

IMPORTANT NOTICE

Please be aware that all terminating employees are responsible for completing a termination packet <u>and</u> an Exit Survey as required by Board Policy DC (Local).

You will receive an email link from Upbeat to complete a brief exit survey on your experience working within the district.

If you prefer to meet with a Human Resources Director in addition to completing the Exit Survey, please contact Susan Stevens at 972-968-6162 to request an appointment.

Office Hours:
Normal Office Hours
8:00 A.M. – 4:45 P.M. Monday – Friday

Summer Schedule: June 06, 2022 – July 28, 2022 7:00 A.M. – 5:00 P.M. Monday - Thursday



NOTICE TO TERMINATING EMPLOYEES

- 1. A signed letter stating your request (resignation or leave of absence) must accompany this packet.
- 2. The forms listed below must be completed, signed by the principal/supervisor and submitted to Human Resources by the employee as soon as they know they are resigning from the district:
 - A. Request for Resignation, Leave of Absence or Retirement
 - B. Required Staff Development Non-Contract Workday Form
- 3. **Terminating professional and paraprofessional employees who do not complete the school year** will receive their final paycheck on the next scheduled payday, or the following month depending on their termination date. For questions about your final paycheck please contact PayrollHelp@cfbisd.edu. Terminating auxiliary employees will receive their final paycheck on the payday following the end of the pay period in which the termination is effective.
- 4. Terminating professional and paraprofessional employees who complete the school year will receive a regular paycheck through the remaining pay period (12 month through June, 11 month through July and 10 month through August.) All insurance coverage will terminate at the end of the month in which you receive your final paycheck or the last day of the month of final month of employment if termination is midyear. TRS rules allow you to continue medical coverage thru August 31 if you complete the instructional school year and if premium is paid. Please contact the Benefit Office in advance if your final check is June or July and you would like to pay for medical coverage through August 31.

Upon termination of your employment, you may be eligible to continue your medical insurance coverage under the provisions of COBRA with BCBS via BSwift (1-833-682-8972) or with Scott & White- HMO via Wageworks (1-877-722-2667) as applicable. COBRA continuation for dental, vision and/or medical reimbursement (FSA) will be mailed from National Benefit Services (NBS: 1-800-274-0503) for term dates prior to 8/31/2022 and Higginbotham (866-419-3519) thereafter. All COBRA documents will be mailed to the employee's address on file within 30 days from the date the coverage will terminate.

You may apply to Cigna/New York Life Insurance Company to port life insurance at the group term rates or convert all or part of your coverage to whole life coverage. You can convert your coverage even if you are seriously ill or disabled. New York Life must receive the application within 62 days of your termination date. The Benefits Office must complete a portion of the application so please contact the Benefits Office if you wish to continue your life insurance.

Cancer, and Hospital Indemnity plans can be continued by contacting the carrier directly within 30 days of your last day of coverage to arrange for direct payment. You must have been covered under the Cancer policy for at least 12 months in order to continue coverage. Rates vary.

- 5. If you are terminating your employment with the Carrollton-Farmers Branch Independent School District and do not plan on returning to public education, you may withdraw your money from your Teacher Retirement Account. If it is your decision to do so, it is necessary for you to complete a TRS6 form which can be obtained from www.trs.state.tx.us or the Payroll Department. Please be advised that the TRS6 form must be signed by the terminating employee in the presence of a notary public. This form may be notarized in Personnel Services or the Payroll Department and mailed to TRS at the address printed on the form. Questions regarding the TRS6 form should be directed to Rebecca McDowell, Payroll Director at (972) 968-6168.
- 6. By my signature on the Request for Termination, or Retirement form (second page of this packet), I acknowledge that I have received information concerning termination of my employment and that I am aware of my responsibility in following the procedures related to termination of my employment with Carrollton Farmers Branch Independent School District. I also understand that my final paycheck will be adjusted for any unearned leave that I may have used.



