

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)
AUTHORIZED LEAVE OF ABSENCE WITHOUT PAY (L-1)**

Employee's Name (Last, First, MI.):		EUTF HB# or SSN:
		Dates of Authorized Leave of Absence Without Pay (LWOP):
Monthly Employee Contributions		Please review your pay statement each pay period to check if premiums were deducted. If premiums are not deducted, please submit your portion of the premiums to the EUTF to avoid cancellation of your plans. For questions regarding your account balance, contact EUTF Accounting at 586-7390 or toll-free at 1-800-295-0089, select option 3.
Medical	\$	
Prescription Drug	\$	
Dental	\$	
Vision	\$	
TOTAL	\$	
Effective through*:		

*Rates and contributions may change every July 1.

If your leave is expected to last more than 30 days, you have two options to choose from:

(1) Voluntarily cancel your health benefit plan enrollments due to leave without pay.

- a. You must complete an EC-1 or EC-1H form within 30 days from the start of your leave of absence without pay to cancel your plans. The effective date of the cancellation shall be the end of the pay period during which the leave of absence without pay begins. All plans will be canceled except for the life insurance plan.
- b. You may re-enroll in the same benefit plans upon return from the leave of absence without pay by completing an EC-1 or EC-1H form and submitting to your employer. The form must be submitted within 30 days of returning from the leave of absence.

(2) Continue your enrollments during your leave of absence without pay by paying the premiums as noted above, by the first of each month.

You may send payments in advance of your payment due date. Make checks payable to "EUTF" and be sure to indicate your EUTF HB# and month(s) to which your payment applies, on your check. Send payments to the following address: **EUTF at PO Box 30700 Honolulu, HI 96820-0700**

Additional payment options including credit card or electronic check payments are also available. Please visit the EUTF website at eutf.hawaii.gov for information on how to make a payment online. Fees may apply.

Note: Failure to promptly pay your premiums may result in administrative cancellation of your health plans. In addition, you may be ineligible for COBRA Continuation coverage. You may re-enroll only during the next open enrollment period, or upon experiencing a qualifying life event following the next plan year, and may suffer a break in coverage. If your enrollment is cancelled while on FMLA your coverage may be reinstated or you may choose to re-enroll in the same plans when you return to work. Premiums owed as a result of the cancellation may be collected prior to your reinstatement or re-enrollment.

HRO USE: Please route the completed L-1 Form by intra-office courier or mail to: EUTF at PO Box 2121, Honolulu, HI 96805-2121

Employer: _____ Agency/Department: _____ Phone: _____

HRO Signature: _____ Date: _____

Employee is on Family Medical Leave (FMLA): Yes No

Employee is on Uniformed Services Leave (USERRA): Yes No

If employee is on FMLA or USERRA leave, indicate start and end date: _____ to _____

Please provide the following copies of this form to: Employee: _____ EUTF: _____ Employer's File Copy: _____