



Applying For Your Retiree Health Insurance Benefits

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

DOE RETIREMENT CHECKLIST

Please notify your school Principal or Administrator of your Retirement/Termination. There are processes your school follows which includes you to complete a "Separation of Employment Notification Application."

This checklist includes a list of documents you will need to enroll in your EUTF retiree health and life insurance benefits. Forms may be found on the EUTF website at eutf.hawaii.gov/eutf-forms. After filing your retirement application with the Employees Retirement System (ERS), please submit the following to the EUTF:

- ERS Retirement Estimate Letter
- [EUTF EC-2 Enrollment Form](#) (due within 60 days of retirement date)

If you're Medicare eligible (age 65+ or qualified disabled) you must also submit:

- Copy of your and/or your dependent's Medicare card (indicating enrollment in Medicare Part B)
- [Medicare Part B Reimbursement Direct Deposit Agreement Form](#)
- Social Security Administration letter for you or your dependent indicating the Medicare Part B Premium amount

Optional forms:

- [Authorization for Release of Protected Health Information](#)
- [Securian Financial Group Inc Beneficiary Designation Form](#)

If you have questions regarding claims or benefits, please contact the insurance carriers listed in the EUTF Retiree Reference Guide. If you have questions on eligibility or enrollment, please call our Customer Service Call Center at 586-7390 (Oahu) or toll-free at 1-800-295-0089.

Instructions

1. EUTF EC-2 Enrollment Form

Complete the [EUTF EC-2 Enrollment Form](#) and submit it to the EUTF within 60 days of your retirement date. Do not submit the EC-2 form until you are certain that you are going to retire. If you are currently working prior to your retirement date, your Department Personnel Office will complete an EC-1 form to terminate your active employee plans upon your retirement.

2. ERS Retirement Estimate Letter

The ERS Retirement estimate letter is used to determine the maximum amount your employer will contribute towards your retiree health coverage. The letter certifies your employment membership date and length of service to help determine the percentage of the Base Monthly Contribution (BMC) that will be available to cover your retiree health plan premiums. Retiree plan premium amounts may be found in the EUTF Retiree Reference Guide or on our website at eutf.hawaii.gov.

Years of Credited Service (excluding sick leave)	Employer's Contribution Percentage of the Base Monthly Contribution* If Your Membership Date was:		
	On or Before 6/30/96	On or Between 7/1/96 – 6/30/01	On or After 7/1/01**
Less than 10 years	50%	0%	0%
10 yrs less than 15	100%	50%	50%
15 yrs less than 25	100%	75%	75%
25 yrs or more	100%	100%	100%

*The Employer's percentage of the BMC for the year determines the maximum employer contribution payable. Any difference between the employer contribution and total premium for plans selected will be paid by the retiree.

**If your membership date was on or after 7/01/01, the monthly employer-sponsored contribution will be applied to the self only BMC.

3. Mandatory Requirement to Enroll in Medicare Part B (age 65+ or qualified disabled):

When you and/or your dependent(s) (spouse, qualified disabled child) become eligible to enroll in Medicare Part B, you must provide a copy of the Medicare card showing enrollment in Medicare Part B in order to be enrolled in the EUTF retiree medical and/or prescription drug plan. If you do not provide proof of Medicare Part B enrollment, you and/or your dependent(s) medical and/or prescription drug plans will be cancelled.

Medicare Part B premium is only reimbursable to the retiree and their eligible spouse/partner, provided you are paying for your Medicare Part B premium and it is not being paid by another entity such as the Medicare Savings Program or Medicaid. Medicare Part B premium reimbursements shall be effective the date the Medicare Part B is effective or the first day of the month that the fund receives appropriate proof of enrollment in Medicare Part B, a valid direct deposit agreement and proof of payment to the Social Security Administration or Centers for Medicare & Medicaid Services, whichever is later.

4. EUTF Rules

EUTF rules specify that if both you and your spouse or partner are employees and/or retirees of the State or counties you may enroll in one family/two-party plan or two self-plans.

5. "Separation of Employment Notification Application" goes through a few channels before EUTF is notified and could be a lengthy process. Therefore, start this process well before your retirement and follow up with the proper district office if you have any questions regarding this procedure.