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**THE UNIVERSITY OF
ALABAMA IN HUNTSVILLE**

2023 UAH Terminating Employee Benefits Guide

The enclosed Offboarding packet is to provide you with information regarding the status of your employee benefits upon termination from UAH.

COBRA Information: Medical, Dental, VSP, & EAP Insurance

Employees and qualified dependents currently enrolled in these insurance plans are eligible to continue through COBRA for up to 18 months. **You have 60 days from the end of your coverage date to enroll in COBRA coverage.** The first premium is due within 45 days from the date you enroll in COBRA. You will be mailed a COBRA packet to your home mailing address from PayFlex. COBRA provides the same level of coverage you have at UAH. Please be sure to read the information carefully and adhere to the election deadlines. For more information regarding your COBRA rights, [click here](#).

Flexible Spending Account (FSA)

If you have a PayFlex Flexible Spending Account, you have until the termination date to incur claims for medical expenses. Those claims must be filed by March 30 of the following year. Employees may have COBRA Rights with the FSA account. Under COBRA the premiums you pay are not tax-deferred and COBRA can only be elected through the end of the current plan year (December 31).

Health Savings Account (HSA)

If you have an HSA, those monies are yours to pay for future qualified medical expenses; however, there is a monthly maintenance fee for maintaining the account with PayFlex.

<u>Monthly Premiums</u>	<u>Single</u>	<u>Employee + Dep Children</u>	<u>Family</u>
Blue Cross Blue Shield PPO	\$740.52	\$1,154.64	\$1,644.24
Blue Cross Blue Shield HDHP	\$622.20	\$944.52	\$1,305.60
	<u>Single</u>	<u>Employee + One</u>	<u>Family</u>
Dental - Blue Cross/Blue Shield	\$29.93	\$58.65	\$74.93
Vision - VSP	\$8.24	\$17.93	\$28.87
Employee Assistance Program: <i>Uprise Health</i>		<u>Emp. + Elig. Dependents</u> \$1.58	
UAH Faculty & Staff Clinic		<u>Employee Only</u> \$22.10	

COBRA Administrator: PayFlex Systems USA, Inc.

If you wish to continue UAH insurance, you may contact PayFlex directly.

Correspondence Address

PayFlex Systems USA, Inc.
Benefits Billing Department
PO BOX 953374
St. Louis, MO 63195-3374

Contact Information

Phone: 1-888-678-7835
PayFlex Benefit Services Website:
www.mypayflex.com

Insurance cancellation

Medical, dental, and vision insurance coverage will be cancelled based on the pay-period in which your employment in a benefits eligible classification ends. Please see schedule below to determine your last date of coverage based upon your date of separation.

2023 Bi-Weekly Payroll					
Pay Periods, Check Dates & Insurance Coverage Dates					
	Pay Period		Check Date	Insurance Coverage	
	From	To		From	To
1	12/14/22	12/27/22	01/06/23	01/01/23	1/15/2023
2	12/28/22	01/10/23	01/20/23	01/16/23	1/31/2023
3	01/11/23	01/24/23	02/03/23	02/01/23	2/15/2023
4	01/25/23	02/07/23	02/17/23	02/16/23	2/28/2023
5	02/08/23	02/21/23	03/03/23	03/01/23	3/15/2023
6	02/22/23	03/07/23	03/17/23	03/16/23	3/31/2023
7	03/08/23	03/21/23	03/31/23	no premiums: 3/31/23	
8	03/22/23	04/04/23	04/14/23	04/01/23	4/15/2023
9	04/05/23	04/18/23	04/28/23	04/16/23	4/30/2023
10	04/19/23	05/02/23	05/12/23	05/01/23	5/15/2023
11	05/03/23	05/16/23	05/26/23	05/16/23	5/31/2023
12	05/17/23	05/30/23	06/09/23	06/01/23	6/15/2023
13	05/31/23	06/13/23	06/23/23	06/16/23	6/30/2023
14	06/14/23	06/27/23	07/07/23	07/01/23	7/15/2023
15	06/28/23	07/11/23	07/21/23	07/16/23	7/31/2023
16	07/12/23	07/25/23	08/04/23	08/01/23	8/15/2023
17	07/26/23	08/08/23	08/18/23	08/16/23	8/31/2023
18	08/09/23	08/22/23	09/01/23	09/01/23	9/15/2023
19	08/23/23	09/05/23	09/15/23	09/16/23	9/30/2023
20	09/06/23	09/19/23	09/29/23	no premiums: 9/30/23	
21	09/20/23	10/03/23	10/13/23	10/01/23	10/15/2023
22	10/04/23	10/17/23	10/27/23	10/16/23	10/31/2023
23	10/18/23	10/31/23	11/10/23	11/01/23	11/15/2023
24	11/01/23	11/14/23	11/24/23	11/16/23	11/30/2023
25	11/15/23	11/28/23	12/08/23	12/01/23	12/15/2023
26	11/29/23	12/12/23	12/22/23	12/16/23	12/31/2023

Insurance considerations

❖ Retirees

Retirees enrolling in PEEHIP should inform your benefits representative and we can cancel your UAH insurance as of the last day of the month prior to your retirement start date. This will prevent insurance premiums deducted from your last check for the period of time you are covered under PEEHIP medical coverage.

