

**COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT
 EXIT INTERVIEW FORM**

Employee's Name: _____ Last Day of Work: _____

- Resignation Retirement Layoff Termination/Other: _____

By Administrator:

- Signed Letter of Resignation/Retirement/Termination
(Original to be placed in personnel file)
- Obtain Building/Room/File Cabinet Keys
- Obtain Laptop Computer, If Applicable
- Obtain District Assigned Phone, If Applicable

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.

- Converting Group Life Insurance**
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 attached form if you are contemplating exercising this right. It is your responsibility to send this information directly to the insurance carrier.*
- Discussion of Pension Payments & Insurance Coverage—What to Expect (If Applicable)

By Business Manager:

- Delete from Applicable CEPI Applications on _____
- Delete from MEGS (if Applicable) on _____
- School Paid Hospital/Dental/Vision Insurance Terminates On _____
Continuation of coverage 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.

- Disability Insurance (If Applicable) Terminates on _____
This benefit is non-convertible and cannot be continued.
Date of Disability: _____

- Instructions for Last Paycheck
 - Continue Direct Deposit
 - New Deposit Account (New Direct Deposit Form)
 - Will Pick Up Check On _____
 - Send to Forwarding Address (Below)

- Forwarding Address, If Known (Please Print):

Phone(s): _____

- Change Password for Web Portal
- Medicare Part A & B
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

By Information Technology Staff:

- District Assigned Computer & Phone (if applicable), to be Cleaned and Assigned to _____
- Load Personal H Drive Information to Appropriate Employee on _____
- Delete Exiting Employee's H Drive on _____
- Transfer Google Docs Ownership to _____ on _____

Technology Accounts	Disable Date	Delete Date
Network Login		
Google Email/Calendar/Docs		
VPN Access		
PowerSchool		
Telephone/Voicemail		
Electronic Door Access		
Other: _____		

This form will become a part of your personnel file.

Administrator Signature Date

Business Manager Signature Date

Information Technology Staff Signature Date

Superintendent Signature Date

Employee Signature Date