REQUEST FOR RESIGNATION OR RETIREMENT

OOMBLETED BY	ENDLOYEE						
Return this form	COMPLETED BY EMPLOYEE Return this form to your Principal/Supervisor as soon as you know you are resigning from the district or at last 2 weeks prior to your last date of employment.						
I am requesting: (I	Please check all th	ne apply)					
☐ Resignation	□Retirement fr Submit TRS7 F				nt receiving	Social Security Benefits	
My last day to wor	·k:			<u></u>			
Name:				SS#	t (last four):		
Home Address:	Street Address		City		State	Zip Code	
						' 	
Phone#:			Cam _l	ous:			
Position:		Principal/Supervisor:					
Employee's Reaso	on for Resignation	: (Please d	check all t	hat apply)			
□ Accepted A	nother Position	□Certific	cation	□Moving	□Sta	y home with family	
□ TRS Retirer	nent	□Other:					
Empl	oyee' s Signature				Date		
COMPLETED BY	PRINCIPAL/SUPI	ERVISOR					
Principal/Supervis	or Recommendat	ions:	□Requ	est Approved	□Red	quest Not Approved	
If separation was	voluntary, did emp	oloyee give	e advance	e notice? □Ye	es □No, if y	res, how much?	
Dein	sin al/Crun amria awa	Cianatura				Doto	
COMPLETED BY	cipal/Supervisor's			OVEE DOES	NOT COMP	Date	
	lob Abandonment						
Human Resources	s: □Request App	roved	□Requ	est Not Appro	oved		

Date

Approved by:

PAYROLL INFORMATION FOR TERMINATING EMPLOYEES

Direct Deposit

<u>ALL</u> Employees who terminate employment with the CFBISD will continue direct deposit for their final payroll check. If you have questions about your direct deposit, please contact the Payroll Department at PayrollHelp@cfbisd.edu

Final Pay Check

Professional or Para-Professional employees who complete their scheduled work year will receive their final check according to the following pay cycles.

Work Days 178-201 – Final check August Work Days 202-219 – Final check July Work Days 220 + - Final check June

For early terminations – please contact the Payroll Department at PayrollHelp@cfbisd.edu for your final paycheck date.

Address Changes / W-2's

W-2's will be mailed no later than January 31st. If your address changes before January, please notify the Payroll Department at CFBprs@cfbisd.edu.

Benefits for Terminating and Retiring Employees

(Please update your address by emailing CFBprs@cfbisd.edu or calling 972-968-6161 to receive important District correspondence such as W-2's, 1095 forms and COBRA Information)

Health (Medical) Insurance: COBRA rates are the current active regular employee costs + \$350.00 + 2% Administrative Fee.

- Employees completing the Instructional School Year:
 - If you complete the Instructional Year your health insurance can continue through August.
 - If you work a 12 month schedule (220+ work days), your benefits will end on June 30. If you want to continue health insurance coverage through August you must contact the Benefits Office at 972-968-6120 to make arrangements.
 - If you work an 11 month schedule (202 219 work days) your benefits end July 31. If you want to continue health insurance coverage through August you must contact the Benefits office at 972-968-6120 to make arrangements.
 - If you work a 10 month schedule (178 201 days) all benefits end as of August 31. There is no need to contact the Benefits Office unless you have specific questions.
- Employees terminating without completing the Instructional School Year:
 - If you do not complete the Instructional school year, your health insurance and all other benefits will end on the last day of the month
 of your termination date.

COBRA CONTACTS FOR HEALTH INSURANCE

- TRS ActiveCare health insurance plans (ActiveCare HD, ActiveCare 2, and ActiveCare Primary (+) plans) will receive COBRA Continuation information from BCBS via Bswift. For questions, contacted Bswift at 1-833-682-8972 or enroll at https://trsactiveCare.bswift.com
- Scott & White HMO participants will receive COBRA Continuation information from Scott & White via Wageworks, 1-877-722-2667..