❖ Faculty

- Accelerated premiums: Faculty paid over a 9-month schedule (F9) who have paid accelerated premiums may be owed a refund if you terminate before the new academic year begins.
- Faculty paid over a 12-month schedule who terminate at the end of the spring semester may continue insurance coverage through the remainder of the academic year given you continue to receive your regular earnings and insurance deductions are withheld. If you opt to take a payout, insurance will not continue.

Life Insurance

All group life insurance you have through UAH will end on the last day of employment. If you wish to continue life insurance through The Standard Insurance Company, applications for conversion or portability should be made within 45 days of termination of employment. For more information, please call 855.757.4714.

Annual Leave

Unused vacation days (annual leave) not to exceed one year's accrual will be paid in lump sum in final payroll check. (Does not apply to Faculty who have an academic year appointment)

Sick & Personal Leave

No sick or personal leave is paid upon termination of employment.

Retirement Plans

403(b) and 457(b) Voluntary Retirement Plans

If you are enrolled in the RSA-1, or TIAA Voluntary Retirement Plan(s), you may keep your funds in that account, or choose to roll funds over to another qualified account. For additional information, please see the contact information below:

RSA-1(TRSA)

Phone: 877.517.0020

TIAA

Phone: 800.842.2252

Teachers' Retirement System of Alabama (TRSA)

	Tier 1 Member Employed prior Jan 1, 2013	Tier 2 Member Employed after Jan 1, 2013
Contribution Rates	Regular Employees - 7.5% Law Enforcement Officers - 8.5%	Regular Employees - 6.2% Law Enforcement Officers - 7.2%
Retirement Eligibility	25 years at any age 10 years of service at age 60	10 years of service at age 62 (56 for law enforcement officers) 30 years at any age (with a 2% reduction for each year from retirement eligibility age)

If you gain employment with another participating agency, you must continue your participation with the Retirement Systems of Alabama. If you do not receive other employment with a state agency, The Notice of Final Deposit and Request for Refund form is enclosed. The completed form, with your notarized signature, should be mailed to the Retirement Systems of Alabama at the address on top of the form. If you elect to receive full distribution of the account there is a 20% federal income tax withholding required and a 10% penalty. Please read the Special Tax Notice Regarding Your Rollover Options in the Benefits Summary.

Please review the important information below regarding your account options following termination of service from TRS.

1. Apply for retirement upon eligibility. Employees must have 10 years of eligible service time with TRS to vest. Contact TRS directly to confirm account vesting status.
2. Suspend the account for up to 5 years,
3. Receive a refund, or roll the tax-deferred account into an IRA or other qualified retirement plan.

***Upon withdrawal or rollover of retirement contributions (taking a refund), all service credit established in the TRS is cancelled. For vested members, the rights to a lifetime monthly retirement benefits is forfeited.**

TRS withdrawal/rollover form:

- [Notice of Final Deposit and Request for Refund - Form 7](#)
- [Special Tax Notice Regarding Rollover Options](#)

Other important links:

- [Tier Member handbook](#)
- [TRS website](#)

TRS Member Services: 877.517.0020

Please feel free to contact our office at 256.824.6640 or benefits@uah.edu, if you need additional information.



Notice of Final Deposit and Request for Refund

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Check One: ☐ TRS ☐ ERS ☐ JRF ☐ SNU Supernumerary members only ☐ MRS City of Montgomery Plan Employees

Your Information

Name _____
First Middle/Maiden Last

Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Distribution Information

Read the enclosed special tax notice before completing the remainder of this form.

Select **only one** distribution option:

☐ **Lump Sum Payment**

I elect to receive (at the above address) full distribution of my account, less the 20% federal income tax withholding required.

☐ **Direct Rollover**

I elect to have _____% of the *taxable* benefit transferred directly to the trustee named below. (For transfers less than 100%, the remainder of the account less the mandatory 20% federal income tax withholding, will be paid to me at the above address.)

