

Employee Name: _____ L# _____

In accordance with the Memorandum of Agreement (“MOA”) between Management Steering Committee (“MSC”) and Lane Community College, you have the option of continuing health insurance for up to twelve (12) months or receiving a lump sum payment of \$10,000.

Health Insurance Continuation or Lump Sum Payment: Please choose one of the options listed below:

- I wish to continue my health insurance coverage for up to twelve (12) months. I acknowledge that the College will continue to make the employer contribution for health insurance premiums for Employee Only coverage. Furthermore, I agree to continue to pay the employee contribution (based upon the 2018-19 rates) during the twelve (12) months in order for the health insurance benefits to continue. I accept that my failure to pay my portion of the health insurance premium will result in the cancellation of my benefits.
- I elect to receive a one-time stipend payment in the amount of \$10,000 on my payroll check dated _____. I understand that this lump sum payment is subject to all standard payroll withholding requirements.

My separation date from Lane Community College will be: _____

Retirement: Please choose one of the options listed below:

- I do not anticipate retiring from PERS after separating from employment with Lane Community College.
- I will be retiring from PERS after separating from employment with Lane Community College. My effective date of retirement with PERS will be: _____

By signing below, I acknowledge that I have reviewed and understand the details in the Memorandum of Agreement, dated February 4, 2019. Furthermore, I understand that this document serves as my notice of irrevocable separation of employment from Lane Community College.

Employee Signature

Date

For Human Resource Use Only

Insurance Begin Date: _____ Insurance End Date: _____ EE Contribution: _____