INSTRUCTIONS FOR COMPLETING END OF YEAR RETIREMENT EXIT FORMS

** DO NOT PRINT DOUBLE SIDED
** USE BLUE OR BLACK INK ONLY

1. EMPLOYEE PAYOFF AND BENEFIT ELECTION FORM
   • Please read all instructions and choose the appropriate option.
   • NOTE: For additional questions on this form please contact RISK MANAGEMENT at 281.396.2241.

2. EMPLOYMENT AFTER RETIREMENT ACKNOWLEDGEMENT FORM
   • Complete bottom portion of form.

3. RETIREMENT LEAVE REIMBURSEMENT
   • Complete form and keep copy for your records.

4. EXIT REPORT FORM
   • Complete TOP PORTION ONLY. (An accurate mailing and email address is imperative.)

5. CHANGE OF ADDRESS, PHONE NUMBER, STATUS FORM
   • This form is to be COMPLETED ONLY if there are changes to your address, phone number or status upon exit with Katy ISD. Otherwise, you may disregard this document.

Documents should be returned to Human Resources by one of the following ways:
• Email to exitpaperwork@katyisd.org
• In person to Human Resources Department (Education Support Complex Annex)
• Interoffice mail to Human Resources Department
• By mail to P.O. Box 159 Katy, TX 77492-0159

For additional assistance with the exit process, you may contact:
• PROFESSIONALS
  o Tracey Sherrill – 281.396.2351 or exitpaperwork@katyisd.org
• PARAPROFESSIONALS & AUXILIARY
  o Ana Reyes – 281.396.2374 or exitpaperwork@katyisd.org
Notice Regarding Affordable Care Act (ACA) Eligibility for Benefits

Dear Terminating Employee:

Please be aware that during your employment with Katy ISD you may have met the requirements of the Affordable Care Act (ACA) definition of “full-time”. When that determination was made, you become eligible for benefits for a period of 12 months regardless of your position. This is known as the ACA stability period.

If you are re-hired by Katy ISD within 31 days of the date your benefits terminated, AND you are still within your ACA stability period (defined above), your benefits will be automatically reinstated with no lapse in coverage and you will be responsible for paying the premiums, regardless of your position.

If you are re-hired by Katy ISD after 31 days, you will have the opportunity to enroll in benefits for the remaining ACA stability period, regardless of your position. If you are rehired into a benefits eligible position under TRS rules (i.e. eligible to participate in TRS), your eligibility for benefits may be extended.

After reading this letter, please sign below.

I understand the above information regarding my eligibility for benefits under ACA rules.

__________________________________________  __________________________
Signature                                             Date

Print Name                                             Katy Employee ID

Regards,

[Signature]

Jo Ann Tilton
Insurance Coordinator
House Bill 973 entitles school district employees to continue benefits through the summer months of a given school year if they resign or retire effective after the last day of instruction. Katy ISD is in compliance with that legislation and will continue elected benefits for all employees according to their choice.

Retiring or resigning employees who work 226 days or less per year but are paid on a 12-month basis may request an early payoff. Katy ISD can grant your request but the district needs to verify your requested payoff date and how your benefits are to be handled.

Please choose the date of your final paycheck and when you want to end your benefits in the boxes below

<table>
<thead>
<tr>
<th>Option 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ NO early payout. Your final paycheck will be August 15th and your benefits will end August 31st</td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Receive final paycheck on June 30th.</td>
</tr>
<tr>
<td>(If you want to extend your benefits beyond June 30th, all premiums will be deducted from your final paycheck.)</td>
</tr>
</tbody>
</table>

If you choose Option 2, you must also choose one of the following.

| _____ I choose to end my benefits on June 30th |
| _____ I choose to end my benefits on July 31st  |
| _____ I choose to end my benefits on August 31st |

Printed Employee Name __________________________ Employee Number __________________________ Date __________________________

Employee Signature __________________________ Position/Title __________________________

If you have questions regarding HB 973, you may call the KISD Risk Management Department at 281-396-2241.
Katy Independent School District
RETIREMENT LEAVE REIMBURSEMENT

Board Policy at DEC (LOCAL) provides for a Retirement Leave Reimbursement which will consist of a payment of one-half of your daily rate of pay at the time of retirement for your unused Katy ISD accrued personal, state, and local leave days – not to exceed 90 days combined. Eligibility requirements are:

- Retire under the Teacher Retirement System (TRS) within 90 days of termination of employment with Katy ISD;
- Have five (5) or more years of continuous employment with Katy ISD; and
- Have unused personal, state, or local days earned while employed with Katy ISD.

