SHERIFF OF GARFIELD COUNTY
LOU VALLARIO

107 8TH Street
Glenwood Springs, CO 81601
Phone: 970-945-0453
Fax: 970-945-6430

106 County Road 333-A
Rifle, CO 81650
Phone: 970-665-0200
Fax: 970-665-0253

Rob Nye

Re: Termination of Employment & Benefit Coverage End

Dear Rob,
Enclosed is important information requiring your attention as you transition from employment with the Garfield County Sheriff's Office. Upon your Termination, your last day of employment is 08/21/2026.

Last Paycheck
Your last paycheck will be mailed to you or direct deposited into your bank account on **09/11/2026** and this will include any wages owed, as well as your final vacation payout.

Future Contact Information Form
To ensure you receive important documents and notices in the future, please update the attached Contact Information Form. The W-2 form for 2025 will be mailed to the address currently on file unless an address change is received. Each time there is an address change in the future, it will be your responsibility to update your address in the HR Portal or notify the Sheriff's Office Human Resources Department in writing at 107 8th Street, Glenwood Springs, CO 81601.

Health (Medical/Dental/Vision/Prescription) Benefits. You are eligible to continue your medical benefits under COBRA, at a cost determined by the health coverage provider. Your health benefits will end on **08/31/2026,** the last day of the month in which your employment ended. COBRA Enrollment information will be mailed to you by the County's third-party administrator, Alerus.

Prior to electing COBRA, you may want to consider other carriers' eligibility requirements for health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace, which could lower your costs.

Flexible Spending Account. If you are a participant in the Flexible Spending Account (health FSA), then please note:

- Only requests for reimbursement of services incurred prior to your termination date will be processed unless you continue coverage via COBRA; see below.
- You may submit eligible claims for reimbursement through your run-out period (90 days following your coverage termination date).
- You may be eligible for a continuation of your health FSA account under COBRA.

Retirement Benefits. Your retirement account is serviced through CCOERA/CRA with record-keeping by Great West Retirement Services. Direct any questions to them at 1-303-713-9400.

You may request a distribution or roll your funds over after your information is entered on the Great West website on the next business day following the receipt of your final paycheck.

Any participant with a loan must call CRA at 1-303-713-9400 **IMMEDIATELY**.

- Upon separation of service all CRA loans are 100% due and must be paid in full or offset.

Life & Disability Insurance. Your CEBT group life insurance policy through The Standard may be eligible for portability, and you have the option to buy portable groups insurance coverage. The group name is Garfield County, and the policy number is for the employer paid life policy. In addition, if you are enrolled in Additional Voluntary Life and AD&D insurance policy through The Standard, you may be eligible for portability. The group name is Garfield County, and the voluntary life policy number is .You may also choose to convert to an individual policy instead. The Conversion-Portability explanation and applications are enclosed. If you choose portability or conversion, complete the form and mail it within 31 days directly to the Standard Insurance Company at the address shown on the form. Contact The Standard at 800-378-4668 x6785.

Allstate. Your Allstate policy coverage will end on the last day of active employment. You may be eligible to continue coverage when coverage under the policy ends. Allstate will mail information regarding continuation of coverage to your mailing address. You may also contact Allstate directly at (888) 282-2550, or by visiting https://mybenefits.allstate.com/#/login.

EAP – Employee Assistance Program. You are eligible to continue using the EAP program for 90 days after your termination of employment with Garfield County Sheriff's Office.

- Go to www.allonehealth.com
- username: CEBT
- Password: eap

Unemployment Insurance Eligibility. Unemployment insurance benefits are available to all unemployed workers who meet the eligibility requirements of Colorado Law. As required under Colorado State Statute, the County will mail you a Statement of Unemployment Eligibility once your last paycheck has processed. This statement will include your dates of employment, last 4 digits of your social security number, and reason for separation, year-to-date earnings, and wages for the last week worked. To file a claim, you can call: 303-318-8000 or 800-388-5515, or visit https://cdle.colorado.gov/unemployment/file-a-claim. To file a claim, you will need the following information: full legal name, social security number, and proof you are authorized to work in the United States, such as a driver's license, or State-issued identification.

