

Final Paycheck & Benefits Election Form 2017-2018 School Year Resignation/Retirement

School district employees who resign/retire and have completed the last day of their scheduled work calendar will receive a lump sum payoff on June 30, 2018, if applicable, and have the option to remain on the District's insurance plans through the summer months. **Please select one* (1) option below.**

(*NOTE: Only employees on a **September** work calendar are eligible for a lump sum payoff. **July** and **August** employees will still have the option to remain on the District's insurance through the summer months.)

1. As a **September** employee, I understand that I will receive a lump sum payoff. I select the following option below regarding insurance benefits:
 - If currently covered for medical, dental, vision and/or FSA, these premiums will be deducted from my final paycheck for the coverage costs during the months of June, July and August.** All other insurance coverage will terminate at midnight on the last day of my final month of FBISD employment. Any summer month extended medical, dental, vision, and/or FSA coverage will terminate on August 31st.
 - I elect to allow all benefits to expire effective June 30th.**

2. As a **July** employee (last paycheck is June 30th), I understand that paychecks will continue as normal based on the work calendar. I select the following option below regarding insurance benefits:
 - If currently covered for medical, dental, vision and/or FSA, these premiums will be deducted from my final paycheck for the coverage costs during the months of July and August.** All other insurance coverage will terminate at midnight on the last day of my final month of FBISD employment. Any summer month extended medical, dental, vision, and/or FSA coverage will terminate on August 31st.
 - I elect to allow all benefits to expire effective June 30th.**

3. As an **August** employee (last paycheck is July 31st), I understand that paychecks will continue as normal based on the work calendar. I select the following option below regarding insurance benefits:
 - If currently covered for medical, dental, vision and/or FSA, these premiums will be deducted from my final paycheck for the coverage costs during the months of July and August.** All other insurance coverage will terminate at midnight on the last day of my final month of FBISD employment. Any summer month extended medical, dental, vision, and/or FSA coverage will terminate on August 31st.
 - I elect to allow all benefits to expire effective July 31st.**

I, _____, select the option indicated above.
(Print First and Last Name)

Discovery Benefits, the District's COBRA Administrator, will handle the administration of any COBRA (continuation of benefits). The COBRA package will be mailed by Discovery Benefits to the home address listed in PeopleSoft within two (2) weeks of the employee's insurance coverage termination date. Discovery Benefits can be reached at 1-866-451-3399. When prompted, select **option 1** then **option 2** for questions regarding the COBRA plan. **The life and disability plans end at the end of the month of termination, but you may continue your life plans within 31 days of the last day of employment.** Please contact Guardian at 1-800-525-4542 to continue your life plans.

Please complete and submit this Final Paycheck & Benefits Election Form by the deadline date of May 18, 2018 by completing one of the following:

- **Scan and email or fax completed form** to your assigned Benefits Specialist (see below) with the Subject line "Final Paycheck-Benefits Selection"
- For any additional questions, please contact your Benefits Specialist or 281-634-1418 (Benefits Help desk).

Last Name begins with A-ED	Cindy Mucka	cindy.mucka@fortbendisd.com	281-634-2810	Fax: 281-327-2810
Last Name begins with EE-LAM	Gail Barnes-Maxwell	gail.barnesmaxwell@fortbendisd.com	281-634-1214	Fax: 281-327-1214
Last Name begins with LAN-REY	Janet Singleton	janet.singleton@fortbendisd.com	281-634-1208	Fax: 281-327-1208
Last Name begins with REZ-Z	Kimberly Brown	kimberly.brown@fortbendisd.com	281-634-1241	Fax: 281-327-1241

Employee Signature

Employee ID #

Date