

## **INSTRUCTIONS FOR TERMINATION PAPERWORK FOR THE DIOCESE OF CALIFORNIA SCHOOLS BENEFITS**

- 1) Termination Notice: Should be completed by employer and returned to the DioCal Payroll & Benefits Office prior to termination date.
- 2) Refunds on retroactive terminations are limited to the first of the month within 60 days. The employer will bear the responsibility of premiums not refunded.
- 3) Remember to inform your payroll provider and retirement plan administrator of employee termination.
- 4) Extension of Benefits: The Diocese of California does not have COBRA obligation under federal laws and regulations. However, The Episcopal Church Medical Trust provides an Extension of Benefits for medical and/or dental for our employees and their eligible dependents. Page 3 of this packet outlines the basic provisions of this policy.
- 5) Salary Continuation (unemployment ins): Available to those employers that participate in DioCal's private unemployment insurance benefit. Please refer to the attached Salary Continuation plan summary and benefits claim form.
  - a. Employer provides Salary Continuation information and enrollment form to employee upon termination.
  - b. Inform employee that there is no unemployment benefit available through the State of California.
  - c. Employee has 30 days from termination date to apply for benefits
  - d. The Salary Continuation plan manager will contact employer to verify application details, please respond in a timely manner.
  - e. If former employee is awarded a benefit the plan administrator will issue payments on a monthly basis.
  - f. Recipient will receive 1099 at year end for tax purposes.

## BENEFITS TERMINATION NOTICE TO DIOCESE OF CALIFORNIA

Employing Entity: \_\_\_\_\_ Parish Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_\*

Employment ending because of (circle one): **TERMINATION** or **RETIREMENT** or **DEATH**

**Employee's current contact information** (required for EOB offer):

Street/City/State/Zip: \_\_\_\_\_

Preferred Phone & Personal Email: \_\_\_\_\_

An employee who is discharged must be paid all of his or her wages, including accrued vacation, immediately at the time of termination. [Labor Code Sections 201 and 227.3](#)

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### **Benefits** (employees working 20+ hrs./wk have benefits)

Employee benefits will end on the last day of the month in which the employee worked as reported in the space "last day worked" above.

Employer provided the Salary Continuation information to terminating employee on the date of: \_\_\_\_\_ (non-participating employer please note "N/A")

Employer provided the Extension of Benefits information to terminating employee on the date of: \_\_\_\_\_

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See attached information on deadlines to file for EoB or Salary Continuation

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Prepared by: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / **2023**

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Termination Notice should be returned by fax to 415-673-4863 or email to sarahc@diocal.org  
Extension of Benefits & Salary Continuation forms to be given to terminating employee

office use only: MAP \_\_\_\_\_ EBDB \_\_\_\_\_

## **Extension of Benefits Information (Medical and Dental)**

Religious non-profit employers **do not have COBRA** obligation under federal laws and regulations. However, The Episcopal Church Medical Trust does provide an Extension of Benefit option for our employees and their eligible dependents. The following outlines the basic provisions of this policy.

1. Extension of Benefits will be offered by The Episcopal Church Medical Trust. ECMT will send information & instructions directly to you. If you have questions on extension of benefits, please call ECMT client services, M-F 5.30am-5pm PT:

**1-800-480-9967**

2. Extension of Benefits may be continued for a maximum of 36 months. Coverage must be in place at the time of the termination of your employment. Only those dependents covered at the time of termination may be remain on the plan if primary member continues coverage.
3. **The terminated employee pays the cost of the coverage** effective the first of the month following date of termination. For example: if your employment ends on April 12 your employer will continue your coverage until April 30, then former employee will assume responsibility for coverage effective May 1.
4. Canonically resident clergy have the option to continue benefits through the Diocese with no term limits. Cleric should contact DioCal Benefits Office to request information and form to continue medical and/or dental coverage directly with Diocese.

## **Salary Continuation Benefits Program**

Some schools opt into this private unemployment insurance through DioCal and some do not. Before you apply, see your local HR office for details on the unemployment insurance provided through school employment.

### **PURPOSE:**

To provide full-time and part-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.

For any week of less than full-time work, the benefit otherwise payable to the claimant will be reduced by the smaller of the following:

- (1) The amount of wages in excess of twenty-five dollars (\$25) payable to him or her for services rendered during that week.
- (2) The amount of wages in excess of 25 percent of the amount of wages payable to him or her for services rendered during that week.

If the reduction is greater than the weekly benefit amount, no benefit is payable for that week.

### **CLAIMS ADMINISTRATION:**

Determination of claimant's eligibility and approval of payment of benefits are the responsibility of a third-party Claims Administrator, 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 benefits is determined by an 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 detailed 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, despite reasonable attempts to preserve the employment relationship, 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, ethnic origin, national origin, marital or family status (including pregnancy or child care plans), sex, sexual orientation, gender identity and expression, disabilities, or age
    - 5) Proven sexual harassment of the employee
    - 6) Required resignation because of change of clergy leadership
    - 7) Completion of non-renewable fixed-term contract
  - 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 employer as established by the employer's personnel policy.
  - 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.

1. Completed claim form must be submitted to the Diocese of California's Benefits Coordinator within 30 days of separation:

Episcopal Diocese of CA  
ATTN: Benefits Coordinator  
1055 Taylor St., SF, CA 94108 or  
Email (preferred): [sarahc@diocal.org](mailto:sarahc@diocal.org)

2. The Claims Administrator will render a benefits decision within 10 working days of receipt of the claim form and employer's verification form.

### 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
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

## **BENEFITS CLAIM FORM**

### **Salary Continuation (in lieu of State Unemployment Ins.)**

Employee Name: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Dates of Employment First day: \_\_\_\_\_ to Last day: \_\_\_\_\_

Employing Entity Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name & Title of Immediate Supervisor: \_\_\_\_\_

(Supervisor will be contacted to verify Salary Continuation claim form)

Supervisor's Contact Information: Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Were you discharged or fired for reasons other than lack of work? (circle one) **YES\***    **NO**

\*If yes, please explain (attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed claim form to:**

Episcopal Diocese of CA

ATTN: Benefits Coordinator

1055 Taylor St., SF, CA 94108 or

**Email (preferred):** [sarahc@diocal.org](mailto:sarahc@diocal.org)