If you have any questions regarding the above information, please email or call:

Stacie West
Human Resource Director
swest@garcosheriff.com
970-945-0453 ext.4611

Enclosures
Cc: Personnel File

CEBT
Benefit by Trust

EVIDENCE OF GROUP HEALTH COVERAGE

RESET

EMPLOYEE INFORMATION

Today's Date: 03/26/2026 UMR ID#:

Dental ID#: _____ _____ Kaiser ID#: N/A

Subscriber Name: Rob Nye

Health Coverage (*Rx Included*) ☑ Dental Coverage ☑ Vision Coverage ☑

Start Date: 01/01/2026 End Date: 08/31/2026

Plan Name(s); i.e. (PPO 4, Dental A, Vision B): PPO7, Dental A and Vision C

Reason for Change: Separation of Service

COVERAGE STATUS

Beginning ○ Ending ◉

For (Check all that apply):

Subscriber ☒ Spouse ☐ Dependent Child(ren) ☐

Dependent 1	First Name	MI	Last Name
Dependent 2	First Name	MI	Last Name
Dependent 3	First Name	MI	Last Name
Dependent 4	First Name	MI	Last Name
Dependent 5	First Name	MI	Last Name
Dependent 6	First Name	MI	Last Name
Dependent 7	First Name	MI	Last Name
Dependent 8	First Name	MI	Last Name

PLAN INFORMATION:

Plan Name: **CEBT** Plan Administrator: **Willis Towers Watson**
Address: 555 17th Street, **Suite 2050 Denver, CO 80202**
Phone: **(303) 773-1373, (800) 332-1168**

COLORADO
Department of
Labor and Employment

NOTICE OF POTENTIAL AVAILABILITY OF UNEMPLOYMENT INSURANCE BENEFITS

ATTENTION EMPLOYER: You are legally required to provide a form, in hard copy or electronic format, to an employee upon separation. Please complete the form using information that matches your employee payroll records.

ATTENTION EMPLOYEE: Below is information from your previous employer at the time of separation from employment. If you received $2,500 or more in payroll wages from any employer where taxes were withheld in the last 18 months, you may be eligible to file a claim for unemployment benefits. Before you file a claim, gather your income and related information, such as pay stubs and this form. You can file a claim by visiting the website at https://cdle.colorado.gov/unemployment or by calling the Unemployment Insurance Division at 303-318-9000 (Denver Metro) or 1-800-388-5515 (toll free).

Employee Name: Rob Nye	Employee SSN (last four digits only)/ or Individual Taxpayer Identification Number (ITIN):
Employee Address:	
Employee Start Date of Employment: 11/13/2023	Employee Last Date Worked: 08/21/2026
Employee Year-to-Date Earnings: See last paycheck	Earnings for the Last Week Worked: See last paycheck
Employer Legal Business Name: Garfield County	Federal Employer Identification Number (FEIN):
Employer Trade Name/Doing Business As Name (if applicable):	Employer Address: 108 8th Street, Glenwood Springs, CO 81601

Reason the employee separated from employment (Please select only one option and limit free-form responses to one sentence. If an unemployment claim is filed, the Division will reach out to both parties for additional information about the separation):

- ☐ Quit
  Employee's reason for quit:_____
- ☐ Layoff
- ☑ Discharge
  Reason for discharge: Policy Violation
- ☐ Other:_____

SHERIFF'S OFFICE SEPARATION OF EMPLOYMENT CHECKLIST

FULL TIME REGULAR POSITIONS

Name of Employee: Rob Nye Effective Termination Date: 08/21/2026

Benefit's Termination Date: 08/31/2026

- ☐ Received PAR from Dept. Head w/signatures – send to Payroll, delete in PAR spreadsheet
- ☐ Received letter of resignation from employee (file)
- ☐ Send termination letter to resigning employee (Mailed or Hand Delivered)
  - Benefits Termination Letter
  - Evidence of Group Health Coverage
  - Employer Separation Form
  - Future Contact Information Form
  - COBRA Notice
  - Basic & Vol Life & AD&D Portability Application
  - Basic Life Conversion Application
  - VIA BENEFITS Flyer
  - Exit Questionnaire (if voluntary term)
- ☐ CEBT portal termination
- ☐ RMR termination- email account representative
- ☐ CRA portal termination after last paycheck_____ (last paycheck date)
- ☐ Allstate portal termination or EasyApps Termination
- ☐ Terminate in LERMS – if Patrol: set date in calendar _____ (2 weeks)
- ☐ Notify P.O.S.T. via the POST portal if applicable
- ☐ Check Termination in Executime – set date in calendar _____ (after current payroll is exported)
- ☐ Email Sheriff All on last day (after last shift)
- ☐ Collect ID Badge
  - ☐ Email Stacie to deactivate
  - ☐ Email IT
- ☐ Collect Purchase card
  - ☐ Email Finance/Juliana to cancel Purchase Card
- ☐ Collect parking pass & update spreadsheet & UPDATE ALL TRACKING Spreadsheets!
- ☐ Remove I-9 & Remove Affirmation (if any) - note in red term & shred dates & file
- ☐ Scan file to HR in PaperVision (black and white) – w/Worker's Comp file in back ("-WC")
- ☐ HIPAA shred & FMLA file scan as separate to PV ("-FMLA")
- ☐ Blue Guardian (Delete & shred paper Confidential Packet)

Completed By: _____ Date: _____