If for any reason your employment ended with KISD and you were rehired, the five (5) or more years of continuous employment shall be counted from your rehire date.

Instructions

In order for your Retirement Leave Reimbursement to be processed, you must provide the Human Resources office representative, Robin Brown (281.396.2053), with a photocopy of the documentation of your retirement benefit payment from TRS within 90 days from:

- The date of your termination of employment; (Example: If your termination date is June 3, then the TRS payment documentation must be submitted to Robin Brown no later than September 3.) OR
- Receipt of your final Katy ISD payroll check. A copy of your Katy ISD check is not required. (Example: If your last payroll check with Katy ISD is June 15, then the TRS payment documentation must be submitted to Robin Brown no later than September 15.)

Acceptable TRS payment documentation is either a photocopy of your check stub or a photocopy of your receipt from the electronic funds transfer (bank statement), stating the source of the payment is TRS (Texas Comptroller). After proper documentation is provided, Human Resources will calculate the amount of the payment for the leave balance as described above. Payment will be made to the retiree by the administrator of the District’s Section 401(a) plan; Public Agency Retirement Services (PARS).

*******************************************************************************

Please sign below and return this form to the Human Resources Department.
Please make a copy of this form for your records prior to returning it to Human Resources.

I have read the provisions for payment of the Retirement Leave Reimbursement and understand that, if eligible, I must submit the appropriate documentation within the designated time period in order to be compensated for the retirement leave reimbursement. The Retirement Leave Reimbursement is established by Board Policy as a tax-qualified governmental defined benefit plan for the benefit of eligible Katy ISD employees. Policy guidelines must be followed without exception.

_________________________________  __________________________
Retiring Employee’s Printed Name     Retiring Employee’s Signature / Date

Katy ISD
Human Resources
Robin Brown
PO Box 159
Katy, TX 77492
robinlbrown@katyisd.org

Human Resources
10/17/18
KATY INDEPENDENT SCHOOL DISTRICT

Employment After Retirement Acknowledgement Form

I agree to read the Teacher Retirement System of Texas (TRS) Employment after Retirement Guide (www.trs.state.tx.us), prior to my start date, and to abide by the standards, policies, and procedures defined within or referenced in the document.

As this information is subject to change, I understand that it is my responsibility as a retiree to stay current on all updates and to comply with any changes in TRS policies and procedures.

I UNDERSTAND THAT SPECIAL ATTENTION MUST BE GIVEN TO RESTRICTIONS REGARDING ASSIGNMENTS AND WORK HOURS, AS STIPULATED BY TRS, ESPECIALLY WITH REGARD TO WORKING IN VACANT OR SUPPLEMENTAL POSITIONS AND WORKING IN MULTIPLE SCHOOL DISTRICTS.

I UNDERSTAND THAT ANY VIOLATION OF THESE RESTRICTIONS MAY RESULT IN THE REVOCATION OF MY ANNUITY BY TRS. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY REPAYMENTS TO TRS THAT MAY RESULT FROM ANY SUCH VIOLATIONS.

I UNDERSTAND THAT I WILL NOT BE EMPLOYED IN ANY FULL OR PART TIME CAPACITY BY KATY ISD UNTIL I HAVE BEEN RETIRED FROM ALL TRS COVERED EMPLOYERS FOR 12 FULL, CONSECUTIVE CALENDAR MONTHS.

I UNDERSTAND THAT TRS RETIREES THAT ARE HIRED AS SUBSTITUTES DO NOT HAVE TO MEET THE 12-MONTH REQUIREMENT. HOWEVER, TRS RETIREE SUBSTITUTES ARE SOLELY RESPONSIBLE FOR ANY REPAYMENTS TO TRS THAT MAY RESULT FROM VIOLATIONS REGARDING WORK HOURS, VACANT POSITIONS, AND/OR SUPPLEMENTAL POSITIONS AS STATED ABOVE.

PRINT NAME ____________________________________________

SIGNATURE ____________________________________________

DATE __________
Katy Independent School District
Change of Address, Phone Number, Status

Complete ONLY IF CHANGES ARE NEEDED.

