



## ARCHDIOCESE OF PHILADELPHIA

---

**Name of Office**

**Address** Address, Pennsylvania **Zip Code**  
Telephone # Fax #

**Date:**

**Name**  
**Address**

Dear Ms.Mr. \_\_\_\_\_,

As per (your letter of resignation / reasons discussed with you / etc.), your employment with company (specific entity) is/was terminated effective \_\_\_\_\_. The following information outlines details of your separation.

### **MEDICAL/DENTAL PLANS**

Your medical/dental coverage will expire on \_\_\_\_\_ but you may elect to continue on the plan for up to eighteen additional months at your own expense. The monthly premium for your \_\_\_\_\_ (\_\_\_\_\_) medical coverage is \$ \_\_\_\_\_. The monthly premium for your \_\_\_\_\_ (\_\_\_\_\_) dental coverage is \$ \_\_\_\_\_.

Therefore, if you elect to continue medical and dental coverage beyond \_\_\_\_\_, you must send a check payable to the Archdiocese of Philadelphia in the amount of \$ \_\_\_\_\_ to the Human Resources Office, 222 N. 17th Street, Philadelphia, PA 19103 **Attn: Doreen Snyder** by \_\_\_\_\_. Subsequent payments must be received by the first of each month for which you wish to continue coverage. Otherwise your coverage will cease at the end of the month for which payment was last received. If you have any questions regarding your continuation of benefits please contact Doreen Snyder at 215-587-3910.

### **PENSION PLAN**

To be eligible for the Lay Employees' Retirement Plan (LERP) you must have been **hired prior to July 1, 2014**. In order to be vested in the LERP pension plan, and employee must have five years of service. Please contact the Pension Unit of the Archdiocese at (215) 587-0570 directly if you have any questions regarding your retirement benefit.

### **403(B) PLAN**

Please contact Vanguard directly regarding the 403(b) retirement plan at (800) 523-1188. (**Note: our Plan number is 094572**)

### **LONG TERM DISABILITY INSURANCE**

This coverage terminates on your last day of employment.

## **VOLUNTARY GROUP TERM LIFE INSURANCE**

If you wish, you may apply to convert your voluntary group term insurance with CIGNA to an individual policy. If you choose this option, the enclosed APPLICATION FOR CONTINUATION OF INSURANCE UNDER LIFE INSURANCE COMPANY OF NORTH AMERICA provides you with detailed information concerning conversion. **To be eligible, you must complete this application and submit it to the address listed on the form within one month from your date of termination.**

## **AFLAC CRITICAL ILLNESS & UNUM STD & ACCIDENT**

If you participate in any of these voluntary benefits through Aflac or Unum, you are able to continue these benefits on an individual basis. Please contact Shana Mancuso directly at 1-484-489-1664 or by email at smancuso@tribeninsurance.com to convert your coverage to an individual one.

## **NY LIFE INSURANCE**

If you participate in York Life insurance, you are able to continue this benefit on an individual basis. Please contact Anita Brock directly at (215) 441-6554 or by email abrock@legacybenefitsgroup.com.

## **VACATION**

There are [REDACTED] accrued, unused vacation hours to be paid.

## **VERIFICATION OF EMPLOYMENT**

All requests for employment verification will be directed to our office. All such inquires will be limited to verification of date of hire, date of termination and job title.

## **BUILDING/TEXT ALERTS**

If you have opted to receive text alerts from the Archdiocese, it is your responsibility to text "STOP" to 84576 to unsubscribe from the list.

## **ITEMS TO RETURN TO US**

Please be sure to return your photo identification card, keys to your office, and any additional property of [REDACTED].

Please contact this office if you have any questions regarding these benefits.

Sincerely,

Name  
Position