE FOLLOWING:**

* Health/dental insurance
* Basic life insurance
* Flexible benefits (dependent care does not qualify for COBRA)
* Supplemental life insurance
* Give to Employee
  + [Information for Terminating Employees Alerus COBRA](InformationforTerminatingEmployeesAlerusCOBRA.pdf)

- Alerus handles COBRA on behalf of the diocese

**PENSION** (For locations participating in DOW-R retirement)

* Give to Employee
  + [403(b) Pension Plan Information for Terminating/Retiring Participants](../Retirement/403bLayEmployeesRetirementPlanInformationforTerminatingorRetiringParticipants.pdf)

**\*This checklist is for parish/school/cemetery/institution only and does not need to be sent to**

**the Diocese of Winona-Rochester.**