

TERMINATION BENEFITS

A. SICK LEAVE CONVERSION:

1.) At the time of actual disability or service retirement under PERS, an employee with ten (10) or more years service with any political subdivision of the State of Ohio may choose to be paid in cash for one-fourth (1/4) the value of his/her earned but unused sick leave credit. The maximum payment may not exceed two hundred forty (240) hours or thirty (30) days. (See Section: 5.7- [R], [S], [T])

2.) Payment is based upon the employee's rate of pay at the time of retirement.

3.) Payment will eliminate all accrued sick leave to the employee's credit at the time of payment. If the employee has converted sick leave under a previous public employer, the total of all payments may not exceed two hundred forty (240) hours or thirty (30) days.

4.) An eligible employee who dies is considered to have terminated his/her employment as of the date of death. Sick leave conversion will be paid according to Ohio Revised Code Section 2113.04 or paid to the employee's estate.

B. HEALTH CARE BENEFITS CONTINUATION (COBRA)

In certain instances, employees and their families have the right to temporarily extend their health care benefits at group rates.

1.) An employee covered by the County's health care plan has a right to choose this continuation coverage if he/she would lose group coverage because of:

- a. A reduction in hours of work below the minimum required for eligibility under the plan, or
- b. Termination of employment for any reason other than gross misconduct.

2.) An employee's spouse and dependent children covered by the County's health care plan have the right to continuation coverage if group health care coverage under the County's plan would be lost due to a "qualifying event" such as:

- a. Death of the employee;
- b. Termination of the employee's employment for any reason other than gross misconduct;
- c. Reduction in the employee's hours of work below the minimum required for eligibility under the plan;
- d. Divorce or legal separation;
- e. Employee becoming entitled to Medicare; or
- f. Dependent child ceasing to be a "dependent child" under the terms of the County's health care plan.

3.) Any person who is covered under the employee's plan on the day before a qualifying event and who will lose coverage, will be considered a "qualified beneficiary".

4.) If the qualified beneficiary does not choose continuation coverage, group health care coverage will end.

5.) Qualified beneficiaries need not show they are insurable in order to qualify for continuation coverage.

6.) Qualified beneficiaries must pay COBRASERV the full premium at applicable rates plus a service fee of up to two (2%). Late payments may result in loss of coverage.

7.) Questions about this policy may be directed to the Human Resource Department.

8.) Employees are responsible for notifying the Human Resource Department and/or Benefits Manager of any change in status including, for example, marital status, dependent status or residence.

9.) The following procedure will be used for notifying employees of COBRA rights:

a. Each employee will be given a notification of COBRA rights at the time he/she begins employment with the County. A signed copy of this document shall be placed in employee's personnel record.

b. Spouses of all covered employees will also be required to sign this notification of COBRA rights if covered under the County's Health care plans.

c. Notification of an employee's covered spouse will be deemed to serve notice on all dependent children.

d. Within thirty (30) days, the Human Resource Department will notify COBRASERV of any of the following "qualifying events"

- * Employee's death;
- * Employee's termination;
- * Employee's reduction in hours, making him/her ineligible for benefits; or
- * Employee's eligibility for Medicare.

e. Within sixty (60) days, the employee is responsible for notifying COBRASERV of any of the following "qualifying event"

- * Divorce;
- * Legal separation; or
- * Loss of dependent eligibility under the plan requirements (age or student status).

f. COBRASEV will notify qualifying individuals of their rights to continue health care coverage within fourteen (14) days of receipt of notice from the County. The notice will include the final date by which the employee/dependent must respond to the notice.

g. The employee/dependent must notify COBRASERV of his/her decision to extend benefits within sixty (60) days of the qualifying event or the date of eligibility notice, whichever is longer.

C. PUBLIC EMPLOYEE'S RETIREMENT SYSTEM - DISABILITY AND SURVIVOR BENEFITS

1. If an employee, at the time of death, has at least eighteen (18) months credit in the Public Employees' Retirement System, his/her spouse, children or parents may be entitled to survivor benefits.

2. If an employee has five (5) years of credit and is permanently and totally disabled, he/she may receive disability benefits.

D. ACCRUED LEAVE

At the time of separation, an employee will be paid at his/her current hourly rate of pay for all vacation and compensatory time credit.

E. UNEMPLOYMENT COMPENSATION

An employee may be eligible for unemployment compensation according to the regulations of the State of Ohio.

Approved:
Revised