To be completed by Representative of new plan

Rollover Trustee/Custodian Information (complete only if Direct Rollover is checked)

Name of Trustee or Custodian for eligible plan _____

Address _____
Street or P.O. Box City State ZIP Code

Contact Person _____ Telephone Number _____

Name on Account _____ Account Number _____

Rollover Trustee/Custodian Information requires the signature from the Rollover Trustee/Custodian Official.

Type of account into which money will be transferred: (An Education IRA is **not** an eligible plan)

☐ 401 Qualified Retirement Plan ☐ 403(a) Annuity Contracts ☐ 403(b) Tax Sheltered Annuity ☐ Roth IRA

☐ 408(a) Individual Retirement Account ☐ 408(b) Individual Retirement Annuity ☐ Governmental Deferred Compensation Plans (IRC 457)

Plan accepts non-taxable funds? ☐ Yes ☐ No

Sign Here →
Trustee/Custodian

Trustee/Custodian Official Signature _____ **Date** _____
Signature by Trustee/Custodian Official affirms acceptance of transfer.

Signature Certification

I certify that I have received the printed explanation entitled SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS prior to signing this certification. I also certify that I have read the Employee Termination Statement on the back of this form.

Sign Here →
Member

Your Signature _____ **Date** _____

State of _____, County of _____

I, _____, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this _____ day of _____, 20_____.

Seal

Signature of Notary Public _____

My Commission Expires _____

Notice of Final Deposit and Request for Refund



Name _____ SSN _____

Employer Certification

*To be completed by
the employing agency*

Employing Agency _____

Last day worked/enrollment end date _____
Month/Day/Year

Last pay check date _____ Last pay period date _____
Month/Day/Year Month/Day/Year

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment at said agency.

Sign Here →
Employer

Payroll Officer Signature _____ **Date Submitted** _____

Remember: Enrollment must be ended in Employer Self-Services (ESS) and your payroll system.

Send this form with the payroll report which includes the member's final deposit. **If this is a state agency reporting unit, do not submit this form to the Retirement Systems until all warrant cancellations for this individual have been processed by the state comptroller.**

Instructions for Refund Request

Complete the first page of this form, including having your signature notarized. If you elect a direct rollover, the trustee/custodian must complete the trustee/custodian information in the Distribution Information section. The trustee/custodian official must verify if their plan accepts or does not accept non-taxable funds. The trustee/custodian official must also sign to affirm acceptance of the transfer.

The Employer Certification (above) should be completed by the employing agency. The refund will not be processed until the Retirement Systems of Alabama (RSA) receives the member's final deposit along with this form and any additional requested information.

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.

After this form has been completed, any address change must be submitted to the RSA in writing and be signed by the applicant. Include your Social Security number or PID number on any correspondence.

Employee Termination Statement

I hereby certify that I have permanently terminated my employment in any agency covered by the Retirement Systems indicated and request that the contributions and applicable interest be distributed as shown. I further certify I do not have a contract nor am I negotiating for employment with any agency covered by the System indicated. I understand that I am *not entitled to the total interest* credited to this account, but a proportion of the total interest determined by RSA service credited to this account. The refundable funds in my account are due to me and unpaid, and I understand that payment in accordance with this form will release the RSA from any claim for other benefits.

No portion of the refund is subject to state of Alabama income tax.

If you have any questions regarding the taxability of your refund, contact the IRS or a tax advisor.

Notice of Availability of Unemployment Compensation

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the requirements of state UI eligibility laws. You may file a UI claim in the first week that employment stops or work hours are reduced.

For general information about filing a claim, call 866-361-4524 or visit www.labor.alabama.gov.

You will need to provide the Alabama Department of Labor with the following information in order for the state to process your claim:

1. Your full legal name;
2. Your Social Security Number;
3. Your authorization to work (if you are not a US Citizen or resident).

You should also have the following information available when you file your claim:

1. A list of names, complete addresses, telephone numbers, and the beginning and end dates of employment for your last 2 employers;
2. Information and related documents for any federal civilian employment, military service, or work performed in another state in the past 18 months;
3. Your bank routing number and checking or savings account number, if you choose to have your unemployment payment deposited directly into your bank account.

To file a UI claim by phone, dial 866-2-FILE-UC (866-234-5382).

If you do not have access to a telephone, you may use a designated telephone at a local Alabama Career Center.

You will be asked a series of questions that will require you to answer by pressing numbers on your telephone keypad. You may then be transferred to a claims specialist and/or given additional information to complete your claim.

To file a UI claim online, visit www.labor.alabama.gov.

Click on "Unemployment," then "File Claim," then "Establish a New or Reopen a UC Claim" and follow the prompts.

If you have questions about the status of your UI claim, you can call the Alabama Department of Labor Call Center Inquiry Line at 800-361-4524.