Dental and Vision Insurances: COBRA costs for Dental and Vision are 2% higher than active employee costs.

Dental and Vision Insurances will terminate according to the work schedules above. There is no option to continue these coverages through August if your work schedule is 11 or 12 months. You do have the option to continue these benefits through COBRA Continuation. National Benefit Services (NBS) will mail COBRA notices via USPS for benefits terminating prior to 8/31/2022 and Higginbotham thereafter. National Benefit Services can be reached at 800-274-0503 or www.NBSbenefits.com
 Higginbotham 866-419-3519 or www.higginbotham.net

Flexible Spending Accounts

• Healthcare Reimbursement and Dependent Care Reimbursement (Flexible Spending Accounts) will terminate according to the termination dates above. There is no option for COBRA Continuation for Dependent Care Reimbursement Funds although you may file a claim for any remaining funds that were incurred before your benefit termination date within 90 days to avoid forfeiture (losing your money). Healthcare Reimbursement plans are eligible for COBRA continuation if funds are remaining in your account. NBS will mail COBRA Continuation notices via USPS. Terminating employees have 90 days to file a paper claim for reimbursement of remaining Healthcare Reimbursement funds incurred before their benefit termination date to avoid forfeiture (losing your money). Please call NBS at: 1-800-274-0503 if you have questions.

Health Savings Account (HSA):

HSA funds remain in your individual account for your use. Withdrawal of funds for ineligible expenses may be subject to income tax and penalties.
 There is a 1.75 monthly service fee. For questions regarding your account, please contact HSA Bank at 1-800-357-6246 or www.HSABank.com

Hospital Indemnity Coverage:

Aflac Hospital Indemnity insurance terminates according to the schedules above. It is Portable (group#25721) by contacting AFLAC at 800-433-3036 and requesting continuation of coverage thru direct pay within 30 days of coverage ending. Rates may be higher than the group rate.

Life Insurance

- Voluntary Term Life and Employer Paid Basic Life will remain in effect according to the schedules above. You can apply to CIGNA/NewYork Life to continue coverage, even if you are ill or disabled. You must notify the Benefits Office immediately if you wish to continue life coverage at 972-968-6120 or email benefithelp@cfbisd.edu You have 62 days from your termination date to apply to continue coverage. You must apply to new York Life within this timeframe and the Benefits Office must complete the Employer Portion of the application before you can apply. Applications are available on Benefit Portal www.mybenefitshub.com/cfbisd Employees with an injury of illness which has a material effect on their life expectancy (less than 12 months) are limited to continuation through conversion.
- If you have UNUM Whole Life insurance, UNUM will contact you via USPS to arrange direct payment.

Cancer, Accident, ID Theft and Emergency Transportation Insurances:

These portable insurance plans remain in effect according to the schedules above. Cancer insurance is portable if you have been covered for at least 12 months. To continue coverage thru direct pay, please contact the following carriers within 31 days of your insurance termination date:

American Public Life Cancer (group 13633) at 1-800-256-8606

MASA Emergency Transportation at enrollment@masamts.com
Allstate/InfoArmor ID Theft at 1-800-789-2720

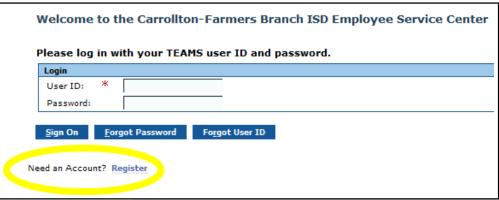
MASA Emergency Transportation at enrollment@masamts.com

Disability Insurance (group # 618928):

• Disability will remain in effect according the schedules above. Disability insurance is not COBRA eligible, it may portable if covered 12 months. If you are receiving disability benefits at the time of separation, benefits will continue through the maximum duration period under the guidelines of the plan. Contact New York Life at 800-362-4462 within 31 days after end of coverage to request the continuation of coverage thru Portability. Other exclusions may apply.

