



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

P.O. Box 2121  
Honolulu, HI 96805-2121  
Oahu (808) 586-7390  
Toll Free 1(800) 295-0089  
[www.eutf.hawaii.gov](http://www.eutf.hawaii.gov)

JOHN K KEALOHA  
1234 MAHALO WAY  
HONOLULU, HI 96813

**Medicare Part B Notice**  
**Date of Notice: May 24, 2016**

**HB# 9998885**

**Subject: Mandatory Requirement to Enroll in Medicare Part B Medical Insurance Plan**

This notice is sent as a courtesy to remind you of your responsibility to enroll in Medicare Part B when you become eligible. Chapter 87A, Hawaii Revised Statutes, requires all retirees and their Medicare eligible dependents to enroll in Medicare Part B\* and submit proof of their Medicare enrollment to the EUTF.

Our records indicate that you are eligible to enroll in Medicare Part B. Please submit a copy of your Medicare card or letter from Social Security indicating your complete Medicare claim number and Medicare Part B effective date. If you do not provide proof of enrollment in Medicare Part B by **Sep 01, 2016**, you will be disenrolled from the EUTF medical and/or prescription drug plans retroactive to your Medicare Part B eligibility date.\*\*

The EUTF will reimburse your Medicare Part B premiums on a quarterly basis.\*\*\* Please complete the enclosed Direct Deposit Agreement Form and return it to the EUTF.

Medicare Part D prescription drug coverage is offered by the EUTF for Medicare retirees. Medicare allows only one Part D enrollment. If you opt out of the EUTF Part D plan and enroll in a non-EUTF Part D plan, you (and your dependents) will lose prescription drug coverage through the EUTF.

Medicare eligible retirees enrolled in Kaiser, are required to enroll in the Kaiser Permanente Senior Advantage Plan (KPSA), if the KPSA plan is available in your area. Please contact the Kaiser Medicare Sales Department at (808) 432-4645 to enroll in the KPSA plan. Failure to enroll in the KPSA plan, if available in your area, will result in termination of your (and your dependents) EUTF Kaiser medical and prescription drug plan.

If you have already submitted proof of Medicare Part B enrollment to the EUTF, please disregard this notice. If you have any questions regarding this reminder, please contact the EUTF Customer Service at 808-586-7390 or toll free at 1-800-295-0089. To enroll in Medicare, please call Social Security at 1-800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov). For more information about Medicare, please call 1-800-633-4227 or visit [www.medicare.gov](http://www.medicare.gov).

## Notes

\*Hawaii Revised Statutes Chapter 87A , Section 23(4): "All employee-beneficiaries or dependent-beneficiaries who are eligible to enroll in the Medicare part B medical insurance plan shall enroll in that plan as a condition of receiving contributions and participating in benefits plans under this chapter. This paragraph shall apply to retired employees, their spouses, and the surviving spouses of deceased retirees and employees killed in the performance of duty."

\*\*EUTF Administrative Rule 5.03(a): "Retired employee-beneficiaries or dependent-beneficiaries of retirees shall submit proof of enrollment in the federal Medicare Part B medical insurance plan when the employee-beneficiary or dependent-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan if enrolled in medical and/or prescription drug plan."

\*\*\*Hawaii Revised Statutes Chapter 87A, Section 23(2): "Each employee-beneficiary and employee-beneficiary's spouse who becomes entitled to reimbursement from the fund for Medicare part B premiums after July 1, 2006, shall designate a financial institution account into which the fund shall be authorized to deposit reimbursements."



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

P.O. Box 2121  
Honolulu, HI 96805-2121  
Oahu (808) 586-7390  
Toll Free 1(800) 295-0089  
www.eutf.hawaii.gov

**Medicare Part B Premium Reimbursement Checklist**

Please submit the following items to ensure proper processing and to minimize any delay in receiving your Medicare Part B premium reimbursement.

Copy of Medicare Part B Card\*

\*Very important: You will not be entitled to a reimbursement until a copy of your Medicare Part B card is received by the EUTF. Once you provide the EUTF with a copy of your Medicare Part B card, you will be eligible to receive your Medicare Part B premium reimbursement beginning the first of the month EUTF receives the card or the effective date of your Medicare Part B, whichever is later. In addition, if a copy of your Medicare Part B card is not received within 60 days of your retirement or when you become eligible for Medicare if you are already retired, your retiree medical and/or prescription drug coverage will be cancelled back-dated to the effective date of your retirement or the first of the month you became eligible for Medicare Part B coverage.

A completed EUTF Direct Deposit Agreement Form (which must be signed by your financial institution if depositing into a savings account)

A voided check if the reimbursement is to go into a checking account

Mail to:  
EUTF  
P.O. Box 2121  
Honolulu, HI 96805

Please note: EUTF will reset all Medicare Part B premium reimbursements to the standard level every January 1st. If your Medicare Part B premium includes a higher income-related adjustment please submit a copy of the letter from the Social Security Administration that advises you of the higher income-related adjustment premium. Retirees who pay a higher income-related adjusted Medicare Part B premium have only 2 years to provide EUTF proof to be reimbursed the higher amount.

**EUTF's Mission:** We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide service that is excellent, courteous, compassionate, and informative.

City Financial Tower, 201 Merchant Street, Suite 1700, Honolulu, Hawaii 96813