



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

## Instructions for Employees' Retirement System (ERS) Pension Deduction Authorization Agreement

All portions of the Employees' Retirement System (ERS) Pension Deduction Authorization 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.

### Newly Retired Members:

Due to the delay in your first pension payment, you will be responsible for any health benefit premium payments until you begin receiving your pension.

Please pay by check or other payment options until your pension payments begin.

### Retirees Currently Receiving Pension:

Your health benefit premium deduction will begin as follows:

<u>Date Pension Deduction Form Received</u>	<u>ERS Pension Deduction Begins</u>
1 <sup>st</sup> - 10 <sup>th</sup> day of a month	2 months after receipt of form
11 <sup>th</sup> day - end of a month	3 months after receipt of form

<b>Pension Deduction Form Received</b>	<b>ERS Pension Deduction Begins</b>
October 11 – November 10	January
November 11 – December 10	February
December 11 – January 10	March
January 11 – February 10	April
February 11 – March 10	May
March 11 – April 10	June
April 11 – May 10	July
May 11 – June 10	August
June 11 – July 10	September
July 11 – August 10	October
August 11 – September 10	November
September 11 – October 10	December

### Section A – Authorization

This section contains the agreement of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) retiree.

### Section B – Signature of Retiree

By signing the ERS Pension Deduction Authorization Agreement, the signer certifies the information is accurate and confirms that they understand and agree to the authorization in Section A.

The retiree signs. If you are representing the retiree, please ensure that you have all authorizing document(s) attached to the ERS Pension Deduction Authorization Agreement.

If you have any questions, please contact the EUTF customer call center at (808) 586-7390 or toll free at 800-295-0089. You can also visit our website at [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov).

Mailing Address: EUTF  
P.O. Box 2121  
Honolulu, HI 96805

Street Address: EUTF  
201 Merchant Street, Suite 1700  
Honolulu, HI 96813

**Hawaii Employer-Union Health Benefits Trust Fund (EUTF)  
Automatic ERS Pension DEDUCTION Agreement Form**

I request automatic deduction from my ERS Pension for EUTF Health Benefit Premiums.

I am currently receiving ERS Pension payments (Y or N) \_\_\_\_\_

Retirement Date \_\_\_\_\_ (if not currently receiving an ERS pension)

**Retiree Information [Please Print]:**

Retiree Name \_\_\_\_\_

Last 4 digits of SSN or EUTF ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**SECTION A – Authorization**

By signing in Section B, I hereby:

- Certify that I am capable and authorized to attest to the following.
- Certify that all information is accurate and I authorize the EUTF to make payment of my EUTF health benefit premiums by deductions, adjustments or cancellations from my ERS Pension. This authorization will remain in full force until the EUTF receives written notification from me of its termination in such time and in such manner as to afford the EUTF and the ERS a reasonable opportunity to act on it.
- Consent to the disclosure by the ERS to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in this EUTF Automatic ERS Pension Deduction Agreement Form.
- Consent to the disclosure by the EUTF to the ERS of any information that the ERS requests to effectuate, administer, or enforce the transactions authorized in this EUTF Automatic ERS Pension Deduction Agreement Form.
- Agree not to hold the EUTF, nor the ERS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, the EUTF, or the ERS or due to an error on the part of the EUTF or ERS in deducting funds from the ERS pension.
- Understand that any existing Automated Clearing House (ACH) withdrawal agreement for EUTF health benefit premiums will be replaced with this EUTF Automatic ERS Pension Deduction Agreement Form. The EUTF will, to the extent possible, coordinate termination of the electronic deductions from my bank account with the start of the ERS pension deduction so any break in payments will be limited.
- Understand that EUTF may terminate this EUTF Automatic ERS Pension Deduction Agreement Form for any reason.

**SECTION B – Signature of Retiree**

<b>Retiree Signature:</b>	<b>Date:</b>
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