

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND ("EUTF")

201 Merchant Street, Suite 1520

Honolulu, Hawaii 96813

DIRECT DEPOSIT AGREEMENT – MEDICARE PART B REIMBURSEMENTS

LAST Name:		SSN or EUTF ID Number:
FIRST Name:		Middle Initial:
Mailing Address: <input type="checkbox"/> Check here if new address		Day Phone:

Hawaii law (Act 039, SLH2006) requires all individuals who become eligible for Medicare Part B reimbursements on or after July 1, 2006 to designate a financial institution account into which the State of Hawaii EUTF shall be authorized to deposit their quarterly Medicare Part B reimbursements.

SECTION A – Deposit Authorization

By signing in Section D, I/We hereby authorize the State of Hawaii EUTF to automatically and directly deposit my Medicare Part B premium reimbursements to my/our account at the financial institution named below ("Financial Institution"):

SECTION B – Account Information (see your financial institution for help in completing this section)

Name of Account Holder(s):		
Name of Financial Institution:		
Routing Number:		
Account Number:	<input type="checkbox"/> Checking*	<input type="checkbox"/> Savings
Financial Institution Certification (Required for Savings; Optional for Checking):		
Name of Agent: _____	Phone: _____	
Signature: _____	Date: _____	

SECTION C – Agreements of All Account Holders

By signing in Section D, the Account Holder(s):

- Authorize the EUTF to make withdrawals from my/our account in the event that the EUTF benefits have been deposited to the account in error, e.g., overpayments.
- Consent to the disclosure by the Financial Institution to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in Sections A and C .
- Agree not to hold the EUTF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me/us or by Financial Institution or due to an error on the part of Financial Institution in depositing funds to the account.

SECTION D – Signatures of All Account Holders

Authorized Signature (Primary):	Date:
Authorized Signature:	Date:
*Please attach a VOIDED check (Checking Account) and return this form to the EUTF	

INSTRUCTIONS FOR DIRECT DEPOSIT AGREEMENT

The 2006 State Legislature passed Act 39 which was signed into law by the Governor on April 27, 2006. The act establishes the requirement for all individuals who become eligible for Medicare Part B reimbursements on or after July 1, 2006 to designate a financial institution into which the EUTF shall be authorized to deposit their Medicare Part B reimbursements.

All portions of the Direct Deposit Agreement must be completed, except where optional, in order for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed.

You must submit a new form if there are any changes to your account (i.e., account number, account holder, financial institution). The most recently dated form submitted to EUTF will apply.

Section A – Deposit Authorization

By signing the Direct Deposit Agreement, you and all account holders authorize the EUTF to automatically and directly deposit your Medicare Part B reimbursements to the Financial Institution named in Section B

Section B – Account Information

The name of the retiree or surviving spouse name must appear on the account. You may ask the representative of the financial institution to help complete this section. For savings account, Financial Institution certification is required. For checking account, the certification is optional.

Section C – Agreements of All Account Holders

This section contains the agreements of everybody who is on the account, including the EUTF retiree or spouse or domestic partner or civil union partner. The agreements in Section C apply to all Account Holders even if they are not the retiree or spouse receiving Medicare Part B reimbursements.

Section D – Signatures of All Account Holders

By signing the Direct Deposit Agreement, all of the Account Holders confirm that they understand and agree to the agreements in Section C.

The retiree or surviving spouse signs as primary account holder. If the account is a joint account, please have all account holder(s) sign the form. Use an additional sheet if necessary. If you are representing the retiree or surviving spouse or surviving domestic partner or civil union partner, please ensure that you have any authorizing document(s) attached to the Direct Deposit Agreement.

Please attach a VOIDED check (Checking Account) and return this form to the EUTF.

If you have any questions, please contact the EUTF call center at

Oahu	(808)586-7390
Toll Free	1(800)295-0089

EUTF website: www.eutf.hawaii.gov

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