

Episcopal Diocese of California
Employee Salary Continuation Benefits Program

PURPOSE:

To provide full-time (20 hours or more a week) lay and clergy employees a Salary Continuation Benefits Program intended to benefit those individuals whose employment within the Diocese of California is discontinued for reasons beyond their control.

ELIGIBILITY:

Salary Continuation Benefits are payable to lay and clergy employees working 20 hours or more a week, and continuously employed for a minimum of 90 days, who qualify for benefits for the reasons described below.

BENEFITS:

The amount of Salary Continuation Benefits for eligible employees will be determined by length of service and average weekly salary. Eligible employees will earn one week of Salary Continuation Benefits for every calendar month employed (starting with their date of employment to a maximum of 26 weeks. Eligible employees will be entitled to a weekly benefit amount equal to 40% of their average weekly salary for the actual period of employment up to 26 weeks immediately preceding separation of employment, to a maximum weekly benefit of \$555.00.

CLAIMS ADMINISTRATION:

Determination of claimant's eligibility and approval of payment of benefits are the responsibility of a third party Claims Administrator, appointed by the Personnel Practices Commission which serves as Trustee for the Salary Continuation Benefits Program. The Claims Administrator is responsible for determining eligibility for benefits at the time a claim is first presented by the employee. Eligibility for benefits will cease when claimant gains employment.

Eligibility for continuing weekly benefits is determined by a bi-weekly audit conducted by the Claims Administrator.

Either the employee or employer may appeal eligibility determinations within 15 days of such determination being communicated in writing to both parties. Such appeals will be referred to an impartial Arbitrator experienced in unemployment benefits practices and procedures who will hear testimony by both parties in order to reach a final decision.

A details explanation of Claims Procedures follows.

I. QUALIFICATION – Eligible employees may qualify for weekly Salary Continuation Benefits if they

A) Quit for a job related cause because of:

- 1) Threat of safety in the workplace
- 2) Reduction in working hours of 20% or more
- 3) Work-related stress if substantiated by medical documentation
- 4) Proven discrimination in the workplace based on that individual's race, color, sex, national origin, ancestry, or physical handicap
- 5) Proven sexual harassment provided the individual has taken reasonable steps to preserve the working relationship
- 6) Required resignation because of change of clergy leadership
- 7) Completion of non-renewable fixed-term contract

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- B) Were improperly discharged, provided:
 - 1) Discharge is without sufficient documented warning (at least one verbal and one written warning, except for act of gross misconduct)
 - 2) Discharge is solely based on employee's unavoidable absence or tardiness. Unavoidable absence or tardiness includes: a) death in the immediate family, b) unlawful detainment, c) hospitalization for treatment of an emergency or life threatening condition, d) due to a summons to serve jury duty or a court subpoena
 - 3) The employee is not offered similar or same position at similar or same rate of pay upon returning from authorized leave of absence

- C) Were discharged for lack of work resulting from
 - 1) Reduction in force
 - 2) Elimination of position

II. DISQUALIFICATION – Claimant will be denied weekly Salary Continuation Benefits should one or more of the following conditions occur:

- A) Discharge for gross misconduct, such as deliberate disregard for the well being of the employer and/or employees.
- B) Job abandonment defined as unreported absence of three (3) or more days
- C) Failure to Comply with employer's wishes that employee seek professional treatment for substance abuse
- D) Employee willfully made a false statement or representation, with actual knowledge of the falsity, or withheld a material fact in completing employment application or in filing a claim for Salary Continuation Benefits
- E) Voluntarily quit without work-related cause
- F) Voluntary retirement
- G) Failure to comply with the rules and policies of the Diocese as established by the Diocesan Employee Handbook
- H) Temporary lack of work due to established vacation, holiday or recess periods, provided reasonable assurance of re-employment is given prior to said period
- I) Individual becomes unable to work due to a physical or mental illness or injury unrelated to his/her job

III. FILING A CLAIM

- A) Separated employee may file a claim for Salary Continuation Benefits by completing a Salary Continuation Benefits Claim form within 30 days of the official date of separation from the Diocese
 - 1. Claim Form can be obtained from the Administrator's Manual in the employer office or online at www.diocal.org/admin/
 - 2. Completed forms must be submitted to the Claims Administrator at the following address and post-marked within 30 days of Separation:

Mail completed claim form to:

WageWorks
ATTN: Anne Buckley
10375 Baldev Court, Mequon WI 53092
Phone: 1-888-990-5099 x 61039
Fax: 1-262-512-2707

- 3. The Claims Administrator will render a benefits decision within 10 working days of receipt of the claim form

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IV. FILING AN APPEAL

- A. Disputed benefits decisions may be appealed by either party within 15 days of the date indicated on the notice of decision.
 - 1. Such appeals must be submitted in writing by the appellant to the Claims Administrator at the above address
 - 2. Upon receipt of the appeal a Notice of Hearing will be issued to the claimant and the employer by an Arbitrator
 - a) Attendance at the hearing at the time and date indicated on the Notice of Hearing is mandatory
 - 3. The decision of the Arbitrator is final

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BENEFITS CLAIM FORM

1. Claimant's Name: _____

2. Mailing Address: _____

3. Telephone: _____ Social Security #: _____

4. Job Title / Description: _____

5. a) Date of Employment First day: _____ to Last day: _____

b) Date you gave notice of separation (if different from item 5a): _____

6. Employer Name: _____

Employer Address: _____

Name of Immediate Supervisor: _____

Supervisor's Contact Information: Phone #: (____) _____

Fax #: (____) _____ Email: _____

7. Are you able to work, available for work and actively seeking work?
(circle one) YES NO

8. Did you voluntarily quit your job?
(circle one) YES NO

9. Were you discharged or fired for reasons other than lack of work?
(circle one) YES* NO if yes, please explain: _____

Employee's Signature: _____ Date: _____

Mail completed claim form to:
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