



North Carolina Department of Public Safety Employee Final Pay / Insurance Benefits Termination Guide

Employee Name:	Separation Date:
Employee Personnel ID#:	Separation Action Reason:

Final Pay Instructions:

Pay periods for monthly paychecks are based on the calendar month. As a separating employee, you will be paid for days worked from the first day of the month through the last day worked in that month, plus any applicable benefits (applicable leave exhaustion, Vacation or Bonus leave payout) or supplemental pay (Overtime, Shift/Holiday Premium) due. Therefore, if you did not work your full schedule through the end of the month, you may not be eligible for a full month's salary and you may not receive your final compensation at the end of the last month that you were in pay status. Your final paycheck will be processed on the first available payroll, provided that work and leave time has been entered, released and approved in the Integrated HR-Payroll System/ SAP (formerly Beacon) and the proper documentation has been submitted to Central Human Resources (HR) by your work unit. At the latest, State policy requires that separating employees receive their final paycheck by the second pay period following the separation date. This final pay will be in the form of direct deposit, as the Office of State Controller (OSC) requires separating employees to remain on direct deposit for 90 days after the separation action's effective date.

Your projected leave payout may include:

Vacation Leave _____ hours
 Bonus Vacation Leave _____ hours
 Sick Leave _____ hours

Insurance Termination Instructions:

Below is a list of all Insurance Benefits offered through the NC Dept. of Public Safety. Current enrollment elections specific to you that are listed in the Integrated HR-Payroll System/ SAP (formerly Beacon) as being deducted from your paycheck will be indicated with an in the 'Currently Enrolled' column. Please be aware that regularly scheduled deductions will be taken out of the final regular month's paycheck provided the compensation amount is adequate to cover all scheduled deductions. Please refer to the 'Coverage & Monthly Premium Amount' column for your coverage level (if applicable) and current monthly premium deduction. The "Continuation Options" column includes specific information on how each of your below benefits may be impacted by your termination of employment and information on continuation of benefits upon termination.

For employees that are Transferring to another North Carolina State Agency: Your State Health Plan, NC Flex or Supplemental Savings Plan (401k & Deferred Comp) elections will transfer to any receiving NC State Agency on the Integrated HR-Payroll System/ SAP (formerly Beacon). For Non-Integrated HR-Payroll System/ SAP (formerly Non-Beacon) State agencies, please contact your new benefit representative for re-enrollment options. Any Agency Specific insurance plans will terminate after the last premium deduction is taken and the employee will need to contact the vendor or Agency contact listed in the Continuation Options column below for specific options.

For employees that are Retiring or Separating due to Long Term Disability: NC Flex & Agency Specific insurance plans will automatically be termed upon a retirement or long term disability separation with most vendors sending continuation options by mail (see the Continuation Options column below for specifics). You will also be contacted by Pierce Insurance contracted under the NC Department of State Treasurer with dental, vision and life insurance options. Information from Pierce Insurance will be mailed to you after you have received your first retirement/long term disability benefit payment. If you are interested in the options under the State Treasurer, you may wish to continue your current plans until any new elections take effect in order to prevent a lapse in coverage that could result in waiting periods and/or pre-existing conditions. Information concerning the retiree options can be found on the State Treasurer's website www.nctreasurer.com by clicking on the 'Retirement Related Links' under the Retirement heading or on the Pierce Insurance website www.pierceins.com.

Note: Agency specific benefits include MetLife Dental, Colonial offerings (Disability, Life, Accident, Cancer, Gunshot Wound, Hospital Confinement), Protective Life, Pierce Insurance offerings (Professional Disability, American Heritage Heart/Stroke, Short Term Disability, Whole/Universal Life, Critical Care), AFLAC (Cancer, Accident) and Monumental Life - These insurance companies are contracted through the Agency Insurance Committee and are administered by private insurance agencies/brokers, and are not part of NC State Government benefits. Some contracts might be expired but payroll deduction may still exist.



