



Date: _____

TO: _____
(Name of Faculty/Staff) Life Number

FROM: _____
(Chairman/Department Head)

SUBJECT: Termination Law Notice

The purpose of this notice is to inform you that your termination is effective _____.
(Month/Day/Year)

FACULTY and STAFF

Please note the following information applies to Faculty or Staff not represented by a bargaining unit and Staff represented by the American Physical Therapy Association, Mount Sinai Hospital Pharmacy Association, United Federation of Security Officers Union, or Local 3 - International Brotherhood of Electric Workers.¹

Your Hospital/Medical, Prescription Drug, Dental, and Vision coverages end the date of termination if you terminate on the first day of a calendar month, otherwise your coverage will terminate the last day of the calendar month in which you terminate. This applies only if you were eligible for such benefits, provided you met the criteria for eligibility and were enrolled in the plans during your employment.

Your pension benefits terminate the earlier of these two dates on which you cease to meet the eligibility criteria or the effective date of your termination.

Your Long Term Disability Insurance, Basic Life Insurance, Supplemental Life Insurance coverages end the date of termination if you were eligible for such benefits, provided you met the criteria for eligibility and were enrolled in the plans during your employment. These coverages can be converted to an individual policy, please contact the number listed below.

The Mount Sinai Benefits Center will send you information concerning your benefits continuation (COBRA) and conversion privileges. You may contact the Mount Sinai Benefits Center at (800)526-2720, if you need additional information.

NEW YORK STATE NURSES ASSOCIATION

Please note the following information applies to individuals represented by the New York State Nurses Association.

Your Hospitalization, Basic Surgical/Medical, Major Medical, Dental, Drug Prescription, Vision, Life Insurance, Accidental Death and Dismemberment Insurance, Long Term Disability and Pension benefits terminate effective 12:01 AM on the date following your termination.

The New York State Nurses Association Fund will send you information concerning your benefits continuation (COBRA) and conversion privileges. You may contact the NYSNA fund at (800) 342-4324 if you need additional information.

¹Faculty/Staff that retire and meet eligibility criteria for participation in the MSMC Retiree benefits program are not required to sign this notice.

LOCAL 1199

Please note the following information applies to individuals represented by the Local 1199 Drug, Hospital and Health Care Employees Union.

Your Hospital, Major Medical, Prescription Drug, Group Term Life Insurance and Accidental Death and Dismemberment Insurance benefits will continue for 30 days following the date of your termination.

Your Dental coverage terminates on the effective date of your termination.

LOCAL 32B-32J

Please note the following information applies to individuals represented by the Local 32B-32J Service Employees International Union, AFL-CIO.

The Building Services Health Fund will arrange to continue your benefits for 30 days following your termination.

The Building Services Health Fund will send you information concerning your benefits continuation (COBRA) and conversion privileges. You may contact The Building Services Health Fund at (212) 490-9620 or (212) 388-3800 if you need additional information.

Employee acknowledges receipt of this statement,

Employees Signature

Date



The following section is to be completed if the employee refuses to sign the foregoing statement.

This is to certify that _____ was given
a copy of the foregoing statement in my presence.

Witness and Date

¹Faculty/Staff that retire and meet eligibility criteria for participation in the MSMC Retiree benefits program are not required to sign this notice.