

# Notice to Employee Leaving the Company



## Important Contacts

**Final Pay and Address Change:** Final pay will be received in the usual method on the next scheduled pay date or following applicable state guidelines. You may access myADP for pay stubs and W-2s for up to three years. Visit <https://my.adp.com> to update your address and contact information.

**Benefits:** Benefits are effective through the end of the month in which you separate employment. This summary is for your convenience only and not intended as a binding agreement or document. Plan provisions and regulations will always supersede this information.

### Reminders:

- Inspira Financial will continue to manage your Health Savings Account after your separation
- You have 90 days to submit Health Care and Dependent Care FSA claims for services rendered before your separation with Inspira
- All reimbursement accounts (including the Health Care FSA, Dependent Care FSA, and Health Savings Account [HSA]) and Voluntary Benefits (such as the Accident, Hospital Indemnity, and Critical Illness plans) will end on your termination date

**Health Coverage Continuation (COBRA):** Inspira will send information to assist you with continuation of your medical, prescription, dental, and vision plans for up to 18 months after separation. This information will be mailed to your home address in approximately two weeks after your separation date.

**Company Property:** Company Property must be returned at time of employment separation. Otherwise, Carlisle may take action to recoup any replacement costs and/or seek the return of company property through appropriate legal recourse.

## COBRA Rates

Medical Monthly Premiums	Carlisle HRA Medical Plan	Carlisle HSA Medical Plan (HSA)	Carlisle Basic Plan	Carlisle Choice Plan
Beneficiary Only (*)	\$887.50	\$790.62	\$790.62	\$869.48
Beneficiary + Spouse	\$1,863.80	\$1,660.32	\$1,660.32	\$1,825.93
Beneficiary + Child(ren)	\$1,686.28	\$1,502.19	\$1,502.19	\$1,652.02
Beneficiary + Family	\$2,662.56	\$2,371.85	\$2,371.85	\$2,608.44

Monthly Premiums	Cigna Dental (3337768)	EyeMed Vision (9830738)
Beneficiary Only (*)	\$29.44	\$7.15
Beneficiary + Spouse	\$58.86	\$13.58
Beneficiary + Child(ren)	\$61.80	\$14.30
Beneficiary + Family	\$91.23	\$22.00

Coverage	Contact	Phone
Medical	Aetna	866-276-5125
Dental	Cigna	800-244-6224
Vision	EyeMed	866-723-0514
Spending Accounts (Health Savings Account, Flexible Spending Accounts)	Inspira Financial	888-678-8242
Life and Accidental Death & Dismemberment	Prudential	877-367-7781
Retirement	Principal	800-547-7754
Stock Options	UBS Financial Services	833-275-2667
Employee Stock Purchase Plan	Equiniti	866-709-7704
COBRA	Inspira Financial	888-678-7835