SECTION A: CHANGE OF ADDRESS AND/OR PHONE NUMBER
Please use Munis Employee Self-Service to update your personal information. ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section A and forward to Human Resources for processing.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

KISD ID #:  

Campus/Dept. Location:  

- NEW Phone #: ____________________________

- FORMER Phone #: ____________________________

- NEW Mailing Address: ____________________________

- FORMER Mailing Address: ____________________________

Employee Signature:  

Date:  

SECTION B: CHANGE OF STATUS
Please use Munis Employee Self-Service to update your personal information. ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section B and forward to Human Resources for processing.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

KISD ID #:  

Campus/Dept. Location:  

- NEW Status:  
  - Single  
  - Married  
  - Divorced  
  - Widowed

Employee Signature:  

Date:  

NOTE: Name changes must be made using the “Change of Last Name” online form found on Knowledge Base.
## Retiree Premiums

**Rates Effective January 1, 2020**

### Dental HMO Plan (Guardian – Must use a Guardian network dentist)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$216.00</td>
</tr>
<tr>
<td>Retiree &amp; Spouse</td>
<td>$372.00</td>
</tr>
<tr>
<td>Retiree &amp; Children</td>
<td>$288.00</td>
</tr>
<tr>
<td>Retiree &amp; Family</td>
<td>$468.00</td>
</tr>
</tbody>
</table>

### Dental PPO Plan (Guardian - Can use any dentist)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$624.00</td>
</tr>
<tr>
<td>Retiree &amp; Spouse</td>
<td>$1,236.00</td>
</tr>
<tr>
<td>Retiree &amp; Children</td>
<td>$1,116.00</td>
</tr>
<tr>
<td>Retiree &amp; Family</td>
<td>$1,560.00</td>
</tr>
</tbody>
</table>

### Retiree Life Rates

<table>
<thead>
<tr>
<th>Death Benefit</th>
<th>Cost per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>$102.00</td>
</tr>
<tr>
<td>$30,000</td>
<td>$140.00</td>
</tr>
<tr>
<td>$50,000</td>
<td>$217.00</td>
</tr>
</tbody>
</table>

Life insurance benefits are reduced to 65% at age 70, to 40% at age 75, and to 25% at age 80. The premium will be adjusted to account for any age reduction.

If you have questions regarding either your life or dental coverage as a retiree, you may contact the Katy ISD Risk Management Department at 281.396.2324.
Exit Packet - Service Record Request Form
(Please print clearly)

Employee Name: _______________________  Campus/Department: ___________

KISD Employment Date(s): ________________

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>Resign Date:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>DOB:</th>
<th>Last 4 SS #:</th>
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<table>
<thead>
<tr>
<th>Contact Phone #:</th>
<th>Email address:</th>
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</table>

*If you are resigning after the current school year completes, your record will be available approx. mid-July to late August depending on the volume of request.

*If you are resigning mid-year, your record will be available after your last pay check with the district.

Employee: (Official Record)

Mailing Address:
_________________________________________
_________________________________________
_________________________________________

New School District: (Scanned to HR Contact)

New School District Name: ___________________________

New District HR Contact: ___________________________

New District HR Email Address: _______________________

Employee Signature: __________________________________________
# EXIT REPORT

## Employee Section

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address (records will be mailed to this address)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Phone #</th>
<th>Employee ID #</th>
<th>Personal E-mail Address (pay info. will be sent to this email)</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Location/Campus</th>
<th>Last Day of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

Reason for Leaving

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Last 4 digits of Social Security #</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>xxx-xx-</td>
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</tbody>
</table>

**If you have additional comments or concerns that you wish to discuss, please check here: □
A representative from Human Resources will contact you as soon as possible.**

## Human Resources Section

Reason for termination:
- □ Employee voluntarily resigned/quit
- □ Employee laid off due to lack of work
- □ Employee was dismissed for misconduct or other good cause
- □ Other: _________________________________

Is employee eligible for rehire?  □ Yes  □ No

If separation was voluntary, was adequate notice given?  □ Yes  □ No

Was employee contacted?  □ Yes  □ No  □ N/A  
Method: □ Phone Call  □ Meeting  Date: ____________

Comments: _________________________________

If employee was dismissed for misconduct or other good cause, explain:

________________________________________________________________________

<table>
<thead>
<tr>
<th>Human Resources Department Representative Signature</th>
<th>Date</th>
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<tbody>
<tr>
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