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The following section is to be completed by the DPS Work Location Human Resources staff or designee:

Please make sure a current address is listed in the Integrated HR-Payroll System/ SAP (formerly Beacon) for the employee in Infotype 0006 to ensure receipt of vendor mailing notifications. Indicate in the space provided for all benefit plans the employee is currently enrolled in according to SAP Infotypes 0167, 0168, 0169, 0170, and 0014. Please indicate the type of coverage (if applicable) and the monthly premium amount.

Currently Enrolled	Plan Name	Coverage & Monthly Premium Amount	Continuation Options
<input type="checkbox"/>	State Health Plan BCBS – PPO	<p><u>Coverage:</u></p> <p><input type="checkbox"/> 80/20 <input type="checkbox"/> 70/30</p> <p><input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family</p> <p><u>Premium:</u> Employee \$ _____ Employer \$ _____ Total \$ _____</p>	<p>If you separate between the 1st & 15th of the month, health insurance will terminate under DPS at the end of the current month. If you separate between the 16th & the end of the month, health insurance will terminate at the end of the following month. The State Health Plan will send continuation options to the participant's last known address. State Health Plan: 1-888-234-2416</p> <p><u>Exceptions:</u> For employees that are Retiring: Participants may be eligible to continue the health insurance through the Retirement system. Contact: Retirement System @ 1-877-733-4191 For employees separating under Disability or Workers' Compensation: Please contact the Agency Program Managers responsible for those benefits for continuation options, Ph#: 919-716-3800. For employees separated due to Reduction in Force (RIF): Employees who had 12 months of service at the time of RIF separation shall be entitled to continued "Employee Only" coverage under the State's Group Health Plan for 12 months from the date of separation under the conditions coverage would have been provided if the employee had continued employment. Any share of health plan premiums previously paid by the employee prior to separation (this includes dependent premiums) or required by legislation must continue to be paid by the employee. Health plan premiums must be submitted to BEST Shared Services. Coverage will be canceled for non payment if premiums are not submitted by the 10th of each month. Contact: BEST: 919-707-0707 or 1-866-622-3784 BEST Address: 1425 Mail Service Center, Raleigh NC 27699-1425 Benefitfocus 1-855-859-0966 DPS Central HR 919-716-3800</p>
<input type="checkbox"/>	Prudential Savings Plans <input type="checkbox"/> Deferred Comp <input type="checkbox"/> 401k Savings Plan	\$_____/monthly contribution	<p>Monthly contributions will cease upon employee's separation and cannot be continued upon separation. Employees can contact Prudential for disbursement options. Prudential: 1-866-627-5267 DPS Central HR: 919-716-3800</p>



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<input type="checkbox"/>	NC Flex Accident Plan	\$_____/monthly premium <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + Family	Termination will be effective the end of the month in which the last premium deduction is made. This election can be ported or converted upon employee's separation. The vendor will send continuation options in the mail. The participant can contact the vendor for an application. Portability may be elected due to termination if termination was not due to a disability. Conversion is also available for termination of employment or other losses of eligibility. For either option, the participant may elect to continue coverage for all or any part of the benefit for themselves and their dependents. The participant must apply and pay the premium within 45 days after the insurance terminates. A comparison of Portability and Conversion can be found on the NC Flex web site at www.ncflex.org (click on Resources, Forms) or by contacting the vendor directly. Voya: 1-877- 464-5111 www.voya.com DPS Central HR: 919-716-3800
<input type="checkbox"/>	NC Flex Core AD&D	No monthly premiums \$10,000 employee only coverage	Termination will be effective the end of the month in which the last premium deduction is made. This election cannot be continued after separation. DPS Central HR: 919-716-3800
<input type="checkbox"/>	NC Flex Voluntary AD&D	\$_____/Insurance amount \$_____/monthly premium <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Family	Termination will be effective the end of the month in which the last premium deduction is made. This election can be ported or converted upon employee's separation. The vendor will send continuation options in the mail. The participant can contact the AD&D vendor for an application. Portability may be elected due to termination if termination was not due to a disability. Conversion is also available for termination of employment or other losses of eligibility. For either option, the participant may elect to continue coverage for all or any part of the AD&D benefit for themselves and their dependents. The participant must apply and pay the premium within 45 days after the insurance terminates. A comparison of Portability and Conversion can be found on the NC Flex web site at www.ncflex.org (click on Resources, Forms) or by contacting the vendor directly. Voya: 1-877- 464-5111. www.voya.com DPS Central HR: 919-716-3800
<input type="checkbox"/>	NC Flex Dental	\$_____/monthly premium <input type="checkbox"/> Hi option <input type="checkbox"/> Low option <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + Family	Termination will be effective the end of the month in which the last premium deduction is made. This election can be continued under COBRA upon separation. After the insurance vendor receives a termination notice from the Integrated HR-Payroll System/ SAP (formerly Beacon), the COBRA administrator will send COBRA enrollment materials to the participant's last known address. Cost is 102% of the participant's monthly premium. Instructions on where to send premiums will be included in the COBRA materials you receive in the mail. Flex MetLife Dental: 1-855-676-9441 DPS Central HR: 919-716-3800



