



BENEFITS TERMINATION PROCEDURE (BEN-P002)

Clarksville-Montgomery County School System

1.0 SCOPE:

- 1.1 This procedure outlines the process for terminating benefits.

2.0 RESPONSIBILITY:

- 2.1 Benefits Associate

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

3.0 APPROVAL AUTHORITY:

- 3.1 Chief Human Resources Officer

4.0 DEFINITIONS:

- 4.1 Consolidated Omnibus Budget Reconciliation Act (COBRA): The offer of continuation of health insurance coverage for 18 months to an employee that has terminated. The employee pays for this coverage.
- 4.2 Vested Employee: An employee who has five years of credit with Tennessee Consolidated Retirement System (TCRS).

5.0 PROCEDURE:

- 5.1 The decision to terminate employment is made by the employee or the employer.
- 5.2 Human Resources certified or classified representative enters the personnel action regarding an employee's termination.
- 5.3 All terminations of employees with insurance benefits, excluding retirees, will result in the following:
 - 5.3.1 HR Benefits Office notifies insurance companies in writing, via email, online or on monthly bill to terminate insurance coverage.
 - 5.3.2 HR Benefits Office notifies the COBRA administration office, via online form, of CMCSS staff terminating their employment or moving to a non-benefit position and the effective date of change. The online form is printed and filed appropriately.
 - 5.3.3 BCBS COBRA administration office completes Federal notification requirements on CMCSS's behalf, offering terminated employees health, dental, vision insurance coverage, and medical flexible spending account/DCAP under COBRA, as appropriate.
 - 5.3.4 Ending deduction dates are entered into MUNIS deduction screen by Benefits Staff based on last coverage date.
- 5.4 Vested employees terminating due to retirement, meet with the Chief Human Resources Officer or designee for assistance in completing the application process for



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retirement benefits (TCRS) and Blue Cross/Blue Shield health insurance Add Dependent/Change Request form, if appropriate.

5.4.1 HR Benefits Office notifies insurance companies to terminate insurance coverage at the election of the retiree.

5.5 Benefits Associate notifies employee, by letter, of benefits termination dates and continuance options. Copy of letter is maintained in Docuphase.

6.0 ASSOCIATED DOCUMENTS:

None

7.0 RECORD RETENTION TABLE:

<u>Identification</u>	<u>Storage</u>	<u>Retention</u>	<u>Disposition</u>	<u>Protection</u>
COBRA form	Benefits Office/HR Vault	Indefinitely	N/A	Secured Office
BCBS Add Dependent/Change Request form	Benefits Office/HR Vault	Indefinitely	N/A	Secured Office

8.0 REVISION HISTORY:

<u>Date:</u>	<u>Rev.</u>	<u>Description of Revision:</u>
2/07/03		Initial Release
2/20/03	A	Clarify scope
11/30/06	B	Update scope to reflect any termination of benefits, change approval authority, update flowchart
11/22/11	C	Changed Approval Authority to HR Director, changed delivery of information to online form and via e-mail. Updated logo.
5/29/12	D	Added termination form and COBRA form to retention table, added 5.5, updated approval to Chief of Human Resources
9/19/14	E	Included HR Director throughout procedure, added information regarding non-benefit position and dependent/change request form; deleted BCBS termination from Record Retention Table and added BCBS Add Dependent/Change Request form; updated flowchart and logo
10/26/15	F	Changed responsibility to CHRO. 5.2 inserted certified or classified rep. enters the personnel action.



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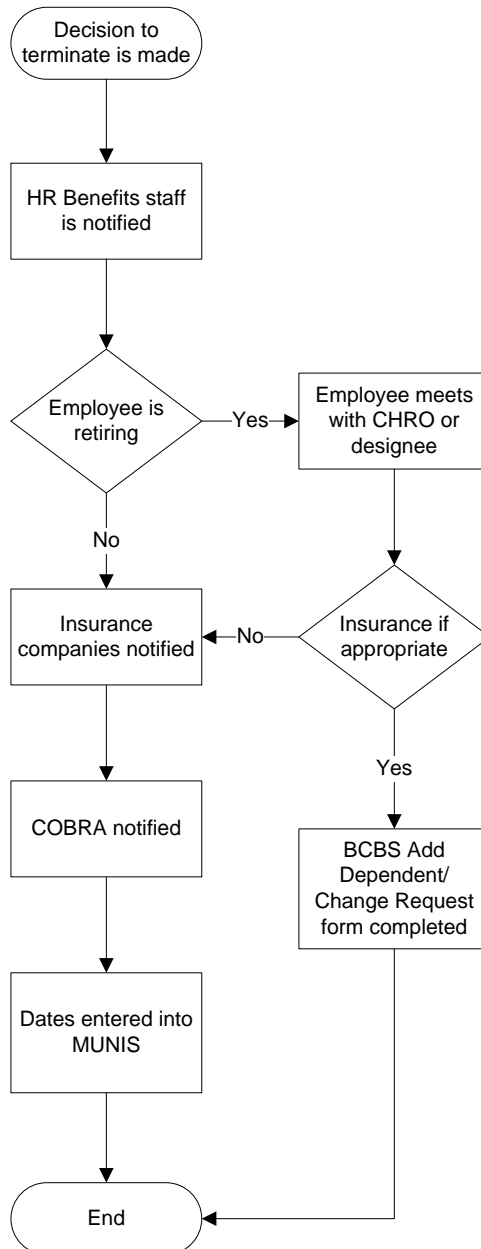
10/5/16	G	Removed "via e-mail" from 5.4.1.
6/27/19	H	5.3.3, added dental.
3/20/23	I	Added medical flexible spending account.

9.0 FLOWCHART:

9.1 A flowchart detailing this process can be found below.

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*** End of procedure ***