

# News from the EUTF

## News from the Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

Below are some common qualifying events that allow you to make enrollment changes during the plan year. Be sure to familiarize yourself with the timelines and required documents.

Common Qualifying Events That Allow Enrollment Changes for Active Employees

EVENT	WHEN EC-1/EC-1H MUST BE SUBMITTED TO EMPLOYER (Personnel Office)	DOCUMENTATION REQUIRED TO BE ATTACHED TO EC-1/EC-1H	EFFECTIVE DATE	CAN I CHANGE PLANS (such as HMSA to Kaiser or HMSA 90/10 to 80/20)?
<b>Acquisition of Coverage</b> (employee gets coverage from another plan and wishes to cancel EUTF plans)	Within 30 days from effective date of gaining coverage elsewhere	None	If coverage is gained 1st of month, EUTF coverage ends day before 1st. If coverage is gained 16th of month, EUTF coverage ends 15th	N/A
<b>Birth</b> (employee wishes to add newborn to EUTF plans)	Within 30 days from date of birth	Birth certificate only if child has a different last name from employee. Social Security Number within 60 days of date of birth	Employee can choose: birth date, beginning of next pay period after birth date, or 2nd pay period after birth date	No
<b>Divorce</b> (employee must terminate spouse's or civil union partner's coverage)	Within 30 days of date of divorce	Pages 1 and 2 of divorce decree, along with signature page. If children are involved, those pages that outline health benefits for children	Coverage ends last day of pay period in which divorce date occurs	No
<b>Leave of Absence Without Pay</b> (employee may continue coverage by paying his/her share of premium or terminate coverage)	Within 30 days from beginning of LWOP to waive plans. To reenroll after LWOP EC-1/EC-1H must be submitted within 30 days of return from LWOP	Form L-1 completed by employer (available on EUTF's website)	If employee cancels plans, last day of pay period in which LWOP begins	No
<b>Loss of Coverage</b> (employee and/or dependent lost coverage from a non- EUTF plan, wishes to enroll in EUTF plans, and is currently enrolled in an EUTF plan)	Within 30 days from loss of other coverage	Loss of coverage letter from previous employer carrier detailing type of coverages lost (i.e., medical, dental, drug, vision), date of loss of coverage, and names of any covered dependents	Day following loss of coverage from other plan	N/A
<b>Marriage</b> (employee wishes to enroll new spouse in EUTF plans)	Within 30 days from date of marriage (effective date is date personnel office receives EC-1/EC-1H. If notification submitted prior to marriage, effective date is date of marriage)	None	Employee can choose: Date form turned into personnel, beginning of next pay period after turning in form to personnel or 2nd pay period after turning form into personnel	No
<b>Newly Eligible Student</b> (employee wishes to add child in dental or vision plan because child became a full time student and is between the ages of 19 and 24)	Within 30 days from date of school start date	Student certification from an accredited college on school letterhead with registrar's signature confirming full time status (for dental and vision coverage). Transcripts not acceptable	Employee can choose: Date child becomes full time student, beginning of next pay period after becoming full time student, or 2nd pay period after becoming full time student	No

Note: For termination and transfer of employment or bargaining unit changes or death the employer is required to notify EUTF immediately of the termination, transfer, BU change, or death.

**Important:** The EUTF is a separate organization from the ERS. If you have any questions about information in this article, please **DO NOT** contact ERS. Please contact the EUTF directly at 586-7390 or toll-free at 1-800-295-0089, or email the EUTF at [eutf@hawaii.gov](mailto:eutf@hawaii.gov). You can also visit our website for more information @ [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov).