



**HAWAII EMPLOYER-UNION
HEALTH BENEFITS TRUST FUND**

P.O. Box 2121
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Toll Free 1(800) 295-0089
www.eutf.hawaii.gov

LEILANI KEALOHA
1234 MAHALO WAY
HONOLULU, HI 96813

Date of Notice: April 24, 2016
HB# 9998887
Agency/Dept: State of Hawaii

Dear LEILANI KEALOHA,

Your dependent listed below will be attaining the age of 19:

Name: Kawika K Kealoha
Birth date: 07/13/97
HB#: 9998890

The Affordable Care Act (federal health care reform legislation) extends adult child eligibility for active plan participants. As a result of this legislation, your child may maintain health benefit coverage under your medical and prescription drug plans up to age 26. Coverage will automatically be terminated at the end of the pay period in which the dependent child turns 26. At that time, your child will be offered COBRA continuation coverage for up to 36 months.

Under the EUTF administrative rule 3.01(b)(2) for active plan participants, your child may continue enrollment in the dental and/or vision plan up to age 24 provided that he/she is a full-time student at an accredited school, college, or university. You must notify the EUTF if your child meets this criteria by submitting a letter from the registrar or National Student Clearinghouse with the dependent's name, the semester they are enrolled, number of enrolled units, and a school phone number. If no longer a full-time student, your child will be offered COBRA for up to 36 months.

Please submit a letter from the school's registrar or National Student Clearinghouse by 06/28/2016 to EUTF, at P.O Box 2121, Honolulu, HI 96805-2121.

Please keep a copy for your records.