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<input type="checkbox"/>	NC Flex Cancer	<p>\$_____/monthly premium</p> <p><input type="checkbox"/> Premium option <input type="checkbox"/> Hi option <input type="checkbox"/> Low option</p> <p><input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Family</p>	<p>This election can be ported upon employee's separation. The vendor will send continuation options in the mail.</p> <p>The participant can contact the Cancer vendor for an application. Portability may be elected due to termination if termination was not due to a disability. The participant must apply and pay the premium within 45 days after the insurance terminates. Portability information can be found on the NC Flex web site at www.ncflex.org (click on Resources, Forms) or by contacting the vendor directly.</p> <p>Allstate: 1-866-232-1517 DPS Central HR: 919-716-3800</p>
<input type="checkbox"/>	NC Flex Group Term Life	<p>\$_____/Insurance amount \$_____/monthly premium</p> <p>Employee only coverage</p>	<p>Termination will be effective the end of the month in which the last premium deduction is made.</p> <p>This election can be continued under Conversion or Portability procedures. The participant can contact the Term Life vendor, ING for an application (and with any questions), 1-877-464-5111 or print the portability continuation form from the NCFlex website. If the participant is under age 70, they may elect to continue any or all of the Group Term Life benefit. If the participant is age 70 or above, they can only convert the benefit to an individual policy. The participant must submit an application and pay the premium within 31 days after the insurance terminates. The Term Life portability continuation enrollment form can be printed from the NCFlex website at www.ncflex.org (click on Resources, Forms).</p> <p>VOYA: 1-877-464-5111 www.voya.com DPS Central HR: 919-716-3800</p>
<input type="checkbox"/>	NC Flex Vision	<p>\$_____/monthly premium</p> <p><input type="checkbox"/> Core Wellness Exam (Exam Only) <input type="checkbox"/> Basic Plan <input type="checkbox"/> Enhanced Plan</p> <p><input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Family</p>	<p>Termination will be effective the end of the month in which the last premium deduction is made.</p> <p>This election can be continued under COBRA. After the insurance vendor receives a termination notice from Beacon, the vendor will send COBRA enrollment materials to the participant's last known address. Cost is 102% of the participant's monthly premium. Instructions on where to send premiums will be included in the COBRA materials you receive in the mail.</p> <p>EyeMed Vision Care: 1- 866-248-1939 DPS Central HR: 919-716-3800</p>
<input type="checkbox"/>	NC Flex Critical Illness	<p>\$_____/monthly premium</p> <p><input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Dependent(s)</p>	<p>Termination will be effective the end of the month in which the last premium deduction is made.</p> <p>This election can be continued under Conversion. The participant can contact MetLife for a continuation of coverage form or print a continuation of coverage form from the NC Flex website at www.ncflex.org (click on Resources, Forms). The participant must submit the form to MetLife within 30 days from the termination date.</p> <p>MetLife: 1-866-232-1518 1-800-438-6388 DPS Central HR: 919-716-3800</p>



