

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

Employee's Name (Last, First, MI.):	Dates of Authorized Leave of Absence Without Pay (LWOP):
<p>Monthly Employee Contributions: Your monthly employee contributions are listed on the following Premium Contribution pages – 1) all BUs employees, 2) HSTA VB members. If you do not know what plans you are in, you can determine your employee contribution each pay period by reviewing a recent pay stub prior to your leave without pay and within the same fiscal year. Double these amounts to determine your monthly amount to forward to the EUTF.</p> <p>If you need further assistance, please contact the EUTF at 586-7390 or toll free at 1-800-295-0089 option 3.</p>	<p>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.</p>

*Premiums 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 45 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 45 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 201 Merchant St Suite 1700, Honolulu, HI 96813

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: _____

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU's 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14

EFFECTIVE JULY 1, 2019

BU's 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14: ALL EMPLOYERS

BU 05: FOR HAWAII PUBLIC CHARTER SCHOOLS, STATE OF HAWAII HSTA VEBA EMPLOYEES WHO OPTED TO TRANSFER TO EUTF PLANS OR BU 05 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Percent Employer	Total
MEDICAL PLANS						
PPO - 90/10 Plan - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	193.42	386.84	380.50	49.6%	\$767.34
	Two-Party	470.11	940.22	923.72	49.6%	\$1,863.94
	Family	599.60	1,199.20	1,177.36	49.5%	\$2,376.56
PPO - 80/20 Plan - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	126.50	253.00	380.50	60.1%	\$633.50
	Two-Party	307.49	614.98	923.72	60.0%	\$1,538.70
	Family	392.16	784.32	1,177.36	60.0%	\$1,961.68
PPO - 75/25 Plan - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	31.27	62.54	335.82	84.3%	\$398.36
	Two-Party	75.94	151.88	815.44	84.3%	\$967.32
	Family	96.80	193.60	1,039.46	84.3%	\$1,233.06
HMO - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	246.42	492.84	380.50	43.6%	\$873.34
	Two-Party	598.89	1,197.78	923.72	43.5%	\$2,121.50
	Family	763.90	1,527.80	1,177.36	43.5%	\$2,705.16
HMO - Kaiser Comprehensive Medical, Prescription Drug, and Chiropractic	Self	121.73	243.46	380.50	61.0%	\$623.96
	Two-Party	296.26	592.52	923.72	60.9%	\$1,516.24
	Family	378.47	756.94	1,177.36	60.9%	\$1,934.30
HMO - Kaiser Standard Medical, Prescription Drug and Chiropractic	Self	31.73	63.46	340.68	84.3%	\$404.14
	Two-Party	77.10	154.20	827.88	84.3%	\$982.08
	Family	98.35	196.70	1,056.16	84.3%	\$1,252.86
Supplemental Medical and Prescription Drug - HMA	Self	6.57	13.14	19.70	60.0%	\$32.84
	Two-Party	13.73	27.46	41.16	60.0%	\$68.62
	Family	15.08	30.16	45.22	60.0%	\$75.38
DENTAL PLAN						
HDS Dental	Self	6.93	13.86	20.78	60.0%	\$34.64
	Two-Party	13.86	27.72	41.56	60.0%	\$69.28
	Family	22.79	45.58	68.38	60.0%	\$113.96
VISION PLAN						
VSP Vision	Self	1.18	2.36	3.52	59.9%	\$5.88
	Two-Party	2.18	4.36	6.54	60.0%	\$10.90
	Family	2.85	5.70	8.56	60.0%	\$14.26
LIFE INSURANCE						
Securian Life Insurance	Employee	-	-	4.12	100.0%	\$4.12

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
FOR ACTIVE EMPLOYEES FORMERLY UNDER THE HSTA VEBA
BU 05**

EFFECTIVE JULY 1, 2019

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution ¹	Percent Employer	Total
MEDICAL PLANS						
HSTA VB - PPO - 90/10 Plan - HMSA	Self	167.94	335.88	337.76	50.1%	\$673.64
Medical and Chiropractic, CVS Caremark	Two-Party	407.49	814.98	816.14	50.0%	\$1,631.12
Prescription Drug, VSP Vision	Family	519.50	1,039.00	1,040.42	50.0%	\$2,079.42
HSTA VB - PPO - 80/20 Plan- HMSA	Self	112.05	224.10	337.76	60.1%	\$561.86
Medical and Chiropractic, CVS Caremark	Two-Party	271.88	543.76	816.14	60.0%	\$1,359.90
Prescription Drug, VSP Vision	Family	346.47	692.94	1,040.42	60.0%	\$1,733.36
HSTA VB - HMO - Kaiser Comprehensive	Self	108.95	217.90	337.76	60.8%	\$555.66
Medical, Drug, Chiropractic, and VSP Vision	Two-Party	265.36	530.72	816.14	60.6%	\$1,346.86
	Family	339.08	678.16	1,040.42	60.5%	\$1,718.58
DENTAL PLAN						
HSTA VB - HDS Dental	Self	7.57	15.14	22.68	60.0%	\$37.82
	Two-Party	15.13	30.26	45.38	60.0%	\$75.64
	Family	24.89	49.78	74.66	60.0%	\$124.44
HSTA VB - HDS Supplemental Dental	Self	3.91	7.82	11.74	60.0%	\$19.56
	Two-Party	7.83	15.66	23.46	60.0%	\$39.12
	Family	11.74	23.48	35.20	60.0%	\$58.68
VISION PLAN						
HSTA VB - VSP Vision	Self	1.18	2.36	3.52	59.9%	\$5.88
	Two-Party	2.18	4.36	6.54	60.0%	\$10.90
	Family	2.85	5.70	8.56	60.0%	\$14.26
LIFE INSURANCE						
HSTA VB - Securian Life Insurance	Employee	-	-	4.12	100.0%	\$4.12

¹ Employer contributions are subject to funding by the Legislature.