Former Employees – Access to Employee Self-Serve

Former CFBISD employees will need to create a new account in order to access <u>TEAMS Employee Self-Serve</u>.



- 1. Click the 'Register' link on the TEAMS Employee Self-Serve Welcome Page.
- 2. Enter data into required fields and click the 'Ok' button.
- Specify a new User ID, Password, and Hint Question/Answer.
 - The User ID must be new and unique.
 - <u>Do not use</u> your former district username (lastname+first initial)
- 4. Once new credentials are entered, click the 'Ok' button
- The new account will be created and you will be directed back to the *Employee* Self-Serve Welcome Page.
- You can now sign-on to Employee Self-Serve with your new TEAMS account.
- Please contact the Service Desk if you have any questions. 972.968.4357







FAIR DAY - STAFF DEVELOPMENT

Resignation Packets received in Human Resources/Payroll with this form missing will result in all required makeup days being <u>DOCKED</u> at the employee's daily rate of pay.

**All Professionals working 187 – 226-day Calendars are required to makeup Fair Day via campus alternative.

PLEASE READ: This form is to be completed by the Employee and must be approved and signed by the Principal. Both Employee and Principal signatures are required. Forms received in Payroll without both signatures will result in the required make up days being DOCKED at the employee's daily rate of pay.

2021-2022 School Holiday:

Date(s)	# of Hours	Name of Campus Activity		
Date(s)	# of Hours	Name of Campus Activity		
Date(s)	# of Hours	Name of Campus Activity		
of hours:0				
Please sign and return this	s form with the termination	packet to the Human Resources.		
Printed Employee Name		TEAMS ID #		
Employee Signature (Requ	uired)	Last Day of Employment		
Employee Signature (Requ	uirea)			
Principal Signature (Requi		Date Signed		

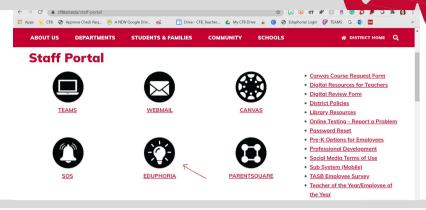
If you have any questions, please contact Human Resources at 972 968-6189 or 972-968-6160.

LEAVING CFB?



ALTHOUGH WEARE SAD TO SEE YOU LEAVE, PLEASE MAKESUR EYOU DOWNLOAD AND PRINT YOUR PROFESSIONAL DEVELOPMENTHOURS FROMEDUPHORIA.

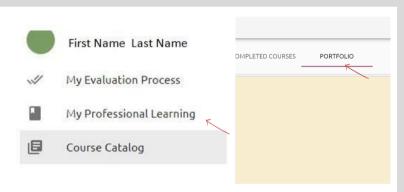
STEP 1: GO TO THE CFB STAFF PORTAL & CLICKON EDUPHORIA



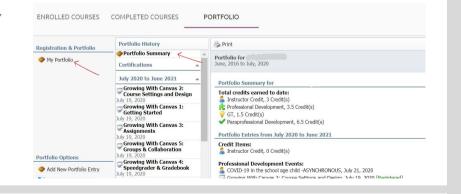
STEP2:SIGN-IN& CLICK ON STRIVE



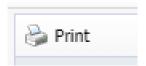
STEP3: CLICKONMY
PROFESSIONAL
LEARNING & SELECT
PORTFOLIO



STEP 4: CLICK ONMY
PORTFOLIO &
SELECT PORTFOLIO
SUMMARY TO VIEW
ALL SESSIONS



STEP 5: CLICKONTHE
PRINTER ICON TO
PRINT & DOWNLOAD
YOUR HOURS



If you need your wxe. file to give to your new district, contact Ericka Guerrero at guerreroe@cfbisd.edu