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<input type="checkbox"/>	NC Flex Tricare Supplement Plan	\$_____/monthly premium <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + Family	Termination will be effective the end of the month in which the last premium deduction is made. This election can be continued under COBRA. After the insurance vendor receives a termination notice from Beacon, the vendor will send COBRA enrollment materials to the participant's last known address. Cost is 102% of the participant's monthly premium. Instructions on where to send premiums will be included in the COBRA materials you receive in the mail. Tricare: 1-800 638-2610 Option 1 DPS Central HR: 919-716-3800
<input type="checkbox"/>	NC Flex Health Care Spending Account	\$_____/annually \$_____/monthly premium	Termination will be effective the end of the month in which the last premium deduction is made. This election can be continued under COBRA. After P&A receives a termination notice from Beacon, P&A will mail COBRA enrollment materials to the participant's last known address. Cost is 102% of the participant's monthly premium. Payments are made by sending after tax check to P&A and are due the first day of each month. Selman & Company: 1-800-638-2610 Option 1 DPS Central HR: 919-716-3800
<input type="checkbox"/>	NC Flex Dependent Day Care Spending Account	\$_____/annually \$_____/monthly premium	Termination will be effective the end of the month in which the last premium deduction is made. This election cannot be continued after separation. P&A Group: 1-866-916-3475 DPS Central HR: 919-716-3800
NOTE: If the HCSA election is not continued under COBRA, separating employees are still eligible to submit claims for reimbursement up to the full annual amount, but only for dates of service up through the separation date.			
<input type="checkbox"/>	DPS Agency Specific MetLife Dental	\$_____/monthly premium	Termination will be effective the end of the following month after the last premium deduction is made. This election can be continued under COBRA upon separation. The COBRA vendor will send continuation options in the mail. Agency Contact Doris Martin in DPS Payroll: 919-716-3300
<input type="checkbox"/>	Protective Life	\$_____/monthly premium	Termination will be effective the end of the month in which the last premium deduction is made. Employees need to contact the vendor directly for continuation options. Protective Life: 1-800-866-9933 or 1-800-334-1217 Doris Martin in DPS Payroll: 919-716-3300
<input type="checkbox"/>	Pierce Insurance Offerings: (continued next page) Professional Disability American Heritage H/S Short Term Disability Whole/Universal Life Critical Care	\$_____/monthly premium	Termination will be effective the end of the month in which the last premium deduction is made. Employees need to contact Pierce Insurance directly for continuation options. Pierce Insurance Ph#: 1-800-421-3142 Doris Martin in DPS Payroll: 919-716-3300



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<input type="checkbox"/>	Colonial Offerings: Disability Accident Life Cancer Critical Illness	\$ ____/monthly premium	Termination will be effective the end of the month in which the last premium deduction is made. Employees need to contact the vendor directly for continuation options. Colonial: 1-800-325-4368 Doris Martin in DPS Payroll: 919-716-3300
<input type="checkbox"/>	AFLAC Cancer Accident	\$ ____/monthly premium	Termination will be effective the end of the month in which the last premium deduction is made. Employees need to contact the vendor directly for continuation options. AFLAC: 1-919-719-6352 Doris Martin DPS Payroll: 919-716-3300
<input type="checkbox"/>	Monumental Life Offerings: Life Insurance Accidental Death and Dismemberment	\$ ____/monthly deduction	Once employee terminates, insurance continues in force for 31 days. During this time employee may convert any portion of Group Life Insurance to a permanent individual life policy without medical examination. Contact Monumental: 1-800-388-7995 Doris Martin DPS Payroll: 919-716-3300
<input type="checkbox"/>	Other: _____ Other: _____ Other: _____	\$ ____/monthly deduction \$ ____/monthly deduction \$ ____/monthly deduction	Termination will be effective the end of the month in which the last premium deduction is made. Employees need to contact the vendor directly for continuation options.

Employee

Date

Completed By (Work Location Designee's Signature)

Date

*NOTE: It is not the intent of this guide to replace or supersede any information received from each vendor directly.
Specifics concerning continuation options can be confirmed with each vendor directly.*