

CITY OF HICKORY EXIT INTERVIEW

NAME _____

DATE _____

DEPARTMENT _____

POSITION _____

DATE OF HIRE _____

TERMINATION DATE _____

DEPARTMENT HEAD _____

SUPERVISOR _____

CURRENT SALARY _____

REASON FOR LEAVING _____

Participation in this exit interview is voluntary. We appreciate your willingness to share your employment experience with the City of Hickory. Your name will be replaced by a random number. A copy of this exit interview will be placed in your personnel file.

RELATIONSHIP WITH SUPERVISOR AND DEPARTMENT HEAD

My supervisor provided me with an appropriate level of supervision
 I could easily approach my supervisor with a question or a problem
 My supervisor kept me informed about policy changes
 My supervisor was consistently fair
 My supervisor resolved complaints
 My supervisor followed City policy
 My supervisor listened to my concerns and suggestions
 What are some things your supervisor could do to improve relationship with staff?

STRONGLY			STRONGLY	NO
AGREE	AGREE	DISAGREE	DISAGREE	OPINION

I could easily approach my department head with a question or concern
 My department head kept my division informed about policy changes
 My department head listened to my concerns and suggestions
 What are some things your supervisor could do to improve relationship with staff?

REALTIONSHIP WITH COWORKERS

My coworkers and I worked well as a team
 My coworkers are willing to help when I need assistance
 My coworkers were sensitive to customer needs
 What are some suggestions to promote teamwork among coworkers?

BENEFITS PACKAGE

The City of Hickory's benefits package met my needs
 The benefit package provides adequate benefit choices
 For questions and assistance the Benefits Coordinator was available
 What benefit improvements do you recommend?

CITY OF HICKORY EXIT INTERVIEW

COMPENSATION-BENEFITS-WORKING CONDITIONS-WORKLOAD

My pay was fair and appropriate
 The City of Hickory 's salaries are competitive
 My workload was appropriate
 Did you feel overworked or underworked?
 I met expectations
 How can your position be restructured to improve productivity and workload levels?

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NO OPINION

My workplace was clean and pleasant
 I was concerned about personal safety when performing my job
 How can the City improve your workplace?

TRAINING AND CAREER DEVELOPMENT

I received satisfactory job training
 I received adequate training and instructions concerning City policies and procedures
 I received proper safety training and instructions
 What additional training would you recommend for your division?

There are promotional opportunities within my department
 I was given the opportunity to enhance my skills through specialized training
 My supervisor was concerned about the individuals growth and development in our division
 How can the City improve career development opportunities?

MORALE AND PERFORMANCE APPRAISALS

I was reasonably happy at work
 The City of Hickory is a good place to work
 I would recommend City employment to others
 I would consider returning to work with the City of Hickory
 What improvements can be made in order for the City to become a better place to work?

My work performance was evaluated fairly and appropriately
 Performance expectations were clearly communicated to me
 How can the City's performance evaluation process be improved?

FORWARDING ADDRESS

Employee's Signature _____

Date _____

Interviewer's Signature _____

Date _____



As a former employee of the City of Hickory please find information below regarding benefit programs you may have participated in along with the forms you may need to complete.

NC LOCAL GOVERNMENT RETIREMENT CONTRIBUTIONS

FORMS ARE AVAILABLE AT WWW.MYNCRETIREMENT.COM

1. If less than five years creditable service, you may withdraw your contributions.
2. You may choose a Direct Rollover and payment will be made to a traditional IRA or to another employer plan.
3. If you have five or more years of creditable service, you may elect to leave the money in the system.

SUPPLEMENTAL RETIREMENT PLANS

Please contact customer service as soon as possible at the number below to receive options.

401K-Prudential	866 627-5267
PEBSO-Nationwide	877 677-3678
ICMA	800 669-7400

VOLUNTARY BENEFITS

You may continue any coverage by calling the numbers below:

AFLAC	800 992-3522
COLONIAL LIFE	800 325-4368
Columbian Financial	877 238-5433

LIFE INSURANCE

Life coverage provided by the City of Hickory will terminate on the last date of employment. To continue coverage please contact:

Security Life Insurance Company of America
1808 Colonial Village Lane Suite 102
P O Box 83149
Lancaster PA 17608-3149
800 233-0307

If you terminate employment due to a disability, contact the Human Resource Department or Security Life Insurance Company of America for extended life insurance coverage and waiver of premium.

MEDICAL AND DENTAL INSURANCE

Medical and Dental coverage will terminate as of the last day of the month of your employment. Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and the North Carolina Continuation and Conversion Law, you have the opportunity to continue this coverage through the group. COBRA Notice enclosed. COBRA applications will be mailed by Ceridian COBRA Services Center.

2015-2016 COBRA RATES

	Medical Plan	H S A Plan	Dental
Employee Only	454.31	454.31	\$32.04
Employee + Spouse	976.32	885.05	\$55.47
Employee + 1 Child	631.16	595.12	\$58.67
Employee + Children	923.38	840.58	\$59.93
Family	1297.53	1154.85	\$77.71

If there are any questions or concerns with regard to the information provided, please contact the Human Resource Department.

FLEXIBLE SPENDING ACCOUNT PARTICIPANTS

Please check with the Benefits Coordinator regarding any outstanding balance in this account.

**IMPORTANT INFORMATION
ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS**

What is continuation coverage?

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee (or retired employee) covered under the group health plan, the covered employee's spouse, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued only for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- Any required premium is not paid in full on time,
- A qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary,
- A qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- The employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of COBRA continuation coverage?

If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the City of Hickory Benefits Administrator of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or a second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You are responsible for sending a copy of the SSA determination within 60 days of receipt to the Benefits Administrator City of Hickory P.O. Box 398 Hickory, NC 28603-0398. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect COBRA continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee's spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future right under federal law. First, you can lose the right to avoid having a pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost of the group health plan (including both employer and employee contributions) for each coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

The Trade Act of 2002 created a new tax credit for certain individuals who become eligible for trade adjustment assistance and for certain retired employees who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC) (eligible individuals). Under the new tax provisions, eligible individuals can either take a tax credit or get advance payment of 65% of premiums paid for qualified health insurance, including continuation coverage. If you have questions about these new tax provisions, you may call the Health Coverage Tax Credit Customer Contact Center toll free at 1-866-628-4282. TTD/TTY callers may call toll free at 1-866-626-4282. More information about the Trade Act is also available at www.doleta.gov/tradeact/2002act_index.asp.

When and how must payment for COBRA continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you do not have to send any payment with the Election Form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed). If you do not make your first payment for continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct. You may contact the Benefits Administrator of the City of Hickory PO Box 398 Hickory, NC 28603 at 828 323-7421 to confirm correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period. The amount due for each coverage period for each qualified beneficiary is shown in this notice.

The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage are due (in advance) on the first day of the month for that coverage period. For example, July's payment is due on July 1st. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. However, if you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage under the Plan will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.

Conversion to an individual plan - A conversion policy allows individuals covered under a group health plan to convert their coverage to an individual policy without pre-existing condition limitations or a lapse in coverage upon a termination from the group health plan. Not all group health plans are subject to offering a conversion right. If you are enrolled in a plan that allows conversion, you will receive a notification explaining your conversion privileges in the last 180 days of your COBRA term. It will be your responsibility to work directly with the insurance carrier to establish a conversion to an individual policy.

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact the Benefits Administrator City of Hickory PO Box 398 Hickory, NC 28603 828 323-7421.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

