White Copy: Employee
Canary: Personnel File
Pink: Business Office

COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT
EXIT INTERVIEW FORM

7/08

Information for Exiting Employees:

1. Name: _____ Last Day Worked: _____.
2. Last paycheck available in the Personnel/Business Office on _____.
3. School-paid hospital, dental and vision insurance terminates on _____.
   Continuation of coverages is available through Cobra, see separate letter attached.
   School-paid term life insurance (if applicable) terminates on _____.
   Group term life insurance is convertible to individual coverage upon written application by the terminating employee, directly to the insurance carrier.
4. Disability insurance (if applicable) terminates on _____.
   This benefit is non-convertible, and cannot be continued.
   Date of Disability: _____ Reason for Termination: _____
5. Please list the forwarding address, if known: (please print)

   _____

   _____

   _____

   Phone(s): _____

6. I.D. medical and prescription drug cards turned in? ☐ Yes ☐ No
7. All keys issued by the school turned in? ☐ Yes ☐ No
8. Instructions for last paycheck (if exit interview is completed):
   Forward to above address _____ Will pick up _____
9. Unemployment compensation notice to employee card received by employee _____.
10. When the employee reaches age 65, it is his/her responsibility to sign up for Part A and B of Medicare. It is expressly understood and agreed by all parties that it is the sole responsibility of the employee to accurately complete a written application, and directly apply for any conversion rights directly to the insurance carrier involved. The acceptance of the written application must strictly conform and be subject to the underwriting rules, regulations and policies of the insurance company.
11. State law requires that policyholders of Group Life Insurance Contracts notify all terminated school employees of their right to convert their life insurance coverage. The option to convert your Group Term Life Insurance to an ordinary life insurance policy, without medical examination, must be exercised within 31 days of termination of coverage. It may be possible to retain and transfer some term life insurance programs to a direct-pay basis. It is your responsibility to check with the insurance carrier for details.

    To assist you in this, please use the following form if you are contemplating exercising this right. It is your responsibility to send this information directly to the insurance carrier.

_____ _____
Employee Signature Date Superintendent Signature Date

_____ _____
Administrator Signature Date Business Manager Signature Date