

## EXITING EMPLOYEE CHECKLIST

Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Last Day Employed: \_\_\_\_\_

**Exit Checklists should be completed with a Benefits Counselor via email, phone or in person.**

**Please visit our Benefits [website](#) to locate your Benefits Counselor's Contact Information.**

**Please read the following and check each item.**

### 1. RETIREMENT

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**South Carolina Retirement System/Police Officers Retirement System:** By law, I understand that the Public Employee Benefits Authority (PEBA) must wait 90 days following my last day of employment before processing an application for a refund from my plan. I also understand that if I request a refund, I receive only my contributions plus any interest that has posted to my account. PEBA is required to withhold federal taxes of 20 percent on any taxable portion and state taxes may also apply; if I am under age 59 ½ a 10% early withdrawal penalty will be applied. I may roll the funds to an eligible retirement plan to avoid the tax penalties. I may also leave the funds on deposit with PEBA to retain my years of service.

The [Refund Request form](#) is located on the PEBA website or may be obtained by calling 888-260-9430.

To view your retirement account balance or request a refund online, please login to [Member Access](#).

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**Optional Retirement Plan (ORP):** Employees are 100% vested at the time of hire. I understand that I may leave my funds with the vendor or request a distribution upon separation of service. If I request a refund, my vendor is required to withhold federal taxes of 20% on any taxable portion and state taxes may also apply; if I am under age 59 ½ a 10% early withdrawal penalty will be applied. I may roll the funds to an eligible retirement plan to avoid the tax penalties. I should confirm with my vendor if there are other restrictions on distributions from my account. Distribution forms can be obtained from the vendor and will need to be signed by a Plan Administrator. A Plan Administrator is any member of the University Benefits team. Please send all distribution/rollover requests to [benefits@musc.edu](mailto:benefits@musc.edu) for timely processing.

#### **ORP Vendors:**

- AIG Retirement (formerly VALIC): 800-647-4416 valic.com
- Mass Mutual: 800-743-5274 www.massmutual.com/scorp
- Metlife: 843-200-8788 metlife.com
- TIAA: 800-842-2252 tiaa.org

\*Note, if the employee is a participant in Metlife or TIAA the BA can enter the term date in the employer website directly.

### 2. SUPPLEMENTAL RETIREMENT PLANS (if applicable)

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If I am enrolled in a voluntary retirement plan such as the 401(k), 403(b) or 457, distribution questions should be directed to the company representative. Please check with the vendor below regarding specific distribution criteria.

**401k/457 Vendor:**

- [Empower Retirement](#) (SC Deferred Compensation Program) 1-855-756-4738

**403b Vendors:**

- [AIG Retirement](#) (formerly VALIC): 800-647-4416
- Fidelity: 800-343-0860
- [Mass Mutual](#): 888-89-SCORP
- [Metlife](#): 843-200-8788
- [TIAA](#): 800-842-2252

\*Note, if the employee is a participant in Empower, Metlife and or TIAA the BA can enter the term date in the employer website directly.

**3. INSURANCE**

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I acknowledge that my **Health, Dental and/or Vision** insurance will terminate effective \_\_\_\_\_ the first day of the month after my last day worked.

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I acknowledge that I have the option to continue my health, dental and/or vision insurance under **COBRA**, the Consolidated Omnibus Budget Reconciliation Act. I will receive written notification, enrollment forms and rates from MUSC's Department of Human Resources Management, Benefits Office. **COBRA** coverage is administered by the Public Employee Benefit Authority (PEBA). Enrollment forms and payment should be mailed to: PEBA, PO Box 11661, Columbia, SC 29211. [888-260-9430]

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I acknowledge that my **Basic Life (\$3,000), Optional Life** and/or **Dependent Life** insurances will terminate effective \_\_\_\_\_, the first day of the month after my last day worked. The conversion application period is time-sensitive. I have 31 days from my last day of coverage to convert life insurance to an individual whole life insurance policy, a permanent form of life insurance, without providing evidence of insurability. MetLife will mail a conversion packet to me. To apply, contact Metlife at **888-507-3767**.

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I acknowledge that my **Basic** and **Supplemental Long Term Disability (LTD)** insurances will terminate effective \_\_\_\_\_, the first day of the month after my last day of employment. I am eligible to convert my **Supplemental LTD** to an individual policy if I have been enrolled for at least one year and I submit the form within 30 days of the insurance termination. I have been given the form to submit to: The Standard Insurance Company, 920 SW Sixth Avenue, Portland, OR 97204. [800-628-9696]

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I acknowledge that if I am enrolled in a **Medical Spending Account(MSA)** or **Dependent Care Account(DCA)**, I should contact ASI Flex at 833-726-7587 or email [asi@asiflex.com](mailto:asi@asiflex.com) to discuss reimbursement for services prior to my date of separation. If I am enrolled in a **Health Savings Account**, I am eligible to continue this account and should contact Central Bank at

1866-719-2122 for more information.

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I acknowledge that any **supplemental benefits** in which I am currently enrolled, will terminate on my last day paid, unless I contact the company to make arrangements to pay the necessary premiums.

**AFLAC-Short Term Disability**

- Jerry Farrior 843-446-0354 [jerry-farrior@us.aflac.com](mailto:jerry-farrior@us.aflac.com)

**American Fidelity Assurance Company- Short Term Disability**

- Tally DaPore 843-762-0027 [td@dapore.com](mailto:td@dapore.com)

**American-Amicable- Retirement/Life Insurance**

- Sharon Goodmon-Brown 843-345-0976 [sharongoodmon@aol.com](mailto:sharongoodmon@aol.com)

**4. FORWARDING ADDRESS**

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Please update your address in the *My Records* system prior to your last day employed. Should you need to update your address after leaving employment to obtain your final W-2, please email [hrpersonnelrecords@musc.edu](mailto:hrpersonnelrecords@musc.edu).

**5. ADDITIONAL RESPONSIBILITIES**

- Turn in ID badge to Departmental Business Manager or Department of Public Safety.
- Return all electronic equipment (pagers, laptops, cell phones, etc.) to Business Manager/Supervisor. Turn in keys, tools, etc. to Departmental Business Manager or Supervisor.
- Return Purchasing Card to Departmental Business Manager or Supervisor.
- Final paychecks and any annual leave payout will be deposited into the current bank account on file (792-2191). Check with the University Library regarding any outstanding books or fines (792-2371).
- Please visit the Office of Parking Management at 91 President Street to return your parking lot card/decals and to complete the cancellation of parking deductions from your paycheck. (792-3665).
- Check with Dietary Office for any reimbursement on swipe cards, if applicable (792-3559).
- Submit effort reports (activity reports) if covered by MUSC's Activity Reporting system (792-6438). Check with the Wellness Center regarding membership status upon separation of employment(792-5757).
- Please complete the Leave Donation Form if you would like to donate any remaining sick or annual leave.
  - Please go to the following MUSC Forms library and look under the Leave and Time Management Heading:
    - <https://horseshoe.musc.edu/human-resources/univ/forms>

Please take a moment to complete MUSC's online Exit Survey before your last day of employment. Please go to <http://horseshoe.musc.edu/human-resources/univ/employee-corner>.