HUMAN RESOURCES DEPARTMENT

Brown County

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GREEN BAY, WI 54305-3600

PHONE (920) 448-4065 FAX (920) 448-6277 WEB: www.co.brown.wi.us

Resignation Checklist

See below for information to keep in mind during your last two weeks with the County.

General

- _____Submit written resignation to Supervisor with 2 weeks' notice (4 weeks for department heads).
- _____You **must** physically work your last day, cannot supplement with vacation, personal, casual or sick time on your last day. Communicate with your supervisor to clarify if you must work a full day.
- _____Return any Brown County property (keys, laptop, tools, badge, etc.).
- _____Make sure HR has your most up-to-date mailing address and/or phone number.
- _____Update your information with third party administrators (see page 3).

Payroll

- _____Contact payroll in advance to determine vacation, casual, and/or sick payouts. If accruals were overused, you may have to reimburse the County for time used in excess of what was earned.
  - Vacation and casual hours are pro-rated.
  - Personal hours are pro-rated but not paid out (use or lose).
- _____Cancel parking – parking is paid one month in advance.
  - If parking is canceled after the first check of the month, you will have to contact the owner of the lot to request a refund.
- _____Submit mileage reimbursement paperwork. Mileage expense must be signed by your manager.

Benefits

NOTE: Medical, Dental, and Vision coverage will terminate on the last day of the month of your termination. **You must physically work your last day.**

- _____**WRS/ETF**
  - To apply for separation benefit and/or discuss continuing life insurance
    - Phone: 1-877-383-1888
    - Online: http://etf.wi.gov
- _____**Deferred Compensation**
  - Nationwide: 1-877-677-3678
  - Wisconsin Deferred Comp: 1-877-457-9327
- _____**United Healthcare**
  - To continue Accidental and Critical Illness Insurance
    - Phone: 1-888-299-2070
      - Must apply within 31 days of termination
- _____**Boston Life**
  - For continuation of coverage
    - Phone: 1-800-968-7491 x363

- **_____EBC (Employee Benefits Corporation)**
  - Benny card will be disabled and you will have to submit paper claims.
  - **HRA / FSA** contact: 1-800-346-2126
    - **FSA**: terminated employees will be able to submit claims for reimbursements that occurred while an active employee.
    - **HRA**: you have 90 days to submit claims for services you recieved prior to your last day worked.
  - **VEBA** contact: 1-866-678-8322
    - **VEBA**: funds are available until depleted.

COBRA

- You will receive a COBRA insurance packet directly from the Employee Benefits Corporation, Brown County's 3rd party administrator for insurances.
- Contact EBC (your point of contact for COBRA) with questions regarding COBRA at 1-800-346-2126.
  - Submit enrollment information and set up payment options with EBC.
- If you opt out of COBRA you will **not** have another opportunity to enroll.
- If you select single coverage, you will **not** be able to select family coverage in the future.

Please note: COBRA is offered for up to 18 months maximum.

2017 COBRA Insurance Premiums:	**Monthly Rates:**
Health Insurance:	
COBRA SINGLE CDHP	**$490.62**
COBRA FAMILY CDHP	**$1,305.64**
Dental Insurance:	
COBRA SINGLE DELTA DENTAL	**$39.68**
COBRA FAMILYDELTA DENTAL	**$111.61**
COBRA SINGLE DENTAL ASSOCIATES	**$32.99**
COBRA FAMILY DENTAL ASSOCIATES	**$100.21**
Vision Insurance:	
COBRA SINGLE VISION	**$7.08**
COBRA FAMILY VISION	**$18.03**

The health insurance is the same high deductible plan through UMR that is offered to employees ($2,000 single / $4,000 family).

Third Party Administrator Information

Submit information directly to the third party administrator unless otherwise noted.

EYEMED:
HR will update this information on your behalf.

EBC:
Log in to your account at www.ebcflex.com. Open the **Menu** and under the **Change** section click **My Profile**.

UMR:
Follow the online instructions for UMR's self-service website (instructions attached).

ETF/WRS:
Changes may be made by logging on the ETF Portal or by submitting the attached form directly to ETF/WRS.

Delta Dental:
Changes can be sent to enrollment@deltadentalwi.com email address.

Dental Associates:
Complete the change status form and return to the HR department (form attached).

Wisconsin Deferred Compensation:
Addresses and phone numbers can be updated by contacting participant services at 1-877-457-9327 option 0 (7:00 a.m. – 7:00p.m. CST), logging into your account on the website with your username and password, or by completing the attached Personal Information Change Form.

Nationwide Retirement Solutions:
An employee can update their address and or phone number by contacting Customer Service at 1-877-677-3678 or on line at www.nrsforu.com.

A name change requires some documentation, you can change the name on your account via mail or fax by sending us:

- Former name
- Account number or the last 4 digits of your Social Security number
- Address
- Telephone number
- A photocopy of a legal document that shows your name change, like a marriage certificate or driver's license

Mail requests to:
Nationwide Retirement Solutions
P.O. Box 182797
Columbus, OH 43218-2797
Or fax to 1-877-677-4329.

Boston Mutual:
Changes can be sent to vfinnell@gregoryappel.com e-mail address or call Client services at 800-669-2668 x222