

**Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
ERS Pension Deduction Cancellation Form**

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

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, the Retiree:

- Requests the cancellation of the ERS Pension Deduction of health benefit premiums previously authorized on the account named above.
- Understands that by canceling this ERS Pension Deduction of health benefit premiums, you are still responsible for making any future health benefit premium payments to the EUTF via other payment options.

SECTION B – Signature

Retiree Signature:	Date:
---------------------------	--------------

If we receive your completed form by the 10th of the month, your automatic payments will stop the month after we receive your completed form. Otherwise, your automatic payments will stop the second month after we receive your completed form.

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

Oahu: (808) 586-7390 Ext. 3
Toll-free: (800) 295-0089 Ext. 3

EUTF website: www.eutf.hawaii.gov

Mail or deliver your completed form to:

Mailing Address: EUTF
PO Box 2121
Honolulu, HI 96805

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