

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
 - 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
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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
- Alerus handles COBRA on behalf of the diocese
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PENSION

- Give to Employee
 - 403(b) Pension Plan Information for Terminating/Retiring Participants
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***This checklist is for parish/school/cemetery/institution only and does not need to be sent to the Diocese of Winona-Rochester.**