

Town of Douglas
EMPLOYEE EXIT FORM

Name of Employee: _____ Department : _____

Mailing Address: _____ S.S. # : _____

New _____ Old _____
_____ Phone # : _____

Last Pay Day : _____ Termination Date: _____

REASON FOR LEAVING: (Check ONE)

Retirement? _____ Effective Date: _____ Worcester County Notified: _____
MTRS Notified: _____
Voluntary Separation? _____ Effective Date: _____
Dismissal? _____ Effective Date: _____

HEALTH INSURANCE:

Which Plan are you currently enrolled in? _____

If you are a retiring teacher the premium will be deducted from your pension check.

If you are NOT retiring, do you wish to continue health insurance coverage under **COBRA**, where you will be paying **102%** of the premium? YES _____
NO _____

Do you have Life/Disability Insurance Coverage with the Town? _____

Do you have Dental Insurance Coverage with the Town? _____

Are you enrolled in a 457 Plan? _____

Are you enrolled in an Annuity? _____

Employee's Signature

Date

Received by: Initial & Date

THIS FORM MUST BE SUBMITTED TO THE TREASURER'S OFFICE PRIOR TO RECEIVING YOUR FINAL PAYCHECK.